

Ministry of Health

LIST OF FEE BENCHMARKS

(With effect from 1 Apr 2024)

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General principles

The fee benchmarks serve as a guideline of what constitutes reasonable fees in the private sector, to allow stakeholders to make more informed healthcare decisions. It aims to keep private healthcare costs affordable and sustainable by increasing fee transparency and reducing information asymmetry among patients, providers, and payers.

Hospital fee benchmarks

The recommended fee benchmarks for hospital fees should be read in conjunction with the following points:

1. Fee components covered by the benchmarks:

- Hospital fee benchmarks inform what a reasonable fee range for items billed by the hospital is. This is a non-exhaustive list that includes fee components such as hospital room charges, surgical facilities and equipment (e.g. use of operating theatre), implants, consumables¹, investigations (e.g., radiology and laboratory tests), general nursing services and treatment², and medication. Hospital fee benchmarks exclude doctors' professional fees (i.e., surgeon, anaesthetist and doctors' inpatient attendance fees).
- **While the fee components (e.g., hospital room charges, implants) stated above collectively form Hospital fee benchmarks, some components could be charged by the treating doctor but billed through the hospital. Notwithstanding this, the Hospital fee benchmarks provides a common reference for the reasonableness of the total hospital fee billed by the hospital, regardless of the charging party.**
- Doctors and hospitals are strongly encouraged to be transparent and upfront on the fee components that charged by them.
- Doctors and hospitals are reminded that the hospital bill claim should only include expenses incurred by the patient during hospitalisation for the purpose of medical treatment. Pre- and post- hospitalisation costs are not to be included in the hospital bill claim, unless specifically required for the treatment episode (e.g. pre-admissions tests for surgery and post-discharge medication).

¹ Consumables are items used for the treatment of patients, e.g. gauze, swabs, needles and dressing sets.

² General nursing services and treatments include basic monitoring, taking regular blood test, administering drugs and/ or fluids prescribed.

2. **Ward type and setting covered by the benchmarks** – The recommended Hospital Fee Benchmarks are specific to the setting and ward type, and are set for cases of similar nature. Benchmarks for inpatient setting are relevant for only 1-bedded ward type, which is the most common in the private sector.
3. **Reference but not fee cap** – The benchmarks serve as a reference of reasonable fee ranges in the private sector, and are not a cap that has to be strictly adhered to. Charges that are higher than the benchmarks may not be unreasonable, particularly where a case is unusual in its context or complexity and require significantly more time or effort. Hospital providers/ doctors can charge outside of the fee benchmarks, with valid justification. However, they should inform the patient and the insurer (where applicable) before the procedure is carried out, except when circumstances do not permit him / her to do so.
4. **Typical cases** – The benchmarks are meant to cover routine and typical cases. Each benchmark is a range of fees to cater for some variation in patients' conditions, but they exclude patients whose conditions are of high complexity or who may be very ill.
5. **Goods and Services Tax (GST)** - The benchmarks exclude GST.

Doctors fee benchmarks for surgeries

The recommended benchmarks for surgeon fee and anaesthetist fee for surgeries are based on the procedures in the Table of Surgical Procedures (TOSP)³ and should be read in conjunction with the following points:

1. **Reference but not fee cap** – The benchmarks serve as a reference of reasonable fee ranges in the private sector, and are not a cap. Charges that are higher than the benchmarks may not be unreasonable, particularly where a case is unusual in its context or complexity and require significantly more time or effort. Doctors can charge outside of the fee benchmarks, with valid justification. However, they should inform the patient and the insurer (where applicable) before the procedure is carried out, except when circumstances do not permit him / her to do so.
2. **Typical cases** – The benchmarks are meant to cover routine and typical cases. Each benchmark is a range of fees, to cater for some variation in patients' conditions, but they exclude patients whose conditions are of exceptional complexity or who may be very ill.

³ The Table of Surgical Procedure1 (TOSP), which is an exhaustive list of procedures with table ranking 1A to 7C, for which MediSave and MediShield Life can be claimed.

3. **Emergency and after-office hours services** – Doctors are advised to explain to patients in advance, where possible, if their fees for cases requiring emergency and after-office hours would exceed the benchmarks.
 - a. **Where a procedure is typically performed as an emergency** (e.g. appendectomy), the fee range would apply for most office hours and after-office hours cases performed before midnight.
 - b. **Where a procedure is commonly performed under elective circumstances** (i.e. not an emergency) (e.g. cholecystectomy), urgent cases performed after office hours may be above the fee benchmark range. Doctors may reasonably factor in the time of the procedure in such cases.
4. **When more than one surgical procedure is carried out** – The recommended benchmarks are for cases in which only a single procedure is performed on the patient on any one occasion. However, in some cases, it could be in patients' interest to perform more than one procedure in the same sitting. In general, if the combination of procedures results in savings in time and effort, e.g. surgery performed through the same incision, the fees should not be the sum of individual fees should the procedures be carried out on separate occasions. Nonetheless, where doctors assess that a "1+1" computation is fair, e.g. if performing the combination of procedures together in a sitting involves higher complexity, effort, risk and time than if done separately, they can do so with proper justification. Doctors are reminded to use only one TOSP code where a single procedure sufficiently caters or describes what was being carried out.
5. **Goods and Services Tax (GST)** – The benchmarks exclude GST.

Surgeon fee benchmarks

6. **Surgeon fee benchmarks cover the total professional fees of the surgeon for the operation**. This includes fees associated with the assistant doctors and nurses brought in by the primary surgeon for the operation, as well as professional charges for sedation performed by the surgeon. During financial counselling, doctors are advised to inform patients of the total professional fees and how they compare with MOH's fee benchmarks.
7. **How to use the fee range** – The lower end of the fees is generally associated with less complex cases, whereas the higher end of fees is associated with more complex ones.

Anaesthetist fee benchmarks

8. **Only for anaesthetist providing anaesthesia support** – The use of the anaesthetist fee benchmarks is intended only for anaesthetists providing anaesthesia support for procedures. Specifically, they are not intended for other specialties providing procedural sedation; and/or in procedures where no anaesthetist is in attendance (except for normal vaginal deliveries, where the anaesthetist may leave after providing epidural).
9. **Mode of anaesthesia** – The fee benchmarks are NOT intended to influence clinical practice as to the choice of a particular mode of anaesthesia (general anaesthesia / regional anaesthesia / monitored anaesthesia care).
10. **What the fee range covers** – The fee range covers the single continuous episode of anaesthetic care in support of the surgical procedure, including:
 - a. Pre-operative anaesthesia consultation immediately before the surgical procedure;
 - b. Intra-operative anaesthetic management (i.e. at the time of operation); and
 - c. Immediate post-operative care and monitoring of the patient in the recovery unit.

The fee benchmarks excludes:

- d. Pre-operative consultations on the same or different day for the purpose of complete evaluation of patients who might be at increased risk of anaesthesia due to the presence of medical comorbidities or other reasons where a separate anaesthesia consultation is necessary; and
 - e. Post-operative consultation after discharge from recovery unit.
11. **How to use the fee range** – The anaesthetist fee benchmarks take into account the risks, expertise and time associated with anaesthetic care for an expected range of patients for a procedure; where the:
 - a. **Lower bound:** Represents cases for a healthy patient; or where no anaesthetic problems are identified; or is ASA⁴ 1 or equivalent. For certain procedures (e.g. Arteriovenous fistula creation, Coronary Artery Bypass Graft), where the baseline patient is not healthy (e.g. patient with progressive renal failure and ischaemic heart disease respectively), the lower bound would apply for patients with the baseline condition which required the procedure, and without other anaesthetic problems identified.

⁴ Refers to the American Society of Anesthesiologists (ASA) classification that assesses and communicates a patient's pre-anaesthesia medical co-morbidities.

- b. **Midpoint:** Represents cases whereby the patient has mild and controlled disease; or has presence of anaesthetic issues, e.g. anaesthetic problems such as severe post-operative nausea vomiting, physical abnormalities, difficult intravenous access, latex allergies; or is ASA 2 or equivalent.
- c. **Upper bound:** Represents more complex cases where the patient has poorly controlled, severe or multiple medical conditions that significantly increase the risk and/or effort of anaesthetic care; or has serious anaesthetic issues, e.g. airway problems, anaphylaxis; or is ASA 2 with presence of other anaesthetic issues or multiple medical conditions; or is ASA 3 or equivalent.

If a case departs from the routine, e.g. the patient is an ASA 1, but due to unforeseen circumstances, the duration of the surgery is significantly longer than usual, the anaesthetist has the discretion to vary the fees to reflect the added risk, effort and time required.

Doctors' inpatient attendance fee benchmarks

The recommended fee benchmarks for inpatient attendance fees should be read in conjunction with the following points:

1. **What is an inpatient attendance** – Inpatient attendances cover professional consultations or reviews for a patient who is already hospitalised, during which the doctor evaluates the patient's health-related issues, formulates a management plan in relation to one or more health-related issues for the patient, provides advice to the patient, including appropriate preventive health care, and records the clinical detail of the service provided to the patient.
2. **Reference but not fee cap** – The benchmarks serve as a reference of reasonable fee ranges in the private sector and are not a cap. Charges that are higher than the benchmarks may not be unreasonable, particularly where a case is unusual in its context or complexity and requires significantly more time or effort. Doctors can charge outside of the fee benchmarks, with valid justification. However, they should inform the patient and the insurer (where applicable) before or during the admission, except when circumstances do not permit him / her to do so.
3. **Typical cases** – The benchmarks are meant to cover routine cases (that are typical for the specialty). Each benchmark is a range of fees, to cater for some variation in patients' conditions, but they exclude patients whose conditions are of high complexity or very ill.

4. **What the fee range covers** –

- a. The fee covers the professional consultation only and does not include costs of medications, injections, operations, special procedures, investigations (e.g. radiological and laboratory tests), etc.
- b. Fee ranges are applicable for all specialists, regardless of specialty.

For ICU fee range

- c. The ICU fee benchmark is applicable only for ICU cases requiring lower intensity of management and monitoring. This may include patients who require post-surgical monitoring and observation, or with single organ failure and/ or impending or established respiratory failure requiring the use of ventilatory support (invasive/non-invasive) for acute respiratory conditions.
- d. The ICU fee range is NOT applicable to medium to high intensity ICU cases. This may include patients with 2 or more acute organ failures, and/ or additional management involving the use of extracorporeal membrane oxygenation, and renal replacement therapy, etc.
- e. The lower end of the ICU fee benchmark would be more relevant if a doctor's effort for the professional attendance is similar to a routine consultation in the general ward.

5. **How to use the fee range** –

- a. The lower end of the fee benchmark is generally for straightforward professional consultations or reviews which involve short visits, a short patient history and if required, limited examination and management, for example, a routine post-operation review.
- b. The higher end of the fee benchmark is generally for the first consultation and/or cases requiring more complex or extended consultations where more time and expertise are needed for extensive history-taking, clinical examination, arranging any necessary investigation, diagnosis, implementing a treatment or management plan, and advice or discussion with the patient and family.

6. **Goods and Services Tax (GST)** – The benchmarks exclude GST.

List of conditions with hospital and doctors fee benchmarks

Hospital fee benchmarks are not available for all conditions. For conditions without a hospital fee benchmark, please refer to MOH's published bill size information.

Surgical conditions

SB – Musculoskeletal

S/N	TOSP	Description	Table	Hospital fee benchmarks	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay ⁵	Explanatory notes
1	SB701K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, MIS ACL Or PCL Reconstruction	5C	\$14,800 to \$18,700	\$8,400 to \$12,000	\$1,500 to \$2,000	\$210 to \$420	1	Hospital benchmark fee range is for the inpatient setting, for a 1-bedded ward. Most cases involve the use of implants and is included in the fee benchmark.
2	SB710S	Shoulder, Shoulder Soft Tissue Injury, MIS/Open Decompression With Cuff Repair	5B	\$13,800 to \$18,800	\$9,700 to \$13,500	\$1,800 to \$2,400	\$210 to \$420	1	Hospital benchmark fee range is for the inpatient setting, for a 1-bedded ward. Most cases involve the use of implants and is included in the fee benchmark.
3	SB800K	Knee Ligaments, Disruption, Reconstruction And Repair	5C	\$14,800 to \$18,700	\$9,000 to \$12,000	\$1,500 to \$2,000	\$210 to \$420	1	Hospital benchmark fee range is for the inpatient setting, for a 1-bedded ward. Most cases involve the use of implants and is included in the fee benchmark.
4	SB810K	Knee, Various Lesions, Primary Total Joint Replacement (Unilateral), Open/MIS/Navigated	6A	\$21,200 to \$26,400	\$9,200 to \$12,000	\$1,800 to \$2,600	\$210 to \$420	4	Hospital benchmark fee range is for the inpatient setting, for a 1-bedded ward.

SF – Digestive

S/N	TOSP	Description	Table	Hospital fee benchmarks	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay	Explanatory notes
5	SF701I	Intestine/Stomach, Upper GI Endoscopy With / Without Biopsy	1B	\$1,000 to \$1,700	\$650 to \$1,100	\$550 to \$800	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting. Higher end of surgeon fees may be associated with altered anatomy, more biopsies or biopsies of lesions in challenging locations.
6	SF702C	Colon, Colonoscopy, Fiberoptic With/Without Biopsy	2C	\$800 to \$1,300	\$1,200 to \$1,800	\$550 to \$800	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting.
7	SF701I_ SF702C (Multiple procedure)	Intestine/Stomach, Upper GI Endoscopy With / Without Biopsy & Colon, Colonoscopy, Fiberoptic With/Without Biopsy (Multiple procedure)	1B & 2C	\$1,300 to \$2,100	\$1,800 to \$2,900	\$600 to \$850	\$210 to \$420	1	Fee ranges are for cases where both procedures, SF701I and SF702C, are performed in the same sitting.
8	SF706G	Gallbladder (Acute/Complicated), Open Or Laparoscopic Cholecystectomy	4C	\$9,000 to \$13,300	\$6,200 to \$9,600	\$1,400 to \$2,300	\$210 to \$420	2	Hospital benchmark fee range is for the inpatient setting.

⁵ Based on 2021- first half of 2022 data.

S/N	TOSP	Description	Table	Hospital fee benchmarks	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay	Explanatory notes
									Higher end of surgeon fees may be associated with recurrent surgery, adhesions, altered anatomy, previous inflammation of the gallbladder and biliary tree or for impacted stone.
9	SF723A	Appendix, Various Lesions/Abscess, Appendicectomy With Drainage (MIS/Open)	4A	\$11,500 to \$17,700	\$5,900 to \$9,000	\$1,400 to \$2,300	\$210 to \$420	3	Hospital benchmark fee range is for the inpatient setting.
10	SF801G	Gallbladder, Various Lesions, Cholecystectomy (Open Or Lap)	4A	\$8,000 to \$11,000	\$6,000 to \$8,400	\$1,300 to \$2,100	\$210 to \$420	2	Hospital benchmark fee range is for the inpatient setting. Complicated surgery should be coded under SF706G.
11	SF833A	Anus, Fistula-In-Ano, Excision/ Fistulectomy	2B	\$2,300 to \$3,500	\$2,200 to \$3,600	\$700 to \$1,000	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting. Higher end of surgeon fees may be associated with recurrent surgery, more complex fistulae
12	SF833A	Anus, Fistula-In-Ano, Excision/ Fistulectomy	2B	\$4,300 to \$6,900	\$2,200 to \$3,600	\$700 to \$1,000	\$210 to \$420	2	Hospital benchmark fee range is for the inpatient setting.
13	SF836A	Anus, Hemorrhoids, Hemorrhoidectomy With Or Without Sigmoidoscopy	2C	\$3,000 to \$4,300	\$3,000 to \$3,800	\$700 to \$1,000	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting.
14	SF836A	Anus, Hemorrhoids, Hemorrhoidectomy With Or Without Sigmoidoscopy	2C	\$4,800 to \$7,500	\$3,000 to \$3,800	\$700 to \$1,000	\$210 to \$420	1	Hospital benchmark fee range is for the inpatient setting. Higher end of surgeon fees may be associated with sigmoidoscopy or more difficult haemorrhoidectomy e.g. for prolapsed haemorrhoids.
15	SF837A	Anus, Hemorrhoids, Stapled Haemorrhoidectomy	3A	\$4,300 to \$5,100	\$3,400 to \$4,200	\$700 to \$1,000	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting.
16	SF837A	Anus, Hemorrhoids, Stapled Haemorrhoidectomy	3A	\$6,300 to \$7,500	\$3,400 to \$4,200	\$700 to \$1,000	\$210 to \$420	1	Hospital benchmark fee range is for the inpatient setting.
17	SF849A	Appendix, Various Lesions, Appendicectomy Without Drainage, MIS/Open	3B	\$10,200 to \$14,600	\$4,700 to \$7,500	\$1,200 to \$2,000	\$210 to \$420	2	Hospital benchmark fee range is for the inpatient setting. Higher end of surgeon fees may be associated with challenging locations e.g. retrocecal appendix, adhesions from previous surgery, additional measures to secure the base and perforation. (Recurrent hernia should be coded under SF823A.)

SL – Eye

S/N	TOSP	Description	Table	Hospital fee benchmarks	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay	Explanatory notes
18	SL807L	Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Bilateral)	5A	\$3,700 to \$8,700	\$4,800 to \$6,700	\$850 to \$1,400	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting.

S/N	TOSP	Description	Table	Hospital fee benchmarks	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay	Explanatory notes
19	SL808L	Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Unilateral Left)	4A	\$2,600 to \$4,700	\$2,900 to \$4,400	\$550 to \$900	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting. Most cases involve the use of implants and is included in the fee benchmark.
20	SL809L	Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Unilateral Right)	4A	\$2,600 to \$4,700	\$2,900 to \$4,400	\$550 to \$900	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting. Most cases involve the use of implants and is included in the fee benchmark.

SM – ENT

S/N	TOSP	Description	Table	Hospital fee benchmarks	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay	Explanatory notes
21	SM714S	Sinuses, Nasal, Various Lesions, Fronto-Nasal Ethmoidectomy With/Without Sphenoidotomy	5C	\$10,200 to \$15,100	\$7,500 to \$11,500	\$1,800 to \$2,400	\$210 to \$420	2	Hospital benchmark fee range is for the inpatient setting. Higher end of the surgeon fees may be associated with Sphenoidotomy, complex anatomy (eg. frontal sinus anatomy) / revision surgery / nasal polyposis, while the lower end of the surgeon fees may be associated without Sphenoidotomy.

Medical conditions

S/N	DRG ⁶	Description	CCS ⁷	Hospital fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay	Explanatory notes
1	D63Z	Otitis Media and URI	Acute and chronic tonsillitis	\$3,900 to \$6,800	\$210 to \$420	3	Hospital benchmark fee range is for acute and chronic tonsillitis, for a 1-bedded ward.
2	E69B	Bronchitis and Asthma without complication or comorbidity	Acute bronchitis	\$3,600 to \$6,100	\$210 to \$420	3	Hospital benchmark fee range is for acute bronchitis for both adults and paediatrics, for a 1-bedded ward.
3	E69B	Bronchitis and Asthma without complication or comorbidity	Asthma	\$4,100 to \$9,100	\$210 to \$420	4	Hospital benchmark fee range is for asthma for adults only, for a 1-bedded ward.
4	E69B	Bronchitis and Asthma without complication or comorbidity	Asthma	\$3,900 to \$6,600	\$210 to \$420	3	Hospital benchmark fee range is for asthma for paediatrics only, for a 1-bedded ward. Paediatric refers to patients who are less than 18 years of age.
5	F74Z	Chest Pain	Non-specific chest pain	\$3,900 to \$7,500	\$210 to \$420	1	Hospital benchmark fee range is for non-specific chest pain, for a 1-bedded ward.
6	G67A	Oesophagitis and Gastroenteritis with catastrophic / severe complication or comorbidity	Intestinal infection	\$4,400 to \$10,200	\$210 to \$420	3	Hospital benchmark fee range is for intestinal infection, for a 1-bedded ward.
7	G67B	Oesophagitis and Gastroenteritis without catastrophic / severe complication or comorbidity	Intestinal infection	\$3,000 to \$5,900	\$210 to \$420	2	Hospital benchmark fee range is for intestinal infection, for a 1-bedded ward.

⁶ Refers to Diagnosis-Related Group (DRG), which is used to categorise inpatient hospital visits based on severity of illness. It is intended as a measure of cost intensity.

⁷ Refers to Clinical Classification System (CCS), which is a tool for clustering International Classification of Diseases (ICD) codes into a manageable number of clinically meaningful categories. See [Annex A](#) for the CCS-ICD mapping list.

S/N	DRG ⁶	Description	CCS ⁷	Hospital fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay	Explanatory notes
8	T63Z	Viral Illness	Dengue	\$3,900 to \$8,100	\$210 to \$420	3	Hospital benchmark fee range is for dengue, for a 1-bedded ward.

List of doctors' inpatient attendance fee benchmarks

Ward Type	Office Hours	After-office Hours	
		Before midnight	After midnight
	<i>per day</i>	<i>per visit</i>	
General Ward	\$210 to \$420	\$210 to \$320	\$320 to \$420
High Dependency Unit	\$260 to \$530	\$260 to \$370	\$370 to \$530
Intensive Care Unit (Lower intensity ICU cases)	\$320 to \$630	\$320 to \$480	\$480 to \$630

- Office hours:** The fee range for office hours is for daily fees covering the routine number of visits a doctor may make to see the patient within the day. This includes both the first visit and repeat visits, for the management of the patient on the same day. Office hours may vary depending on the doctor's practice, but typically around 9- to 10-hour cycle on a weekday (e.g. 8am to 6pm) and 4- to 5- hour cycle on Saturday (e.g. 8am to 1pm).
- After-office hours:** The fee range for after-office hours and after midnight hours is for each visit a doctor may be called back for a review or consultation on top of the day's routine consultations or visits during office hours. For call-back charges after-office hours, doctors may reasonably factor in the time of the visit, as well as the effort and duration required for the visit. In such cases, doctors are advised to clearly inform patients of their office hours and the additional charges.

List of surgeon and anaesthetist fee benchmarks

SA – Integumentary

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA701B	Breast, Ductal Lesions, Microdochectomy (Bilateral)	3A	\$3,400 to \$4,700	\$1,200 to \$1,800	
SA702B	Breast, Ductal Lesions, Microdochectomy (Unilateral)	2C	\$2,800 to \$3,900	\$850 to \$1,200	
SA704B	Breast, Lumps, Imaging Guided Vacuum Assisted Biopsy, Single Lesion	2B	\$1,700 to \$3,000	\$600 to \$750	Note: Higher end of surgeon fees may be associated with more inaccessible locations.
SA705B	Breast, Lump (Removal) With Parenchymal Flap Closure (Unilateral/Bilateral)	4A	\$4,800 to \$9,000	\$1,100 to \$1,600	Note: Higher end of surgeon fees may be associated with recurrent surgery, locations that are harder to access and larger, odd-shaped defects that require greater expertise for flap closure.
SA706B	Breast, Lumps, Imaging Guided Vacuum Assisted Biopsy, > 1 Lesions	2C	\$2,300 to \$4,700	\$650 to \$800	Note: Surgeon fees are typically higher when more biopsies are performed. Higher end of surgeon fees may be associated with 4 or more lesions, whereas the lower end of fee range may be associated with 2 lesions or less.
SA707B	Breast, Tumor (Malignant), Wide Excision/ Lumpectomy/Segmental Mastectomy/ Partial Mastectomy, With Sentinel Node Biopsy/ Axillary Node Sampling	4A	\$6,000 to \$10,300	\$1,300 to \$1,900	Note: Higher end of surgeon fees may be associated with lesions in locations that are harder to access, and defects that require mobilisation of breast tissue for a more cosmetically acceptable appearance. Higher surgeon fees can also be associated with more sentinel nodes or challenging locations.
SA709B	Breast, Various Lesions, Trucut Biopsy, Ultrasound Guided Or Stereotactic (Multiple)	1C	\$1,000 to \$2,500	\$750 to \$1,000	Note: Higher end of surgeon fees may be associated with lesions that are more complex to biopsy (e.g. small size in inaccessible location)

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA710B	Breast, Various Lesions, Trucut Biopsy, Ultrasound Guided Or Stereotactic (Single)	1B	\$850 to \$1,300	\$600 to \$750	Note: Higher end of surgeon fees may be associated with lesions that are more complex to biopsy (e.g. small size in inaccessible location).
SA711B	Breast, Various Lesions, Wire Localisation, Excision (Multiple)	3B	\$4,100 to \$6,300	\$1,100 to \$1,400	Note: Higher end of surgeon fees may be associated with recurrent surgery, more lesions, locations that are harder to access and defects that require mobilisation of breast tissue for a more cosmetically acceptable appearance
SA712B	Breast, Various Lesions, Wire Localisation, Excision (Single)	3A	\$2,800 to \$4,500	\$850 to \$1,100	Note: Higher end of surgeon fees may be associated with recurrent surgery, locations that are harder to access and defects that require mobilisation of breast tissue for a more cosmetically acceptable appearance
SA713B	Breast, Post Mastectomy, Reconstruction Using Pedicled Transverse Rectus Abdominis Musculocutaneous Flap (Unilateral)	6A	\$15,000 to \$20,200	<i>Not available</i>	
SA800B	Breast (Nipple), Various Lesions, Graft And/Or Flap Reconstruction (Bilateral)	4B	\$6,800 to \$9,800	<i>Not available</i>	
SA801B	Breast (Nipple), Various Lesions, Graft And/Or Flap Reconstruction (Unilateral)	4A	\$5,000 to \$7,300	<i>Not available</i>	
SA802B	Breast, Diffuse Hypertrophy, Reduction Mammoplasty >500g (Bilateral)	6A	\$13,500 to \$17,600	<i>Not available</i>	
SA803B	Breast, Diffuse Hypertrophy, Reduction >250g (Unilateral)	4B	\$7,300 to \$11,200	<i>Not available</i>	
SA804B	Breast, Drooping, Mastopexy/Reduction (Bilateral)	5B	\$10,100 to \$15,100	<i>Not available</i>	
SA805B	Breast, Drooping, Mastopexy/Reduction (Unilateral)	4A	\$6,700 to \$10,100	<i>Not available</i>	
SA806B	Breast, Gynecomastia, Reduction (Bilateral)	4A	\$5,600 to \$8,500	\$1,100 to \$1,600	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA807B	Breast, Gynecomastia, Reduction (Unilateral)	3A	\$3,300 to \$4,500	\$750 to \$1,000	
SA808B	Breast, Hypoplasia, Augmentation Mammoplasty (Prosthetic And Bilateral)	4A	\$6,700 to \$11,200	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA809B	Breast, Hypoplasia, Augmentation Mammoplasty (Prosthetic And Unilateral)	3A	\$4,500 to \$7,500	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA810B	Breast, Inverted Nipples, Surgical Eversion (Bilateral)	3A	\$4,500 to \$6,700	<i>Not available</i>	
SA811B	Breast, Inverted Nipple, Surgical Eversion (Unilateral)	2C	\$3,100 to \$3,900	<i>Not available</i>	
SA812B	Breast, Lump (Single), Excision Biopsy	2C	\$2,800 to \$3,600	\$750 to \$1,000	Note: Higher end of surgeon fees may be associated with procedures involving larger lesions.
SA813B	Breast, Lumps (Multiple/Bilateral), Excision Biopsy	3A	\$3,600 to \$6,000	\$850 to \$1,100	Note: Higher end of surgeon fees may be associated with more difficult locations, procedures involving larger lesions and/or greater number of lesions.
SA814B	Breast, Post Mastectomy, Implant/Expander Reconstruction (Bilateral)	5A	\$8,000 to \$14,000	<i>Not available</i>	
SA815B	Breast, Post Mastectomy, Implant/Expander Reconstruction (Unilateral)	4A	\$5,300 to \$9,400	<i>Not available</i>	
SA816B	Breast, Post Mastectomy, Latissmus Dorsi Pedicled Flap With Or Without Implant Reconstruction (Bilateral)	6C	\$15,600 to \$21,300	<i>Not available</i>	
SA817B	Breast, Post Mastectomy, Latissmus Dorsi Pedicled Flap With Or Without Implant Reconstruction (Unilateral)	5C	\$10,100 to \$15,100	<i>Not available</i>	
SA818B	Breast, Post Mastectomy, Reconstruction Using Pedicled Transverse Rectus Abdominis Musculocutaneous Flap (Bilateral)	7A	\$18,000 to \$24,200	<i>Not available</i>	
SA819B	Breast, Post Mastectomy, Reconstruction Using Free Flap (Unilateral)	7C	\$24,700 to \$35,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA820B	Breast, Post Prosthetic Contraction, Capsulotomy (Bilateral)	3A	\$4,000 to \$7,600	<i>Not available</i>	
SA821B	Breast, Post Prosthetic Contraction, Capsulotomy (Unilateral)	2C	\$2,600 to \$5,000	<i>Not available</i>	
SA822B	Breast, Tumor (Malignant), Wide Excision/ Lumpectomy/Segmental Mastectomy/ Partial Mastectomy	3C	\$3,600 to \$6,100	\$1,100 to \$1,400	Note: Higher end of surgeon fees may be with lesions in locations that are harder to access, and defects that require mobilisation of breast tissue for a more cosmetically acceptable appearance
SA823B	Breast, Tumor (Malignant), Wide Excision/ Lumpectomy/Segmental Mastectomy/ Partial Mastectomy, With Axillary Clearance, With/Without Sentinel Node Biopsy	4B	\$5,800 to \$10,100	\$1,300 to \$1,900	Note: Higher end of surgeon fees may be associated with lesions in locations that are harder to access, and defects that require mobilisation of breast tissue for a more cosmetically acceptable appearance. Higher surgeon fees can also be associated with involved enlarged axillary lymph nodes with surrounding tissue invasion.
SA824B	Breast, Tumor (Malignant), Simple Mastectomy With Axillary Clearance, With/Without Sentinel Node Biopsy	5A	\$6,100 to \$12,000	\$1,800 to \$2,400	Note: Higher end of surgeon fees may be associated with larger volume of breast tissue and larger tumors with surrounding invasion.
SA825B	Breast, Tumor (Malignant), Radical Mastectomy With/Without Axillary Clearance	5C	\$7,300 to \$13,500	\$1,800 to \$2,600	Note: Higher end of the surgeon fees may be associated with axillary clearance, while the lower end of the surgeon fees may be associated without axillary clearance.
SA826B	Breast, Tumor (Malignant), Simple Mastectomy	4A	\$4,500 to \$7,800	\$1,000 to \$1,500	Note: Higher end of surgeon fees may be associated with larger tumours with chest wall invasion or extensive skin invasion.
SA827B	Breast, Tumor (Malignant), Simple Mastectomy With Sentinel Node Biopsy/ Axillary Node Sampling	4C	\$5,900 to \$10,600	\$1,600 to \$2,100	Note: Higher end of surgeon fees may be associated with larger volume of breast tissue and larger tumors with surrounding invasion. Higher surgeon fees may be associated with more

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
					sentinel nodes/more challenging locations of nodes.
SA828B	Breast, Various Lesions, Subcutaneous Mastectomy Bilateral, Excluding Gynaecomastia	4A	\$5,200 to \$7,700	<i>Not available</i>	
SA829B	Breast, Various Lesions, Trucut Biopsy	1A	\$400 to \$1,100	\$600 to \$900	
SA830B	Breast, Various Lesions, Subcutaneous Mastectomy Unilateral, Excluding Gynaecomastia	3C	\$3,600 to \$6,200	<i>Not available</i>	
SA831B	Contralateral Mastopexy/Reduction Following Breast, Tumour (Malignant) Wide Excision/Lumpectomy/Segmental Or Partial Mastectomy, With Or Without Sentinel Node Biopsy And/Or Axillary Clearance	4A	\$5,200 to \$8,300	<i>Not available</i>	
SA832B	Ipsilateral Mastopexy/Reduction Following Breast, Tumour (Malignant) Wide Excision/Lumpectomy/Segmental Or Partial Mastectomy, With Or Without Sentinel Node Biopsy And/Or Axillary Clearance	4A	\$5,200 to \$9,100	<i>Not available</i>	
SA833B	Breast, Tumor (Malignant), Nipple/Skin Sparing Mastectomy	4C	\$5,900 to \$10,600	\$1,000 to \$1,500	
SA834B	Breast, Tumor (Malignant), Nipple/Skin Sparing Mastectomy With Sentinel Node Biopsy/Axillary Node Sampling	5A	\$6,100 to \$12,000	\$1,600 to \$2,300	
SA835B	Breast, Tumor (Malignant), Nipple/Skin Sparing Mastectomy With Axillary Clearance, With/Without Sentinel Node Biopsy	5C	\$7,300 to \$13,500	<i>Not available</i>	
SA800F	Fascia (Deep), Rupture With Herniated Muscle, Repair	1B	\$1,100 to \$2,100	<i>Not available</i>	
SA812F	Fat Transfer, Correction Of Contours/Congenital Deformities, Reconstruction Post Ablative Surgery/Trauma, <=50cc	2A	\$2,200 to \$3,400	<i>Not available</i>	
SA813F	Fat Transfer, Correction Of Contours/Congenital Deformities, Reconstruction Post Ablative Surgery/Trauma, 50 - 100cc	3A	\$3,400 to \$5,000	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA814F	Fat Transfer, Correction Of Contours/Congenital Deformities, Reconstruction Post Ablative Surgery/Trauma, >= 100cc	3B	\$4,500 to \$7,600	<i>Not available</i>	
SA800H	Hand, Burns (Major), Excision And Split Skin Graft	4A	\$5,200 to \$7,700	<i>Not available</i>	
SA800M	Mucous Membrane (Ear/Nose/Eyelid) Avulsion/Complex Laceration, Full Thickness Repair	3A	\$3,600 to \$5,600	<i>Not available</i>	
SA801M	Mucous Membrane, Deep Laceration/Multiple Lacerations, Repair	3A	\$2,000 to \$4,300	\$850 to \$1,400	Note: Higher end of surgeon fees may be associated with lacerations that are more extensive in size; deeper; irregular making closure difficult; tissue loss making closure difficult; infected and/or contaminated requiring more debridement and toilet; animal bites; situated in the posterior or more difficult to reach position or recess, etc.
SA802M	Mucous Membrane, Superficial Laceration Equal/Less Than 7cm, Repair	1B	\$400 to \$1,800	\$750 to \$1,200	Note: Higher end of fees may be associated with lacerations found in difficult-to-access locations e.g. deep in nasal passages, pharynx etc
SA803M	Mucous Membrane, Superficial Laceration(S) More Than 7 cm, Repair	2B	\$900 to \$2,800	\$850 to \$1,400	
SA804M	Mucous Membrane, Tumor/Cyst/Ulcer/Scar, Excision	2B	\$800 to \$1,700	\$750 to \$1,200	
SA805M	Muscle And Deep Tissue, Foreign Body, Removal	2C	\$1,800 to \$3,500	<i>Not available</i>	
SA700R	Radiotherapy, Endoluminal Brachytherapy: Oesophagus, Nasopharyngeal Carcinoma (NPC), Hepatobiliary, Cardiac, Lung, Others	2B	\$1,300 to \$3,000	<i>Not available</i>	
SA701R	Radiotherapy, Interstitial Brachytherapy (With/Without Open Surgery)	4B	\$6,100 to \$8,900	<i>Not available</i>	
SA702R	Radiotherapy, Interstitial Brachytherapy (Without Open Surgery): Prostate	5A	\$6,800 to \$11,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA703R	Radiotherapy, Intracavitary Brachytherapy (Multi-Channel): Cervix, Others	2C	\$1,800 to \$3,600	<i>Not available</i>	
SA704R	Radiotherapy, Intracavitary Brachytherapy (Single Channel): Endometrium, Others	2A	\$1,100 to \$2,500	<i>Not available</i>	
SA705R	Radiotherapy, Intra-Operative Radiotherapy (Electrons Or Kilovoltage): Breast, Sarcoma, Upper GI, Lower GI, Other Sites	3A	\$2,500 to \$4,100	<i>Not available</i>	
SA700S	Skin (Upper Limb), Open Wound, Major Desloughing	2A	\$1,600 to \$3,000	<i>Not available</i>	
SA701S	Skin And Subcutaneous Tissue, Tumor/Cyst/Ulcer/Scar, Excision Biopsy, Removal Of 2 Or More Or Recurrent Or Complicated (Adherent), Excision	2A	\$900 to \$3,100	\$550 to \$900	Note: Higher end of surgeon fees may be associated with a location of higher morbidity such as the face or a joint flexure.
SA702S	Skin And Subcutaneous Tissue, Tumor/Cyst/Ulcer/Scar, Excision Biopsy, Lesion Size More Than 15mm In Diameter	1B	\$1,000 to \$2,100	\$550 to \$900	Note: Higher end of surgeon fees may be associated with a location of higher morbidity such as the face or a joint flexure.
SA704S	Skin Cancer, Mohs Micrographic Surgery Without Reconstruction	2B	\$900 to \$1,800	<i>Not available</i>	
SA705S	Skin, Defect, Distant Skin Flaps	4B	\$6,700 to \$9,000	<i>Not available</i>	
SA706S	Skin, Defect, Neurovascular Island Flap	5A	\$6,700 to \$9,400	<i>Not available</i>	
SA707S	Skin, Neuromas/Hemangiomas, Excision/Vaporisation By Laser And Other Ablative Modalities, Therapeutic	1C	\$900 to \$1,500	\$550 to \$900	Note: Higher end of fees may be associated with procedures involving a larger number or area of lesions.
SA708S	Skin, Surgical Treatment For Vitiligo (Involving Non-Cultured Cellular Grafting) (<20 sq cm)	3C	\$3,400 to \$5,200	<i>Not available</i>	
SA709S	Skin, Surgical Treatment For Vitiligo (Involving Non-Cultured Cellular Grafting) (>40 sq cm)	4B	\$4,800 to \$7,200	<i>Not available</i>	
SA710S	Skin, Surgical Treatment For Vitiligo (Involving Non-Cultured Cellular Grafting) (20-40 sq cm)	4A	\$4,000 to \$6,700	<i>Not available</i>	
SA711S	Soft Tissue (Lower Limb), Contracture, Major Release	4A	\$4,200 to \$6,700	<i>Not available</i>	
SA712S	Soft Tissue (Lower Limb), Contracture, Minor Release	2C	\$2,000 to \$2,900	<i>Not available</i>	
SA713S	Soft Tissue (Lower Limb), Open Wound/Infection, Major Desloughing	2A	\$1,100 to \$2,800	\$650 to \$1,000	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA714S	Soft Tissue (Lower Limb), Small Tumors (Benign), Excision Biopsy Under General Anesthesia	1B	\$1,100 to \$2,100	<i>Not available</i>	
SA715S	Soft Tissue (Lower Limb), Tumor/Tumor-Like Lesions, Marginal Excision	2C	\$2,400 to \$3,600	\$750 to \$1,200	
SA716S	Soft Tissue (Lower Limb), Tumors (Benign), Wide Excision Biopsy	4A	\$3,600 to \$6,000	\$1,000 to \$1,600	
SA717S	Soft Tissue (Lower Limb), Tumors (Malignant), Radical Excision Biopsy	5C	\$7,700 to \$11,200	<i>Not available</i>	
SA718S	Soft Tissue (Lower Limb), Various Lesions, Major Release	4B	\$4,500 to \$6,700	<i>Not available</i>	
SA719S	Soft Tissue (Lower Limb), Various Lesions, Minor Release	3A	\$3,400 to \$5,300	<i>Not available</i>	
SA720S	Soft Tissue (Palmar Space), Abscess, Drainage	2B	\$1,300 to \$3,400	<i>Not available</i>	
SA721S	Soft Tissue (Upper Limb), Tumors (Benign), Major Excision Biopsy	4A	\$3,600 to \$6,000	\$1,000 to \$1,600	
SA722S	Soft Tissue (Upper Limb), Tumors (Malignant), Radical Excision Biopsy	6B	\$9,100 to \$13,900	<i>Not available</i>	
SA723S	Soft Tissue (Upper Limb), Tumors (Malignant), Wide Excision Biopsy	5A	\$6,600 to \$10,200	<i>Not available</i>	
SA724S	Soft Tissue, Tumor (Malignant), Major Resection And Reconstruction (Microsurgical)	7C	\$22,400 to \$30,800	<i>Not available</i>	
SA725S	Sweat Gland, Axillary Hyperhidrosis, Wedge Excision (Bilateral)	3A	\$2,200 to \$4,900	<i>Not available</i>	
SA726S	Skin Cancer, Mohs Micrographic Surgery With Reconstruction/Graft/Flap (<= 5 Tissue Blocks)	2C	\$1,300 to \$2,700	<i>Not available</i>	
SA727S	Skin Cancer, Mohs Micrographic Surgery With Reconstruction/Graft/Flap (> 5 Tissue Blocks)	3A	\$2,600 to \$5,000	<i>Not available</i>	
SA800S	Skin And Mucous Membrane, Various Lesions, Excision Biopsy	1A	\$400 to \$900	\$750 to \$1,200	
SA801S	Skin And Subcutaneous Tissue, Tumour (Malignant), Wide Excision And Reconstruction And Local Flap/Skin Graft	3A	\$1,800 to \$4,900	\$1,600 to \$2,300	Note: Higher end of fees may be associated with more complex cases (e.g. excision of large and extensive lesions or in critical locations where form

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
					and function are important to the outcome)
SA802S	Skin And Subcutaneous Tissue, Tumour (Malignant), Wide Excision With Immediate Block Dissection	5A	\$6,000 to \$11,200	\$1,300 to \$1,900	
SA803S	Skin And Subcutaneous Tissue (Ear/Nose/Eyelid/Face), Complex Lacerations, Repair	3B	\$3,600 to \$5,600	\$650 to \$1,000	
SA804S	Skin & Subcutaneous, Scar Revision, Face & Neck (< 3cm)	1C	\$900 to \$1,500	<i>Not available</i>	
SA805S	Skin And Subcutaneous Tissue (Face And Neck), Scar Of More Than 3cm, Revision	2B	\$1,700 to \$2,800	\$750 to \$1,200	
SA806S	Skin And Subcutaneous Tissue, Burns, Escharotomy (Extensive)	2A	\$1,000 to \$1,900	<i>Not available</i>	
SA807S	Skin And Subcutaneous Tissue, Burns, Escharotomy (Limited)	1A	\$550 to \$1,100	<i>Not available</i>	
SA808S	Skin And Subcutaneous Tissue, Burns, Excision And Major Flap Repair	5A	\$7,600 to \$11,000	<i>Not available</i>	
SA809S	Skin And Subcutaneous Tissue, Burns, Excision And Major Full Thickness Graft	4A	\$4,900 to \$7,700	<i>Not available</i>	
SA810S	Skin And Subcutaneous Tissue, Burns, Excision And Small Full Thickness Graft	3A	\$2,200 to \$4,900	<i>Not available</i>	
SA811S	Skin And Subcutaneous Tissue, Deep>3cm/Extensive Contaminated Wound, Debridement	2C	\$1,600 to \$3,600	\$650 to \$1,000	Note: Higher end of surgeon fees may be associated with a location of higher morbidity such as the face or a joint flexure.
SA812S	Skin And Subcutaneous Tissue, Defect (Deep), Dermofat/Fascia Graft (Including Transplant/Muscle Flap)	3A	\$3,400 to \$5,000	<i>Not available</i>	
SA813S	Skin And Subcutaneous Tissue, Defect (Deep), Direct Flap (Cross Arm/Radial Fore Arm/Abdominal/Similar)	5A	\$5,600 to \$9,800	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA814S	Skin And Subcutaneous Tissue, Defect (Deep), Direct Flap Repair (Cross Leg)	5C	\$9,000 to \$13,500	<i>Not available</i>	
SA815S	Skin And Subcutaneous Tissue, Defect (Deep), Free Flaps	7C	\$24,700 to \$35,500	<i>Not available</i>	
SA816S	Skin And Subcutaneous Tissue, Defect (Deep), Free Graft (Split Skin Graft - Extensive/Inlay Graft Using A Mould)	3B	\$3,500 to \$5,400	<i>Not available</i>	
SA817S	Skin And Subcutaneous Tissue, Defect (Deep), Staged Distant Flap (Division)	2A	\$1,800 to \$3,100	<i>Not available</i>	
SA818S	Skin And Subcutaneous Tissue, Defect (Multiple Digits), Free Full Thickness Graft	3B	\$3,500 to \$5,400	<i>Not available</i>	
SA819S	Skin And Subcutaneous Tissue, Defect (Multiple Digits), Staged Local Flap (Division)	2A	\$2,100 to \$3,600	<i>Not available</i>	
SA820S	Skin And Subcutaneous Tissue, Defect (Single Digit), Free Full Thickness Graft	2C	\$2,200 to \$4,300	<i>Not available</i>	
SA821S	Skin And Subcutaneous Tissue, Defect, Direct Flap (Cross Finger/Similar Flaps)	4A	\$4,500 to \$6,700	<i>Not available</i>	
SA822S	Skin And Subcutaneous Tissue, Defect, Free Graft (Split Skin Graft/Pinch Grafts Under 1/2%)	1B	\$750 to \$1,500	<i>Not available</i>	
SA823S	Skin And Subcutaneous Tissue, Defect, Free Grafts (Split Skin Graft 1/2 To Less Than 2%)	2B	\$1,800 to \$2,800	<i>Not available</i>	
SA824S	Skin And Subcutaneous Tissue, Defect, Free Grafts (Split Skin Graft 2 To Less Than 5%)	3A	\$2,200 to \$4,900	<i>Not available</i>	
SA825S	Skin And Subcutaneous Tissue, Defect, Free Grafts (Split Skin Graft 5 To 10%)	4A	\$4,500 to \$7,700	<i>Not available</i>	
SA826S	Skin And Subcutaneous Tissue, Defect, Free Grafts (Split Skin Graft More Than 10%)	5B	\$7,700 to \$10,200	<i>Not available</i>	
SA827S	Skin And Subcutaneous Tissue, Defect, Local Flap To Multiple Digits (Cross Finger/Thenar/Flag/Rotation Flap)	5A	\$7,200 to \$10,700	<i>Not available</i>	
SA828S	Skin And Subcutaneous Tissue, Defect, Single Stage Local Flap (Complicated/Large)	5B	\$6,000 to \$11,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA829S	Skin And Subcutaneous Tissue, Defect, Single Stage Local Flap (Simple/Small)	3A	\$2,500 to \$4,500	<i>Not available</i>	
SA830S	Skin And Subcutaneous Tissue, Defect, Staged Local Flap(Division)	1B	\$1,100 to \$2,100	<i>Not available</i>	
SA831S	Skin And Subcutaneous Tissue, Foreign Body (Subcutaneous), Removal	1C	\$500 to \$2,200	\$600 to \$950	Note: Higher end of fees may be associated with a location of higher morbidity such as the face, palms or soles or foreign bodies that are more difficult to localise.
SA835S	Skin And Subcutaneous Tissue, Arteriovenous Malformation/Hemangioma/Lymphangioma (Extensive And Complex), Excision	7B	\$13,800 to \$20,800	<i>Not available</i>	
SA836S	Skin And Subcutaneous Tissue, Arteiovenous Malformation/Hemangioma/Lymphangioma (Large And Deep-Seated), Excision	5C	\$7,200 to \$8,700	\$1,600 to \$2,300	
SA837S	Skin And Subcutaneous Tissue, Arteriovenous Malformation/Hemangioma/Lymphangioma On Face, Hands, Genitalia, Excision	4A	\$4,000 to \$6,700	\$1,100 to \$1,800	
SA838S	Skin And Subcutaneous Tissue, Arteriovenous Malformation/Hemangioma/Lymphangioma >3cm Excluding Face, Hands, Genitalia, Excision	3A	\$2,600 to \$5,000	\$750 to \$1,200	
SA839S	Skin And Subcutaneous Tissue, Arteriovenous Malformation/Hemangioma/Lymphangioma <3cm Excluding Face, Hands, Genitalia, Excision	2A	\$1,500 to \$2,600	\$650 to \$800	
SA840S	Skin And Subcutaneous Tissue, Hematoma, Abscess/Cellulitis/Similar Lesion<3cm, Saucerisation/Incision & Drainage	1A	\$250 to \$1,200	\$650 to \$1,000	
SA841S	Skin And Subcutaneous Tissue, Hematoma /Carbuncle Cellulitis/Similar Lesion>3cm, Saucerisation/Incision With Drainage	1B	\$800 to \$2,500	\$650 to \$1,000	Note: Higher end of surgeon fees may be associated with a location of higher morbidity such as the face or a joint flexure.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA842S	Skin And Subcutaneous Tissue, Lacerations (Deep >3cm/Multiple) Lacerations, Repair/Toilet & Suture, With/Without Debridement	3B	\$3,600 to \$5,600	\$850 to \$1,400	
SA843S	Skin And Subcutaneous Tissue, Laceration (Superficial) Of Less Than 7cm, Repair	1B	\$300 to \$2,000	\$650 to \$1,000	
SA844S	Skin And Subcutaneous Tissue, Laceration (Superficial) Of More Than 7cm, Repair	2C	\$1,600 to \$3,100	\$850 to \$1,400	Note: Higher end of fees may be associated with lacerations sited at more complex locations e.g. face.
SA845S	Skin And Subcutaneous Tissue, Neurofibromatosis Of Face And Neck, Excision (Large >3cm And Complicated/Multiple)	5C	\$7,200 to \$8,700	<i>Not available</i>	
SA846S	Skin And Subcutaneous Tissue, Neurofibromatosis Of Face And Neck, Excision (Large)	4A	\$4,000 to \$6,700	<i>Not available</i>	
SA847S	Skin And Subcutaneous Tissue, Neurofibromatosis Of Face And Neck, Excision (Moderate)	3A	\$2,500 to \$5,400	<i>Not available</i>	
SA848S	Skin And Subcutaneous Tissue, Neurofibromatosis Of Face And Neck, Excision (Small<3cm)	2A	\$900 to \$1,500	<i>Not available</i>	
SA849S	Skin & Subcutaneous, Pre-Septal/Peri-Orbital Dermoid/Lesion, Excision	2A	\$1,600 to \$2,400	<i>Not available</i>	
SA850S	Skin And Subcutaneous Tissue, Sinus (Deep>3cm), Excision With/Without Biopsy	2B	\$2,000 to \$3,400	\$750 to \$1,200	
SA851S	Skin And Subcutaneous Tissue, Sinus (Shallow<3cm), Excision With/Without Biopsy	1B	\$850 to \$1,200	\$650 to \$1,000	
SA852S	Skin And Subcutaneous Tissue, Tumor/Cyst/Ulcer/ Scar, Excision/Punch/Shave Biopsy, Lesion Size Up To And Including 15mm In Diameter	1A	\$250 to \$1,100	\$550 to \$900	Note: Surgeon fee benchmarks include excision biopsy cases.
SA853S	Skin And Subcutaneous Tissue, Wound, Debridement <3Cm	1A	\$250 to \$1,300	\$550 to \$900	Note: Higher end of surgeon fees may be associated with very contaminated/ dirty wounds or deep wounds requiring extensive debridement.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA854S	Skin And Subcutaneous Tissue, Wound (Large>3cm), Secondary Suture	1B	\$750 to \$1,700	\$600 to \$950	Note: Higher end of surgeon fees may be associated with wounds that require revision prior to secondary suture, to enable a tension free wound closure.
SA856S	Skin, Angioma, Cauterisation/Injection	1A	\$350 to \$900	<i>Not available</i>	
SA857S	Skin, Burns (2% To 5%), Excision	2B	\$1,500 to \$2,800	<i>Not available</i>	
SA859S	Skin, Burns (Less Than 2%), Excision	1B	\$750 to \$1,500	<i>Not available</i>	
SA860S	Skin, Burns (More Than 10%), Dressing	1B	\$2,000 to \$2,800	<i>Not available</i>	
SA861S	Skin, Burns (More Than 10%), Excision	3B	\$3,500 to \$5,400	<i>Not available</i>	
SA862S	Skin, Burns (More Than 5% To 10%) Excision	2C	\$2,100 to \$3,500	<i>Not available</i>	
SA863S	Skin, Keratoses/Warts/Tags/Similar Lesions, Excision (6 - 10 Lesions)	2B	\$500 to \$1,300	\$550 to \$800	Note: Lower end of fees may be associated with a smaller number of lesions and/or superficial lesions. Higher end of fees may be associated with procedures involving a greater number of lesions and/or deeper lesions.
SA864S	Skin, Keratoses/Warts/Tags/Similar Lesions, Excision (More Than 10 Lesions)	2C	\$1,100 to \$2,500	\$650 to \$950	Note: Lower end of fees may be associated with a smaller number of lesions and/or superficial lesions. Higher end of fees may be associated with procedures involving a greater number of lesions and/or deeper lesions.
SA865S	Skin, Keratoses/Warts/Tags/Similar Lesions, Excision (Not More Than 5 Lesions)	1A	\$400 to \$700	\$550 to \$800	
SA866S	Skin, Plantar Wart, Excision Or Vaporisation By Laser	1A	\$300 to \$900	\$550 to \$900	Note: Higher end of fees may be associated with procedures involving larger lesions and/or greater number of lesions.
SA867S	Skin, Plantar Warts (Multiple), Excision	1B	\$550 to \$2,000	\$600 to \$900	Note: Higher end of fees may be associated with cold steel excision or greater number of lesions.
SA868S	Skin, Scar (Extensive), Revision	3B	\$3,300 to \$5,000	\$950 to \$1,400	Note: Higher end of fees may be associated with more complex cases

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
					(e.g. where the scars are extensive in length and/or width or where closure requires local flaps, Z-plasties and/or skin grafts)
SA869S	Skin, Scar/Variou s Lesion (Single), Removal Of Tissue Expander/Prosthesis And Revision Of Scar	3A	\$2,200 to \$4,900	<i>Not available</i>	
SA870S	Skin, Scar, Revision With Z-Plasty	2C	\$2,100 to \$3,600	<i>Not available</i>	
SA871S	Skin, Scars/Lesions (Multiple), Removal Of Tissue Expander/Prosthesis And Revision/Excision Of Scars	3C	\$5,000 to \$7,600	<i>Not available</i>	
SA872S	Skin, Superficial Nasal Dermoid, Excision	3A	\$2,100 to \$4,400	<i>Not available</i>	
SA873S	Skin, Tattoo (1% To 2%), Laser Excision	2B	\$500 to \$1,300	<i>Not available</i>	
SA874S	Skin, Tattoo (Less Than 1%), Laser Excision	1C	\$400 to \$1,100	<i>Not available</i>	
SA875S	Skin, Tattoo (Multiple/More Than 2%), Laser Excision	3A	\$1,800 to \$4,900	<i>Not available</i>	
SA876S	Skin, Tattoo, Repeat Laser Excision	1A	\$300 to \$900	<i>Not available</i>	
SA877S	Skin, Various Lesions Of Face (2 To 3), Excision Biopsy	1B	\$750 to \$1,500	<i>Not available</i>	
SA878S	Skin, Various Lesions, Abrasive Therapy (Extensive)	3A	\$1,800 to \$4,600	<i>Not available</i>	
SA879S	Skin, Various Lesions, Abrasive Therapy (Limited)	2A	\$900 to \$1,500	<i>Not available</i>	
SA880S	Skin, Various Lesions, Insertion Of Tissue Expander (Multiple)	3A	\$3,400 to \$6,700	<i>Not available</i>	
SA881S	Skin, Various Lesions, Insertion Of Tissue Expander (Single)	2B	\$2,000 to \$3,300	<i>Not available</i>	
SA882S	Skin, Various Lesions, Trial Dermabrasion	1A	\$550 to \$1,800	<i>Not available</i>	
SA884S	Skin, Various Lesions Of Face (Single), Excision/Punch/ Shave Biopsy	1A	\$350 to \$900	<i>Not available</i>	
SA885S	Skin, Various Lesions Of Face (4 And Above), Excision Biopsy	2B	\$1,500 to \$3,400	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA886S	Skin, Wrinkles, Partial Rhytidectomy	5C	\$11,200 to \$16,800	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA887S	Skin, Wrinkles, Total Rhytidectomy	6B	\$15,600 to \$21,300	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA888S	Soft Tissue, Tumor (Malignant), Wide Excision Biopsy <7cm Other Than Upper/Lower Limbs	3C	\$3,300 to \$5,000	\$1,400 to \$2,300	
SA889S	Soft Tissue, Tumor (Malignant), Radical Excision Biopsy >7cm Other Than Upper/Lower Limbs	5C	\$7,200 to \$10,100	\$1,600 to \$2,600	Note: Higher end of fees may be associated with procedures that involve extensive resections and requiring flap reconstruction for wound closure.
SA890S	Subcutaneous Tissue (Abdomen), Obesity, Liposuction	3B	\$4,500 to \$6,700	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA891S	Subcutaneous Tissue (Buttocks), Obesity, Liposuction	3B	\$3,500 to \$5,400	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA892S	Subcutaneous Tissue (Face), Obesity, Liposuction	2C	\$1,800 to \$3,500	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA893S	Subcutaneous Tissue (Thigh), Obesity, Liposuction	3C	\$4,300 to \$6,500	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA894S	Subcutaneous Tissue (Upper Limbs), Obesity, Liposuction	3A	\$2,200 to \$4,900	<i>Not available</i>	Note: Fee benchmark is for medically indicated cases only.
SA895S	Subcutaneous Tissue, Obesity, Lipectomy, Transverse Wedge Excision Of Abdominal Apron/Lipectomy With Excision Of Skin, Following Weight Loss Surgery (SF702S/SF703S/SF713S/SF803S/SF804S)	4A	\$7,000 to \$10,500	<i>Not available</i>	
SA896S	Subcutaneous Tissue, Obesity, Lipectomy, Excision With Undermining Of Skin Edges And Strengthening Of Abdominal Wall/Radical Abdominoplasty With Repair Of Abdominal Wall And Transposition Of Umbilicus Following Weight Loss Surgery (SF702S/SF703S/SF713S/SF803S/SF804S)	5C	\$14,000 to \$21,000	<i>Not available</i>	
SA898S	Sweat Gland, Axillary Hyperhidrosis, Wedge Excision (Unilateral)	2C	\$1,700 to \$2,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SA900S	Subcutaneous Tissue, Obesity, Excision/Lipectomy, Limbs (Unilateral/Bilateral) Following Weight Loss Surgery (SF702S/SF703S/SF713S/SF803S/SF804S)	4A	\$6,700 to \$10,100	<i>Not available</i>	
SA901S	Subcutaneous Tissue, Obesity, Excision/Lipectomy, Thorax/Back/Buttocks, Following Weight Loss Surgery (SF702S/SF703S/SF713S/SF803S/SF804S)	4B	\$7,000 to \$10,500	<i>Not available</i>	
SA902S	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	1B	\$550 to \$1,200	<i>Not available</i>	
SA700T	Tendon Sheath And Subcutaneous Tissue, Ganglion/Large Bursa, (>3cm) Excision Biopsy	2B	\$2,200 to \$4,400	\$750 to \$1,100	
SA800T	Tendon Sheath And Subcutaneous Tissue, Ganglion/Small Bursa, (<3cm) Excision Biopsy	1C	\$1,600 to \$3,400	\$600 to \$900	

SB – Musculoskeletal

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB700A	Ankle, Ankle Fracture, Bimalleolar, ORIF	4A	\$6,700 to \$9,600	\$1,500 to \$1,900	
SB701A	Ankle, Comminuted Plafond Fracture ORIF	5A	\$8,500 to \$12,200	\$1,600 to \$2,100	
SB702A	Ankle, Ligamentous Instability, Reconstruction Of Ligaments (Eg. Bostrom, Chrisman-Snook)	5A	\$6,400 to \$9,000	\$1,400 to \$1,900	Note: Lower end of fees may be associated with cases requiring repair while higher end of fees may be associated with cases requiring reconstruction.
SB703A	Ankle, Various Lesions, Primary Total Joint Replacement With Augmentation, Requiring Extra Implants Or Bone Grafts, Open/MIS/Navigated	6B	\$12,200 to \$15,600	<i>Not available</i>	
SB704A	Ankle, Various Lesions, Revision Total Joint Replacement, Open/MIS/Navigated	6C	\$13,200 to \$19,200	<i>Not available</i>	
SB705A	Ankle, Therapeutic Arthroscopy	4A	\$5,400 to \$9,600	\$1,200 to \$1,600	
SB746A	Aspiration, Deep Musculoskeletal Tissues, Under Radiological Guidance	1A	\$350 to \$1,800	<i>Not available</i>	
SB800A	Ankle, Dislocation, Open Reduction	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB801A	Ankle, Ankle Fracture, Unimalleolar, ORIF	3B	\$6,000 to \$8,400	\$1,300 to \$1,800	
SB802A	Ankle, Various Lesions, Arthrodesis (Surgical Fusion)	5A	\$9,000 to \$12,000	<i>Not available</i>	
SB803A	Ankle, Various Lesions, Open Excision/Interposition Arthroplasty, With Or Without Resurfacing	4C	\$5,500 to \$9,900	<i>Not available</i>	
SB804A	Ankle, Various Lesions, Repair Of Ligaments	3A	\$3,400 to \$5,300	<i>Not available</i>	
SB805A	Ankle, Various Lesions, Synovectomies	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB806A	Ankle, Various Lesions, Primary Total Joint Replacement, Open/Mis/Navigated	6A	\$9,600 to \$13,900	<i>Not available</i>	
SB700B	Bone (Lower Limb), Tumor (Benign), >3 cm With Bone Grafting +/- Reconstruction/Internal Fixation	5A	\$6,600 to \$10,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB701B	Bone (Lower Limb), Tumor (Malignant), Radical Excision >6cm With Reconstruction And Bone Graft	6A	\$11,200 to \$15,600	<i>Not available</i>	
SB702B	Bone (Skull), Tumor (Large>3Cm), Excision And Extensive Reconstruction (Dura, Skull, Skin)	7B	\$17,400 to \$25,800	<i>Not available</i>	
SB703B	Bone (Upper/Lower Limb), Exostosis, Excision Biopsy (More Than1/ Bilateral)	3A	\$3,400 to \$5,400	<i>Not available</i>	
SB704B	Bone (Upper Limb), Tumor (Benign), Major Excision >3 cm With Bone Grafting +/- Reconstruction/Internal Fixation	5A	\$6,600 to \$10,200	<i>Not available</i>	
SB705B	Bone, Tumour, Imaging Guided Percutaneous Local Ablation, Simple, > 1 Lesion (Radiofrequency, Cryotherapy, Microwave, Laser, Alcohol, Etc)	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB706B	Bone, Tumour, Imaging Guided Percutaneous Local Ablation (Radiofrequency, Cryotherapy, Microwave, Laser, Alcohol,Etc) , Single Lesion	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB707B	Bone, Tumor (Malignant), Around Joints With Limb Reconstruction And Joint Replacement	7A	\$19,600 to \$24,100	<i>Not available</i>	
SB708B	Bone, Tumour (Malignant), Wide/Major Resection And Reconstruction (Vascularised Bone Graft)	7B	\$19,600 to \$28,000	<i>Not available</i>	
SB709B	Bone, Various Lesions, Open Biopsy, Cementing/Plate Fixation	1B	\$900 to \$1,000	\$1,100 to \$1,400	
SB710B	Bone/Soft Tissue, Various Lesions, Trucut Biopsy	1B	\$550 to \$1,200	<i>Not available</i>	
SB711B	Bone/ Soft Tissue, Various Lesions, Imaging Guided Percutaneous Biopsy	2B	\$650 to \$2,800	\$650 to \$1,000	Note: Higher end of fees may be associated with more complex cases (e.g. long calcified segment requiring multiple burrs and/or stents deployment, or intervention in more than one vessel).
SB712B	Bursa, Bursitis, Excision Biopsy (More Than 1/Bilateral)	2C	\$3,400 to \$5,500	\$1,000 to \$1,500	Note: Higher end of fees may be associated with more than 2 excision biopsies.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB713B	Bone, Tumour, Imaging Guided Percutaneous Local Ablation, Complex, > 1 Lesion (Radiofrequency, Cryotherapy, Microwave, Laser, Alcohol, Etc)	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB800B	Bone, Cyst/Tumour Benign/Benign Aggressive, Curretage/Burring/Bone Grafting/Cementing	4A	\$3,400 to \$6,200	<i>Not available</i>	
SB801B	Bone (Lower Limb), Deformities, Corrective Surgery With Internal Fixation With Or Without Fluoroscopy	5C	\$8,400 to \$10,500	\$1,800 to \$2,400	
SB802B	Bone (Lower Limb), Deformities, Corrective Surgery With Osteotomy Alone	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB803B	Bone (Lower Limb), Defect/Non Union, Implantation Of Bone Stimulator	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB804B	Bone (Lower Limb), Fracture/Dislocation, Manipulation And Kirschner Wire Fixation	3B	\$3,900 to \$6,700	<i>Not available</i>	
SB805B	Bone (Lower Limb), Grade 1 And 2 Open Fractures/Open Dislocation Or Open Fracture-Dislocation Wound Debridement	2B	\$1,800 to \$4,000	<i>Not available</i>	
SB806B	Bone (Lower Limb), Osteomyelitis, Drainage With Curettage And Irrigation	4A	\$3,400 to \$5,500	<i>Not available</i>	
SB807B	Bone (Lower Limb), Osteomyelitis, Simple Drainage	2B	\$1,800 to \$4,000	<i>Not available</i>	
SB808B	Bone And Joints (Lower Limb), Plates And Screws/Nails, Removal	2B	\$2,000 to \$4,300	\$750 to \$1,200	
SB809B	Bone And Joints (Lower Limb), Removal Of Simple Implants (E.G. Rush Rods/Wires/K-Wires/Pins/Screws)	1C	\$1,400 to \$3,000	\$600 to \$950	Note: Higher end of surgeon fees may be associated with a greater number of or deeper-set implants.
SB810B	Bone (Lower Limb), Tumor (Benign), <3 cm With Bone Grafting +/- Reconstruction/Internal Fixation	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB811B	Bone (Lower Limb), Tumor (Malignant), Radical Excision (<6cm) With Reconstruction And Bone Grafting	5C	\$9,000 to \$12,600	<i>Not available</i>	
SB812B	Bone (Lower Limb), Various Lesions, Epiphysiolyis With/Without Microsurgery	5C	\$7,700 to \$11,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB813B	Bone (Skull), Tumor (Small<3cm) Excision With Cranioplasty	5B	\$8,400 to \$12,100	<i>Not available</i>	
SB814B	Bone (Skull), Tumor (Large>3cm) Excision With Cranioplasty	6B	\$13,300 to \$18,000	<i>Not available</i>	
SB815B	Bone (Skull), Tumor (Malignant), Wide Excision	5C	\$9,900 to \$13,700	<i>Not available</i>	
SB817B	Bone (Upper/Lower Limb), Bone Loss/Nonunion, Bone Grafting	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB818B	Bone (Upper Limb), Deformities, Corrective Surgery	4B	\$4,700 to \$7,300	\$1,400 to \$1,900	
SB819B	Bone And Joints (Upper Limb), Deformities, Osteotomies And Fixation With Or Without Fluoroscopy/Bone Graft	5C	\$6,700 to \$11,400	\$1,700 to \$2,300	
SB820B	Bone (Upper/Lower Limb), Exostosis, Excision Biopsy (Single)	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB822B	Bone (Upper Limb), Grade 1 And 2 Open Fractures/Open Dislocation Or Open Fracture-Dislocation, Wound Debridement	2B	\$1,800 to \$4,000	<i>Not available</i>	
SB823B	Bone (Upper Limb), Osteomyelitis, Extensive Curettage/Debridement And Irrigation	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB824B	Bone (Upper Limb), Osteomyelitis Simple Drainage	2B	\$1,800 to \$4,000	<i>Not available</i>	
SB825B	Bone And Joints (Upper Limb), Plates And Screws, Removal	2B	\$2,000 to \$4,300	\$750 to \$1,200	
SB826B	Bone And Joints (Upper Limb), Removal Of Simple Implants (E.g. Rush Rods/Wires/K-Wires/Pins/Screws)	1C	\$1,100 to \$2,700	\$600 to \$950	Note: Higher end of surgeon fees may be associated with a greater number of or deeper-set implants.
SB827B	Bone (Upper Limb), Tumor (Benign), Major Excision <3 cm With Bone Grafting +/- Reconstruction/Internal Fixation	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB828B	Bone (Upper Limb), Tumor (Malignant), Radical Excision With Reconstruction/Internal Fixation	6B	\$9,600 to \$13,700	<i>Not available</i>	
SB829B	Bone (Upper Limb), Tumour (Malignant), Wide Excision With Reconstruction/Internal Fixation	5A	\$7,700 to \$11,500	<i>Not available</i>	
SB830B	Bone (Upper/Lower Limb), Various Lesions, Bone Loss, Bone Transfer	6A	\$9,000 to \$12,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB831B	Bone, Tumor (Malignant), Wide/Major Resection And Reconstruction (Non Vascularised Bone Graft)	6B	\$9,100 to \$13,900	<i>Not available</i>	
SB833B	Bone (Upper Limb/Lower Limb), Various Lesions, Vascularised Bone Transfer	7C	\$21,400 to \$30,300	<i>Not available</i>	
SB834B	Bursa, Bursitis, Excision Biopsy (Single)	2A	\$2,200 to \$3,600	\$750 to \$1,100	Note: Higher end of the surgeon fees may be associated with a larger bursa of more than 5cm, occurring over the knee and elbow.
SB700C	Calcaneum Fracture Extra-Articular Open Reduction Internal Fixation	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB701C	Clavicle, Clavicle Fracture, Comminuted Plating With Or Without Bone Grafting	4A	\$6,000 to \$9,600	\$1,600 to \$2,100	
SB702C	Clavicle, Clavicle Fracture, Delayed Union/Revision And ORIF With/Without Bone Grafting	4B	\$6,200 to \$10,100	\$1,700 to \$2,300	Note: Higher end may be associated with taking down a malunion and bone grafting.
SB800C	Carpus, Delayed/Non Union, Reconstruction	5C	\$7,600 to \$10,100	<i>Not available</i>	
SB801C	Carpus, Fracture/Dislocation, Open Reduction And Internal Fixation	4B	\$5,500 to \$7,800	<i>Not available</i>	
SB802C	Cervical Spine, Various Lesions - Anterior Decompression And Fusion Or Disc Replacement (2 Segments)	6B	\$12,000 to \$15,700	\$3,300 to \$4,300	
SB803C	Cervical Spine, Various Lesions - Anterior Decompression And Fusion Or Disc Replacement (1 Segment)	6A	\$13,300 to \$18,000	\$2,800 to \$3,700	
SB805C	Clavicle, Clavicle Fracture, Simple	3B	\$4,500 to \$7,300	\$1,400 to \$1,900	
SB806C	Coccyx, Various Lesions, Excision	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB700D	Digit(s), Nailbed Laceration, Nailbed Grafting	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB701D	Digit(s), Soft Tissue Defect, Complex Small Skin Flaps, Multiple Flaps	5A	\$6,700 to \$9,400	<i>Not available</i>	
SB702D	Digit(s), Soft Tissue Defect, Large Complex Pedicled Flaps	5C	\$7,600 to \$10,100	<i>Not available</i>	
SB703D	Digit(s), Soft Tissue Defect, Simple Skin Flap	3A	\$3,400 to \$5,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB700E	Elbow, Therapeutic Arthroscopy	4A	\$5,500 to \$8,300	<i>Not available</i>	
SB701E	Elbow, Condyle/Radial Head Fracture, Radial Head Excision/Condyle/Arthroplasty	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB702E	Elbow, Coronoid Fracture, ORIF	4B	\$5,500 to \$9,900	<i>Not available</i>	
SB703E	Elbow, Dislocation , Ligament Repair (Complex, With/Without Implant)	4A	\$5,000 to \$8,400	\$1,200 to \$1,800	Note: This code should be used for cases requiring repair without ligament reconstruction. For cases requiring ligament reconstruction, please refer to the fee range for SB803E.
SB704E	Elbow, Dislocation , Ligament Repair (Single)	3A	\$3,400 to \$5,600	\$1,000 to \$1,500	
SB705E	Elbow, Fracture/Dislocation, Open Reduction And Internal Fixation (ORIF)	3C	\$4,500 to \$6,700	\$1,400 to \$2,100	
SB706E	Elbow, Supracondylar Fracture, M&R, Percutaneous Pinning	3C	\$4,500 to \$6,700	\$1,000 to \$1,600	
SB707E	Elbow, Various Lesions, Primary Total Joint Arthroplasty With Augmentation, Requiring Extra Implants Or Bone Grafts, Open/MIS/Navigated	6B	\$12,200 to \$15,600	<i>Not available</i>	
SB708E	Elbow, Various Lesions, Primary Total Joint Arthroplasty, Open/MIS/Navigated	6A	\$9,000 to \$12,600	<i>Not available</i>	
SB709E	Elbow, Various Lesions, Revision Total Joint Arthroplasty, Open/MIS/Navigated	6C	\$9,400 to \$16,800	<i>Not available</i>	
SB800E	Elbow (Medial Epicondyle), Fracture, Excision Bony Fragment	2B	\$1,800 to \$2,900	<i>Not available</i>	
SB801E	Elbow, Fracture/ Dislocation, Repair Of Ligaments/ ORIF	4B	\$5,600 to \$9,000	\$1,400 to \$2,100	
SB802E	Elbow, Tennis Elbow, Release	2B	\$1,800 to \$2,900	<i>Not available</i>	
SB803E	Elbow, Various Lesions, Reconstruction With Or Without Synovectomy	5A	\$6,300 to \$10,100	\$1,400 to \$2,100	Note: This code should be used for cases requiring reconstruction. For cases requiring repair only, please refer to the fee range for SB703E.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB700F	Face, Fracture, Endoscopic Reduction And Fixation	5C	\$13,500 to \$22,400	<i>Not available</i>	
SB701F	Face, Fractures (Panfacial), Open Reduction And Internal Fixation	7C	\$22,400 to \$35,500	<i>Not available</i>	
SB702F	Femur, Delayed/Non Union, With Re-Internal Fixation And Bone Grafting	5A	\$7,300 to \$11,800	<i>Not available</i>	
SB703F	Femur, Fracture (Complex Intra-Articular), Open Reduction And Internal Fixation (ORIF) With Plate And Screws	5C	\$7,300 to \$11,800	\$2,100 to \$3,100	
SB705F	Femur, Fracture (Multifragmentary), Intramedullary Nailing (With Or Without Locking)	5A	\$6,700 to \$11,200	<i>Not available</i>	
SB706F	Femur, Fracture (Intercondylar), Open Reduction And Internal Fixation (ORIF)	5A	\$6,700 to \$11,200	\$2,200 to \$3,200	
SB707F	Femur, Neck Of Femur Fracture (Paediatric), Pin Fixation	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB708F	Femur, Fracture (Paediatric Shaft), Intramedullary Flexible Nailing	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB709F	Femur, Fracture (Single Condylar), Open Reduction And Internal Fixation (ORIF)	4B	\$5,500 to \$9,000	\$2,100 to \$3,000	
SB710F	Femur, Slipped Capital Femoral Epiphysis (SCFE), Screw Fixation	4B	\$5,500 to \$9,900	<i>Not available</i>	
SB711F	Finger, Defect/Contracture (Multiple), Reconstruction	4C	\$6,400 to \$10,100	<i>Not available</i>	
SB712F	Finger, Various Lesions, Ray Amputation (Multiple)	3C	\$3,600 to \$5,600	<i>Not available</i>	
SB713F	Forearm, Radial Head Fracture, Open Reduction Of Radial Head For Missed Monteggia	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB714F	Forearm, Radius/Ulna Shaft Fracture, Intramedullary Rod	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB715F	Foot, Achilles Tendon Reconstruction	4A	\$4,600 to \$9,000	\$1,600 to \$2,300	
SB716F	Foot, Congenital Talipes Equinovarus (CTEV), Bilateral Release	6A	\$9,000 to \$12,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB717F	Foot, Congenital Talipes Equinovarus (CTEV), Medial Release	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB718F	Foot, Congenital Talipes Equinovarus (CTEV), Post Medial Release	4C	\$5,500 to \$7,700	<i>Not available</i>	
SB719F	Foot, Congenital Talipes Equinovarus (CTEV), Post Release	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB720F	Foot, Congenital Talipes Equinovarus (CTEV), Posterior Medial Release With Revision	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB721F	Foot, Fractures, Complex, Multiple, Including Talus And Calcaneum, Open Reduction And Internal Fixation	5A	\$6,200 to \$9,000	\$2,100 to \$3,000	
SB722F	Foot, Fractures, Simple, Single	3A	\$4,500 to \$6,000	\$1,100 to \$1,800	
SB724F	Foot, Haglund'S Deformity, Osteotomy	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB725F	Foot, One Bone Osteotomy With Soft Tissue Release, Cuboid	5A	\$5,600 to \$9,000	\$1,300 to \$1,900	
SB726F	Foot, One Bone Osteotomy With Soft Tissue Release, Dwyer's (Calcaneal)	5A	\$5,600 to \$9,000	\$1,400 to \$2,100	
SB727F	Foot, Multiple Foot Osteotomies	5C	\$6,200 to \$10,800	\$1,500 to \$2,300	Note: Higher end of fees may be associated with cases involving soft tissue releases or osteotomy of 3 or more bones.
SB728F	Foot, Posterior Tibial Tendon Dysfunction (PTTD), Posterior Tibialis Reconstruction	4A	\$9,000 to \$12,000	<i>Not available</i>	
SB729F	Foot, Tendon Transfers, Split Tibialis Anterior Tendon Transfer (SPLATT)	4A	\$5,500 to \$8,200	<i>Not available</i>	
SB730F	Foot, Tendon Transfers, Split Tibialis Posterior Tendon Transfer (SPLOTT)	4A	\$5,500 to \$8,200	<i>Not available</i>	
SB731F	Foot, Tendon Transfers, Tibia Anterior Transfer	4A	\$5,500 to \$8,200	<i>Not available</i>	
SB732F	Foot, Hallux Valgus/Hammer Toe, Proximal Osteotomy, With Or Without Soft Tissue Reconstruction	3C	\$4,800 to \$7,800	<i>Not available</i>	
SB800F	Face, Contour Defect, Reconstruction / Insertion Of Implant(s)	4A	\$5,200 to \$7,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB801F	Face, Defect / Deformity, Reconstruction / Insertion Of Implant	5C	\$7,000 to \$10,100	<i>Not available</i>	
SB802F	Face, Fractures (More Than 2), Open Reduction And Internal Fixation	6B	\$15,600 to \$21,300	<i>Not available</i>	
SB803F	Face, Infection / Osteomyelitis, Major Drainage/Sequestrectomy	3B	\$3,500 to \$5,400	<i>Not available</i>	
SB804F	Face, Infection / Osteomyelitis, Simple Drainage /Sequestrectomy	2C	\$1,800 to \$3,500	<i>Not available</i>	
SB805F	Face, Intraosseous Tumor (Large), Excision	5C	\$7,000 to \$10,100	<i>Not available</i>	
SB806F	Face, Intraosseous Tumor (Small), Excision	3A	\$2,200 to \$4,900	<i>Not available</i>	
SB807F	Fascia Palmar, Dupuytren's Contracture, Fasciectomy (Multiple)	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB808F	Fascia Palmar, Dupuytren's Contracture, Fasciectomy (Single)	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB809F	Femur, Delayed/Non Union, With Bone Grating	4A	\$6,700 to \$9,600	<i>Not available</i>	
SB810F	Femur, Fracture (Femur Shaft), Intramedullary Nailing/Rod (With Or Without Locking)	5A	\$8,700 to \$11,200	<i>Not available</i>	
SB811F	Femur, Fracture, Open Reduction And Internal Fixation With Plate And Screws	5A	\$6,300 to \$11,200	\$2,200 to \$3,200	
SB812F	Finger, Defect/Contracture (Single), Reconstruction	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB813F	Finger, Deformities, Correction	4A	\$4,100 to \$6,700	\$950 to \$1,400	
SB814F	Finger, Injury, Debridement	1B	\$1,100 to \$2,100	<i>Not available</i>	
SB816F	Finger, Ring Constriction (Single), Correction	3B	\$4,200 to \$6,600	<i>Not available</i>	
SB817F	Finger, Ring Constriction (Multiple), Correction	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB818F	Finger, Swan Neck/Boutonniere Deformity (Single), Correction	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB819F	Finger, Syndactyly (Multiple), Separation	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB820F	Finger, Syndactyly (Single), Correction	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB821F	Finger, Trauma, Replantation (Multiple)	7B	\$18,500 to \$21,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB822F	Finger, Trauma, Replantation/Transplantation (Single)	6B	\$12,300 to \$15,700	<i>Not available</i>	
SB823F	Finger, Trauma, Terminalisation (Multiple)	3B	\$3,400 to \$6,100	<i>Not available</i>	
SB824F	Finger, Trauma, Terminalisation (Single)	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB825F	Finger, Various Lesions, Amputation (Multiple)	2C	\$2,800 to \$4,800	<i>Not available</i>	
SB826F	Finger, Various Lesions, Amputation (Single)	2A	\$1,700 to \$3,500	<i>Not available</i>	
SB827F	Hand, Free Toe Pulp Transfer	7C	\$20,700 to \$27,700	<i>Not available</i>	
SB828F	Finger, Various Lesions, Ray Amputation (Single)	3A	\$2,400 to \$3,800	<i>Not available</i>	
SB829F	Finger, Various Lesions, Synovectomy With Soft Tissue Reconstruction	5C	\$5,800 to \$8,400	<i>Not available</i>	
SB830F	Foot, Crush Injuries (Complex), Wound Debridement	3B	\$2,500 to \$3,900	\$1,000 to \$1,600	
SB831F	Foot, Crush Injuries (Simple), Wound Debridement	1B	\$1,300 to \$2,500	\$850 to \$1,400	
SB832F	Foot, Hallux Valgus/Hammer Toe, Soft Tissue Reconstruction	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB833F	Foot, Polydactyly, Excision	1A	\$1,100 to \$2,800	<i>Not available</i>	
SB834F	Foot, Polydactyly, Excision With Reconstruction	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB835F	Foot, Various Lesions, Osteotomy, With Or Without Tendon Reconstruction	3A	\$3,400 to \$6,700	<i>Not available</i>	
SB836F	Foot, Various Lesions, More Than One Joint, Arthrodesis	5C	\$9,100 to \$13,900	<i>Not available</i>	
SB837F	Finger, Macrodactyly, Surgical Reduction Of Enlarged Elements, Single Digit	3A	\$2,200 to \$4,100	<i>Not available</i>	
SB838F	Finger, Macrodactyly, Surgical Reduction Of Enlarged Elements, Multiple Digits	4A	\$4,400 to \$6,700	<i>Not available</i>	
SB700H	Hip/Knee, Therapeutic Arthroscopy, With/Without Synovectomy/ Labral Repair /FAI Resection For Hip	4A	\$6,400 to \$8,400	\$1,200 to \$1,800	Note: Benchmarks are for procedures for knee arthroscopy and not for hip procedures.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB701H	Hand And Wrist, Rheumatoid Hand Reconstruction Including Multiple Joint Synovectomy, Bone/Joint Procedures With Arthroplasty (Multiple) And Soft Tissue Procedures	6C	\$10,100 to \$14,000	<i>Not available</i>	
SB702H	Hand And Wrist, Rheumatoid Hand Reconstruction Including Synovectomy, Bone/Joint Procedures With/Without Replacement Arthroplasty, And Soft Tissue Procedures	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB703H	Hand, Closed Fracture, ORIF (Multiple), Non-Joint	5A	\$6,700 to \$9,400	\$1,100 to \$1,600	Note: Higher end of fees may be associated with 4 or more fractures.
SB704H	Hand, Closed Fracture, ORIF/Plate And Screws (Single), Joint/Non-Joint	3C	\$4,800 to \$8,100	\$1,000 to \$1,500	
SB705H	Hand, Closed Fracture, ORIF With K-Wire/Cerclage Wire Fixation	2C	\$3,100 to \$5,500	\$850 to \$1,200	
SB706H	Hand, Complex Injuries, Debridement With Repair/Reconstruction (More Than 2 Tendons Involved Or More Than 2 Fractures)	5C	\$6,100 to \$10,100	\$1,400 to \$2,100	Note: Higher end of fees may be associated with repair of more structures or more complex reconstructions.
SB707H	Hand, Complex Injuries, Microsurgical Repair/Reconstruction, >1 Digit	6B	\$8,100 to \$11,100	<i>Not available</i>	
SB708H	Hand, Flexor Tendon, Trigger Finger (Multiple), Release	3A	\$1,900 to \$4,300	\$750 to \$1,100	Note: Higher end of surgeon fees may be associated with more finger releases.
SB709H	Hand, Flexor Tendon, Trigger Finger (Single), Release	2A	\$1,400 to \$2,700	\$550 to \$800	
SB710H	Hand, Fracture Of Fingers/Metacarpals, External Fixation	3B	\$4,200 to \$6,600	<i>Not available</i>	
SB711H	Hand, Fracture Of Fingers/Metacarpals, Non-Union, Bone-Grafting And Fixation (Multiple)	4C	\$6,600 to \$9,900	<i>Not available</i>	
SB712H	Hand, Fracture Of Fingers/Metacarpals, Non-Union, Bone-Grafting And Fixation (Single)	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB713H	Hand, Closed Fracture, ORIF (Multiple), Joint	5C	\$6,700 to \$10,200	\$1,300 to \$1,900	Note: Higher end of fees may be associated with 4 or more fractures.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB714H	Hand, Open Fracture, Debridement And ORIF (Multiple), Joint	6A	\$7,800 to \$10,400	\$1,400 to \$2,100	
SB715H	Hand, Open Fracture, Debridement And ORIF (Multiple), Non-Joint	5B	\$6,700 to \$9,700	\$1,400 to \$2,100	Note: Higher end of fees may be associated with 4 or more fractures.
SB716H	Hand, Open Fracture, Debridement And ORIF (Single), Joint	4A	\$4,600 to \$7,000	\$950 to \$1,400	
SB717H	Hand, Open Fracture, Debridement And ORIF (Single), Non-Joint	3B	\$3,600 to \$6,400	\$950 to \$1,400	
SB718H	Hand, Soft Tissue Tumor, Excision >1.5cm Size	2C	\$1,700 to \$3,700	\$850 to \$1,200	Note: Higher end of fees may be associated with more complex cases e.g. tumours around joints, tumours adherent or invading surrounding structures, deep tumours
SB719H	Hip, Acetabulum, Fracture, Double Column Fixation	6B	\$12,100 to \$15,100	<i>Not available</i>	
SB720H	Hip, Acetabulum, Fracture, Single Column Fixation	5C	\$10,100 to \$12,600	<i>Not available</i>	
SB721H	Hip, Open Reduction With Acetabular Or Femoral Osteotomies	5B	\$9,000 to \$12,600	<i>Not available</i>	
SB722H	Hip, Soft Tissue Release And Open Reduction Only	4C	\$5,500 to \$9,900	<i>Not available</i>	
SB723H	Hip, Various Lesions, Primary Total Joint Replacement With Augmentation, Requiring Extra Implants Or Bone Grafts, Open/MIS/Navigated	6B	\$9,000 to \$14,600	\$2,100 to \$3,400	
SB724H	Hip, Various Lesions, Revision Total Joint Replacement, Open/MIS/Navigated	6C	\$9,400 to \$16,800	\$2,200 to \$3,600	
SB725H	Hip/Knee, Removal Of Prostheses With Or Without Spacer	5A	\$6,600 to \$10,200	<i>Not available</i>	
SB726H	Humerus, Cubitus Varus, Corrective Osteotomy With Cast Or Pinning	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB727H	Humerus, Cubitus Varus, Corrective Osteotomy With Plating	5A	\$7,700 to \$11,200	<i>Not available</i>	
SB728H	Humerus, Delayed/Non-Union, Reconstruction With Bone Grafting Without Internal Fixation	4B	\$6,200 to \$10,100	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB729H	Humerus, Humerus Shaft Fracture, Closed Interlocking Intramedullary Nail	4A	\$5,500 to \$9,900	<i>Not available</i>	
SB730H	Humerus, Humerus Shaft Fracture, Complex Multi-Fragmentary Intramedullary Nail	4C	\$7,700 to \$11,200	<i>Not available</i>	
SB733H	Hand, Flexor Tendon, Pulley Reconstruction	4B	\$4,700 to \$7,300	<i>Not available</i>	
SB800H	Hand, Amputated Digit(s), Toe To Hand Transfer	7B	\$19,600 to \$28,500	<i>Not available</i>	
SB801H	Hand, Closed Fracture/Dislocation, Open Reduction And Fixation (Single)	2C	\$3,100 to \$5,500	\$950 to \$1,400	
SB802H	Hand, Complex Injuries, Debridement With Repair/Reconstruction (1-2 Tendons Involved Or 1-2 Fractures)	5A	\$5,600 to \$7,800	\$1,300 to \$1,900	Note: Higher end of fees may be associated with repair of more structures or more complex reconstructions.
SB803H	Hand, Complex Injuries, Microsurgical Repair/Reconstruction, Single Digit	5C	\$6,700 to \$9,200	<i>Not available</i>	
SB804H	Hand, Crush Injuries (Complex), Wound Debridement	3C	\$3,100 to \$4,500	\$750 to \$1,100	
SB805H	Hand, Crush Injuries (Simple), Wound Debridement	1C	\$650 to \$2,000	\$650 to \$950	
SB806H	Hand, Deep Infection, Drainage	2C	\$1,300 to \$3,400	\$650 to \$1,000	
SB807H	Hand, Deformities, Major Reconstructive Procedures	5C	\$6,100 to \$10,100	<i>Not available</i>	
SB808H	Hand, Deformities, Osteotomy	3B	\$4,200 to \$6,600	<i>Not available</i>	
SB809H	Hand, Deformity, Intrinsic Muscle Release/Transfer/Extensor Relocation	5C	\$7,200 to \$9,500	<i>Not available</i>	
SB810H	Hand, Extra Digit, Amputation/Stump Revision	1C	\$500 to \$950	<i>Not available</i>	
SB811H	Hand, Flexor Tendon Injuries, Insertion Of Silastic Rod(s)	5C	\$7,500 to \$10,100	<i>Not available</i>	
SB812H	Hand, Foreign Body (Deep), Removal With Mobilisation Of Neurovascular Bundle	3A	\$3,400 to \$5,300	<i>Not available</i>	
SB813H	Hand, Foreign Body (Superficial), Removal With Mobilisation Of Neurovascular Bundle	2A	\$1,700 to \$3,500	<i>Not available</i>	
SB814H	Hand, Fractures/Dislocation, Open Reduction And Internal Fixation (Multiple)	5C	\$8,400 to \$11,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB815H	Hand, Polydactyly, Amputation With Reconstruction	4A	\$6,300 to \$9,500	<i>Not available</i>	
SB816H	Hand, Scar, Revision	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB817H	Hand, Soft Tissue Tumor, Excision <1.5cm	2A	\$1,500 to \$2,800	\$750 to \$1,100	Note: Higher end of fees may be associated with more complex cases e.g. tumours around joints, tumours adherent or invading surrounding structures, deep tumors
SB818H	Hand, Superficial Infection, Drainage	1A	\$550 to \$1,800	<i>Not available</i>	
SB819H	Hand, Tumors, Excision With Dissection Of Neurovascular Bundle	4B	\$3,800 to \$5,400	\$1,000 to \$1,500	
SB820H	Hand, Wart/Corn/Naevus, Excision	1B	\$1,100 to \$2,100	<i>Not available</i>	
SB821H	Head, Various Lesions, Craniofacial Resection And Reconstruction	7C	\$20,200 to \$30,300	<i>Not available</i>	
SB822H	Head-Face, Soft Tissue Tumors (Small), Excision	3A	\$2,600 to \$5,000	<i>Not available</i>	
SB823H	Head-Face, Trauma, Craniofacial Approach Reduction And Fixation	5C	\$11,200 to \$16,800	<i>Not available</i>	
SB824H	Head-Face, Trauma, Craniofacial Approach Reduction And Fixation With Bone Graft	6C	\$15,600 to \$21,300	<i>Not available</i>	
SB825H	Head-Face, Various Lesions, Major Corrective Surgery	7C	\$22,400 to \$35,500	<i>Not available</i>	
SB826H	Hip, Avascular Necrosis, Core Decompression	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB827H	Hip, Avascular Necrosis, Core Decompression With Grafting/Bone Substitute/Bone Cement	6B	\$9,100 to \$13,900	<i>Not available</i>	
SB828H	Hip, Congenital Dislocation, Open Reduction	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB829H	Hip, Congenital Dislocation, Open Reduction Including Reconstruction	6B	\$9,100 to \$13,900	<i>Not available</i>	
SB830H	Hip, Dislocation, Manipulation And Reduction	1B	\$1,100 to \$2,100	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB831H	Hip, Dislocation, Open Reduction	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB832H	Hip, Snapping Syndrome, Release	1B	\$1,100 to \$2,100	<i>Not available</i>	
SB833H	Hip, Various Lesions, Application Of Hip SPICAS	1B	\$1,100 to \$2,100	<i>Not available</i>	
SB834H	Hip, Various Lesions, Arthrodesis	6B	\$9,100 to \$13,900	<i>Not available</i>	
SB835H	Hip, Various Lesions, Arthrotomy	3B	\$4,300 to \$6,700	<i>Not available</i>	
SB836H	Hip, Various Lesions, Arthrotomy And Synovectomy	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB837H	Hip, Various Lesions, Excision/Interposition Arthroplasty	5A	\$6,600 to \$10,200	<i>Not available</i>	
SB838H	Hip, Various Lesions, Hemi-Arthroplasty	5C	\$7,200 to \$10,200	\$2,100 to \$3,400	
SB839H	Hip, Various Lesions, Primary Total Joint Replacement, Open/MIS/Navigated	6A	\$9,600 to \$14,400	\$2,100 to \$3,400	
SB840H	Humerus, Delayed/Non-Union, Reconstruction With Internal Fixation And Bone Grafting	5B	\$7,700 to \$11,200	<i>Not available</i>	
SB841H	Humerus, Proximal Humerus Or Supracondylar Fracture, ORIF	4A	\$5,000 to \$9,000	\$1,400 to \$2,100	
SB842H	Humerus Supracondylar And Intercondylar Fracture	5A	\$6,400 to \$11,500	\$1,500 to \$2,300	
SB702J	Joints, Arthroscopy, Diagnostic	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB703J	Joints (Lower Limb, Hip), Septic Arthritis, Curettage/Debridement And Irrigation	4A	\$5,500 to \$9,900	<i>Not available</i>	
SB704J	Joints (Lower Limb, Hip), Septic Arthritis, Simple Drainage	3A	\$3,400 to \$5,600	<i>Not available</i>	
SB705J	Joints, Various Lesions, Primary Total Joint Replacement With Augmentation, Requiring Extra Implants Or Bone Grafts, Open/MIS/Navigated	6B	\$12,200 to \$15,600	<i>Not available</i>	
SB706J	Joints, Various Lesions, Revision Total Joint Replacement, Open/MIS/Navigated	6C	\$9,400 to \$15,600	<i>Not available</i>	
SB707J	Joints (Shoulder), Various Lesions, Impingement Syndrome	5A	\$6,600 to \$10,200	<i>Not available</i>	
SB708J	Joints (Temporomandibular), Various Lesions, Arthrocentesis (Bilateral)	3A	\$2,200 to \$3,400	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB714J	Joints (Upper Limb, Shoulder), Septic Arthritis/Effusion, Curettage/Debridement And Irrigation	4A	\$5,500 to \$9,900	<i>Not available</i>	
SB715J	Joints (Upper Limb, Shoulder), Septic Arthritis/Effusion, Simple Drainage	3A	\$3,400 to \$5,600	<i>Not available</i>	
SB716J	Joints (Upper Limb), Vascular Injury, Major Vascular Reconstruction/Anastomosis/Graft	5A	\$8,400 to \$11,900	<i>Not available</i>	
SB717J	Joints, Major Intra-Articular Fracture With Discontinuity Or Bone Loss, Reconstruction (For Lower Limb)	5C	\$7,300 to \$11,800	<i>Not available</i>	
SB718J	Joints, Major Intra-Articular Fracture With Discontinuity Or Bone Loss, Reconstruction (For Upper Limb)	5A	\$7,300 to \$11,800	<i>Not available</i>	
SB745J	Joint, Various Lesions, Joint Aspiration/Arthrocentesis/Injection	1A	\$350 to \$1,800	\$550 to \$900	Note: Higher end of surgeon fees may be associated with deeper joints (e.g. hips) while the lower end of fee range is associated with superficial joints (e.g. knees).
SB800J	Joints (Finger), Contracture, Capsulectomy/Capsulotomy	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB801J	Joints (Finger), Various Lesions, Arthrodesis	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB802J	Joints (Finger), Various Lesions, Excision Arthroplasty	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB803J	Joints (Finger), Various Lesions, Replacement Arthroplasty	4C	\$5,600 to \$7,800	<i>Not available</i>	
SB804J	Joints (Foot Excluding Ankle), Synovitis, Synovectomy	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB805J	Joints (Finger, Interphalangeal Joints, Metacarpophalangeal Joints), Synovitis, Synovectomy	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB806J	Joints (Lower Limb), Small, Various Lesions, Arthroplasty	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB807J	Joints (Lower Limb), Deformities, Corrective Surgery With Osteotomy Alone	4A	\$4,800 to \$7,800	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB808J	Joints (Lower Limb), Deformities, Corrective Surgery With Plate Fixation And Fluoroscopy	5C	\$6,500 to \$9,000	\$1,800 to \$2,900	
SB809J	Joints (Lower Limb), Dislocations, Manipulation And Kirschner Wire Fixation	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB810J	Joints (Lower Limb), Dislocations, Wound Debridement	2B	\$1,800 to \$4,000	<i>Not available</i>	
SB811J	Joints (Lower Limb), Loose Bodies, Removal	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB812J	Bone/Joints (Lower Limb), Major Crush Injuries, Wound Debridement	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB813J	Joints (Lower Limb, Except Hip), Septic Arthritis, Drainage With Curettage And Debridement	3C	\$4,300 to \$6,700	<i>Not available</i>	
SB814J	Joints (Lower Limb, Except Hip), Septic Arthritis, Simple Drainage	2B	\$1,800 to \$4,000	<i>Not available</i>	
SB816J	Joints (Lower Limb), Various Lesions, Epiphysiolysis With/Without Microsurgery	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB817J	Joints (Other Than Finger), Various Lesions, Total Joint Replacement	6A	\$7,800 to \$10,400	<i>Not available</i>	
SB818J	Joints (Other Than Hand And Wrist), Various Lesions, Arthrodesis	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB819J	Joints (Wrist, Distal Radioulnar Joint), Synovitis, Synovectomy	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB825J	Joints (Upper Limb), Contracture, Capsulectomy/Capsulotomy (Multiple)	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB826J	Joints (Upper Limb), Deformities/Contracture, Corrective Surgery	4B	\$4,700 to \$7,300	\$1,400 to \$2,300	
SB831J	Joints (Upper Limb, Except Shoulder), Septic Arthritis, Drainage With Curettage And Debridement	3C	\$3,300 to \$4,800	<i>Not available</i>	
SB832J	Joints (Upper Limb, Except Shoulder), Septic Arthritis, Simple Drainage	2B	\$1,800 to \$4,000	<i>Not available</i>	
SB834J	Joints (Upper Limb), Various Lesions, Vascularised Joint Transfer	7C	\$22,400 to \$30,800	<i>Not available</i>	
SB835J	Joints (Wrist), Various Lesions, Arthrodesis	4B	\$6,700 to \$9,600	<i>Not available</i>	
SB700K	Knee, Arthroscopy, Knee Ligament Reconstruction (1 Or More)	5C	\$7,500 to \$11,400	\$1,500 to \$2,000	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB701K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, MIS ACL Or PCL Reconstruction	5C	\$8,400 to \$12,000	\$1,500 to \$2,000	
SB703K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, MIS Ligament Reconstruction With Meniscal Repair	5C	\$9,400 to \$12,900	\$1,500 to \$2,000	
SB704K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, MIS Ligament Reconstruction With Meniscectomy	5C	\$9,600 to \$11,200	\$1,500 to \$2,000	
SB705K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, MIS Ligament Reconstruction With Microfracture	5C	\$7,800 to \$12,000	\$1,800 to \$2,400	
SB706K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, MIS Primary Double Bundle ACL Or PCL Reconstruction	6A	\$9,500 to \$14,000	\$1,900 to \$2,500	
SB707K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, MIS Revision ACL Reconstruction	5C	\$9,000 to \$13,500	\$1,900 to \$2,500	
SB708K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, MIS Revision PCL Reconstruction	5C	\$9,500 to \$14,000	\$1,900 to \$2,500	
SB709K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, Autologous Chondrocyte Implantation With Osteotomy	6A	\$11,200 to \$15,600	<i>Not available</i>	
SB710K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, Mosaicplasty Or Osteoarticular Transfer System (OATS) With Osteotomy	6A	\$11,200 to \$15,600	<i>Not available</i>	
SB711K	Knee, Ligaments/Meniscus/Cartilage/Bone Combined, Multi-Ligamented Knee Reconstruction (3 Or More Ligaments)	6A	\$10,600 to \$15,100	\$1,800 to \$2,400	
SB712K	Knee, Meniscus/Cartilage (Small Defects), MIS/Open Mosaicplasty Or OATS	5C	\$7,800 to \$12,000	\$1,500 to \$2,000	
SB713K	Knee, Meniscus/Cartilage, MIS Assisted Allograft Meniscal Transplantation	5C	\$11,200 to \$13,500	<i>Not available</i>	
SB714K	Knee, Meniscus/Cartilage, MIS Cartilage Harvesting	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB715K	Knee, Meniscus/Cartilage, MIS Meniscal Repair	5A	\$7,200 to \$10,500	\$1,200 to \$1,600	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB716K	Knee, Various Lesions, Primary Total Joint Replacement (Unilateral) With Augmentation, Requiring Extra Implants Or Bone Grafts, Open/MIS/Navigated	6B	\$9,600 to \$13,500	\$1,800 to \$2,600	
SB717K	Knee, Various Lesions, Revision Total Joint Replacement, Open/MIS/Navigated	6C	\$9,600 to \$14,400	\$2,200 to \$3,200	
SB800K	Knee Ligaments, Disruption, Reconstruction And Repair	5C	\$9,000 to \$12,000	\$1,500 to \$2,000	
SB801K	Knee, Dislocation, Open Reduction With Repair Of Ligaments	5C	\$9,000 to \$12,000	<i>Not available</i>	
SB802K	Knee, Hemarthrosis, Aspiration Under General Anesthesia	1A	\$750 to \$1,800	\$600 to \$950	
SB803K	Knee, Various Lesions, Arthrodesis	5A	\$6,600 to \$10,200	<i>Not available</i>	
SB804K	Knee, Various Lesions, Arthrotomy	3B	\$4,100 to \$6,400	\$1,300 to \$2,100	
SB805K	Knee, Various Lesions, Arthrotomy And Synovectomy	4A	\$5,600 to \$7,800	\$1,500 to \$2,400	
SB806K	Knee, Various Lesions, Excision/Interposition Arthroplasty	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB808K	Knee, Various Lesions, Meniscectomy With/Without Arthroscopy	4A	\$5,400 to \$7,800	\$1,300 to \$1,800	Note: SB808K is always done arthroscopically in standard practice. The variation of complexity could be due to the expensiveness of the tear or whether both menisci are involved.
SB809K	Knee, Various Lesions, Total Joint Replacement (Bilateral)	7B	\$12,300 to \$17,900	\$2,800 to \$4,100	
SB810K	Knee, Various Lesions, Primary Total Joint Replacement (Unilateral), Open/MIS/Navigated	6A	\$9,200 to \$12,000	\$1,800 to \$2,600	
SB700L	Lower Limb, Open Tendon Release (Including Open Soft Tissue Releases E.g. Gastrocnemius Recession)	4B	\$5,500 to \$7,700	<i>Not available</i>	
SB701L	Lower Limb, Open Tendon Releases And Cast Application, Hamstring Releases	3A	\$3,400 to \$5,300	<i>Not available</i>	
SB702L	Lower Limb, Percutaneous Tenotomy And Cast Application, Adductor Tenotomy	3A	\$3,400 to \$5,300	<i>Not available</i>	
SB703L	Lower Limb, Percutaneous Tenotomy And Cast Application, TA Tenotomy	3A	\$3,400 to \$5,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB800L	Lower Limb, Crush Injuries (Extensive), Debridement With Repair Of Bone And Soft Tissues	6B	\$8,700 to \$13,600	\$2,300 to \$3,700	
SB801L	Lower Limb, Crush Injuries (Limited), Debridement With Repair Of Bone And Soft Tissues	5A	\$5,600 to \$6,700	\$1,200 to \$2,000	
SB802L	Lower Limb, Deformities, Epiphysiodesis	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB803L	Lower Limb, Fractures, Open Reduction And Fixation With Repair Of Arterial Injuries	6B	\$11,000 to \$17,600	<i>Not available</i>	
SB804L	Lower Limb, Fractures/Dislocation, Manipulation And Reduction With/Without Application Of Cast	1B	\$800 to \$1,600	\$550 to \$900	Note: Higher end of the surgeon fee would be associated with major fractures and knee and hip dislocations. Lower end would be minor fracture or dislocations such as at the foot or ankle.
SB805L	Lower Limb, Length Discrepancies, Lengthening Procedures	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB806L	Lower Limb, Length Discrepancies, Shortening Procedures	6B	\$9,100 to \$12,600	<i>Not available</i>	
SB807L	Upper Limb/Lower Limb, Open Fractures With Debridement And External Fixation	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB808L	Lower Limb, Traumatic Amputation, Major Replantation	7C	\$22,400 to \$30,800	<i>Not available</i>	
SB809L	Lower Limb, Various Lesions, Amputation	4A	\$4,500 to \$8,600	<i>Not available</i>	
SB811L	Lower Limb, Various Lesions, Hindquarter Amputation	6B	\$9,100 to \$13,900	<i>Not available</i>	
SB812L	Lower Limb, Various Lesions, Hip Disarticulation	6B	\$9,100 to \$13,900	<i>Not available</i>	
SB813L	Upper Limb/Lower Limb, Closed Fractures, External Fixation Without Debridement Or Other Procedures	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB814L	Lower Limb, Ischemia, Fasciotomy	3A	\$3,400 to \$6,700	<i>Not available</i>	
SB712M	Maxilla, Various Lesions, Resection With Reconstruction	6B	\$13,100 to \$19,300	<i>Not available</i>	
SB823M	Mandible, Various Lesions, Genioplasty (Simple - Not As A Combined Procedure)	5A	\$7,300 to \$10,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB824M	Maxilla (Excluding Alveolar Margins) And/Or Zygoma, Various Lesions, Complex Ostectomy/Osteotomy	6B	\$11,500 to \$18,800	<i>Not available</i>	
SB834M	Maxilla, Fracture - Lefort II (Complex), Open Reduction And Fixation.	6B	\$15,600 to \$21,300	<i>Not available</i>	
SB836M	Maxilla, Fracture - Lefort III, Open Reduction And Fixation	6B	\$15,600 to \$21,300	<i>Not available</i>	
SB838M	Maxilla, Alveolar Cleft (Unilateral Complete), Bone Graft And Closure Of Naso Buccal Fistula	5B	\$7,300 to \$13,100	<i>Not available</i>	
SB840M	Maxilla, Various Lesions, Ostectomy/Osteotomy (More Than 1 Segment)	6B	\$9,400 to \$14,100	<i>Not available</i>	
SB841M	Maxilla, Various Lesions, Resection/Hemimaxillectomy (Open Or Endoscopic Method)	5C	\$9,000 to \$12,900	<i>Not available</i>	
SB842M	Maxilla, Various Lesions, Ostectomy/Osteotomy (One Segment Only)	5A	\$6,300 to \$9,400	<i>Not available</i>	
SB843M	Muscle (Lower Limb), Deep Abscess, Drainage	2A	\$1,800 to \$4,000	<i>Not available</i>	
SB844M	Muscle (Lower Limb), Rupture, Repair	2C	\$2,300 to \$4,500	<i>Not available</i>	
SB845M	Muscle (Lower Limb), Various Lesions, Marginal Excision	2A	\$1,000 to \$2,200	<i>Not available</i>	
SB846M	Muscle (Lower Limb), Various Lesions, Wide Excision	3A	\$3,400 to \$5,300	<i>Not available</i>	
SB847M	Lower Limb, Muscle (Quadriceps)/Tendon (Including Patellar Tendon), Disruption, Repair Or Reconstruction	3A	\$5,500 to \$8,200	<i>Not available</i>	
SB848M	Muscle (Upper Limb), Deep Abscess, Incision And Drainage	2A	\$1,800 to \$4,000	<i>Not available</i>	
SB849M	Muscle (Upper Limb), Rupture, Repair	2C	\$1,800 to \$4,500	<i>Not available</i>	
SB850M	Muscle (Upper Limb), Various Lesions, Marginal Excision	2C	\$1,700 to \$3,000	<i>Not available</i>	
SB851M	Muscle (Upper Limb), Various Lesions, Wide Excision	3C	\$3,600 to \$4,900	<i>Not available</i>	
SB852M	Musculoskeletal System, Various Lesions, Free Composite Tissue Graft	7B	\$15,000 to \$18,000	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB800N	Digit(s), Nail Bed, Deformity/Defect, Reconstruction	4B	\$5,500 to \$9,900	<i>Not available</i>	
SB801N	Nail Bed, Laceration, Repair (Multiple)	2C	\$1,300 to \$2,200	\$650 to \$1,000	Note: Fee range is for repair of 2 to 5 digits. Higher end of fees may be associated with 3 or more digits
SB802N	Nail Bed, Laceration, Repair (Single)	1C	\$1,100 to \$1,700	\$550 to \$900	
SB803N	Nail, Infection/Injury, Avulsion	1A	\$550 to \$1,800	\$550 to \$900	Note: Higher end of surgeon fees may be associated with more than one nail avulsion performed, greater trauma of the distal phalanx or where the avulsion is associated with a large extent of excision.
SB804N	Neck, Torticollis, Correction	3B	\$2,500 to \$4,400	<i>Not available</i>	
SB700O	Others, Autologous Chondrocyte Implantation	5A	\$6,600 to \$10,200	<i>Not available</i>	
SB700P	Patella, Habitual Dislocation- Lateral Release, Medial Plication	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB701P	Pelvis, Fracture, Fixation Of Anterior And Posterior Ring	5C	\$11,200 to \$15,700	<i>Not available</i>	
SB702P	Pelvis, Fracture, Plate/Screw Fixation	5C	\$10,100 to \$12,300	<i>Not available</i>	
SB800P	Patella, Fracture, Open Reduction And Internal Fixation	3B	\$6,000 to \$9,600	\$1,100 to \$1,400	
SB801P	Patella, Recurrent Dislocation/Chondromalacia, Reconstruction	4B	\$5,500 to \$8,200	<i>Not available</i>	
SB802P	Patella, Various Lesions, Patellectomy	3A	\$3,400 to \$5,300	<i>Not available</i>	
SB803P	Pelvis, Fracture (Double Columns), Open Reduction And Internal Fixation	6B	\$12,200 to \$15,600	<i>Not available</i>	
SB804P	Pelvis, Fracture, Open Reduction And Internal Fixation	5C	\$10,100 to \$12,300	<i>Not available</i>	
SB700R	Radius And Ulna, Fracture/Dislocation, Non Union/Delayed Union Bone Grafting And Re-Fixation	5A	\$6,600 to \$11,200	<i>Not available</i>	
SB701R	Radius And Ulna, Fracture/Dislocation, Non Union/Delayed Union Bone Grafting Only	3C	\$4,300 to \$6,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB800R	Radius (Head), Various Lesions, Excision	3B	\$4,100 to \$6,400	<i>Not available</i>	
SB801R	Radius And Ulna, Fracture/Dislocation, Open Reduction And Internal Fixation With Or Without Bone Grafting	4B	\$7,100 to \$9,600	\$1,300 to \$1,800	
SB700S	Shoulder, Therapeutic Arthroscopy	4A	\$6,400 to \$8,400	<i>Not available</i>	
SB701S	Shoulder Fracture/Dislocation, Open Reduction And Internal Fixation (2 Part Fracture)	4A	\$5,000 to \$9,000	\$1,700 to \$2,500	
SB702S	Shoulder Fracture/Dislocation, Open Reduction And Internal Fixation (3 Or More Part Fracture)	5A	\$6,400 to \$11,200	\$1,900 to \$2,800	
SB704S	Sacrum, Fracture, Open Reduction And Internal Fixation	5C	\$9,000 to \$12,000	<i>Not available</i>	
SB705S	Scapula, Scapular Fracture, Open Reduction And Internal Fixation (ORIF) With Plating	5A	\$8,000 to \$12,300	<i>Not available</i>	
SB707S	Shoulder, Shoulder Soft Tissue Injury, MIS/Open Bankart Or Superior Labrum From Anterior To Posterior (Slap) Repair	5A	\$7,500 to \$12,000	\$1,700 to \$2,300	
SB708S	Shoulder, Shoulder Soft Tissue Injury, MIS/Open Bankart Repair With Superior Labrum From Anterior To Posterior (Slap) Repair/Rotator Cuff Repair	5B	\$9,600 to \$12,000	\$1,800 to \$2,400	
SB709S	Shoulder, Shoulder Soft Tissue Injury, MIS/Open Decompression Alone	5A	\$7,500 to \$12,000	\$1,700 to \$2,300	
SB710S	Shoulder, Shoulder Soft Tissue Injury, MIS/Open Decompression With Cuff Repair	5B	\$9,700 to \$13,500	\$1,800 to \$2,400	
SB711S	Shoulder, Shoulder Soft Tissue Injury, MIS/Open Decompression With Cuff Repair & Excision Of Distal Clavicle	5C	\$9,600 to \$13,800	\$1,900 to \$2,500	
SB712S	Shoulder, Shoulder Soft Tissue Injury, MIS/Open Decompression With Excision Of Distal Clavicle	5A	\$8,400 to \$12,300	\$2,100 to \$2,700	
SB713S	Shoulder, Shoulder Soft Tissue Injury, Shoulder Reconstruction (Eg, Bristow/Latarjet Procedure)	5B	\$10,100 to \$12,600	<i>Not available</i>	
SB714S	Shoulder, Various Lesions, Primary Total Joint Replacement With Augmentation, Requiring	6B	\$12,200 to \$15,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
	Extra Implants Or Bone Grafts, Open/MIS/Navigated				
SB715S	Shoulder, Various Lesions, Primary Total Joint Replacement, Open/MIS/Navigated	6A	\$11,200 to \$13,900	<i>Not available</i>	
SB716S	Shoulder, Various Lesions, Revision Total Joint Replacement, Open/MIS/Navigated	6C	\$13,200 to \$18,500	<i>Not available</i>	
SB722S	Spine (Excluding Cervical Spine), Various Lesions, Posterior Decompression And/Or Discectomy Without Insertion Of Interspinous Device (2 Or More Segments) Without Instrumented Fusion	6B	\$12,000 to \$15,700	<i>Not available</i>	
SB723S	Spine (Excluding Cervical Spine), Various Lesions, Posterior Decompression And/Or Discectomy Without Insertion Of Interspinous Device (1 Segment) Without Instrumented Fusion	6A	\$9,800 to \$12,700	<i>Not available</i>	
SB724S	Spine, Removal Of Spine Implants Without Other Procedures (Posterior Approach)	3B	\$2,000 to \$4,000	<i>Not available</i>	
SB726S	Spine, Various Lesions, Revision Surgery, Decompression And/Or Discectomy, Without Instrumentation	6A	\$11,700 to \$15,500	<i>Not available</i>	
SB728S	Spine, Various Lesions, Anterior Decompression, Corpectomy, Debridement, Biopsy Stabilisation Without Instrumentation	6B	\$13,900 to \$17,900	<i>Not available</i>	
SB730S	Spine (Excluding Cervical Spine), Various Lesions, Interbody Fusion (Single Segment) With Anterior/Posterior Instrumentation	7A	\$15,000 to \$18,000	<i>Not available</i>	
SB731S	Spine (Excluding Cervical Spine), Various Lesions, Interbody Fusion (Single Segment) Without Anterior/Posterior Instrumentation	6A	\$10,200 to \$13,900	<i>Not available</i>	
SB733S	Cervical Spine, Various Lesions, Anterior Decompression And Fusion Or Disc Replacement (3 Or More Segments)	7A	\$14,200 to \$18,000	<i>Not available</i>	
SB735S	Spine, Discogram (More Than 2 Levels)	3A	\$1,500 to \$4,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB736S	Spine, Discogram (1 To 2 Levels)	2B	\$1,200 to \$2,800	<i>Not available</i>	
SB737S	Spine, Percutaneous Disc Ablation, 2 Or More Levels (Eg. IDET - Intradiscal Electrothermal Annuloplasty)	4C	\$6,800 to \$10,100	\$1,000 to \$1,500	
SB738S	Spine, Percutaneous Disc Ablation, Single Level (Eg IDET - Intradiscal Electrothermal Annuloplasty)	4A	\$4,500 to \$8,100	\$850 to \$1,400	
SB739S	Spine, Vertebroplasty Or Kyphoplasty (Multiple Levels)	4C	\$5,600 to \$9,000	\$1,600 to \$2,500	
SB740S	Spine, Vertebroplasty Or Kyphoplasty (Single Level)	4A	\$5,600 to \$7,200	\$1,200 to \$2,000	Note: Higher end of surgeon fees may be associated with more complex cases.
SB741S	Spine, Various Lesions, Posterior Instrumentation (3 Or More Segments) With/Without Decompression And Without Interbody Fusion	7A	\$15,000 to \$20,000	<i>Not available</i>	
SB742S	Scapula, Complex Scapular Fracture (With/Without Glenohumeral Joint Involvement), Open Reduction And Internal Fixation (ORIF)	5B	\$9,600 to \$12,000	<i>Not available</i>	
SB746S	Cervical Spine, Application Of Halo Device Without Other Procedures	1A	\$450 to \$1,200	<i>Not available</i>	
SB747S	Spine, Removal Of Spine Implants Without Other Procedures (Anterior Approach)	4B	\$5,500 to \$8,300	<i>Not available</i>	
SB748S	Spine, Infection, Posterior Drainage And Debridement Without Fusion Or Other Procedures	3C	\$2,400 to \$5,700	<i>Not available</i>	
SB749S	Spine, Infection, Posterior Drainage, Debridement And Removal Of Implants, Without Fusion Or Other Procedures	4B	\$5,500 to \$8,300	<i>Not available</i>	
SB750S	Spine, Infection, Anterior Drainage And Debridement Without Fusion Or Other Procedures	4A	\$5,500 to \$8,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB751S	Spine, Infection, Anterior Drainage, Debridement And Removal Of Implants Without Fusion Or Other Procedures	4C	\$6,500 to \$9,500	<i>Not available</i>	
SB752S	Spine, Various Lesions, Posterior Instrumentation (1 Segment) With/Without Decompression And Without Interbody Fusion	6B	\$12,000 to \$15,700	<i>Not available</i>	
SB753S	Spine, Various Lesions, Posterior Instrumentation (2 Segments) With/Without Decompression And Without Interbody Fusion	6C	\$13,500 to \$17,600	<i>Not available</i>	
SB754S	Spine (Excluding Cervical Spine), Various Lesions, Interbody Fusion (Multiple Segments) With Anterior/Posterior Instrumentation	7B	\$18,000 to \$21,200	<i>Not available</i>	
SB755S	Spine (Excluding Cervical Spine), Various Lesions, Anterior Corpectomy And Fusion With/Without Instrumentation (Single Vertebrae)	7A	\$15,000 to \$20,000	<i>Not available</i>	
SB756S	Spine (Excluding Cervical Spine), Various Lesions, Anterior Corpectomy And Fusion With/Without Instrumentation (Two Or More Vertebra)	7B	\$19,100 to \$24,700	<i>Not available</i>	
SB757S	Spine, Various Lesions, Revision Surgery, Decompression And/Or Discectomy, With Revision Of Instrumentation	6B	\$14,800 to \$18,000	<i>Not available</i>	
SB758S	Spine (Excluding Cervical Spine), Various Lesions, Posterior Decompression And/Or Discectomy With Insertion Of Interspinous Device (2 Or More Segments) Without Instrumented Fusion	6C	\$13,500 to \$17,600	<i>Not available</i>	
SB759S	Spine (Excluding Cervical Spine), Various Lesions, Posterior Decompression And/Or Discectomy With Insertion Of Interspinous Device (1 Segment) Without Instrumented Fusion	6B	\$12,000 to \$15,700	<i>Not available</i>	
SB800S	Shoulder, Deformities, Corrective Surgery, Osteotomy	5C	\$7,700 to \$11,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB801S	Shoulder, Acromioclavicular Joint Stabilisation/Reconstruction	5B	\$6,700 to \$12,000	\$1,900 to \$2,800	Note: Lower end of fees may be associated with cases requiring fixation only while higher end of fees may be associated with cases requiring ligament reconstruction using tendons.
SB802S	Shoulder, Various Lesions, Hemiarthroplasty	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB805S	Cervical Spine, Various Lesions, Laminoplasty (Without Instrumentation)	6B	\$13,500 to \$17,700	<i>Not available</i>	
SB806S	Cervical Spine, Excision Of Cervical Rib	4C	\$6,200 to \$10,000	<i>Not available</i>	
SB807S	Cervical Spine, Closed Reduction With Application Of Skull Devices But Without Other Procedures	1A	\$450 to \$1,200	\$600 to \$950	
SB808S	Spine, Deformities, Three-Column Osteotomy (Such As PSO, VCR, Total Spondylectomy Or Their Equivalent)	7C	\$19,100 to \$23,500	\$3,700 to \$5,400	Note: Higher end of fees may be associated with more complex cases e.g. multiple levels.
SB809S	Spine, Fracture-Dislocation, Open Reduction And Stabilisation	6B	\$12,000 to \$15,700	<i>Not available</i>	
SB810S	Spine (Excluding Cervical Spine), Various Lesions, Interbody Fusion (Multiple Segments) Without Anterior/Posterior Instrumentation	6B	\$12,000 to \$15,700	<i>Not available</i>	
SB811S	Spine, Prolapsed Disc, Nucleoplasty	3C	\$2,000 to \$4,300	<i>Not available</i>	
SB814S	Spine, Syringomyelia, Laminectomy And Drainage	6B	\$13,500 to \$19,100	<i>Not available</i>	
SB818S	Spine, Various Lesions, Spinal Rhizolysis Involving Exposure Of Spinal Nerve Roots	6B	\$13,500 to \$19,100	<i>Not available</i>	
SB700T	Tendon (Upper Limb), Various Lesions, Tendon Transfer (Multiple)	5C	\$7,400 to \$10,100	<i>Not available</i>	
SB701T	Tibia, Fracture, Open Reduction And Internal Fixation With Plates And Screws, Comminuted	5C	\$8,000 to \$11,200	\$1,600 to \$2,400	
SB702T	Tibia, Tibial Plateau, Comminuted Bicondylar, ORIF	5B	\$9,600 to \$12,000	<i>Not available</i>	
SB703T	Tibia, Tibial Plateau, Unicondylar Comminuted/Simple Bicondylar, ORIF	5A	\$9,000 to \$12,600	<i>Not available</i>	
SB704T	Tibia, Tibial Plateau, Unicondylar, ORIF	4B	\$5,500 to \$9,000	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB705T	Tibia, Tibial Shaft Fracture, Intramedullary Nailing (Locked/Unlocked)	4B	\$5,500 to \$10,100	<i>Not available</i>	
SB707T	Toes, Various Lesions, Ray Amputation (Two To Four Rays)	2C	\$1,700 to \$2,700	<i>Not available</i>	
SB708T	Toes, Various Lesions, Ray Amputation (Single)	1C	\$1,100 to \$2,600	<i>Not available</i>	
SB709T	Toes, Toe Deformity	1C	\$1,100 to \$2,200	<i>Not available</i>	
SB710T	Toes, Toe Deformity, Multiple/Complex	3B	\$2,100 to \$5,100	<i>Not available</i>	
SB800T	Tendon (Peroneal), Subluxation, Reconstruction	4A	\$5,500 to \$9,900	<i>Not available</i>	
SB801T	Tendon (Upper Limb), Bowstringing/Entrapment, Pulley Reconstruction	3B	\$2,200 to \$3,300	<i>Not available</i>	
SB802T	Tendon (Upper Limb), Contracture, Tenotomy	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB803T	Tendon (Upper Limb), Various Lesions, Tendon Transfer (Single)	4A	\$4,500 to \$7,800	<i>Not available</i>	
SB804T	Tendon Sheath (Upper Limb), De Quervain's (Bilateral), Release	3C	\$3,400 to \$6,200	\$850 to \$1,200	
SB805T	Tendon Sheath (Upper Limb), De Quervain's (Unilateral), Release	3A	\$2,300 to \$4,100	\$600 to \$900	
SB806T	Tendon Sheath (Upper Limb), Ganglion/Villo-Nodular Synovitis, Excision	2B	\$1,800 to \$4,000	<i>Not available</i>	
SB807T	Tendon Sheath (Upper Limb), Tenosynovitis (Multiple), Drainage	3B	\$2,700 to \$5,100	<i>Not available</i>	
SB808T	Tendon Sheath (Upper Limb), Tenosynovitis (Single), Drainage	2B	\$1,800 to \$3,400	<i>Not available</i>	
SB809T	Tendon-Achilles (Lower Limb), Disruption, Repair	3A	\$5,400 to \$8,100	\$1,100 to \$1,500	
SB810T	Tendon-Extensor (Upper Limb), Adhesion, Tenolysis (Multiple)	5A	\$4,800 to \$8,800	<i>Not available</i>	
SB811T	Tendon-Extensor (Upper Limb), Adhesion, Tenolysis (Single)	4A	\$3,500 to \$4,800	<i>Not available</i>	
SB812T	Tendon-Extensor (Upper Limb), Injury, Repair (Multiple)	3A	\$2,800 to \$5,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB813T	Tendon-Extensor (Upper Limb), Injury, Repair (Single)	2C	\$2,200 to \$4,500	<i>Not available</i>	
SB814T	Tendon-Flexor (Lower Limb), Disruption, Repair (Single)	2C	\$2,100 to \$3,600	<i>Not available</i>	
SB815T	Tendon-Flexor (Upper Limb), Adhesion, Tenolysis (Multiple)	5C	\$5,000 to \$8,200	<i>Not available</i>	
SB816T	Tendon-Flexor (Upper Limb), Adhesion, Tenolysis (Single)	4A	\$3,400 to \$4,500	<i>Not available</i>	
SB817T	Tendon-Flexor (Upper Limb), Defect, Grafting (Multiple)	6B	\$9,600 to \$13,700	<i>Not available</i>	
SB818T	Tendon-Flexor (Upper Limb), Defect, Grafting (Single)	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB819T	Tendon-Flexor (Upper Limb), Injury, Repair (Multiple)	4B	\$4,700 to \$7,300	<i>Not available</i>	
SB820T	Tendon-Flexor (Upper Limb), Injury, Repair (Single)	3B	\$2,700 to \$5,200	<i>Not available</i>	
SB821T	Tendon-Flexor (Upper Limb), Injury, Tendon Graft	4C	\$6,700 to \$9,000	<i>Not available</i>	
SB822T	Tendons-Flexor (Lower Limb), Disruption, Repair (Multiple)	3B	\$3,600 to \$6,600	<i>Not available</i>	
SB823T	Thumb, Deformities, Correction	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB824T	Thumb, Paralysis, Opponens Plasty	4B	\$5,600 to \$7,800	<i>Not available</i>	
SB825T	Thumb, Various Lesions, Pollicisation Or Microsurgical Reconstruction	6B	\$9,600 to \$13,700	<i>Not available</i>	
SB826T	Tibia, Delayed/Non-Union, Reconstruction	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB827T	Tibia, Fracture(s), Open Reduction And Internal Fixation With Intramedullary Rod	4B	\$6,700 to \$9,000	\$1,600 to \$2,400	
SB828T	Tibia, Fracture, Open Reduction And Internal Fixation With Plates And Screws, Simple	5A	\$6,700 to \$9,000	\$1,400 to \$2,100	
SB829T	Toes, Various Lesions, Toe Amputation (Two To Four Toes)	2C	\$1,300 to \$2,700	<i>Not available</i>	
SB830T	Toes, Various Lesions, Toe Amputation (Single)	1C	\$800 to \$1,400	<i>Not available</i>	
SB831T	Toes, Various Lesions, Arthrodesis	2C	\$2,200 to \$4,000	<i>Not available</i>	
SB832T	Tendon, Extensor (Upper Limb), Defect, Grafting (Multiple)	5A	\$7,000 to \$10,800	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB833T	Tendon, Extensor (Upper Limb), Defect, Grafting (Single)	4A	\$4,800 to \$7,800	<i>Not available</i>	
SB834T	Wedge Resection Of Toe Nail (Single Toe), Medial And/Or Lateral, Simple Or Complex	1C	\$950 to \$1,800	<i>Not available</i>	
SB835T	Wedge Resection Of Toe Nail (Multiple Toes), Medial And/Or Lateral, Simple Or Complex	2B	\$1,800 to \$2,700	<i>Not available</i>	
SB700U	Upper Limb/Lower Limb, Fracture, External Fixation, Multiple Planes	5A	\$6,600 to \$10,200	<i>Not available</i>	
SB701U	Upper Limb/Lower Limb, Major Soft Tissue Defects, Free Flap	7C	\$17,500 to \$25,500	<i>Not available</i>	
SB702U	Upper Limb/Lower Limb, Major Soft Tissue Defects, Pedicled Flap	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB703U	Upper Limb/Lower Limb, Malignant Tumour, Soft Tissue, Radical Excision	5C	\$7,700 to \$11,500	<i>Not available</i>	
SB704U	Upper Limb/Lower Limb, Upper Limb Fractures, Minimally Invasive Fixation	4B	\$5,600 to \$7,800	<i>Not available</i>	
SB800U	Upper Limb, Congenital Deformity, Major Reconstruction	6B	\$9,600 to \$13,700	<i>Not available</i>	
SB801U	Upper Limb, Deformity, Bony And Soft Tissue Reconstruction	5C	\$7,200 to \$9,500	\$2,100 to \$3,000	
SB802U	Upper Limb, Fracture/Dislocation, Manipulation And Reduction	1B	\$1,100 to \$2,400	\$550 to \$900	
SB803U	Upper Limb, Ischemia, Fasciotomy	2B	\$2,200 to \$4,400	<i>Not available</i>	
SB804U	Upper Limb, Trauma, Major Replantation	7B	\$22,400 to \$30,800	<i>Not available</i>	
SB805U	Upper Limb, Various Lesions, Amputation	5C	\$7,700 to \$11,200	<i>Not available</i>	
SB806U	Upper Limb, Various Lesions, Forequarter Amputation	6B	\$9,100 to \$12,400	<i>Not available</i>	
SB807U	Upper Limb, Various Lesions, Vascularised Free Muscle Transfer	7A	\$18,500 to \$23,500	<i>Not available</i>	
SB700W	Wrist, Therapeutic Arthroscopy	4A	\$5,200 to \$8,100	<i>Not available</i>	
SB701W	Wrist, Avascular Necrosis, Radial Recession/Ulnar Lengthening,	4C	\$5,600 to \$7,800	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SB702W	Wrist, Distal Or Radial Ulnar Joint (DRUJ) Instability, Complex Ligament Reconstruction	4B	\$5,300 to \$9,200	<i>Not available</i>	
SB703W	Wrist, Distal Or Radial Ulnar Joint (DRUJ) Instability, Darrach Or Similar Procedure	3A	\$3,700 to \$5,900	<i>Not available</i>	
SB704W	Wrist, Distal Radius Fracture, M&R, Percutaneous Pinning	3B	\$3,400 to \$5,800	\$1,100 to \$1,600	
SB705W	Wrist, Distal Radius Fracture, Open Reduction And Internal Fixation (ORIF) (Simple Open Reduction And Pinning)	3C	\$5,400 to \$7,800	\$1,400 to \$2,100	
SB706W	Wrist, Distal Radius Fracture, Open Reduction And Internal Fixation (ORIF) (Complex, With Autologous Bone Graft)	4C	\$7,200 to \$11,000	\$1,600 to \$2,300	
SB707W	Wrist, Distal Radius Fracture, Open Reduction And Internal Fixation (ORIF) (With Ulnar Head/Styloid Fixation/Tfcc Repair)	4C	\$7,200 to \$11,000	\$1,600 to \$2,300	
SB708W	Wrist, Joint, Various Lesions, Proximal Row Carpectomy Or 4 Corner Fusion	5C	\$7,200 to \$11,100	<i>Not available</i>	
SB709W	Wrist, Lunate Dislocation/Perilunate Dislocation/Complex Ligament Injury, Reconstruction	6B	\$12,300 to \$15,700	<i>Not available</i>	
SB710W	Wrist, Scaphoid Fracture, Open Reduction And Internal Fixation (ORIF) With Bone Grafting	4B	\$7,200 to \$10,100	<i>Not available</i>	
SB711W	Wrist, Scaphoid Or Carpus, Vascularised Bone Graft	4C	\$5,600 to \$7,800	<i>Not available</i>	
SB712W	Wrist, Ulnar Head/Styloid Fracture, Percutaneous Pinning/Fixation	2B	\$2,400 to \$4,700	<i>Not available</i>	
SB713W	Wrist, Various Lesions, Primary Total Joint Arthroplasty With Augmentation, Requiring Extra Implants Or Bone Grafts, Open/MIS/Navigated	6B	\$10,700 to \$15,000	<i>Not available</i>	
SB714W	Wrist, Various Lesions, Primary Total Joint Arthroplasty, Open/MIS/Navigated	6A	\$10,200 to \$14,200	<i>Not available</i>	
SB715W	Wrist, Various Lesions, Revision Total Joint Arthroplasty, Open/MIS/Navigated	6C	\$11,400 to \$17,300	<i>Not available</i>	
SB801Z	Zygoma, Fracture, Elevation	5A	\$7,600 to \$11,000	<i>Not available</i>	

SC – Respiratory

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SC700A	Autofluorescence/ Narrow Band Imaging (NBI) Bronchoscopy	3A	\$2,500 to \$3,600	<i>Not available</i>	
SC700B	Lung, Bronchoscopy, Insertion Of Prosthesis	3B	\$3,100 to \$5,600	<i>Not available</i>	
SC702B	Bronchus/Lung, Transbronchial Needle Aspiration Of Mediastinal Lymph Nodes, With Or Without Endobronchial Ultrasound (EBUS)	3A	\$2,500 to \$3,600	<i>Not available</i>	
SC703B	Bronchus/Lung, Bronchoscopy With/Without Biopsy	1B	\$1,200 to \$1,800	\$650 to \$1,000	Note: Higher end of the surgeon fees may be associated with bronchoscopy with biopsy, while lower end of the surgeon fees may be associated with bronchoscopy without biopsy.
SC704B	Bronchus/Lung, Bronchoscopy With Biopsy, Bronchoalveolar Lavage	2A	\$1,200 to \$2,200	\$850 to \$1,400	
SC705B	Bronchus/Lung, Bronchoscopy, Blind Transbronchial Lung Biopsy For Diffuse Disease	2A	\$1,200 to \$2,200	\$850 to \$1,400	
SC706B	Bronchus/Lung, Bronchoscopy, Targeted Transbronchial Lung Biopsy For Focal Lesions (Imaging-Guided)	2C	\$1,700 to \$2,200	\$1,100 to \$1,800	
SC707B	Bronchus/Lung, Bronchoscopy, With Dilatation Of Tracheal And Bronchial Stricture	3A	\$2,500 to \$3,600	<i>Not available</i>	
SC800B	Bronchus, Foreign Body, Removal Via Bronchotomy	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC801B	Bronchus, Various Lesions, Bronchoplastic Procedure	5C	\$14,100 to \$22,400	<i>Not available</i>	
SC802B	Bronchus/Trachea, Various Lesions, Laser Application	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC818B	Bronchus, Various Lesions, Bronchial Thermoplasty/Bronchus Radiofrequency Ablation	3A	\$2,500 to \$3,600	<i>Not available</i>	
SC800D	Diaphragm, Tumor, Excision	5A	\$7,300 to \$11,200	<i>Not available</i>	
SC801D	Diaphragm, Tumor, Excision With Wedge Resection Of Lung	6B	\$15,700 to \$26,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SC701L	Lung, Various Lesions, Pneumonectomy/Lobectomy/Segmental Resection	5B	\$13,500 to \$20,600	\$2,900 to \$4,200	
SC702L	Lung, Massive Hemoptysis, Bronchial Artery Embolisation	4B	\$2,700 to \$4,700	<i>Not available</i>	
SC703L	Lung, Tumour, Imaging Guided Percutaneous Local Ablation, Simple (Radiofrequency, Cryotherapy, Microwave, Laser, Alcohol, Etc)	3C	\$2,200 to \$3,600	<i>Not available</i>	
SC704L	Lung, Tumour, Imaging Guided Percutaneous Local Ablation, Complex (Radiofrequency, Cryotherapy, Microwave, Laser, Alcohol, Etc)	4A	\$2,700 to \$3,900	<i>Not available</i>	
SC726L	Lung, Various Lesions, Lung Resection With Mediastinal Resection, Any Approach	6C	\$18,000 to \$28,000	<i>Not available</i>	
SC801L	Lung, Various Lesions, Repeat/Multiple/Complex Resections	5A	\$11,200 to \$20,400	\$3,300 to \$4,800	
SC802L	Lung, Various Lesions, Wedge Resection	3C	\$6,700 to \$9,500	\$2,800 to \$4,100	
SC800M	Mouth, Various Lesions, Laser Application	2B	\$1,500 to \$3,700	<i>Not available</i>	
SC702P	Lung, Pulmonary Endarterectomy With Cardiopulmonary Bypass	7C	\$24,400 to \$35,500	<i>Not available</i>	
SC700T	Thorax, Catheter Blockage, Imaging Guided Catheter Change/Catheter Adjustment/Check Tube	1A	\$450 to \$1,000	<i>Not available</i>	
SC701T	Thorax, Coastal Cartilage, Harvest And Creation Of Ear Cartilage Framework	5A	\$10,400 to \$15,200	<i>Not available</i>	
SC702T	Thorax, Evacuation Of Retained Haemothorax (Open And Thorascopic)	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC703T	Thorax, Mediastinum, Mediastinoscopy With/Without Biopsy	3B	\$3,100 to \$5,600	<i>Not available</i>	
SC704T	Thorax, Pleural Effusion, Biopsy	1C	\$850 to \$1,500	<i>Not available</i>	
SC705T	Thorax, Resuscitative Trauma Thoracotomy (Haemostasis, Damage Control, Organ Repair)	5A	\$11,200 to \$18,000	<i>Not available</i>	
SC706T	Thorax, Ribs, Open Fixation Of Rib Fractures (>3 Ribs)	5A	\$9,200 to \$18,000	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SC707T	Thorax, Ribs, Open Fixation Of Rib Fractures (1 - 3 Ribs)	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC708T	Thorax, Pericardial Window Creation	3C	\$4,800 to \$7,200	<i>Not available</i>	
SC709T	Thorax, MIS Decortication	5B	\$13,500 to \$20,600	<i>Not available</i>	
SC710T	Thorax, MIS Pleurodesis Bilateral	4B	\$10,000 to \$14,600	<i>Not available</i>	
SC711T	Thorax, MIS Thymectomy	6B	\$15,700 to \$26,200	<i>Not available</i>	
SC712T	Thorax, Thoracoscopy For Pleurodesis	3C	\$5,600 to \$9,600	\$1,800 to \$2,600	
SC713T	Thorax, Trauma Relook Thoracotomy (Includes Haemostasis, Removal Of Packs)	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC714T	Thorax, Thoracoscopy, With/Without Division Of Pleural Adhesions	2A	\$1,200 to \$2,200	\$1,600 to \$2,300	Note: Higher end of the surgeon fees may be associated with bronchoscopy with division of pleural adhesions, while lower end of the surgeon fees may be associated with bronchoscopy without division of pleural adhesions.
SC715T	Thorax, Effusion/Fluid/Abscess Collection, Imaging Guided Percutaneous Drainage Catheter Insertion	1C	\$650 to \$1,300	\$750 to \$1,200	
SC716T	Thorax, Pleural Effusion, Aspiration	1A	\$550 to \$1,200	<i>Not available</i>	
SC717T	Thorax, Tumor (Mediastinal), Complex Resection	6A	\$14,100 to \$22,400	<i>Not available</i>	
SC718T	Thorax, Various Lesions, Imaging Guided Percutaneous Biopsy	2A	\$650 to \$1,700	\$650 to \$1,000	
SC722T	Trachea, Tracheostomy, Revision And Reinsertion	3C	\$5,500 to \$7,800	<i>Not available</i>	
SC723T	Trachea/Bronchus, Stricture, Imaging Guided Balloon Dilatation	2C	\$1,700 to \$2,800	<i>Not available</i>	
SC724T	Trachea/Bronchus, Stricture, Imaging Guided Stent Placement	3A	\$2,500 to \$3,600	<i>Not available</i>	
SC800T	Thorax, Empyema, Resection Of Rib And Open Drainage	2C	\$1,700 to \$2,200	<i>Not available</i>	
SC801T	Thorax, Mediastinal Lesions, Cervical Exploration With/Without Biopsy	1A	\$550 to \$1,200	<i>Not available</i>	
SC802T	Thorax, Pectus Excavatum/Pectus Carinatum, Radical Correction	4B	\$10,000 to \$14,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SC803T	Thorax, Effusion/Fluid/Abscess Collection, Imaging Guided Percutaneous Aspiration/Diagnostic Tap	1A	\$550 to \$900	\$650 to \$1,000	
SC804T	Thorax, Tumor (Mediastinal), Resection	5A	\$11,200 to \$18,000	<i>Not available</i>	
SC805T	Thorax, Various Lesions, Chest Wall Resection And Major Reconstruction	5B	\$11,200 to \$20,600	<i>Not available</i>	
SC806T	Thorax, Various Lesions, Chest Wall Resection And Minor Reconstruction	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC807T	Thorax, Various Lesions, Intercostal Drain (Insertion Without Resection Of Rib)	1C	\$800 to \$1,700	<i>Not available</i>	
SC808T	Thorax, Various Lesions, Intrathoracic Operation On Lungs/Bronchial Tree/Mediastinum	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC809T	Thorax, Various Lesions, Thoracoplasty (Complete)	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC810T	Thorax, Various Lesions, Thoracoplasty (In Stages) - Each Stage	4A	\$6,200 to \$9,300	<i>Not available</i>	
SC811T	Thorax, Various Lesions, Thoracotomy (Exploration) With/Without Biopsy	3B	\$3,100 to \$5,600	<i>Not available</i>	
SC812T	Thorax, Various Lesions, Thoracotomy For Pleurectomy/Pleurodesis/ Eucleation Hydatid Cysts	3C	\$4,800 to \$7,200	<i>Not available</i>	
SC813T	Thorax, Various Lesions, Thoracotomy With Pulmonary Decortication, With Or Without Thoracoplasty And/Or Myoplasty	5A	\$11,200 to \$18,000	<i>Not available</i>	
SC814T	Trachea, Foreign Body, Removal	1C	\$750 to \$2,400	<i>Not available</i>	
SC815T	Trachea, Tracheo-Esophageal Fistula, Ligation And Division	5C	\$14,100 to \$22,400	<i>Not available</i>	
SC816T	Trachea, Various Lesions, Trachea Reconstruction	5C	\$7,000 to \$10,100	<i>Not available</i>	
SC817T	Trachea, Various Lesions, Tracheostomy	2C	\$2,200 to \$4,500	<i>Not available</i>	

SD – Cardiovascular

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD700A	Aorta, Aneurysm, Juxtarenal Type	6B	\$12,600 to \$18,600	<i>Not available</i>	
SD701A	Aorta, Ruptured Aortic Aneurysm (Thoracic Or Abdominal), Endo-Vascular Aortic Repair (EVAR)	6C	\$13,900 to \$20,900	<i>Not available</i>	
SD702A	Aortic Dissection, Endovascular Fenestration	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD703A	Aortic Dissection, Endovascular Stent Graft Repair	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD704A	Arrhythmia Surgery Maze (Includes The Mini-Maze Procedure With Radiofrequency Clam)	6B	\$15,700 to \$26,200	<i>Not available</i>	
SD705A	Arteriovenous Fistula Graft, Thrombectomy	3A	\$2,200 to \$3,600	<i>Not available</i>	
SD706A	Arteriovenous Fistula, Angiogram	2A	\$1,100 to \$2,500	<i>Not available</i>	
SD707A	Arteriovenous Fistula, Angioplasty With/Without Stenting	3A	\$2,200 to \$5,000	\$950 to \$1,500	Note: Higher end of surgeon fees may be associated with multiple lesions, multiple punctures (antegrade and retrograde), resistant lesions and central vein stenosis, cases where there is an occlusion requiring a secondary access, or recurrent cases with anatomically difficult considerations.
SD708A	Arteriovenous Fistula, Ligation Of Side Branch	2A	\$1,100 to \$2,500	<i>Not available</i>	
SD709A	Arteriovenous Fistula, Synthetic Graft	5A	\$7,300 to \$11,200	<i>Not available</i>	
SD710A	Artery, Large, Injury, Repair With Grafting	5A	\$5,600 to \$7,800	<i>Not available</i>	
SD711A	Artery, Small, Injury, Repair (Multiple)	5C	\$6,100 to \$9,500	<i>Not available</i>	
SD712A	Artery, Small, Injury, Repair (Single)	4A	\$3,800 to \$5,900	<i>Not available</i>	
SD713A	Artery, Bypass, Above/Below-Knee With Vein	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD714A	Artery, Bypass, Distal Leg/Pedal With Vein	6B	\$12,600 to \$18,600	<i>Not available</i>	
SD715A	Artery, Bypass, Visceral, Multiple	7A	\$16,100 to \$23,500	<i>Not available</i>	
SD716A	Artery, Bypass, Visceral, Single	6B	\$12,600 to \$16,900	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD719A	Artery, Stenosis/Occlusion, Percutaneous Atherectomy (Mechanical Or Laser)	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD720A	Artery, Stenosis/Occlusion (E.g. Pulmonary, Coarctation, Subintimal, Below Knee), Percutaneous Angioplasty (PTA), Difficult	4A	\$6,700 to \$11,200	\$1,100 to \$1,800	Note: Higher end of surgeon fees may be associated with antegrade situations where the patient has a high BMI, or cases of long occlusions across many vessels e.g. superficial femoral artery (SFA), popliteal into tibial arteries. SAFARI procedures, complex tibial artery lesions, foot arch interventions, as well as recurrent lesions may reflect higher complexity and difficulty.
SD721A	Artery, Stenosis/Occlusion, Percutaneous Transluminal Angioplasty (PTA), Simple	3A	\$2,200 to \$4,500	\$950 to \$1,500	
SD722A	Artery, Thrombosis, Percutaneous Catheter Directed Thrombolysis, With Or Without Angioplasty/Stenting	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD723A	Artery, Tumour, Trans-Arterial Chemo-Embolization (TACE)	4A	\$2,200 to \$3,900	<i>Not available</i>	
SD724A	Artery, Tumour, Trans-Arterial Radio Nuclide Infusion	4B	\$2,700 to \$4,700	<i>Not available</i>	
SD725A	Artery, Various Lesions, Diagnostic Angiogram Of Multiple Vessels	3A	\$2,100 to \$3,600	<i>Not available</i>	
SD726A	Artery, Various Lesions, Diagnostic Angiogram Using Microcatheter, With Or Without Intravascular Imaging	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD727A	Artery, Various Lesions, Endovascular Stent Graft / Covered Stent Placement	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD728A	Artery, Various Lesions, Endovascular Stent Placement	3B	\$2,600 to \$4,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD729A	Artery, Various Lesions, Flush Aortogram Or Single Vessel Diagnostic Angiogram	2C	\$1,700 to \$2,200	<i>Not available</i>	
SD730A	Artery, Various Lesions, Percutaneous Transcatheter Embolisation Of 1 To 2 Vessels	4A	\$2,200 to \$3,900	<i>Not available</i>	
SD731A	Artery, Various Lesions, Percutaneous Transcatheter Embolisation Of More Than 2 Vessels	4B	\$2,700 to \$4,700	<i>Not available</i>	
SD732A	Artery-Pseudoaneurysm, Excision And Ligation	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD733A	Artery-Pseudoaneurysm, Excision And Patch Repair	5A	\$7,300 to \$11,200	<i>Not available</i>	
SD734A	Artery-Pseudoaneurysm, Thrombin Injection	2A	\$850 to \$1,800	<i>Not available</i>	
SD735A	Artery-Visceral, Stenosis, Angioplasty Of Visceral Artery	3A	\$2,100 to \$3,600	<i>Not available</i>	
SD736A	Artery-Visceral, Stenosis, Stenting	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD737A	Transcatheter Valve Or Clip Implantation With/Without TEE Guidance (Endovascular Approach)	6A	\$15,700 to \$22,400	<i>Not available</i>	
SD738A	Aorta, Thoracic Aortic Aneurysm, Thoracic Endovascular Aneurysm Repair (TEVAR)	6C	\$8,300 to \$11,400	<i>Not available</i>	
SD739A	Aorta, Thoracoabdominal Aortic Aneurysm, Endovascular Aneurysm Repair (EVAR)	7A	\$16,100 to \$23,500	<i>Not available</i>	
SD741A	Aorta, Total Arch Replacement	7C	\$24,400 to \$35,500	<i>Not available</i>	
SD800A	Aorta, Abdominal Aortic Aneurysm, Excision And Insertion Of Graft	6B	\$15,700 to \$26,200	<i>Not available</i>	
SD801A	Aorta, Descending Aortic Aneurysm, Excision And Insertion Of Graft	7A	\$18,000 to \$28,000	<i>Not available</i>	
SD802A	Aorta, Ruptured Abdominal Aortic Aneurysm, Excision And Insertion Of Graft	6B	\$12,600 to \$18,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD803A	Aorta, Thoraco-Abdominal Aneurysm, Excision And Insertion Of Graft	7C	\$24,400 to \$35,500	<i>Not available</i>	
SD804A	Aorta, Various Lesions, Insertion/Removal Of Intra Aortic Balloon	3A	\$2,000 to \$2,200	<i>Not available</i>	
SD805A	Artery (Distal Extremity/Digit), Various Lesions, Microvascular Repair	6B	\$10,000 to \$15,100	<i>Not available</i>	
SD806A	Artery (Extremity), Thrombosis, Endarterectomy	4C	\$6,200 to \$10,100	<i>Not available</i>	
SD807A	Artery (Femoral/Iliac), Thrombosis, Endarterectomy	4C	\$6,200 to \$10,100	<i>Not available</i>	
SD808A	Artery (Large), Various Lesions, Ligation	3A	\$3,000 to \$5,600	<i>Not available</i>	
SD809A	Artery (Major), Aneurysm, Excision And Insertion Of Graft	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD810A	Artery (Major), Trauma, Repair	5C	\$15,700 to \$23,200	<i>Not available</i>	
SD811A	Artery (Neck And Extremities), Embolism, Embolectomy	3A	\$2,200 to \$3,900	<i>Not available</i>	
SD812A	Artery (Others), Thrombosis, Endarterectomy	4C	\$6,200 to \$10,100	<i>Not available</i>	
SD813A	Artery (Temporal), Various Lesions, Biopsy	2A	\$1,500 to \$2,600	<i>Not available</i>	
SD814A	Artery (Trunk), Embolism, Embolectomy	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD815A	Artery, Arterio-Venous Fistula (Large), Excision	6B	\$12,600 to \$18,600	<i>Not available</i>	
SD816A	Artery, Arterio-Venous Fistula (Small), Excision	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD817A	Artery, Arterio-Venous Fistula, Dissection And Repair With Restoration Of Continuity	5A	\$7,300 to \$11,200	<i>Not available</i>	
SD818A	Artery, Defect, Arterial Patch Graft	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD819A	Artery, Trauma/Resection, Arterial Anastomosis	5A	\$10,500 to \$15,800	<i>Not available</i>	
SD820A	Artery, Trauma/Resection, Micro-Vascular Graft	6B	\$10,000 to \$12,300	<i>Not available</i>	
SD821A	Artery, Various Lesions, Arterio-Venous Fistula Creation	3C	\$1,900 to \$3,900	\$1,400 to \$2,300	Note: Higher end of surgeon fees may be associated with small artery or vein

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
					as well as cases where the vein and artery are far apart and require dissection, or if there are multiple branches on the vein and require ligation. Lower end of surgeon fees may be associated with cases where the vein and artery are large and close to each other and there are no special considerations required.
SD822A	Artery, Various Lesions, Axillary-Femoral/Subclavian-Femoral By-Pass	5C	\$13,500 to \$20,600	<i>Not available</i>	
SD823A	Artery, Various Lesions, By-Pass/Graft	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD824A	Artery, Various Lesions, Intra-Arterial Infusion	3A	\$2,100 to \$3,600	<i>Not available</i>	
SD826A	Artery, Various Lesions, Ligation (Include Repair Of Artificial Arterio-Venous Fistula)	2A	\$1,100 to \$2,500	<i>Not available</i>	
SD827A	Artery, Various Lesions, Transluminal Arterioplasty	3A	\$2,100 to \$3,600	<i>Not available</i>	
SD828A	Artery-Carotid, Thrombosis, Endarterectomy	5C	\$13,500 to \$20,600	<i>Not available</i>	
SD829A	Artery-Profunda Femoris, Stenosis, Profundoplasty	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD830A	Artery-Pulmonary, Pulmonary Embolism, Pulmonary Embolectomy Using Cardiopulmonary Bypass	6C	\$18,000 to \$26,200	<i>Not available</i>	
SD837A	Aorta, Abdominal Aortic Aneurysm, Endovascular Aneurysm Repair (EVAR)	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD838A	Artery, Pulmonary, Endovascular Stent Placement	5A	\$7,300 to \$11,200	<i>Not available</i>	
SD839A	Aorta, Coarctation, Endovascular Stent Placement	4C	\$6,200 to \$10,000	<i>Not available</i>	
SD840A	Artery, Various Lesions, Arterio-Venous Fistula, Correction At Original Site	4A	\$3,900 to \$4,500	\$1,400 to \$2,300	
SD700B	Blood Vessels, Defect, Major Grafts (Multiple)	6B	\$12,600 to \$18,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD701B	Blood Vessels (Large), Disruption/Obstruction, Repair With Autogenous Vein Grafting	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD703B	Blood Vessels, Hickman Line Insertion	2A	\$850 to \$1,800	<i>Not available</i>	
SD706B	Blood Vessels, Subcutaneous Implanted Vascular Port, Insertion	2C	\$1,300 to \$3,000	\$750 to \$1,200	Note: This procedure involves open surgical insertion via venous cutdown.
SD707B	Blood Vessels, Subcutaneous Implanted Vascular Port, Removal	1B	\$450 to \$1,600	\$550 to \$900	Note: Higher end of surgeon fees may be associated with more difficult portacath removals e.g. when catheter is fractured or has displaced, with need for surgical exploration to identify and remove entire length of catheter.
SD708B	Blood Vessels, Pulmonary Embolectomy	6B	\$15,700 to \$26,200	<i>Not available</i>	
SD709B	Blood Vessels, Renal Angiography	2C	\$1,700 to \$2,200	<i>Not available</i>	
SD711B	Blood Vessels, Saphenous Vein, Harvest, Minimally Invasive Endoscopic	4A	\$6,200 to \$9,300	<i>Not available</i>	
SD741B	Blood Vessels, Vascular Intervention, Radiology, Intravascular Foreign Body Retrieval	3A	\$2,100 to \$3,600	<i>Not available</i>	
SD702H	Heart, Automatic Implantable Cardioverter Defibrillator (AICD)/Pacemaker Lead Extraction	4A	\$7,800 to \$11,300	<i>Not available</i>	
SD703H	Heart, Automatic Implantable Cardioverter Defibrillator Dual Chamber (Inclusive Of Defibrillation Threshold Testing (DFT))	4C	\$6,700 to \$9,000	<i>Not available</i>	
SD705H	Heart, Automatic Implantable Cardioverter Defibrillator Single Chamber (Inclusive Of DFT)	4B	\$5,200 to \$8,400	<i>Not available</i>	
SD706H	Heart, Bivent Automatic Implantable Cardioverter Defibrillator (Inclusive Of DFT)	5A	\$7,800 to \$11,400	<i>Not available</i>	
SD707H	Heart, Cardiac Catheterisation (Left) And Intracoronary Physiological Assessment (Inclusive Of Pressure Wire) Without Percutaneous Transluminal Coronary Angioplasty (PTCA)	3C	\$4,800 to \$6,000	\$1,100 to \$1,800	
SD708H	Heart, Invasive Intravascular Imaging/Visualization, Inclusive Of IV U/S And OCT, Without Percutaneous Transluminal Coronary Angioplasty (PTCA)	3C	\$3,500 to \$5,600	\$1,500 to \$2,400	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD709H	Heart, Carotid Angioplasty And Stenting (With Embolic Protection)	5A	\$7,300 to \$11,200	<i>Not available</i>	
SD712H	Heart, Percutaneous Transluminal Coronary Angioplasty (PTCA) + Stenting (1 Vessel), Complex (E.G. Retrograde Cto Intervention, Complex Bifurcation/Trifurcation, Iabp, Impella, Lvad), With/Without Ivus/Ffr Or Other Physiological Studies	4B	\$9,000 to \$13,700	\$1,200 to \$2,000	Note: Higher end of surgeon fees may be associated with complex interventions which include: - Complex Chronic Total Occlusion e.g. retrograde CTO intervention - Complex bifurcation/ trifurcation; or - Cases requiring haemodynamic support (e.g. IABP, Impella or LVAD)
SD713H	Heart, Percutaneous Transluminal Coronary Angioplasty (PTCA) + Stenting (More Than 1 Vessel), With/Without IVUS/FFR Or Other Physiological Studies	4B	\$10,100 to \$14,600	\$1,800 to \$2,900	Note: This code is for multi-vessel stenting, with or without invasive intracoronary imaging or physiologic guidance.
SD714H	Heart, Primary Percutaneous Transluminal Coronary Angioplasty For ST-Elevation Myocardial Infarction	4B	\$10,800 to \$13,700	\$2,600 to \$4,100	
SD716H	Heart, Heart Block/Arrhythmia, Insertion Of Dual Chamber Pacemaker (Permanent)	3C	\$4,600 to \$7,300	\$1,500 to \$2,400	
SD717H	Heart, Replacement Of Pacemaker	2B	\$2,200 to \$4,500	\$1,500 to \$2,400	
SD718H	Heart, Implant Of Epicardial Leads For Permanent Pacemakers	4A	\$6,200 to \$9,300	<i>Not available</i>	
SD719H	Heart, Implantation Of Mechanical Heart Device (Left Ventricular Assist Device Implant)	7C	\$24,400 to \$35,500	<i>Not available</i>	
SD720H	Heart, Insertable Loop Recorder	1B	\$750 to \$1,200	<i>Not available</i>	
SD721H	Heart, Lung, Extra Corporeal Membrane Oxygenation	6B	\$15,700 to \$23,200	<i>Not available</i>	
SD723H	Heart, Percutaneous Closure Of Congenital Heart Defect	4A	\$8,700 to \$15,200	<i>Not available</i>	
SD724H	Heart, Percutaneous Transluminal Coronary Angioplasty (PTCA) + Arterectomy (E.g Rotablation)	5A	\$13,500 to \$17,400	\$2,600 to \$4,100	Note: Higher end of fees may be associated with more complex cases (e.g. long calcified segment requiring multiple burrs and/or stents deployment, or intervention in more than one vessel).

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD725H	Heart, Placement Of Epicardial Pacing Wires (Open And Video-Assisted Thoracic Surgery (VATS))	5A	\$11,200 to \$18,000	<i>Not available</i>	
SD727H	Heart, Synchronised Cardioversion	1A	\$550 to \$1,500	\$550 to \$800	
SD728H	Heart, Trans-Catheter Percutaneous Patent Ductus Arteriosus (PDA) Occlusion	5A	\$6,100 to \$9,000	<i>Not available</i>	
SD729H	Heart, Trans-Myocardial Revascularisation (TMR) As A Sole Procedure	6B	\$15,700 to \$23,200	<i>Not available</i>	
SD730H	Heart, Trans-Myocardial Revascularisation (TMR) As An Adjunct Procedure	2C	\$1,700 to \$2,200	<i>Not available</i>	
SD731H	Heart, Valve (Repair / Replacement), 1 Valve	6C	\$18,000 to \$28,000	<i>Not available</i>	
SD732H	Heart, Valve (Repair / Replacement), More Than 1 Valve	7B	\$21,000 to \$31,600	<i>Not available</i>	
SD733H	Heart, Septal Defects (Atrial/Ventricular)/Patent Foramen Ovale (PFO) Defect Closure	5A	\$7,800 to \$13,700	<i>Not available</i>	
SD734H	Heart, Cardiac Catheterisation (Left & Right), Involving Pressure Or Saturation Measurement (With Left And/Or Right Ventriculography)	3B	\$3,100 to \$6,000	<i>Not available</i>	
SD739H	Heart, Electrophysiology Study Without Ablation	3B	\$3,100 to \$5,600	<i>Not available</i>	
SD740H	Heart, Left Atrial Appendage Closure With/Without Watchman Device Implantation	5A	\$7,800 to \$13,700	<i>Not available</i>	
SD742H	Heart, Coronary Disease, Coronary Artery Bypass Graft (Open/MIS/Off Pump)	6C	\$17,100 to \$28,000	\$3,800 to \$5,500	Note: Higher end of surgeon fees may be associated with high risk surgeries, and/or repeat heart bypass surgeries, including: (1) cases with operative risks that are Logistic Euroscore 6 and above, and/or (2) re-do Coronary Artery Bypass Graft with failed grafts, and/ or (3) cases requiring haemodynamic support (e.g. IABP, Impella or LVAD).
SD800H	Heart (Great Vessels), Various Lesions, Intrathoracic Operation	4A	\$6,200 to \$9,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD801H	Heart, Aortic/Mitral Valve Lesions, Balloon Valvuloplasty	5A	\$9,000 to \$17,900	<i>Not available</i>	
SD802H	Heart, Percutaneous Ablation Of Arrhythmia Circuit Or Focus Or Isolation Procedure Involving 1 Atrial Chamber	4A	\$4,500 to \$9,000	\$1,800 to \$2,900	
SD803H	Heart, Arrhythmia, Implantable Cardioverter Defibrillator (ICD) Implantation	4C	\$5,600 to \$7,800	<i>Not available</i>	
SD804H	Heart, Biventricular Pacing	4A	\$6,700 to \$9,000	\$1,600 to \$2,500	
SD805H	Heart, Congenital Heart Disease (Complex), Open Heart Surgery	7A	\$18,000 to \$28,000	<i>Not available</i>	
SD806H	Heart, Congenital Heart Disease, Open Heart Surgery	6C	\$13,500 to \$26,900	<i>Not available</i>	
SD807H	Heart, Congenital Heart Disease, Blalock-Taussig Operation	4A	\$6,200 to \$9,300	<i>Not available</i>	
SD808H	Heart, Simple Congenital Open-Heart Surgery (Atrial Septal Defect & Ventricular Septal Defect)	6B	\$15,700 to \$26,200	<i>Not available</i>	
SD809H	Heart, Coronary Artery Disease, Cardiac Catheterisation And Coronary Angiogram With/Without Coronary Graft Angiography	3C	\$3,400 to \$4,900	\$850 to \$1,400	
SD810H	Heart, Coronary Disease, Coronary Angioplasty (Transluminal), With/Without Angiocardiology	4A	\$6,700 to \$10,100	\$1,300 to \$2,100	Note: This code is for simple one-vessel coronary angioplasty. Excludes angioplasty for multiple vessels, which should be coded under SD713H.
SD811H	Heart, Coronary Angiography	3A	\$2,400 to \$3,600	\$850 to \$1,400	
SD813H	Heart, Coronary Artery Bypass Graft And Valve Surgery	7C	\$24,400 to \$35,500	<i>Not available</i>	
SD814H	Heart, Heart Block, Replacement Of Transvenous Electrode	2C	\$1,700 to \$2,200	<i>Not available</i>	
SD815H	Heart, Heart Block/Arrhythmia, Insertion Of Single Chamber Pacemaker (Permanent)	3B	\$3,100 to \$5,600	\$1,500 to \$2,400	
SD816H	Heart, Left Ventricular Aneurysm, Resection Without Coronary Artery Bypass	6C	\$18,000 to \$28,000	<i>Not available</i>	
SD817H	Heart, Patent Ductus Arteriosus, Ligation	4A	\$6,200 to \$9,300	<i>Not available</i>	
SD818H	Heart, Pericardial Disease, Pericardiectomy	4B	\$10,000 to \$14,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD819H	Heart, Pericardial Effusion, Paracentesis	1A	\$1,100 to \$3,400	<i>Not available</i>	
SD820H	Heart, Pericardial Effusion, Transthoracic Drainage	3B	\$3,100 to \$5,600	<i>Not available</i>	
SD821H	Heart, Proximal Aortic Aneurysm, Aortic Root Replacement With Coronary Artery Reimplantation	7C	\$24,400 to \$35,500	<i>Not available</i>	
SD822H	Heart, Pulmonary Incompetence, Pulmonary Artery Banding	4A	\$6,200 to \$9,300	<i>Not available</i>	
SD823H	Heart, Pulmonary Valve Lesions, Balloon Valvuloplasty	4A	\$6,100 to \$9,000	<i>Not available</i>	
SD824H	Heart, Various Lesions, Open Heart Surgery (One Procedure)	6C	\$18,000 to \$28,000	<i>Not available</i>	
SD825H	Heart, Various Lesions, Open Heart Surgery On Combined Surgery, Two Procedures At One Sitting	7B	\$21,000 to \$31,600	<i>Not available</i>	
SD826H	Heart, Various Lesions, Aneurysmectomy And/Or Combined Valve Replacement And/Or Repair And Coronary Bypass Grafting	7B	\$21,000 to \$31,600	<i>Not available</i>	
SD827H	Heart, Various Lesions, Balloon Atrial Septostomy	4A	\$6,200 to \$9,300	<i>Not available</i>	
SD828H	Heart, Various Lesions, Cardiac Biopsy	2B	\$1,600 to \$2,200	<i>Not available</i>	
SD829H	Heart, Various Lesions, Heart Transplantation	7C	\$24,400 to \$35,500	<i>Not available</i>	
SD830H	Heart, Various Lesions, Right/Left Heart Catheterization	2C	\$1,700 to \$2,200	<i>Not available</i>	
SD832H	Heart, Various Lesions, Right Heart Catheterisation With Left Heart Catheterisation (Indirect)	3A	\$2,200 to \$2,700	<i>Not available</i>	
SD833H	Heart/Lung, Various Lesions, Cardiopulmonary Perfusion	3B	\$3,100 to \$5,600	<i>Not available</i>	
SD834H	Heart/Lung, Various Lesions, Heart And Lung Transplantation	7C	\$24,400 to \$35,500	<i>Not available</i>	
SD835H	Heart-Atrium, Arrhythmia, Arrhythmia Surgery	6B	\$15,700 to \$26,200	<i>Not available</i>	
SD836H	Heart-Ventricle, Arrhythmia, Arrhythmia Surgery	7B	\$21,000 to \$31,600	<i>Not available</i>	
SD838H	Heart, Percutaneous Ablation Of Arrhythmia Circuits Or Foci, Or Isolation Procedure Involving Both Atrial Chambers And Including	4C	\$10,000 to \$13,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
	Curative Procedures For Atrial Fibrillation And/Or All Associated Electrophysiological Studies Performed On The Same Day				
SD839H	Heart, Mapping And Percutaneous Ablation Of Ventricular Arrhythmia Circuits Or Foci, Including All Associated Electrophysiological Studies Performed On The Same Day	5A	\$10,900 to \$15,400	<i>Not available</i>	
SD840H	Heart, Coronary Graft Angiography With/Without Angiography Of Native Coronary Arteries	3B	\$3,100 to \$5,600	<i>Not available</i>	
SD700S	Surface Lesions, Angiosarcoma, With Biopsy	1B	\$750 to \$1,200	<i>Not available</i>	
SD700V	Vein (Small), Injury, Repair (Single)	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD702V	Vein, Varicosity, High Ligation And Complete Stripping/Excision Of Long/Long & Short Saphenous Vein (Endoscopic)	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD703V	Vein, Varicosity, Sub-Fascial Ligation Of Single Deep Perforator (Endoscopic)	2B	\$1,500 to \$2,500	<i>Not available</i>	
SD704V	Vein, Central Veins (Superior Vena Cava, Brachiocephalic Veins, Inferior Vena Cava, Iliac Veins) Various Lesions, Diagnostic Venography	2A	\$1,100 to \$2,500	<i>Not available</i>	
SD705V	Vein, Hepatic, Portal Hypertension, Diagnostic Hepatic Venography With Or Without Pressure Measurements	2B	\$1,500 to \$2,500	<i>Not available</i>	
SD706V	Vein, Peripheral Veins (Upper/Lower Limbs/Dialysis Arteriovenous Fistula/Arteriovenous Graft Fistula), Various Lesions, Diagnostic Venography	2A	\$1,100 to \$2,500	<i>Not available</i>	
SD708V	Vein, Catheter Blockage, Fibrinsheath Stripping Or Disruption	2A	\$850 to \$1,800	<i>Not available</i>	
SD709V	Vein, Catheter Blockage, Imaging Guided Catheter Change/Catheter Adjustment	1A	\$400 to \$1,200	<i>Not available</i>	
SD710V	Vein, Stenosis/Occlusion, Percutaneous Transluminal Angioplasty (PTA), Difficult	4A	\$2,800 to \$5,600	<i>Not available</i>	
SD711V	Vein, Stenosis/Occlusion, Percutaneous Transluminal Angioplasty (PTA), Simple	3A	\$2,100 to \$3,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD712V	Vein, Thrombosis, Percutaneous Catheter Directed Thrombolysis, With Or Without Angioplasty/Stenting	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD713V	Vein, Varicose Veins, Imaging Guided Endovenous Laser Treatment, 1 Leg	3B	\$4,900 to \$7,300	\$950 to \$1,400	Note: Higher end of surgeon fees may be associated with larger veins, length of vein to be treated, or procedure including ablation of small saphenous vein (SSV).
SD714V	Vein, Varicose Veins, Imaging Guided Endovenous Laser Treatment, 2 Legs	4A	\$6,700 to \$10,100	\$1,200 to \$1,800	
SD715V	Vein, Varicosities (Recurrent) Surgery	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD716V	Vein, Varicosities, Endovascular Laser Treatment (1 Leg)	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD717V	Vein, Bleeding Varicosities/Vascular Malformation, Image Guided Sclerotherapy Injection	3B	\$1,900 to \$4,300	<i>Not available</i>	
SD718V	Vein, Various Lesions, Endovascular Stent Graft/Stent Placement	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD720V	Vein, Various Lesions, Imaging Guided Insertion Of Non Tunnelled Central Venous Catheter	1C	\$800 to \$1,200	\$550 to \$900	
SD721V	Vein, Various Lesions, Imaging Guided Insertion Of Tunnelled Central Venous Catheter	2A	\$950 to \$1,600	\$550 to \$900	Note: Higher end of surgeon fees may be associated with recurrent cases or altered anatomy.
SD722V	Vein, Various Lesions, Imaging Guided Peripheral Insertion Of Central Catheter (PICC)	1C	\$700 to \$1,100	\$550 to \$900	
SD723V	Vein, Various Lesions, Imaging Guided Venous Port Insertion	2C	\$950 to \$2,000	\$550 to \$900	Note: Higher end of surgeon fees may be associated with altered anatomy, small vein, redo cases.
SD724V	Vein, Various Lesions, Insertion Of Inferior Vena Caval Filter	2C	\$1,700 to \$2,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD725V	Vein, Various Lesions, Percutaneous Transcatheter Embolisation Of More Than 2 Vessels	4B	\$5,300 to \$9,000	<i>Not available</i>	
SD726V	Vein, Various Lesions, Percutaneous Transcatheter Embolization Of 1 To 2 Vessels	4A	\$4,600 to \$8,000	<i>Not available</i>	
SD727V	Vein, Various Lesions, Retrieval Of Inferior Vena Caval Filter	3A	\$2,100 to \$3,600	<i>Not available</i>	
SD800V	Vein (Distal Extremity/Digit), Various Lesions, Microvascular Repair	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD801V	Vein (Large), Various Lesions, Ligation	3A	\$2,100 to \$3,600	<i>Not available</i>	
SD802V	Vein (Major), Trauma, Repair	5C	\$15,700 to \$23,200	<i>Not available</i>	
SD803V	Vein, Arterio-Venous Fistula, Dissection And Ligation	2A	\$1,100 to \$2,500	<i>Not available</i>	
SD804V	Vein, Varicosity, Bilateral Stripping/Excision/Multiple Ligations	4A	\$5,300 to \$8,000	<i>Not available</i>	
SD805V	Vein, Varicosity, High Ligation And Complete Stripping/Excision Of Long/Long And Short Saphenous Vein	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD806V	Vein, Varicosity, High Ligation And Complete Stripping/Excision Of Short Saphenous Vein	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD807V	Vein, Varicosity, High Ligation Of Short Saphenous Vein At Sapheno-Popliteal Junction	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD808V	Vein, Varicosity, Multiple Ligations With/Without Local Stripping/Excision	3B	\$2,600 to \$4,300	<i>Not available</i>	
SD809V	Vein, Varicosity, Sub-Fascial Ligation Of Single Deep Perforator	1C	\$800 to \$1,200	<i>Not available</i>	
SD810V	Vein, Various Lesions, Bypass/Graft	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD811V	Vein, Various Lesions, Insertion Of Central Venous Line	1A	\$850 to \$1,300	\$550 to \$900	
SD812V	Vein, Various Lesions, Intra-Arterial Infusion Of Arteries Of Neck/Thorax/Abdomen	3A	\$2,100 to \$3,600	<i>Not available</i>	
SD813V	Vein, Various Lesions, Ligation (Include Repair Of Artificial Arterio-Venous Fistula)	2A	\$1,100 to \$2,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SD814V	Vein, Various Lesions, Saphenol Femoral/Accelo Femoral Bypass Graft	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD815V	Vein-Portal, Portal Hypertension, Bypass	5C	\$9,300 to \$14,700	<i>Not available</i>	
SD816V	Vein, Varicosity, Sub-Fascial Ligation Of Multiple Perforator (Endoscopic)	4C	\$3,900 to \$6,200	<i>Not available</i>	
SD817V	Vena Cava Inferior, Various Lesions, Plication/Ligation	4C	\$5,600 to \$7,600	<i>Not available</i>	

SE – Hemic & Lymphatic

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SE700L	Lymph Node (Axillary), Various Lesions, Radical Excision/Clearance With Or Without Sentinel Lymph Node Biopsy	4A	\$3,400 to \$5,700	\$850 to \$1,200	Note: Higher end of the fees may be associated with procedures where sentinel lymph node biopsy is performed during the surgery.
SE701L	Lymph Node (Axillary), Various Lesions, Sentinel LN Biopsy Only	3A	\$2,800 to \$4,500	\$850 to \$1,200	
SE702L	Lymph Node (Cervical), Deep, Various Lesions, Biopsy	2C	\$2,200 to \$4,200	\$850 to \$1,400	
SE703L	Lymph Node (Cervical), Superficial, Various Lesions, Biopsy	1B	\$1,500 to \$2,600	\$850 to \$1,400	
SE704L	Lymph Node (Cervical), Various Lesions, Neck Dissection Bilateral 3 Or Less Levels	5A	\$7,300 to \$10,300	<i>Not available</i>	
SE705L	Lymph Node (Cervical), Various Lesions, Neck Dissection Bilateral At Least With One Side 4 To 5 Levels	6A	\$12,900 to \$18,200	<i>Not available</i>	
SE706L	Lymph Node (Cervical), Various Lesions, Neck Dissection Unilateral 4-5 Levels	5C	\$8,400 to \$12,900	<i>Not available</i>	
SE707L	Lymph Node (Pelvic) Dissection, MIS/Open	5A	\$6,800 to \$11,700	<i>Not available</i>	
SE708L	Lymph Node (Single), Various Lesions, Excision Biopsy (MIS)	1C	\$800 to \$1,200	<i>Not available</i>	
SE709L	Lymphatics (Upper Limb), Lymphangioma, Excision	6B	\$15,600 to \$21,300	<i>Not available</i>	
SE710L	Lymph Node Excision For Mycobacterium Aviare Intracellulare Scrophylorium	2C	\$1,700 to \$2,700	<i>Not available</i>	
SE711L	Lymph Node, Various Lesions, Imaging Guided Percutaneous Biopsy, Deep (Intrathoracic/Abdominal/Pelvic, Retroperitoneal)	2A	\$900 to \$2,200	\$750 to \$1,100	
SE712L	Lymph Node, Various Lesions, Imaging Guided Percutaneous Biopsy, Superficial	1B	\$500 to \$650	\$600 to \$950	
SE713L	Lymph Node, Various Lesions, Biopsy	1B	\$550 to \$1,200	<i>Not available</i>	
SE714L	Lymphatics And Subcutaneous Tissue, Lymphedema, Major Excision And Grafting	6B	\$15,600 to \$21,300	<i>Not available</i>	
SE715L	Lymph Node (Cervical), Radical With Flap Reconstruction	6B	\$13,100 to \$19,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SE716L	Lymph Node (Retropharyngeal), Neck Dissection (Open/Transoral)	5A	\$7,300 to \$10,300	<i>Not available</i>	
SE800L	Lymph Node (Axillary), Various Lesions, Limited Excision/Biopsy	3A	\$2,700 to \$4,500	\$750 to \$1,100	
SE803L	Lymph Node (Cervical), Various Lesions, Neck Dissection Unilateral 1-3 Levels	4A	\$4,600 to \$8,400	<i>Not available</i>	
SE804L	Lymph Node (Cervical), Various Lesions, Radical Neck Dissection	5C	\$9,000 to \$12,900	<i>Not available</i>	
SE805L	Lymph Node (Inguinal), Various Lesions, Limited Excision	3B	\$2,900 to \$4,500	<i>Not available</i>	
SE806L	Lymph Node (Inguinal), Various Lesions, Radical Excision	4B	\$5,300 to \$9,000	<i>Not available</i>	
SE807L	Lymph Node (Retroperitoneal), Various Lesions, Limited Excision	4B	\$5,300 to \$9,000	<i>Not available</i>	
SE809L	Lymph Node (Single), Various Lesions, Excision Biopsy	1A	\$400 to \$1,200	<i>Not available</i>	
SE810L	Lymphatics (Face & Neck), Cystic Hygroma, Excision (Large)	5C	\$6,700 to \$10,700	<i>Not available</i>	
SE811L	Lymphatics (Face & Neck), Cystic Hygroma, Excision (Moderate)	4A	\$4,500 to \$7,100	<i>Not available</i>	
SE812L	Lymphatics (Face & Neck), Cystic Hygroma, Excision (Small)	3A	\$2,100 to \$3,600	<i>Not available</i>	
SE813L	Lymphatics, Cystic Hygroma, Excision (Extensive) With/Without Thoracotomy	5C	\$9,300 to \$14,700	<i>Not available</i>	
SE814L	Lymphatics, Lymphangiectasis, Limited Excision	2C	\$1,700 to \$2,700	<i>Not available</i>	
SE815L	Lymphatics, Lymphangiectasis, Radical Excision	4A	\$6,700 to \$10,100	<i>Not available</i>	
SE816L	Lymphatics, Lymphedema, Excision (Extensive And Complex)	7C	\$20,200 to \$27,000	<i>Not available</i>	
SE817L	Lymphatics, Lymphedema, Excision (Large & Deep Seated)	5C	\$7,700 to \$11,600	<i>Not available</i>	
SE818L	Lymphatics, Lymphedema, Excision (Large)	4A	\$6,200 to \$9,900	<i>Not available</i>	
SE819L	Lymphatics, Lymphedema, Excision (Moderate)	3A	\$3,200 to \$5,100	<i>Not available</i>	
SE820L	Lymphatics, Lymphedema, Excision (Small)	2A	\$1,700 to \$3,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SE821L	Lymphatics, Lymphedema, Lympho-Venous/Lymphatico-Venular Anastomoses, Unilateral(Microsurgery)	7C	\$24,700 to \$35,500	<i>Not available</i>	
SE822L	Lymphatics, Lymphedema, Major Excision & Grafting	6B	\$15,600 to \$21,300	<i>Not available</i>	
SE823L	Lymphatics, Lymphedema, Thomson's Procedure	5C	\$7,000 to \$10,100	<i>Not available</i>	
SE800M	Marrow, For Various Lesions, Harvesting & Grafting	5A	\$7,300 to \$11,200	<i>Not available</i>	
SE801M	Marrow, Various Lesions, Diagnostic Aspiration	1A	\$550 to \$1,100	\$650 to \$1,000	
SE800S	Spleen, Hypersplenism/Massive Enlargement, Splenectomy (MIS/Open)	5C	\$9,300 to \$14,700	<i>Not available</i>	
SE801S	Spleen, Trauma, Conservation	4A	\$6,000 to \$8,400	<i>Not available</i>	
SE802S	Spleen, Trauma, Splenectomy	4A	\$7,000 to \$10,400	<i>Not available</i>	
SE803S	Spleen, Various Non-Traumatic Lesions, Splenectomy (MIS/Open)	4A	\$6,000 to \$9,500	<i>Not available</i>	

SF – Digestive

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF701A	Abdomen/Pelvis, Catheter Blockage, Imaging Guided Catheter Change/Catheter Adjustment/Check Tube	1A	\$400 to \$1,200	<i>Not available</i>	
SF702A	Abdomen/Pelvis, Various Lesions, Imaging Guided Percutaneous Biopsy	2A	\$850 to \$1,800	<i>Not available</i>	
SF704A	Abdomen, Laparotomy, Trauma Reoperation	5A	\$7,300 to \$11,200	<i>Not available</i>	
SF705A	Abdomen, Laparotomy, Trauma, Damage Control, Haemostasis, Packing	5A	\$7,300 to \$11,200	<i>Not available</i>	
SF706A	Abdomen, Peritoneal Cavity, Ascites/Fluid/Abscess Collection, Imaging Guided Percutaneous Aspiration/Diagnostic Tap/Catheter	1B	\$550 to \$1,100	\$550 to \$900	
SF707A	Abdomen, Retroperitoneum, Abscess, Drainage With/Without Laparotomy	3A	\$2,100 to \$3,600	<i>Not available</i>	
SF708A	Abdomen, Retroperitoneum, Tumor, Removal	5C	\$12,000 to \$18,000	\$2,800 to \$4,100	
SF709A	Abdominal Cavity, Recurrent Abdominal Tumor, Resection With Complete Abdominopelvic Peritonectomy And Hyperthermic Intraoperative Chemotherapy	7A	\$16,100 to \$23,500	<i>Not available</i>	
SF710A	Abdomen, Major/Multiple Organ Repair (Trauma)	6B	\$11,100 to \$16,200	<i>Not available</i>	
SF711A	Anal Incontinence, Artificial Bowel Sphincter Insertion	5A	\$7,300 to \$11,200	<i>Not available</i>	
SF712A	Anal Incontinence, Complex Procedures Including Muscle Transposition	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF713A	Anal Sphincter Bulking Injection With Or Without Rectal Ultrasound Guidance	2C	\$1,700 to \$2,700	<i>Not available</i>	
SF714A	Angioembolisation For Trauma	4B	\$5,300 to \$9,000	<i>Not available</i>	
SF715A	Anus, Ano-Rectal Malformation, Anoplasty	2C	\$1,700 to \$2,700	<i>Not available</i>	
SF716A	Anus, Ano-Rectal Malformation (Cloaca/Abdominoperineal)	6C	\$13,100 to \$16,400	<i>Not available</i>	
SF717A	Anus, Ano-Rectal Malformation, Limited Posterior Sagittal Anorectoplasty (PSARP)	4A	\$3,600 to \$5,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF718A	Anus, Ano-Rectal Malformation, Posterior Sagittal Anorectoplasty (PSARP)	5C	\$8,300 to \$11,400	<i>Not available</i>	
SF719A	Anus, Ano-Rectal Malformation, Anorectoplasty (MIS)	5C	\$8,300 to \$11,400	<i>Not available</i>	
SF720A	Anus, Fistula-In-Ano, Insertion Of Seton	1C	\$800 to \$1,200	<i>Not available</i>	
SF721A	Anus, Hemorrhoids, Transanal Haemorrhoidal Dearterialization (THD)	2C	\$2,200 to \$3,400	\$700 to \$1,000	
SF722A	Anus, Sphincteroplasty For Anal Incontinence	4B	\$5,300 to \$9,000	<i>Not available</i>	
SF723A	Appendix, Various Lesions/Abscess, Appendicectomy With Drainage (MIS/Open)	4A	\$5,900 to \$9,000	\$1,400 to \$2,300	
SF800A	Abdominal Cavity, Adhesions (Extensive), Lysis As Primary Procedure, Extensive With Or Without Bowel Resection (MIS/Open) Where Time Taken Is More Than 2Hours	4A	\$6,700 to \$9,500	\$1,100 to \$1,800	Note: Higher end of fees may be associated with cases involving bowel resection.
SF801A	Abdominal Cavity, Adhesions (Limited), Lysis As Primary Procedure (MIS/Open) Where Time Taken Is Less Than 2Hours	3B	\$4,500 to \$7,600	\$950 to \$1,500	
SF802A	Abdominal Cavity, Lymphoma, For Grading Lymphoma With Splenectomy/Liver/Lymph Node Biopsy (MIS/Open)	4B	\$5,300 to \$9,000	<i>Not available</i>	
SF803A	Abdominal Cavity, Multiple Ruptures, Major Repair/Removal	6B	\$12,600 to \$18,600	<i>Not available</i>	
SF804A	Abdominal Cavity, Neonatal Alimentary Obstruction, Laparotomy	5C	\$8,300 to \$11,400	<i>Not available</i>	
SF805A	Abdominal/Retroperitoneal Tumour, Recurrent Resection With Or Without Vascular Involvement And Vascular Repair	6B	\$12,100 to \$20,300	<i>Not available</i>	
SF806A	Abdominal Cavity, Ruptured Viscus, Simple Repair	3B	\$3,600 to \$6,000	<i>Not available</i>	
SF807A	Abdominal Cavity, Subphrenic Abscess, Drainage	3B	\$2,600 to \$4,300	<i>Not available</i>	
SF808A	Abdominal Cavity, Various Lesions, Exploratory Laparotomy (MIS/Open)	3A	\$3,900 to \$5,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF809A	Abdominal Cavity, Various Lesions, Including Colostomy/Enterostomy/Gastrostomy (MIS/Open)	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF810A	Abdominal Cavity, Various Lesions, Not Classified Elsewhere (MIS/Open)	4A	\$5,300 to \$8,000	\$1,600 to \$2,500	
SF813A	Abdominal Wall, Burst Abdomen, Repair	3A	\$2,100 to \$3,600	<i>Not available</i>	
SF814A	Abdominal Wall, Epigastric/Umbilical Hernia, Repair (MIS/Open)	3A	\$3,000 to \$4,900	\$1,100 to \$1,800	Note: Higher surgeon fees may be associated with larger defects and mesh placement. (Recurrent surgery should be coded under SF823A.)
SF815A	Abdominal Wall, Exomphalos/Gastroschisis, Operating By Plastic Flap	5B	\$10,100 to \$15,100	<i>Not available</i>	
SF816A	Abdominal Wall, Exomphalos/Gastroschisis, Repair	4A	\$9,000 to \$13,500	<i>Not available</i>	
SF817A	Abdominal Wall, Inguinal Hernia (Infants & Children), Herniotomy (Bilateral)	4A	\$3,400 to \$5,000	\$1,100 to \$1,600	
SF818A	Abdominal Wall, Inguinal Hernia (Infants & Children), Herniotomy (Unilateral)	3A	\$2,200 to \$2,600	\$950 to \$1,400	
SF819A	Abdominal Wall, Inguinal/Femoral Hernia, Unilateral Herniorrhaphy (MIS/Open)	3B	\$3,600 to \$6,000	\$1,100 to \$1,600	Note: Higher end of surgeon fees may be associated with larger hernia sacs, femoral hernias, hernias with complications and emergency surgery. Recurrent surgery should be coded under SF823A.
SF820A	Abdominal Wall, Inguinal/Femoral Hernia, Bilateral Herniorrhaphy (MIS/Open)	4C	\$5,600 to \$9,000	\$1,400 to \$2,100	Note: Higher end of surgeon fees may be associated with recurrent surgery, larger hernia sacs, femoral hernias, hernias with complications or emergency surgery.
SF821A	Abdominal Wall, Strangulated/Obstructed Hernia, Repair With Bowel Resection	4C	\$6,700 to \$11,200	\$1,600 to \$2,600	
SF822A	Abdominal Wall, Strangulated/Obstructed Hernia, Repair Without Bowel Resection	3C	\$4,400 to \$8,400	\$1,300 to \$2,100	Note: Higher end of surgeon fees may be associated with emergency surgery, previous surgery and adhesions and larger defects.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF823A	Abdominal Wall, Ventral/Incisional/Recurrent Hernia, Repair (MIS/Open)	4A	\$4,900 to \$9,000	\$1,100 to \$1,800	Note: Higher end of surgeon fees may be associated with ventral/incisional hernia repair with complex abdominal wall reconstruction using component separation technique or mobilisation of myofascial flaps or recurrent hernia repair. Lower end of surgeon fee range is associated with Ventral/incisional hernia repair of abdominal wall, with primary closure of fascial defect or mesh repair (laparoscopic/open)
SF826A	Anus, Ano-Rectal Prolapse, Circumanal Suture	1A	\$400 to \$1,200	<i>Not available</i>	
SF827A	Anus, Ano-Rectal Prolapse, Injection	1A	\$400 to \$1,100	<i>Not available</i>	
SF828A	Anus, Ano-Rectal Prolapse, Radical Operation Without Resection	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF829A	Anus, Ano-Rectal Prolapse, Radical Operation With Resection	4A	\$5,600 to \$11,200	<i>Not available</i>	
SF831A	Anus, Fissure, Excision/Lateral Sphincterotomy	2B	\$2,100 to \$3,400	\$700 to \$1,000	
SF832A	Anus, Fistula-In-Ano (High), Complex And Recurrent Fistulectomy	3C	\$3,500 to \$4,800	\$850 to \$1,400	Note: Higher end of surgeon fees may be associated with extensive perianal sepsis associated with the fistula.
SF833A	Anus, Fistula-In-Ano, Excision/ Fistulectomy	2B	\$2,200 to \$3,600	\$700 to \$1,000	Note: Higher end of surgeon fees may be associated with recurrent surgery, more complex fistulae.
SF835A	Anus, Hemorrhoids, Cryosurgery	1A	\$400 to \$1,200	<i>Not available</i>	
SF836A	Anus, Hemorrhoids, Hemorrhoidectomy With Or Without Sigmoidoscopy	2C	\$3,000 to \$3,800	\$700 to \$1,000	Note: Higher end of fees may be associated with sigmoidoscopy or more difficult haemorrhoidectomy e.g. for prolapsed haemorrhoids.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF837A	Anus, Hemorrhoids, Stapled Haemorrhoidectomy	3A	\$3,400 to \$4,200	\$700 to \$1,000	
SF838A	Anus, Hemorrhoids, Removal Of External Anal Tags	1B	\$550 to \$1,200	<i>Not available</i>	
SF839A	Anus, Incontinence, Operation	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF840A	Anus, Ischiorectal Abscess, Saucerisation	1B	\$2,100 to \$3,400	\$700 to \$1,100	
SF841A	Anus, Perineal Abscess, Saucerisation/Drainage	1B	\$1,400 to \$3,300	\$700 to \$1,100	Note: Lower end of surgeon fees may be associated with straight forward incision, saucerisations and drainage. Higher end of surgeon fees may be associated with deep seated abscesses requiring more complex techniques of drainage and/or requiring a drain or seton. Ischorectal abscess drainages should be coded under: SF840A Anus, Ischiorectal Abscess, Saucerisation.
SF842A	Anus, Stricture, Dilatation	1B	\$550 to \$1,200	<i>Not available</i>	
SF843A	Anus, Stricture, Repair	3B	\$2,600 to \$4,300	<i>Not available</i>	
SF845A	Anus, Tumor, Abdomino-Perineal Resection (Open Or Lap)	6B	\$12,600 to \$26,900	<i>Not available</i>	
SF846A	Anus, Various Lesions, Biopsy Of Muscle/Mucosa	1B	\$550 to \$1,200	<i>Not available</i>	
SF847A	Appendix, Abscess, Drainage Only	2C	\$2,000 to \$3,100	<i>Not available</i>	
SF848A	Appendix, Tumor, Right Hemicolectomy With/Without Adhesiolysis (Open Or Lap)	5C	\$11,300 to \$16,200	<i>Not available</i>	
SF849A	Appendix, Various Lesions, Appendicectomy Without Drainage, MIS/Open	3B	\$4,700 to \$7,500	\$1,200 to \$2,000	Note: Higher end of surgeon fees may be associated with challenging locations

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
					e.g. retrocecal appendix, adhesions from previous surgery, additional measures to secure the base and perforation. (Recurrent hernia should be coded under SF823A.)
SF850A	Abdominal Wall, Inguinal Hernia (Neonates), Herniotomy (Bilateral)	4C	\$3,900 to \$5,900	\$1,100 to \$1,600	
SF851A	Abdominal Wall, Inguinal Hernia (Neonates), Herniotomy (Unilateral)	3C	\$2,800 to \$3,900	\$950 to \$1,400	
SF852A	Abdomen/Pelvis, Various Lesions, Insertion Of Peritoneal Dialysis Catheter	2A	\$1,000 to \$1,800	<i>Not available</i>	
SF853A	Abdomen/Pelvis, Various Lesions, Removal Of Peritoneal Dialysis Catheter	2A	\$1,000 to \$1,800	<i>Not available</i>	
SF700B	Bile Duct, Various Lesions. Excision Of Lower 1/3 Of Common Bile Duct But With Preservation Of Pancreatic Head	6A	\$11,700 to \$17,100	<i>Not available</i>	
SF701B	Bile Ducts, Catheter Blockage, Imaging Guided Catheter Change / Catheter Adjustment / Check Cholangiogram	1A	\$400 to \$1,200	<i>Not available</i>	
SF702B	Bile Ducts, Stricture, Percutaneous Transhepatic Balloon Dilatation	3B	\$2,200 to \$3,400	<i>Not available</i>	
SF703B	Bile Ducts, Stricture, Percutaneous Transhepatic Biliary Stent Placement	3B	\$2,600 to \$4,300	<i>Not available</i>	
SF704B	Bile Ducts, Various Lesions, Check Cholangiogram	1A	\$400 to \$1,200	<i>Not available</i>	
SF705B	Bile Ducts, Various Lesions, Percutaneous Transhepatic Cholangiography (PTC)	2C	\$1,700 to \$2,700	<i>Not available</i>	
SF706B	Bile Ducts, Various Lesions, Percutaneous Transhepatic Cholangiography And Drainage Catheter Insertion (PTC And Drainage)	3A	\$2,200 to \$3,400	<i>Not available</i>	
SF707B	Bile Duct/Gall Bladder, Endoscopic Dilatation Of Biliary Stricture	3C	\$3,400 to \$5,200	<i>Not available</i>	
SF709B	Bile Duct/Gall Bladder, Endoscopic Retrograde Cholangiopancreatography (ERCP) With Insertion Of Nasobiliary Drain	3C	\$3,400 to \$5,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF710B	Endoscopic Retrograde Cholangiopancreatography (ERCP) With Sphincterotomy/Removal Of Stone/Insertion Of Biliary Stent	3C	\$3,600 to \$4,900	\$1,300 to \$2,100	Note: Higher end of surgeon fees may be associated with more complex cases, e.g. altered anatomy, larger, harder stones, more stones, difficult bile duct cannulation etc.
SF711B	Bile Duct, Endoscopic Retrograde Cholangiopancreatography (ERCP)	3A	\$2,800 to \$3,900	\$1,000 to \$1,600	
SF712B	Bile Duct/Gall Bladder, Endoscopy, Endoscopic Sphincterotomy +/- Extraction Of Stone	3C	\$3,400 to \$5,200	<i>Not available</i>	
SF713B	Bile Ducts, Stones, Percutaneous Transhepatic Biliary Stones Removal	3B	\$2,500 to \$3,300	<i>Not available</i>	
SF714B	Bowel (Esophagus, Stomach, Duodenum, Colon, Rectum), Stricture, Imaging Guided Balloon Dilatation	2C	\$1,700 to \$2,700	<i>Not available</i>	
SF715B	Bowel (Esophagus, Stomach, Duodenum, Colon, Rectum), Stricture, Imaging Guided Stent Placement	2C	\$2,000 to \$3,000	<i>Not available</i>	
SF716B	Bowels, Endoscopic Ultrasound With Coeliac Axis Neurolysis	3A	\$2,100 to \$3,600	<i>Not available</i>	
SF717B	Bowels, Endoscopic Ultrasound With Fine Needle Aspiration	3A	\$2,800 to \$4,500	\$550 to \$800	
SF718B	Bowels, Endoscopic Ultrasound Without Fine Needle Aspiration	2C	\$1,800 to \$2,800	\$550 to \$800	
SF719B	Bowels, Endoscopic Ultrasound With Pseudocyst Drainage	3C	\$3,400 to \$5,200	<i>Not available</i>	
SF720B	Bowels, Endoscopic Ultrasound With Stent Insertion	3C	\$3,400 to \$5,200	<i>Not available</i>	
SF800B	Bile Duct, Biliary Atresia, Porto-Enterostomy	6B	\$11,700 to \$17,100	<i>Not available</i>	
SF801B	Bile Duct, Various Lesions, Choledocho-Duodenostomy/Choledocho-Gastrostomy	4A	\$6,700 to \$11,200	<i>Not available</i>	
SF802B	Bile Duct, Various Lesions, Choledocho-Jejunostomy	4C	\$10,000 to \$13,400	<i>Not available</i>	
SF803B	Bile Duct, Various Lesions, Choledochotomy (Exploration Common Bile Duct Only)	4C	\$9,300 to \$13,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF804B	Bile Duct, Various Lesions. Hepaticojejunostomy Up To But Not Including The Confluence Of The Hepatic Ducts	5C	\$11,700 to \$17,100	<i>Not available</i>	
SF805B	Bile Duct, Various Lesions, Operative Choledochoscopy	1B	\$550 to \$1,200	<i>Not available</i>	
SF806B	Bile Duct, Various Lesions, Revision High Biliary Stricture/ Radical Resection	7C	\$22,400 to \$33,600	<i>Not available</i>	
SF807B	Bile Duct, Various Lesions, Transduodenal Sphincteroplasty/ Sphincterotomy	5C	\$11,300 to \$16,200	<i>Not available</i>	
SF808B	Bile Duct, Various Lesions, Hepaticojejunostomy Involving Anastomosis To Hepatic Ducts But Without Liver Resection	6A	\$11,700 to \$17,100	<i>Not available</i>	
SF700C	Capsule Endoscopy	3A	\$1,800 to \$2,400	<i>Not available</i>	
SF701C	Colon, Anterior Resection (Open/MIS)	6C	\$12,000 to \$18,000	\$2,700 to \$4,000	Note: Higher end of surgeon fees may be associated with more complicated and difficult resections, particularly for low anterior resection.
SF702C	Colon, Colonoscopy, Fiberoptic With/Without Biopsy	2C	\$1,200 to \$1,800	\$550 to \$800	
SF703C	Colon, Colonoscopy (Screening), Fiberoptic With/Without Biopsy	2C	\$1,200 to \$1,800	\$550 to \$800	
SF704C	Colon, Colonoscopy, Fiberoptic With Removal Of Polyp (Single Or Multiple Less Than 1cm)	3A	\$1,700 to \$2,400	\$550 to \$800	Note: Higher end of surgeon fees may be associated with polyps in challenging locations, more polyps or additional measures to achieve hemostasis.
SF705C	Colon, Colonoscopy, Fiberoptic With Removal Of Polyps (Multiple More Than 1cm)	3B	\$1,900 to \$2,900	\$550 to \$800	Note: Higher end of surgeon fees may be associated with polyps in challenging locations, larger polyps, more polyps or additional measures to achieve hemostasis
SF706C	Colon, Colonoscopy (Screening), Fiberoptic With Removal Of Polyp (Single Or Multiple Less Than 1cm)	3A	\$1,700 to \$2,400	\$550 to \$800	Note: Higher end of surgeon fees may be associated with polyps in challenging locations, more polyps or additional measures to achieve hemostasis

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF707C	Colon, Colonoscopy (Screening), Fibreoptic With Removal Of Polyps (Multiple More Than 1cm)	3B	\$1,900 to \$2,900	\$550 to \$800	
SF708C	Colon, Colonoscopy With Endoscopic Mucosal Resection (EMR) Of Large Polyps (>3cm)	3C	\$3,400 to \$5,000	\$750 to \$1,200	Note: Higher end of fees may be associated with cases requiring endoscopic submucosal dissection (ESD), while the lower end of fees may be associated with cases requiring endoscopic mucosal resection (EMR).
SF709C	Colon, Hirschsprung's Disease, Endorectal Pullthrough (MIS)	5B	\$8,500 to \$12,700	<i>Not available</i>	
SF710C	Colon, Sigmoid, Sigmoidoscopy (Flexible), Fibreoptic With/Without Biopsy	1B	\$650 to \$1,100	\$550 to \$800	
SF711C	Colon, Sigmoid, Sigmoidoscopy With Polypectomy With Biopsy	1C	\$900 to \$1,600	\$550 to \$700	
SF712C	Colon, Total Colectomy / Subtotal Colectomy	6A	\$12,000 to \$18,000	<i>Not available</i>	
SF713C	Colon, Total Proctocolectomy & Ileo-Anal Pouch Reconstruction	6C	\$16,200 to \$23,200	<i>Not available</i>	
SF714C	Colon, Hirschsprung's Disease, Pullthrough For Long Segment Disease (MIS/Open)	6A	\$10,800 to \$16,600	<i>Not available</i>	
SF800C	Colon, Colostomy, Closure Without Resection Of Bowel	4A	\$4,500 to \$7,100	\$1,200 to \$1,800	
SF802C	Colon, Various Lesions, Colostomy	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF803C	Colon, Various Lesions, Right/Left Hemicolectomy (MIS/Open)	5C	\$11,300 to \$16,200	\$2,400 to \$3,500	Note: Higher end of surgeon fees may be associated with recurrent surgery, adhesions or more complex cases such as larger tumours with invasion into surrounding structures.
SF804C	Colon, Various Lesions, Total Colectomy With Ileorectal Anastomosis/Ileostomy	6A	\$12,000 to \$18,500	<i>Not available</i>	
SF805C	Colon, Various Lesions, Total Procto-Colectomy And Ileostomy	6B	\$12,000 to \$18,500	<i>Not available</i>	
SF806C	Colon, Various Lesions, Transverse/Sigmoid Colectomy (MIS/Open)	5C	\$11,300 to \$16,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF807C	Colon, Colonoscopy With Endoscopic Submucosal Dissection (ESD) Of Large Polyps (>3cm)	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF700D	Bowels, Single/Double Balloon Enteroscopy, Diagnostic	3A	\$2,100 to \$3,600	<i>Not available</i>	
SF701D	Bowels, Single/Double Balloon Enteroscopy, Therapeutic	3C	\$3,400 to \$5,200	<i>Not available</i>	
SF702D	Duodenum, Tumour, Pancreas Preserving Duodenectomy With Reconstruction Of Ampulla	7C	\$22,400 to \$33,600	<i>Not available</i>	
SF800D	Diaphragm, Diaphragmatic/Hiatus Hernia, Repair (MIS/Open)	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF801D	Duodenum, Various Lesions, Gastroenterostomy/Gastroduodenostomy	4A	\$6,700 to \$11,200	<i>Not available</i>	
SF802D	Duodenum, Trauma, Bypass Operation	5A	\$7,300 to \$11,200	<i>Not available</i>	
SF803D	Duodenum, Tumor, Pancreatico-Duodenectomy	7C	\$22,400 to \$33,600	<i>Not available</i>	
SF804D	Duodenum, Ulcer, Partial Gastrectomy	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF805D	Duodenum, Ulcer, Vagotomy – All Types	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF700E	Esophagus/Stomach, Gastroscopy And Dilatation	3A	\$1,700 to \$2,700	<i>Not available</i>	
SF702E	Esophagus, Diverticulum, Excision (MIS/Open)	5B	\$8,500 to \$12,700	<i>Not available</i>	
SF703E	Esophagus, Motility Disorder, Long Myotomy (MIS/Open)	4B	\$5,300 to \$9,000	<i>Not available</i>	
SF704E	Esophagus/Stomach/Colon, Gastrointestinal Endoscopy, Ablative Treatment	3A	\$1,700 to \$2,700	\$750 to \$1,200	
SF705E	Esophagus/Intestine/Stomach, Upper GI Endoscopy With Endoscopic Submucosal Dissection	3C	\$3,400 to \$5,200	<i>Not available</i>	
SF800E	Esophagus, Achalasia, Cardiomyotomy (Open/MIS)	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF801E	Esophagus, Atresia, Repair And Anastomosis	6B	\$15,700 to \$26,200	<i>Not available</i>	
SF802E	Esophagus, Benign Tumour, Resection (MIS/Open)	5B	\$8,500 to \$12,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF803E	Esophagus, Stricture, Dilatation (Endoscopic)	2B	\$1,700 to \$2,700	<i>Not available</i>	
SF804E	Esophagus, Tumor, Allison/Ivor-Lewis Operation	6B	\$14,800 to \$22,300	<i>Not available</i>	
SF805E	Esophagus, Tumor, Bypass With Stomach/Intestine (MIS/Open)	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF806E	Esophagus, Tumor, Cervical/Laryngopharyngectomy With Tracheostomy With/Without Plastic Reconstruction	7C	\$22,000 to \$29,800	<i>Not available</i>	
SF807E	Esophagus/Intestine/Stomach, Upper GI Endoscopy With Insertion Of Prosthesis	3A	\$1,600 to \$4,000	\$750 to \$1,200	Note: Higher end of fees may be associated with cases for insertion of intragastric balloon for weight loss.
SF808E	Esophagus/Stomach, Gastroscopy With Therapy Eg. APC-Fulguration Of Tumor	3A	\$1,700 to \$2,700	\$750 to \$1,200	
SF809E	Esophagus, Tumor, Total Esophagectomy	7B	\$18,800 to \$26,500	<i>Not available</i>	
SF810E	Esophagus, Varices, Esophageal/Transection With Splenectomy	6B	\$12,600 to \$18,600	<i>Not available</i>	
SF811E	Esophagus, Varices, Gastro Esophageal Devascularisation With Esophageal Transection	6B	\$12,600 to \$18,600	<i>Not available</i>	
SF812E	Esophagus, Various Lesions, Cervical Esophagostomy	3A	\$3,900 to \$5,600	<i>Not available</i>	
SF813E	Esophagus/Intestine/Stomach, Upper GI Endoscopy With Complicated Polypectomy (E.g. Large Polyp Requiring Multiple Piecemeal Resections, Multiple Polyps >2, Or Polyps With Complications Such As Bleeding) Or Endoscopic Mucosal Resection	3A	\$1,200 to \$1,900	\$650 to \$950	
SF700G	Gallbladder, Cholecystitis, Imaging Guided Percutaneous Cholecystostomy	2C	\$1,700 to \$2,700	<i>Not available</i>	
SF701G	Gallbladder, Tumour, Radical Cholecystectomy With Segment 4B And 5 Liver Resection And Radical Lymphadenectomy	6C	\$12,000 to \$18,000	<i>Not available</i>	
SF702G	Gallbladder, Tumour, Radical Cholecystectomy With Segment 4B And 5 Liver Resection And	7A	\$18,800 to \$26,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
	Radical Lymphadenectomy And Choledochoectomy With Hepatico-Enteric Anastomosis				
SF703G	Gallbladder, Various Lesions, Cholecystectomy And Repair Of Cholecysto-Enteric/ Cholecysto-Choledochal Fistula (Open Or Lap)	6A	\$11,700 to \$17,100	<i>Not available</i>	
SF704G	Gallbladder, Various Lesions, Cholecystectomy With Intraoperative Cholangiogram (Open Or Lap)	4B	\$6,200 to \$9,000	\$1,600 to \$2,600	
SF705G	Gallbladder, Various Lesions, Mis/Open Cholecystectomy And Transcystic Common Bile Duct Exploration	5A	\$7,300 to \$11,200	\$1,600 to \$2,600	Note: Higher end of surgeon fees may be associated with recurrent surgery, adhesions, altered anatomy, previous inflammation of the gallbladder and biliary tree or for impacted stone. Higher end of surgeon fees may also be associated with more complex CBDE.
SF706G	Gallbladder (Acute/Complicated), Open Or Laparoscopic Cholecyestectomy	4C	\$6,200 to \$9,600	\$1,400 to \$2,300	Note: Higher end of surgeon fees may be associated with recurrent surgery, adhesions, altered anatomy, previous inflammation of the gallbladder and biliary tree or for impacted stone.
SF707G	Gallbladder, Various Lesions, Cholecystectomy, Choledochotomy, Common Bile Duct Exploration With Choledocho-Duodenostomy (Open Or Lap)	5C	\$11,300 to \$16,200	<i>Not available</i>	
SF708G	Radical Choledochoectomy With Liver Resection (Less Than 4 Segments)	7A	\$18,800 to \$26,500	<i>Not available</i>	
SF709G	Radical Choledochoectomy With Liver Resections (4 Or More Segments) Or With Multiple Hepaticocenteric Anastomosis	7C	\$22,400 to \$33,600	<i>Not available</i>	
SF800G	Gallbladder, Various Lesions, Cholecystostomy (Partial, Open)	3B	\$3,600 to \$6,000	<i>Not available</i>	
SF801G	Gallbladder, Various Lesions, Cholecystectomy (Open Or Lap)	4A	\$6,000 to \$8,400	\$1,300 to \$2,100	Note: Complicated surgery should be coded under SF706G.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF802G	Gallbladder, Various Lesions, Cholecystectomy And Choledocho-Jejunostomy/Duodenostomy/Gastrostomy	5C	\$11,300 to \$16,200	<i>Not available</i>	
SF803G	Gallbladder, Various Lesions, Cholecysto-Duodenostomy/Cholecysto-Gastrectomy/Cholecysto-Jejunostomy	4A	\$6,700 to \$11,200	<i>Not available</i>	
SF700I	Intestine/Stomach, Upper Gi Endoscopy With Polypectomy/Removal Of Foreign Body/Diathermy Of Bleeding Lesions /Injection Of Varices/Removal Of Single Polyp	2C	\$1,100 to \$1,800	\$550 to \$800	
SF701I	Intestine/Stomach, Upper GI Endoscopy With / Without Biopsy	1B	\$650 to \$1,100	\$550 to \$800	Note: Higher end of surgeon fees may be associated with altered anatomy, more biopsies or biopsies of lesions in challenging locations.
SF702I	Intestine, Bleeding Git, Mesenteric Artery Embolisation	4B	\$5,300 to \$9,000	<i>Not available</i>	
SF703I	Intestine, Small Bowel, Ileostomy Stenosis, Revision	3A	\$3,400 to \$4,500	<i>Not available</i>	
SF704I	Intestine, Small Bowel, Various Lesions, Enterostomy	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF705I	Intestine, Small Bowel, Various Lesions, Intubation With/Without Biopsy	1B	\$550 to \$1,200	<i>Not available</i>	
SF706I	Intestine, Small Bowel, Various Lesions, Extensive Resection With Anastomoses, With Or Without Stoma (MIS/Open)	4C	\$6,200 to \$13,500	<i>Not available</i>	
SF707I	Intestine, Small Bowel, Various Lesions, Simple Resection With Anastomoses, With Or Without Stoma (MIS/Open)	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF708I	Intestine, Small Bowel, Vitello-Intestinal Fistula, Excision	3A	\$2,200 to \$2,700	<i>Not available</i>	
SF800I	Intestine, Enterostomy, Closure	3B	\$3,900 to \$5,600	\$1,200 to \$1,800	
SF801I	Intestine, Intussusception, Reduction (Open/MIS)	3B	\$2,500 to \$4,400	<i>Not available</i>	
SF802I	Intestine, Intussusception, Reduction By Fluid	2A	\$750 to \$1,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF803I	Intestine, Intussusception, Resection	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF804I	Intestine, Total Aganglionosis, Reconstruction	6B	\$11,200 to \$14,600	<i>Not available</i>	
SF805I	Intestine, Meckel'S Diverticulum, Various Lesions, Resection (Lap/Open)	3B	\$3,600 to \$6,000	<i>Not available</i>	
SF700L	Liver Transplant, Donation (Cadaveric Donor)	5C	\$17,400 to \$24,800	<i>Not available</i>	
SF701L	Liver Transplant, Donation (Live Donor)	6B	\$18,800 to \$26,500	<i>Not available</i>	
SF702L	Liver Transplant, Recipient	7C	\$22,400 to \$33,600	<i>Not available</i>	
SF703L	Liver, Abscess, Imaging Guided Percutaneous Aspiration	2A	\$850 to \$1,800	<i>Not available</i>	
SF704L	Liver, Abscess, Imaging Guided Percutaneous Drainage Catheter Insertion	2C	\$1,500 to \$2,800	<i>Not available</i>	
SF705L	Liver, Portal Hypertension, Transjular Intrahepatic Porto-Systemic Shunt Creation (TIPSS)	5A	\$7,200 to \$10,200	<i>Not available</i>	
SF706L	Liver, Tumour, Imaging Guided Percutaneous Local Ablation, Simple (Radiofrequency, Cryotherapy, Microwave, Laser, Alcohol, Etc)	3C	\$2,200 to \$3,600	\$950 to \$1,500	Note: Higher end of fees may be associated with more complex cases (e.g. lesions within 5mm of diaphragm/heart/liver hilum, lesions within 5mm of other vital structures requiring hydro-dissection, large lesions requiring >3 needles/needle placements).
SF707L	Liver, Tumour, Trans-Arterial Chemo-Embolization (TACE)	4A	\$2,200 to \$3,900	\$1,000 to \$1,600	Note: Higher end of surgeon fees may be associated with superselective or ultraselective TACE.
SF708L	Liver, Tumour, Trans-Arterial Radio Nuclide Infusion	4B	\$2,700 to \$4,700	<i>Not available</i>	
SF709L	Liver, Various Lesions, Mis Ultrasound And Local Ablation Including Radio-Frequency Ablation	4B	\$6,200 to \$9,600	<i>Not available</i>	
SF710L	Liver, Various Lesions, Transjugular Liver Biopsy	3B	\$2,600 to \$4,300	<i>Not available</i>	
SF711L	Liver, Various Lesions, Imaging Guided Percutaneous Biopsy (Focal Lesions, Targeted)	2A	\$650 to \$1,700	\$850 to \$1,400	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF712L	Liver, Tumour, Imaging Guided Percutaneous Local Ablation, Complex (Radiofrequency, Cryotherapy, Microwave, Laser, Alcohol, Etc)	4A	\$2,700 to \$4,700	<i>Not available</i>	
SF800L	Lip, Mucous Cyst/Mucocele, Removal	1B	\$450 to \$1,100	\$750 to \$1,200	Note: Higher end of fees may be associated with more complex cases (e.g. large cysts or recurrent cases).
SF801L	Lip, Various Lesions, Full Thickness Wedge Excision With Repair	2C	\$2,800 to \$4,500	<i>Not available</i>	
SF802L	Lip, Various Lesions, Reconstruction Using Full Thickness Flap	5C	\$7,800 to \$11,800	<i>Not available</i>	
SF803L	Lip, Various Lesions, Vermilionectomy	2C	\$2,800 to \$4,500	<i>Not available</i>	
SF804L	Liver, Abscess, Trans-Abdominal Drainage (Open Or Lap)	3C	\$4,000 to \$6,000	<i>Not available</i>	
SF805L	Liver, Hydatid Cyst, Trans-Abdominal Drainage (Percutaneous)	3B	\$2,200 to \$3,400	<i>Not available</i>	
SF806L	Liver, Obstructive Jaundice, Longmire Operation/Chlodedocho Jejunostomy	4C	\$10,000 to \$13,400	<i>Not available</i>	
SF807L	Liver, Trauma, Major Repair Laceration	6B	\$11,700 to \$17,100	<i>Not available</i>	
SF808L	Liver, Trauma, Minor Repair Laceration	4A	\$6,200 to \$9,600	<i>Not available</i>	
SF809L	Liver, Trauma/Tumor, Extended Lobectomy (5 Segments/More)	7C	\$21,600 to \$33,600	<i>Not available</i>	
SF810L	Liver, Trauma/Tumor, Hepatic Artery Ligation	4B	\$9,300 to \$13,700	<i>Not available</i>	
SF811L	Liver, Trauma/Tumor, Liver Transplant	7C	\$22,400 to \$33,600	<i>Not available</i>	
SF812L	Liver, Various Lesions, Lobectomy (3 – 4 Segments), Open Or Lap	6B	\$17,400 to \$24,800	<i>Not available</i>	
SF813L	Liver, Various Lesions, Partial Lobectomy/Segmental Resection (Open Or Lap)	5C	\$12,000 to \$18,000	<i>Not available</i>	
SF814L	Liver, Various Lesions, Imaging Guided Percutaneous Biopsy (Liver Parenchyma, Non Directed)	1C	\$650 to \$800	\$850 to \$1,400	
SF815L	Liver, Various Lesions, Wedge/Local Excision (Open Or Lap)	4C	\$9,300 to \$13,700	<i>Not available</i>	
SF712M	Mouth, Submucosal Resection, Endoscopic Excision With Biopsy	4A	\$5,900 to \$8,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF713M	Mouth, Sublingual Gland, Tumor, Excision Biopsy	2C	\$1,800 to \$4,200	<i>Not available</i>	
SF714M	Mouth, Submandibular Gland, Calculus (Deep), Removal Biopsy	3A	\$2,800 to \$5,000	<i>Not available</i>	
SF715M	Mouth, Submandibular Gland, Calculus, Removal With Biopsy	1C	\$950 to \$1,700	<i>Not available</i>	
SF716M	Mouth, Submandibular Gland, Various Lesions, Excision With Biopsy	3C	\$5,400 to \$7,800	\$1,000 to \$1,600	Note: Higher end of fees may be associated with complex lesions e.g. malignant or previously infected lesions, lesions adherent to neurovascular structures.
SF805M	Mouth, Cleft Lip, Secondary Correction (Abbe Flap)	6A	\$14,600 to \$21,300	<i>Not available</i>	
SF806M	Mouth, Cleft Lip, Secondary Correction	4A	\$6,700 to \$11,200	<i>Not available</i>	
SF807M	Mouth, Cleft Lip, Secondary Correction Of Nostril/Nasal Tip	4B	\$8,400 to \$13,500	<i>Not available</i>	
SF808M	Mouth, Cleft Lip, Unilateral Primary Repair	4C	\$9,000 to \$13,500	<i>Not available</i>	
SF811M	Oral Cavity And Pharynx, Foreign Body, Removal	1B	\$400 to \$450	\$650 to \$1,000	
SF813M	Mouth, Leukoplakia, Limited Excision	1B	\$400 to \$1,500	<i>Not available</i>	
SF815M	Mouth, Macrocheilia And Macroglossia, Reconstruction	3A	\$2,000 to \$4,300	<i>Not available</i>	
SF818M	Mouth, Mucous Cyst/Ranula Of Floor Of Mouth, Excision With/Without Biopsy	2C	\$1,100 to \$2,900	\$750 to \$1,200	
SF819M	Mouth, Nasolabial Cyst, Excision Biopsy	2C	\$2,200 to \$4,200	<i>Not available</i>	
SF822M	Mouth, Tumor, Radical Excision Biopsy With Resection Of Mandible And Lymph Nodes And Reconstruction	7C	\$22,400 to \$31,400	<i>Not available</i>	
SF824M	Mouth, Various/Pathologic Lesions Of Oral Mucosa, Cryosurgical/Laser Application With Biopsy	2B	\$1,500 to \$3,700	<i>Not available</i>	
SF800N	Neck, Branchial Cyst, Removal With Biopsy	3B	\$5,000 to \$7,300	<i>Not available</i>	
SF801N	Neck, Branchial Fistula, Removal	3B	\$5,000 to \$7,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF700P	Pancreas, Pseudocyst/Abscess, Imaging Guided Percutaneous Drainage Catheter Insertion	2C	\$1,700 to \$2,700	<i>Not available</i>	
SF701P	Pancreas, Transplant (Donation - Cadaveric Donor)	5C	\$11,700 to \$17,100	<i>Not available</i>	
SF702P	Pancreas, Transplant (Recipient)	7C	\$22,000 to \$29,800	<i>Not available</i>	
SF703P	Pancreas, Various Lesions, Duodenum Preserving Pancreatic Head Resection (Beger's Operation)	7A	\$18,800 to \$26,500	<i>Not available</i>	
SF704P	Pancreas, Various Lesions, Duodenum Preserving Pancreatic Head Resection With Longitudinal Pancreatico-Enteric Anastomosis (Frey's Operation)	7A	\$18,800 to \$26,500	<i>Not available</i>	
SF705P	Pancreas, Various Lesions, Enucleation Of Lesions (1 To 2)	4C	\$5,500 to \$8,900	<i>Not available</i>	
SF706P	Pancreas, Various Lesions, Enucleation Of Lesions (3 Or More)	5A	\$7,300 to \$11,200	<i>Not available</i>	
SF707P	Pancreas, Various Lesions, Imaging Guided Percutaneous Biopsy	2A	\$1,100 to \$2,500	<i>Not available</i>	
SF708P	Pancreas, Various Lesions, MIS/Open Distal Pancreatectomy And Splenectomy	5B	\$11,300 to \$16,200	<i>Not available</i>	
SF709P	Pancreas, Various Lesions, MIS/Open Subtotal Pancreatectomy (Extending To The Neck) And Splenectomy	5C	\$12,000 to \$18,000	<i>Not available</i>	
SF710P	Pancreas, Various Lesions, Portal Venous Sampling	3B	\$2,600 to \$4,300	<i>Not available</i>	
SF711P	Pancreas, Various Lesions, Segmental Pancreatectomy With Pancreatico-Enteric Anastomosis	6B	\$12,000 to \$18,000	<i>Not available</i>	
SF712P	Pancreas, Various Lesions, MIS/Open Spleen-Preserving Distal Pancreatectomy	5C	\$12,000 to \$18,000	<i>Not available</i>	
SF713P	Parotid, Total Parotidectomy With Neck Dissection	6B	\$14,600 to \$21,900	\$3,500 to \$4,600	
SF714P	Parotid, Total Parotidectomy, With/Without Preservation Of Facial Nerve	6A	\$14,400 to \$19,600	\$3,100 to \$4,100	
SF800P	Palate, Cleft (Complete), Primary Repair	5C	\$10,100 to \$15,100	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF801P	Palate, Cleft (Partial), Primary Repair	4B	\$8,400 to \$13,500	<i>Not available</i>	
SF803P	Palate, Secondary Repair (Lengthening Procedure)	5A	\$7,300 to \$10,300	<i>Not available</i>	
SF804P	Palate, Cleft, Uvulopharyngoplasty	5C	\$9,000 to \$12,900	<i>Not available</i>	
SF805P	Pancreas, Cyst/Pseudocyst, MIS/Open Drainage And Anastomosis To Intestine/Stomach	5A	\$7,300 to \$11,200	<i>Not available</i>	
SF806P	Pancreas, Tumour, Triple Bypass	5C	\$11,700 to \$17,100	<i>Not available</i>	
SF807P	Pancreas, Various Lesions, Distal Pancreatectomy/Anastomosis Of Pancreatic Duct	5C	\$11,700 to \$17,100	<i>Not available</i>	
SF808P	Pancreas, Various Lesions, External Drainage (Open)	3B	\$4,000 to \$6,000	<i>Not available</i>	
SF809P	Pancreas, Various Lesions, Whipple Operation/Total Pancreatectomy	7C	\$22,400 to \$33,600	<i>Not available</i>	
SF810P	Pharynx/Larynx, Parapharyngeal Space Tumor Excision	6A	\$13,100 to \$17,000	<i>Not available</i>	
SF811P	Parotid, Calculus (Deep), Removal	3A	\$3,000 to \$5,000	<i>Not available</i>	
SF812P	Parotid, Calculus (Superficial), Removal	1C	\$500 to \$1,700	<i>Not available</i>	
SF813P	Parotid, Fistula, Repair	3A	\$3,000 to \$5,000	<i>Not available</i>	
SF814P	Parotid, Tumor, Superficial Parotidectomy	5C	\$10,400 to \$14,200	\$2,600 to \$3,400	
SF815P	Parotid, Tumor, Total Parotidectomy With Parapharyngeal Space Resection And Flap Reconstruction	7B	\$18,700 to \$26,500	<i>Not available</i>	
SF816P	Parotid, Tumour, Total Parotidectomy With Reconstruction Facial Nerve	6B	\$12,600 to \$18,600	<i>Not available</i>	
SF817P	Parotid, Tumor, Total Parotidectomy With Radical Neck Dissection	6B	\$14,600 to \$20,400	<i>Not available</i>	
SF700R	Rectum, Perineal Rectosigmoidectomy For Rectal Prolapse	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF701R	Rectum, Resection - Rectopexy For Rectal Prolapse (Open/MIS)	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF702R	Rectum, Starr - Stapled Hemorrhoidectomy	3A	\$3,900 to \$5,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF703R	Rectum, Ultra-Low Anterior Resection (Total Mesorectal Excision) With/Without PLND	6C	\$16,200 to \$23,200	\$3,300 to \$4,800	Note: Higher end of surgeon fees may be associated with recurrent surgery or more complex cases such as those involving lymphadenectomy.
SF801R	Rectum, Hirschsprung's Disease, Anal Sphincterotomy	2C	\$1,700 to \$2,700	<i>Not available</i>	
SF802R	Rectum, Hirschsprung's Disease, Rectal Myectomy	3B	\$2,600 to \$4,300	<i>Not available</i>	
SF803R	Rectum, Hirschsprung's Disease, Recto-Sigmoidectomy	5C	\$8,300 to \$11,400	<i>Not available</i>	
SF804R	Rectum, Stricture, Laser Treatment	1C	\$800 to \$1,200	<i>Not available</i>	
SF805R	Rectum, Tumor, Anterior Resection/Abdomino-Perineal Resection With Salpingo-Oophorectomy And Total Hysterectomy	6C	\$13,500 to \$21,400	\$3,200 to \$5,200	
SF806R	Rectum, Tumor, Laser Vaporisation/Endoscopic Fulguration	2C	\$1,700 to \$2,700	<i>Not available</i>	
SF807R	Rectum, Various Lesions, Abdomino-Perineal Pull Through Resection With Colo-Anal Anastomosis	6B	\$12,600 to \$18,600	<i>Not available</i>	
SF808R	Rectum, Various Lesions, Hartmann's Procedure	5C	\$11,300 to \$16,200	<i>Not available</i>	
SF809R	Rectum, Various Lesions, Transanal Removal With Biopsy	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF700S	Sacral Nerve Stimulation	4B	\$4,800 to \$9,000	<i>Not available</i>	
SF701S	Stomach, Gastroesophageal Reflux, Fundoplication, MIS/Open, With/Without Gastrotomy	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF702S	Stomach, Obesity, Gastric Banding (MIS)	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF703S	Stomach, Obesity, Sleeve Gastrectomy (MIS/Open)	5B	\$8,500 to \$12,700	<i>Not available</i>	
SF704S	Stomach, Various Lesions, Percutaneous Gastrostomy/Jejunostomy (With Or Without Image Guidance)	3A	\$1,700 to \$2,600	\$850 to \$1,400	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF705S	Stomach, Partial/Subtotal Gastrectomy For Benign Gastric Diseases	5C	\$11,300 to \$16,200	<i>Not available</i>	
SF706S	Stomach, Various Lesions, Total/Proximal Gastrectomy With/Without Splenectomy	6B	\$12,600 to \$18,600	<i>Not available</i>	
SF707S	Stomach, Wedge Resection/Stomach For Benign Gastric Diseases	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF708S	Stomach, Pyloromyotomy, MIS	3A	\$2,200 to \$2,700	<i>Not available</i>	Note: Fee benchmark does not include redo operations.
SF709S	Stomach, Tumour, Subtotal Gastrectomy And Radical Lymphadenectomy	6B	\$13,500 to \$20,400	<i>Not available</i>	
SF710S	Stomach, Tumour, Total Gastrectomy And Radical Lymphadenectomy	6B	\$14,600 to \$23,300	<i>Not available</i>	
SF711S	Stomach, Various Lesions, Imaging Guided Insertion Of Naso-Gastric Tube/Naso-Jejunal Tube	1C	\$850 to \$1,500	<i>Not available</i>	
SF712S	Stomach/Duodenum, Perforated Ulcer, Repair (MIS Or Open)	4B	\$5,300 to \$9,000	<i>Not available</i>	
SF713S	Stomach, Obesity, Biliopancreatic Diversion With/Without Duodenal Switch	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF800S	Sacrum & Coccyx, Pilonidal Sinus/Cyst, Excision With Biopsy	2C	\$2,600 to \$3,300	\$750 to \$1,100	
SF801S	Sacrum & Coccyx, Tumor, Excision With Biopsy	6B	\$12,600 to \$18,800	<i>Not available</i>	
SF803S	Stomach, Morbid Obesity, Bypass Only	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF804S	Stomach, Morbid Obesity, Reduction And Bypass (MIS/Open)	5C	\$12,000 to \$18,000	<i>Not available</i>	
SF805S	Stomach, Pyloric Stenosis, Pyloroplasty	3B	\$3,600 to \$6,000	<i>Not available</i>	
SF806S	Stomach, Pyloric Tumor (Infant), Pyloroplasty/Pyloromyotomy	3A	\$2,200 to \$2,700	<i>Not available</i>	Note: Fee benchmark does not include redo operations.
SF807S	Stomach, Tumor Of Cardia, Endoscopic Yag Laser Surgery/Vaporisation	3B	\$2,200 to \$3,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF808S	Stomach, Tumor/Ulcer, Gastrojejunostomy	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF809S	Stomach, Ulcers, Vagotomy - All Types (MIS/Open)	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF810S	Stomach, Various Lesions, Partial/Subtotal Gastrectomy	5C	\$9,300 to \$14,700	<i>Not available</i>	
SF811S	Stomach, Various Lesions/Post-Gastrectomy Complications, Revision Gastrectomy	5C	\$12,600 to \$18,600	<i>Not available</i>	
SF812S	Stomach, Total/Proximal Gastrectomy For Benign Gastric Diseases	6B	\$12,600 to \$18,600	<i>Not available</i>	
SF813S	Stomach, Various Lesions, Wedge Resection	4A	\$5,300 to \$8,000	<i>Not available</i>	
SF706T	Mis Repair Of Esophageal Fistula And Esophageal Atresia	6B	\$13,100 to \$19,300	<i>Not available</i>	
SF707T	Tongue, Various Lesions (Benign Condition), Excision Biopsy <3Cm	1B	\$400 to \$1,500	\$650 to \$1,000	Note: Higher end of fees may be associated with larger lesions or lesions sited deeper within the oral cavity.
SF723T	Tongue, Transoral Resection Of Tongue Base Muscle With Or Without Lingual Tonsil Excision	4C	\$6,400 to \$9,000	<i>Not available</i>	
SF804T	Tongue, Tongue Tie, Release	1A	\$300 to \$950	\$650 to \$1,000	
SF805T	Tongue, Tongue Tie, Revision	1B	\$400 to \$950	\$650 to \$1,000	
SF806T	Tongue, Tumor, Glossectomy With Radical Neck Dissection	6B	\$13,100 to \$19,300	<i>Not available</i>	
SF807T	Tongue, Tumor, Hemi-Glossectomy	4A	\$6,700 to \$9,400	<i>Not available</i>	
SF808T	Tongue, Tumor, Total Glossectomy	4A	\$7,200 to \$9,500	<i>Not available</i>	
SF809T	Tongue, Various Lesions, Partial Excision	3A	\$2,800 to \$5,000	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SF7011 & SF702C (Multiple procedure)	Intestine/Stomach, Upper GI Endoscopy With / Without Biopsy & Colon, Colonoscopy, Fibreoptic With/Without Biopsy (Multiple procedure)	1B & 2C	\$1,800 to \$2,900	\$600 to \$850	Note: Fee range is for cases where both procedures, SF7011 and SF702C, are performed in the same sitting.

SG – Urinary

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SG700B	Bladder, Cystoscopic Intradetrusor Injection Of Botulinum	2C	\$2,000 to \$3,100	<i>Not available</i>	
SG701B	Bladder/Ureter, Lympholysis For Chyluria, MIS	4A	\$4,800 to \$9,000	<i>Not available</i>	
SG702B	Bladder, Diverticulum, MIS Excision	4A	\$4,800 to \$9,000	<i>Not available</i>	
SG703B	Bladder, Various Lesions, Image Guided Suprapubic Cystostomy	1C	\$1,300 to \$2,100	<i>Not available</i>	
SG704B	Bladder, Urachal Fistula, MIS Excision	4A	\$4,800 to \$9,000	<i>Not available</i>	
SG706B	Bladder, Various Lesions, MIS Partial Excision	4A	\$4,800 to \$9,000	<i>Not available</i>	
SG707B	Bladder, Various Lesions, Total Radical Cystectomy, For Malignancy + Creation Of Ileal Neobladder	6C	\$20,900 to \$26,900	<i>Not available</i>	
SG708B	Bladder, Cystoscopy, External Sphincterotomy For Neurogenic Bladder Neck Obstruction	2C	\$3,000 to \$4,500	<i>Not available</i>	
SG709B	Bladder, Cystoscopy, Removal Of Foreign Body/Ureteric Stent	1C	\$1,000 to \$1,700	\$550 to \$800	
SG710B	Bladder, Cystoscopy, With Controlled Hydrodilatation Of The Bladder	1B	\$800 to \$1,300	<i>Not available</i>	
SG711B	Bladder, Cystoscopy, With Endoscopic Removal/Manipulation Of Ureteric Calculus	3B	\$3,100 to \$4,000	<i>Not available</i>	
SG712B	Bladder, Cystoscopy, With Endoscopic Resection/Incision Of Bladder Neck	3B	\$3,100 to \$4,600	<i>Not available</i>	
SG713B	Bladder, Cystoscopy, With Or Without Biopsy	1B	\$800 to \$1,300	\$550 to \$800	
SG714B	Bladder/Urethra, Transurethral Resection Of Bladder Tumour (<3cm)	4A	\$4,200 to \$4,800	\$1,000 to \$1,500	
SG715B	Bladder/Urethra, Transurethral Resection Of Bladder Tumour (>3cm)	4B	\$4,200 to \$5,400	\$1,100 to \$1,600	
SG716B	Bladder/Ureter, Cystoscopy, With Ureteric Catheterisation	1C	\$1,200 to \$1,700	<i>Not available</i>	
SG717B	Bladder, Cystoscopy, With Ureteric Meatotomy/With Resection Of Ureterocele	3B	\$3,100 to \$4,500	<i>Not available</i>	
SG718B	Bladder/Urethra, Cystoscopy, With Urethral Dilatation	1C	\$900 to \$1,500	\$550 to \$800	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SG729B	Bladder, Standard Urodynamics Study, Simple (Without Video)	1C	\$850 to \$1,200	<i>Not available</i>	
SG730B	Bladder, Standard Urodynamics Study, Complex (With Video)	2A	\$1,300 to \$2,000	<i>Not available</i>	
SG800B	Bladder, Bladder Neck Contracture, (Acquired/Congenital), Wedge Excision	3B	\$3,900 to \$5,000	<i>Not available</i>	
SG802B	Bladder, Calculus, Vesicolithotomy/Litholapaxy/Ultrasonic Lithotripsy	2C	\$2,200 to \$3,900	\$950 to \$1,400	
SG803B	Bladder, Cutaneous Fistula, Closure	2C	\$2,000 to \$3,100	<i>Not available</i>	
SG804B	Bladder, Diverticulum, Open Excision	3B	\$3,100 to \$5,600	<i>Not available</i>	
SG805B	Bladder, Ectopia Vesicae/Ectopia Cloacae With Congenital Incontinence, Sphincter Reconstruction	7B	\$18,300 to \$28,000	<i>Not available</i>	
SG806B	Bladder, Incontinence, Correction, Abdominal Approach	5A	\$8,200 to \$11,900	<i>Not available</i>	
SG807B	Bladder, Mild Stress Incontinence, Cytoscopic Injection Of Collagen	3B	\$4,500 to \$7,800	<i>Not available</i>	
SG808B	Bladder, Retention Of Urine, Suprapubic Cystostomy	1B	\$900 to \$1,300	<i>Not available</i>	
SG809B	Bladder, Tumor, Anterior Exenteration (Female)	6B	\$19,100 to \$24,700	<i>Not available</i>	
SG810B	Bladder, Urachal Fistula, Open Excision	3B	\$3,100 to \$5,600	<i>Not available</i>	
SG812B	Bladder, Various Lesions, Enlargement Cystoplasty With Bowel	6B	\$17,400 to \$22,400	<i>Not available</i>	
SG813B	Bladder, Various Lesions, Open Partial Excision	3B	\$3,100 to \$5,600	<i>Not available</i>	
SG814B	Bladder, Various Lesions, Total Cystectomy With Ileal Conduit	6B	\$19,100 to \$24,700	<i>Not available</i>	
SG815B	Bladder, Vesico-Intestinal Fistula, Closure	5C	\$11,100 to \$18,000	<i>Not available</i>	
SG816B	Bladder, Vesico-Vaginal Fistula, Correction	5C	\$11,100 to \$18,000	<i>Not available</i>	
SG817B	Bladder, Vesico-Vaginal Fistula, Closure By Abdominal Route	5C	\$11,100 to \$18,000	<i>Not available</i>	
SG818B	Bladder, Vesicostomy	3A	\$2,800 to \$4,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SG700K	Kidney And Ureter, Various Lesions, Nephroureterectomy, MIS	6A	\$16,900 to \$21,500	<i>Not available</i>	
SG701K	Kidney, Catheter Blockage, Imaging Guided Nephrostomy Catheter Change/Catheter Adjustment	1A	\$400 to \$1,100	<i>Not available</i>	
SG702K	Kidney, Cyst, Imaging Guided Percutaneous Alcohol Ablation	2B	\$1,700 to \$3,100	<i>Not available</i>	
SG703K	Kidney, Cyst, Imaging Guided Percutaneous Aspiration	2A	\$1,600 to \$2,000	<i>Not available</i>	
SG704K	Kidney, Cyst, Marsupialisation, MIS	4A	\$4,800 to \$9,000	<i>Not available</i>	
SG705K	Kidney Transplant, Donation (Cadaveric Donor)	5A	\$10,100 to \$12,300	<i>Not available</i>	
SG706K	Kidney Transplant, Donation (Live Donor), Open/MIS	5C	\$11,100 to \$18,200	<i>Not available</i>	
SG708K	Kidney Transplant, Recipient	6C	\$13,500 to \$20,900	<i>Not available</i>	
SG709K	Kidney, Calculus, Percutaneous Nephrolithotomy Or Percutaneous Nephrostolithotomy (PCNL)	4C	\$5,600 to \$9,300	<i>Not available</i>	
SG711K	Kidney, Hydronephrosis, Percutaneous Nephrostomy And Drainage Catheter Insertion (PCN And Drainage)	2B	\$1,100 to \$2,200	<i>Not available</i>	
SG712K	Kidney, Renal Abscess/Perinephric Abscess, Imaging Guided Percutaneous Drainage	2C	\$1,500 to \$2,800	<i>Not available</i>	
SG713K	Kidney, Renal Abscess/Perinephric Abscess, Imaging Guided Percutaneous Aspiration	2A	\$1,400 to \$2,000	<i>Not available</i>	
SG714K	Kidney, Stones, Imaging Guided Percutaneous Renal Stones Removal	3B	\$3,500 to \$4,800	<i>Not available</i>	
SG715K	Kidney, Tumour, MIS Guided Percutaneous Local Ablation (Radiofrequency, Cryotherapy Etc)	4A	\$2,200 to \$3,900	<i>Not available</i>	
SG716K	Kidney, Various Lesions, Check Nephrostogram	1A	\$450 to \$1,000	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SG717K	Kidney, Various Lesions, Imaging Guided Percutaneous Biopsy (Renal Parenchyma, Non Directed)	1C	\$1,100 to \$1,800	\$650 to \$950	
SG718K	Kidney, Various Lesions, Percutaneous Antegrade Nephrostography (PCN)	1C	\$850 to \$1,500	<i>Not available</i>	
SG719K	Kidney, Various Lesions, Imaging Guided Percutaneous Biopsy (Focal Lesions, Targeted)	2A	\$1,100 to \$1,700	\$650 to \$950	
SG720K	Kidney, Various Lesions, Partial Nephrectomy, Laparoscopic	6A	\$17,400 to \$22,400	\$3,100 to \$4,100	
SG721K	Kidney, Various Lesions, Partial Nephrectomy, Open	5C	\$10,100 to \$12,300	\$2,600 to \$3,400	
SG722K	Kidney, Various Lesions, Simple Nephrectomy, Laproscopic	4C	\$5,600 to \$9,300	<i>Not available</i>	
SG723K	Kidney/Ureter, Endopyelotomy (Percutaneous)	4B	\$4,800 to \$9,000	<i>Not available</i>	
SG725K	Kidney/Ureter, Pyeloplasty, Unilateral MIS/Open	5A	\$10,100 to \$12,300	<i>Not available</i>	
SG726K	Kidney/Ureter, Retrograde Intrarenal Surgery Or RIRS Using Flexible Ureteroscopy (Diagnostic)	2C	\$2,500 to \$3,900	\$1,100 to \$1,600	
SG727K	Kidney/Ureter, Retrograde Intrarenal Surgery Or RIRS Using Flexible Ureteroscopy (Therapeutic - e.g. Lithotripsy And/Or Basket Extraction Of Stones)	4A	\$4,500 to \$5,600	\$1,400 to \$2,300	
SG728K	Kidney Transplant, Recipient, Dual Kidney Transplant (Marginal Donor)	7A	\$17,500 to \$27,200	<i>Not available</i>	
SG729K	Kidney, Tumour, Imaging Guided Percutaneous Local Ablation, Simple (Radiofrequency, Microwave, Ethanol)	3C	\$2,200 to \$3,600	<i>Not available</i>	
SG800K	Kidney And Ureter, Various Lesions, Nephroureterectomy Open	5C	\$11,100 to \$18,200	<i>Not available</i>	
SG801K	Kidney, Blocked Nephrostomy Tube, Change	1A	\$400 to \$1,100	<i>Not available</i>	
SG802K	Kidney, Calculus, Extra Corporeal Shockwave Lithotripsy (ESWL)	4B	\$4,100 to \$5,800	\$850 to \$1,200	
SG803K	Kidney, Calculus, Nephrolithotomy/Pyelolithotomy	4B	\$5,000 to \$9,200	<i>Not available</i>	
SG804K	Kidney, Various Lesions, Radical Nephrectomy (Open/MIS) With/Without Ivc Thrombectomy	5C	\$11,100 to \$18,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SG805K	Kidney, Cyst, Excision	3A	\$3,100 to \$5,600	<i>Not available</i>	
SG806K	Kidney, Injury, Repair	5C	\$11,100 to \$16,200	<i>Not available</i>	
SG807K	Kidney, Nephroptosis, Nephropexy	3B	\$1,800 to \$3,300	<i>Not available</i>	
SG808K	Kidney, Pelvi-Ureteric Junction Obstruction, Open Pyeloplasty/Ureterocalycostomy	5C	\$11,100 to \$18,000	<i>Not available</i>	
SG809K	Kidney, Perinephric Abscess, Drainage (Open)	3B	\$5,900 to \$9,000	<i>Not available</i>	
SG810K	Kidney, Pyonephrosis, Drainage (Open)	3B	\$5,900 to \$9,000	<i>Not available</i>	
SG811K	Kidney, Pyonephrosis, Nephrostomy/Pyelostomy (Open)	3B	\$5,900 to \$9,000	<i>Not available</i>	
SG812K	Kidney, Staghorn Calculus, Nephrolithotomy Or Percutaneous Nephrostolithotomy (PCNL)	5C	\$11,100 to \$16,800	<i>Not available</i>	
SG813K	Kidney, Various Lesions, Biopsy (Closed)	1B	\$650 to \$1,500	\$650 to \$950	
SG814K	Kidney, Various Lesions, Biopsy (Open)	3A	\$4,500 to \$7,600	<i>Not available</i>	
SG815K	Kidney, Various Lesions, Exploration	3A	\$5,900 to \$9,000	<i>Not available</i>	
SG816K	Kidney, Various Lesions, Simple Nephrectomy, Open	4B	\$5,000 to \$9,200	<i>Not available</i>	
SG700U	Ureter, Cystoscopy And Insertion Of Double J Stent	2C	\$1,800 to \$2,800	\$750 to \$1,100	Note: Higher end of cases may be associated with complex anatomy and difficult insertion caused by the disease.
SG701U	Ureter, Extra Corporeal Shockwave Lithotripsy (ESWL) For Ureteric Stone	4A	\$3,600 to \$5,300	\$850 to \$1,100	
SG703U	Urethra, Mid-Urethral Slings	3A	\$3,600 to \$5,300	<i>Not available</i>	
SG704U	Ureter, Stricture, Percutaneous Antegrade Balloon Dilatation	2B	\$2,000 to \$4,100	<i>Not available</i>	
SG705U	Urethra, Substitution Urethroplasty, Flap Or Graft	5C	\$10,400 to \$14,200	<i>Not available</i>	
SG706U	Ureter, Various Lesions, Reimplantation, Bilateral	5A	\$7,200 to \$13,500	<i>Not available</i>	
SG707U	Ureter, Various Lesions, Percutaneous Antegrade Insertion Of Double J Stent	2C	\$1,500 to \$2,800	<i>Not available</i>	
SG709U	Ureter, Ureteroscopy	2C	\$2,000 to \$2,800	\$550 to \$800	
SG711U	Urethra, Excision Of Urethral Diverticulum	4A	\$3,400 to \$6,600	<i>Not available</i>	
SG712U	Urethra, Urethroscopy, With Related Procedures	1B	\$900 to \$1,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SG800U	Ureter, Calculus, Ureteroscopy And Lithotripsy With/Without Ultrasound	4A	\$4,500 to \$5,300	\$850 to \$1,200	
SG801U	Ureter, Calculus, Ureterolithotomy	4A	\$4,800 to \$9,000	<i>Not available</i>	
SG802U	Ureter, Cutaneous Ureterostomy, Closure	2C	\$3,000 to \$3,800	<i>Not available</i>	
SG803U	Ureter, Previous Diversion, Revision	6A	\$10,300 to \$17,200	<i>Not available</i>	
SG804U	Ureter, Various Lesions, Boari Flap Reimplantation	5C	\$7,800 to \$12,300	<i>Not available</i>	
SG805U	Ureter, Various Lesions, Intestinal Conduit	5C	\$7,800 to \$12,300	<i>Not available</i>	
SG806U	Ureter, Various Lesions, Reduction Ureteroplasty	5C	\$10,100 to \$12,300	<i>Not available</i>	
SG807U	Ureter, Various Lesions, Reimplantation, Unilateral	4A	\$4,800 to \$9,000	<i>Not available</i>	
SG808U	Ureter, Various Lesions, Repair	4A	\$4,800 to \$6,600	<i>Not available</i>	
SG809U	Ureter, Various Lesions, Replacement By Bowel	5C	\$11,100 to \$18,000	<i>Not available</i>	
SG810U	Ureter, Various Lesions, Ureterocalycostomy	5C	\$11,100 to \$18,000	<i>Not available</i>	
SG811U	Ureter, Various Lesions, Ureterostomy	3C	\$4,400 to \$8,400	<i>Not available</i>	
SG812U	Ureter, Various Lesions, Ureterotomy/Insertion Of Double J Stent	3B	\$2,500 to \$3,300	\$1,100 to \$1,600	Note: Higher end of cases may be associated with complex anatomy and difficult insertion caused by the disease.
SG813U	Ureter, Various Lesions, Ureteroureterostomy	4B	\$5,000 to \$9,200	<i>Not available</i>	
SG814U	Urethra , Excision Of Urethral Diverticulum	3B	\$3,400 to \$6,600	<i>Not available</i>	
SG815U	Urethra, Fistula, Closure	2C	\$1,900 to \$3,100	<i>Not available</i>	
SG816U	Urethra, Injury, Repair/Urethroplasty Of Anterior Urethra	4A	\$4,800 to \$9,000	<i>Not available</i>	
SG817U	Urethra, Meatal Stenosis, Meatotomy	1B	\$950 to \$2,200	<i>Not available</i>	
SG818U	Urethra, Prolapse, Excision	1B	\$1,000 to \$2,100	<i>Not available</i>	
SG820U	Urethra, Stricture, Urethral Wall Stenting	2C	\$2,000 to \$3,100	<i>Not available</i>	
SG821U	Urethra, Stricture, Urethrotomy	2C	\$1,800 to \$2,800	\$750 to \$1,100	Note: Higher end of cases may be associated with cases involving multiple strictures and incisions.
SG822U	Urethra, Urethro-Rectal Fistula, Closure	4B	\$5,000 to \$9,200	<i>Not available</i>	
SG823U	Urethra, Valves/Membrane, Resection (Endoscopic)	3B	\$3,400 to \$4,500	<i>Not available</i>	
SG824U	Urethra, Valves/Membrane, Resection (Open)	4A	\$4,800 to \$6,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SG825U	Urethra, Various Lesions, Anterior Urethroplasty	4B	\$5,000 to \$9,200	<i>Not available</i>	
SG826U	Urethra, Various Lesions, Excision	3B	\$2,800 to \$4,900	<i>Not available</i>	
SG827U	Urethra, Various Lesions, Posterior Urethroplasty	5C	\$12,100 to \$15,700	<i>Not available</i>	
SG828U	Urethra, Various Lesions, Staged Urethroplasty (Each Stage)	3B	\$6,700 to \$9,500	<i>Not available</i>	
SG829U	Urethra, Various Lesions, Transpubic Urethroplasty	5A	\$8,400 to \$14,200	<i>Not available</i>	
SG830U	Urethra, Various Lesions, Urethropexy	3A	\$2,500 to \$5,200	<i>Not available</i>	
SG831U	Urethra, Various Lesions, Urethrotomy	2C	\$1,800 to \$2,800	\$750 to \$1,100	Note: Higher end of cases may be associated with cases involving multiple strictures and incisions.
SG832U	Ureter, Calculus, Ureterolithotomy (MIS)	4B	\$5,000 to \$9,200	<i>Not available</i>	

SH – Male Genital

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SH706M	Male Genitalia, Electroejeculation	1C	\$1,300 to \$1,700	<i>Not available</i>	
SH800M	Male Genitalia, Transsexualism (Transvestism), Sex Reassignment (Male To Female)	5A	\$6,800 to \$13,500	<i>Not available</i>	
SH801M	Male Genitalia, Transsexualism (Transvestism), Sex Reassignment With Mammoplasty (Male To Female)	6B	\$10,000 to \$12,300	<i>Not available</i>	
SH808P >6M	Penis, Paraphimosis/Phimosis/Reduction Prepuce, Circumcision	1B	\$1,100 to \$2,400	\$550 to \$900	Note: Surgeon fee range for patients aged > 6 months.
SH808P <=6M	Penis, Paraphimosis/Phimosis/Reduction Prepuce, Circumcision	1B	\$400 to \$800	\$550 to \$900	Note: Surgeon fee range for infants aged ≤ 6 months.
SH700P	Penis, Glanular Hypospadias, Meatoplasty And Circumcision	2A	\$2,200 to \$3,100	<i>Not available</i>	
SH702P	Penis, Peyronie's Disease, Incision And Grafting	3C	\$3,100 to \$5,600	<i>Not available</i>	
SH703P	Penis, Removal Of "Penile" Implant	3B	\$3,600 to \$4,500	<i>Not available</i>	
SH704P	Penis, Tumor, Amputation (Partial) + Bilateral Radical LN Dissection	5C	\$11,100 to \$16,200	<i>Not available</i>	
SH705P	Prostate Gland, Prostate IMRT (Intensity Modulated Radiation Therapy) Gold Seeds Insertion	2C	\$2,000 to \$3,100	<i>Not available</i>	
SH706P	Prostate Gland, Laser Vaporisation Of Prostate	4A	\$4,800 to \$8,400	<i>Not available</i>	
SH800P	Penis, Epispadias, Repair Involving Bladder Neck Closure	4C	\$5,600 to \$9,300	<i>Not available</i>	
SH801P	Penis, Epispadias, Repair Not Involving Sphincter (Each Stage)	3B	\$6,700 to \$9,500	<i>Not available</i>	
SH802P	Penis, Hypospadias, Correction Of Chordee	2C	\$1,900 to \$3,400	<i>Not available</i>	
SH803P	Penis, Hypospadias, Correction Of Chordee With Transplantation Of Prepuce	3B	\$3,600 to \$5,300	<i>Not available</i>	
SH804P	Penis, Hypospadias, Meatotomy & Hemicircumcision	1B	\$1,100 to \$2,400	<i>Not available</i>	
SH805P	Penis, Hypospadias, Secondary Correction	2C	\$1,900 to \$3,400	<i>Not available</i>	
SH806P	Penis, Hypospadias, Urethral Reconstruction	4A	\$3,600 to \$5,600	<i>Not available</i>	
SH807P	Penis, Hypospadias, Urethral Reconstruction & Correction Of Chordee	5C	\$8,300 to \$11,400	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SH809P	Penis, Penile Warts, Laser Vaporisation	1B	\$950 to \$2,200	<i>Not available</i>	
SH810P	Penis, Peyronie's Disease, Operation	2C	\$2,500 to \$3,900	<i>Not available</i>	
SH811P	Penis, Priapism, Decompression (Shunt Op)	3C	\$3,100 to \$5,600	<i>Not available</i>	
SH812P	Penis, Priapism, Decompression (Single)	1B	\$1,200 to \$1,700	<i>Not available</i>	
SH813P	Penis, Sex Reassignment (Female To Male), Implantation Of Penile Prosthesis	2B	\$8,400 to \$11,200	<i>Not available</i>	
SH814P	Penis, Trauma (Amputation), Microvascular Reattachment	7C	\$19,600 to \$22,400	<i>Not available</i>	
SH815P	Penis, Trauma, Reconstruction (1st Stage)	6B	\$13,500 to \$17,900	<i>Not available</i>	
SH816P	Penis, Trauma, Reconstruction (2nd Stage)	5A	\$6,800 to \$13,500	<i>Not available</i>	
SH817P	Penis, Trauma, Repair Of Avulsion	4A	\$4,800 to \$7,600	<i>Not available</i>	
SH818P	Penis, Trauma, Repair Of Laceration/Fracture Involving Cavernous Tissue	2C	\$1,900 to \$3,800	<i>Not available</i>	
SH819P	Penis, Tumour, Amputation (Partial)	3A	\$4,500 to \$6,000	<i>Not available</i>	
SH820P	Penis, Tumor, Amputation (Total)	4A	\$4,800 to \$9,000	<i>Not available</i>	
SH821P	Penis, Tumor, Amputation (Total) With Block Dissection	5C	\$11,100 to \$16,800	<i>Not available</i>	
SH823P	Penis, Various Lesions, Excision	1B	\$1,200 to \$1,900	<i>Not available</i>	
SH825P	Penis, Various Lesions, Insertion Of Penile Prosthesis	5A	\$8,400 to \$11,200	<i>Not available</i>	
SH826P	Prostate Gland, Abscess, Retropubic/Endoscopic Drainage	2C	\$2,200 to \$4,500	<i>Not available</i>	
SH827P	Prostate Gland, Hypertrophy, Insertion Of Prostatic Stent	2C	\$2,000 to \$3,100	<i>Not available</i>	
SH829P	Prostate Gland, Simple Prostatectomy (MIS/Open)	4B	\$5,000 to \$9,200	<i>Not available</i>	
SH830P	Prostate Gland, Various Lesions, Radical Prostatectomy (MIS/Open)	6A	\$17,400 to \$22,400	\$3,300 to \$4,800	
SH832P	Prostate Gland, Prostate, Benign Hyperplasia, Minimally Invasive Ablation	3B	\$3,400 to \$4,500	<i>Not available</i>	
SH833P	Prostate Gland, Various Lesions, Trans-Rectal Ultrasound (TRUS)	1A	\$650 to \$1,100	\$550 to \$800	
SH834P	Prostate Gland, Various Lesions, Trans-Rectal Ultrasound (TRUS) Guided Biopsy	1B	\$1,200 to \$1,700	\$550 to \$800	
SH835P	Prostate Gland, Various Lesions, Saturation Prostate Biopsy	2A	\$2,200 to \$3,600	\$550 to \$800	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SH836P	Prostate Gland, Various Lesions, Transurethral Resection Of Prostate (TURP) (Less Than 30 gm)	4B	\$5,000 to \$7,200	\$1,200 to \$1,800	
SH837P	Prostate Gland, Various Lesions, Transurethral Resection Of Prostate (TURP) (More Than 30 gm)	5C	\$6,000 to \$8,400	\$1,500 to \$2,300	
SH801S	Scrotum, Hydrocele/Varicocele (Bilateral), Excision	3A	\$2,500 to \$5,200	\$850 to \$1,200	
SH802S	Scrotum, Hydrocele/Varicocele (Unilateral), Excision	2B	\$1,700 to \$3,100	\$750 to \$1,100	
SH803S	Spermatic Cord, Spermatocele/Epididymal Cyst, Excision	2A	\$1,700 to \$3,100	<i>Not available</i>	
SH804S	Spermatic Cord, Various Lesions, Epididymectomy	2A	\$1,700 to \$3,100	<i>Not available</i>	
SH700T	Testis, Torsion Testis, Orchidectomy Done With Fixation Of Contralateral Testis	2B	\$2,700 to \$3,500	<i>Not available</i>	
SH701T	Testis, Various Lesions, Orchidectomy (Simple) (MIS)	3C	\$2,500 to \$4,500	<i>Not available</i>	
SH702T	Testis, Variocoele, Spermatic Vein Embolisation	4A	\$4,300 to \$5,300	<i>Not available</i>	
SH800T	Testis, Tumor, Retroperitoneal Lymph Node Dissection Following Orchidectomy	5C	\$7,800 to \$12,300	<i>Not available</i>	
SH801T	Testis, Undescended/Ectopic (Bilateral), Orchidopexy/Transplantation With Hernia Repair	4A	\$3,700 to \$6,200	\$1,400 to \$2,100	
SH802T	Testis, Undescended/Ectopic (Unilateral), Orchidopexy/Transplantation With Hernia Repair	3B	\$2,500 to \$4,400	\$1,100 to \$1,600	
SH803T	Testis, Undescended/Ectopic, Orchidopexy With Microvascular Anastomosis	5C	\$8,300 to \$11,400	<i>Not available</i>	
SH804T	Scrotum, Exploration, Detorsion Of Testis And Bilateral Testes Fixation	2A	\$2,200 to \$3,500	<i>Not available</i>	
SH805T	Testis, Various Lesions, Biopsy Or Aspiration	1C	\$1,200 to \$1,900	<i>Not available</i>	
SH806T	Testis, Various Lesions, Exploration/Repair	1C	\$1,700 to \$3,100	<i>Not available</i>	
SH807T	Testis, Various Lesions, Insertion Of Testicular Prosthesis	3A	\$2,800 to \$3,400	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SH808T	Testis, Various Lesions, Orchidectomy (Simple)	2B	\$2,200 to \$3,200	<i>Not available</i>	
SH809T	Testis, Various Lesions, Orchidectomy With Complete Excision Of Spermatic Cord	3A	\$3,000 to \$4,800	<i>Not available</i>	
SH810T	Testis, Various Lesions, Orchidoplasty	1C	\$500 to \$950	<i>Not available</i>	
SH800V	Vas Deferens, Various Lesions, Exploration (Microsurgical) And Testicular Biopsy	5C	\$4,500 to \$8,400	<i>Not available</i>	
SH801V	Vas Deferens, Various Lesions, Reanastomosis (Microsurgical)	4C	\$5,600 to \$9,300	<i>Not available</i>	
SH802V	Vas Deferens, Various Lesions, Varicocelectomy (Microsurgical)	3C	\$4,800 to \$6,600	\$950 to \$1,200	
SH803V	Vas Deferens, Various Lesions, Vasectomy	1C	\$950 to \$1,700	\$650 to \$800	
SH804V	Vas Deferens, Various Lesions, Vasoepididymography & Vasovesiculography	1B	\$1,300 to \$2,000	<i>Not available</i>	
SH805V	Vas Deferens, Various Lesions, Vasoepididymostomy (Microsurgical)	5C	\$6,800 to \$13,500	<i>Not available</i>	

SI – Female Genital

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI700C	Cervix, Cancer, Radical Trachelectomy With/Without Lymphadenectomy	5B	\$8,200 to \$13,500	<i>Not available</i>	
SI701C	Cervix, Cervical Incompetence, Removal Of Suture	1C	\$800 to \$1,500	<i>Not available</i>	
SI702C	Cervix, Transcervical Resection (TCR) Myoma (<3cm), Hysteroscopic	3A	\$3,100 to \$4,500	\$750 to \$1,100	Note: Higher end of fees may be associated with cases with larger and/or multiple myomas at the fundus (upper part of uterus).
SI703C	Cervix, Transcervical Resection (TCR) Myoma (>3cm), Hystereoscopic	3B	\$3,400 to \$5,600	\$800 to \$1,200	Note: Higher end of fees may be associated with cases with larger (≥5cm) and/or multiple myomas at the fundus (upper part of uterus).
SI704C	Cervix, Transcervical Resection (TCR) Polyp (<2cm), Hysteroscopic	2B	\$2,900 to \$4,200	\$750 to \$1,100	
SI705C	Cervix, Transcervical Resection (TCR) Polyp (>2cm), Hysteroscopic	2C	\$3,000 to \$4,500	\$800 to \$1,200	
SI706C	Cervix, Transcervical Resection (TCR) Septum, Hysteroscopic	3A	\$3,000 to \$5,400	<i>Not available</i>	
SI707C	Cervix, Various Lesions, Colposcopy, Ablational And/Or Excisional Treatment (E.g. Laser Vapourisation/Loop Electrosurgical Excision Procedure/Laser Excision Of Transformation Zone With Biopsy)	2A	\$1,400 to \$3,000	\$550 to \$900	Note: Higher end of surgeon fees may be associated with laser surgery and could be more extensive.
SI802C	Cervix, Cervical Incompetence, Cerclage	2B	\$2,200 to \$3,600	\$750 to \$1,200	
SI803C	Cervix, Cervical Intraepithelial Neoplasia, Cone Biopsy With/Without Laser	3A	\$2,800 to \$4,900	\$550 to \$800	Note: Higher end of the surgeon fees may be associated with cone during pregnancy, or cone excision of more than 3-cm in diameter, or use of laser.
SI804C	Cervix, Ectropion, Amputation/Repair Of Cervix (Trachelorrhaphy)	3B	\$4,500 to \$7,800	<i>Not available</i>	
SI805C	Cervix, Polyp, Excision/Erosion (Complicated) Includes D&C With Biopsy	2B	\$1,700 to \$2,700	\$550 to \$800	
SI806C	Cervix, Polyp, Excision/Erosion (Simple) With Biopsy	1B	\$350 to \$900	\$550 to \$800	Note: Higher end of surgeon fees may be associated with more polyps being excised.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI807C	Cervix, Polyp/Erosion, Laser Therapy Without Colposcopy	1B	\$500 to \$900	<i>Not available</i>	
SI808C	Cervix, Stenosis, Dilatation	1B	\$750 to \$1,100	<i>Not available</i>	
SI809C	Cervix, Tear, Repair Under Anesthesia	1C	\$800 to \$2,000	<i>Not available</i>	
SI810C	Cervix, Various Lesions, Colposcopy And Biopsy	1C	\$500 to \$900	\$550 to \$800	
SI813C	Cervix, Various Lesions, Punch Biopsy	1A	\$300 to \$700	<i>Not available</i>	
SI814C	Clitoris, Clitoromegaly, Amputation	2C	\$2,200 to \$3,600	<i>Not available</i>	
SI700F	Fallopian Tube, Blocked Tube, Fluoroscopic Transcervical Fallopian Tubal Recanalisation (FTR)	2C	\$2,200 to \$3,600	<i>Not available</i>	
SI701F	Fallopian Tube, Blocked Tubes, Tubal Reanastomosis, MIS	5C	\$9,300 to \$14,100	<i>Not available</i>	
SI702F	Fallopian Tube, Falloposcopy	2B	\$2,000 to \$3,300	<i>Not available</i>	
SI703F	Fallopian Tube, Sterilization, Hysteroscopic	2B	\$2,000 to \$3,300	<i>Not available</i>	
SI704F	Fallopian Tube, Sterilization, MIS	2B	\$2,000 to \$3,900	<i>Not available</i>	
SI705F	Fallopian Tube, Tubal Pathology, Salpingectomy, MIS	3C	\$5,200 to \$7,500	\$1,200 to \$1,600	Note: Higher end of fees may be associated with procedures in a patient with co-existing pelvic pathologies or who manifests cardiovascular compromise.
SI706F	Fallopian Tube/Uterus/Ovary, Laparoscopy, Diagnostic, With Hydrotubation	3B	\$4,500 to \$7,500	<i>Not available</i>	
SI707F	Fallopian Tube/Uterus/Ovary, Laparoscopy, Therapeutic	4B	\$6,200 to \$10,600	<i>Not available</i>	
SI800F	Fallopian Tube, Blocked Tubes, Tuboplasty, Recanalisation, Hysteroscopic	3B	\$4,500 to \$9,000	<i>Not available</i>	
SI801F	Fallopian Tube, Blocked Tubes, Cornual Reanastomosis (Microsurgery/MIS)	5C	\$9,300 to \$14,100	<i>Not available</i>	
SI802F	Fallopian Tube, Blocked Tubes, Plastic Repair (Microsurgery/MIS)	5C	\$9,300 to \$14,100	<i>Not available</i>	
SI803F	Fallopian Tube, Blocked Tubes, Plastic Repair / Salpingostomy (Macrosurgery)	4C	\$6,400 to \$11,200	<i>Not available</i>	
SI804F	Fallopian Tube, Completed Family, Division/Ligation	2B	\$2,000 to \$3,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI805F	Fallopian Tube, Removal Of Ectopic Gestation	3B	\$3,900 to \$7,800	\$1,600 to \$2,600	Note: Higher end of fees may be associated with procedures in a patient with co-existing pelvic pathologies or who manifests cardiovascular compromise.
SI806F	Fallopian Tube, Peritubal Adhesions, Salpingolysis (Microsurgery/MIS)	5C	\$9,300 to \$14,100	<i>Not available</i>	
SI807F	Fallopian Tube, Peritubal Adhesions, Salpingolysis (Macrosurgery)	4A	\$5,600 to \$8,500	<i>Not available</i>	
SI808F	Fallopian Tube, Tubal Pathology Other Than Ectopic, Salpingectomy/ Salpingostomy	4A	\$3,600 to \$5,600	\$1,200 to \$1,600	Note: Higher end of fees may be associated with bilateral procedures.
SI809F	Fallopian Tube, Tubo-Ovarian Abscess, Drainage(Transabdominal)	3B	\$4,500 to \$7,500	<i>Not available</i>	
SI810F	Female Genitalia, Transsexualism (Transvestism), Sex Reassignment (Female To Male)	5A	\$8,200 to \$11,900	<i>Not available</i>	
SI811F	Female Genitalia, Transsexualism (Transvestism), Sex Reassignment With Mastectomy (Female To Male)	6B	\$14,200 to \$16,800	<i>Not available</i>	
SI800G	Genital Tract, Cancer, Staging Under General Anesthesia (Includes Cystoscopy/Dilatation & Curettage/Biopsy)	1C	\$800 to \$1,500	<i>Not available</i>	
SI801G	Genital Tract, Pelvic Cyst, Ultrasound Guided Procedure-Aspiration	2C	\$2,200 to \$3,600	<i>Not available</i>	
SI700L	Laparoscopy, Therapeutic, Except For Retrieval And Placement Of Gametes And Placement Of Embryos	3C	\$5,400 to \$8,700	\$1,000 to \$1,500	
SI701L	Laparotomy Debulking (Advanced Disease, Primary/Recurrent)	6A	\$12,400 to \$17,900	<i>Not available</i>	
SI702O	Ovary, Malignant Tumor/Cyst, Staging Laparotomy, As The Only Procedure	3C	\$5,000 to \$10,100	<i>Not available</i>	
SI703O	Ovarian Veins, Pelvic Congestion Syndrome, Ovarian Vein Embolisation	3B	\$4,500 to \$7,500	<i>Not available</i>	
SI800O	Ovary, Malignant Tumor/Cyst, Total Hysterectomy Bilateral Salpingo-	5C	\$14,200 to \$18,000	\$2,600 to \$3,800	Note: Higher end of the surgeon fees may be associated with Lymphadenectomy, while the lower end

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
	Oophorectomy With Omentectomy, Surgical Staging With/Without Lymphadenectomy				of the surgeon fees may be associated without Lymphadenectomy.
SI801O	Ovary, Tumor/Cyst, Aspiration Except For Ovum Retrieval	3B	\$4,500 to \$7,500	<i>Not available</i>	
SI802O	Ovary, Tumor/Cyst, Cystectomy (Complicated, >5cm)	4A	\$7,200 to \$10,100	\$1,500 to \$1,900	
SI803O	Ovary, Tumor/Cyst, Cystectomy (Simple, <5cm)	3B	\$5,000 to \$8,200	\$1,300 to \$1,800	
SI805O	Ovary, Tumor/Cyst, Oophorectomy/Salpingo-Oophorectomy (Simple)	3B	\$5,200 to \$7,400	\$1,300 to \$1,800	
SI806O	Ovary, Tumor/Cyst, Oophorectomy/Salpingo-Oophorectomy (Complicated)	4A	\$7,100 to \$10,200	\$1,300 to \$1,800	
SI807O	Ovary, Various Lesions, Biopsy	3A	\$3,000 to \$4,600	<i>Not available</i>	
SI808O	Ovary, Various Lesions, Ovariopexy	3B	\$4,500 to \$7,500	<i>Not available</i>	
SI809O	Ovary, Various Lesions, Ovarioplasty, Laparotomy/MIS (Using Microsurgical Techniques)	6B	\$14,200 to \$16,800	<i>Not available</i>	
SI810O	Ovary, Various Lesions, Wedge Resection	3B	\$4,500 to \$7,500	<i>Not available</i>	
SI700P	Pelvic Floor Reconstruction, MIS	4C	\$6,400 to \$11,200	<i>Not available</i>	
SI701P	Pelvis, Artery/Vein, Ligation/Occlusion	3C	\$5,000 to \$9,000	<i>Not available</i>	
SI702P	Pelvis, Frozen/Dense Pelvic Adhesions, Conservative Reconstruction Of Ovaries, Tubes, Uterus, Pelvic Floor	5A	\$8,200 to \$13,500	<i>Not available</i>	
SI703P	Pelvis, Malignant, Second Look Laparotomy	4A	\$5,600 to \$8,500	<i>Not available</i>	
SI700U	Uterus/Cervix, Hysteroscopy, Diagnostic (With General Anesthesia)	1C	\$1,200 to \$2,500	\$650 to \$950	
SI701U	Uterus/Cervix, Hysteroscopy, Diagnostic (Without Anaesthesia)	1A	\$400 to \$550	<i>Not available</i>	
SI702U	Uterus, Benign Conditions, Total Abdominal Hysterectomy With/Without Salpingo-Oophorectomy And Pelvic Floor Repair (Combined Operation)	4C	\$6,700 to \$11,200	\$1,900 to \$3,100	Note: Higher end of the surgeon fees may be associated with cases where pelvic floor repair is also performed, i.e. combined surgery.
SI703U	Uterus, Fetal Surgery	3B	\$4,500 to \$11,200	<i>Not available</i>	
SI704U	Uterus, Foetoscopy	4A	\$5,600 to \$8,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI705U	Uterus, Elongated Cervix, Cystocele, Rectocele, Amputation Of Cervix + Anterior Repair + Posterior Repair	4B	\$6,200 to \$9,500	<i>Not available</i>	
SI706U	Uterus, Endometrial Ablation (Balloon)	2B	\$2,000 to \$3,300	<i>Not available</i>	
SI707U	Uterus, Endometrial Ablation (Hysteroscopic)	2C	\$2,200 to \$4,500	<i>Not available</i>	
SI709U	Uterus, Fibroids, Myomectomy (Simple, <5cm)	3C	\$5,300 to \$8,100	\$1,300 to \$1,800	
SI710U	Uterus, Fibroids, Uterine Artery Embolization	3C	\$5,000 to \$8,000	<i>Not available</i>	
SI712U	Uterus, Sub-Total/Total Hysterectomy (≥12 Weeks), With/Without Salpingo-Oophorectomy	5A	\$7,500 to \$11,700	\$1,800 to \$2,600	Note: Surgeon fee benchmarks is not applicable to subtotal hysterectomy, which is usually not clinically recommended. If conducted, the fees for subtotal hysterectomy should generally not be higher than that for total hysterectomy.
SI713U	Uterus, Sub-Total/Total Hysterectomy (<12 Weeks), With/Without Salpingo-Oophorectomy	4B	\$6,700 to \$10,100	\$1,600 to \$2,400	Note: Surgeon fee benchmarks are not applicable to subtotal hysterectomy, which is usually not clinically recommended. If conducted, the fees for subtotal hysterectomy should generally not be higher than that for total hysterectomy.
SI715U	Uterus, MIS Ablation Of Endometriosis (Simple) (As Single Procedure, Not Involving Rectum, Ureter)	3C	\$4,500 to \$7,400	\$950 to \$1,400	
SI716U	Uterus, Lysis Of Asherman's (Complicated), Hysteroscopic	3A	\$3,000 to \$4,600	<i>Not available</i>	
SI717U	Uterus, Lysis Of Asherman's (Simple), Hysteroscopic	2C	\$2,200 to \$3,900	<i>Not available</i>	
SI718U	Uterus/Vagina, MIS Assisted Vaginal Hysterectomy (LAVH) With/Without Pelvic Floor Repair (PFR)	4B	\$6,700 to \$11,200	\$1,900 to \$2,800	Note: Higher end of fees may be associated with procedures involving Pelvic Floor Repair (PFR).
SI719U	Uterus, Prolapse, Cystocele, Rectocele, Amputation Of Cervix + Vaginal Sacrospinous Ligament Hysteropexy + Anterior Repair + Posterior Repair	4B	\$6,200 to \$9,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI720U	Uterus, Prolapse, Cystocele, Rectocele, Transobturator Mesh + Transsacrospinous Ligament Mesh	4B	\$6,200 to \$11,200	<i>Not available</i>	
SI721U	Uterus, Prolapse, Cystocele, Rectocele, Vaginal Hysterectomy + Anterior Repair + Bilateral Salpingo-Oophorectomy ± Posterior Repair	4B	\$6,200 to \$9,500	<i>Not available</i>	
SI722U	Uterus, Prolapse, Cystocele, Rectocele, Vaginal Sacrospinous Ligament Hysteropexy + Anterior Repair + Posterior Repair	4B	\$6,200 to \$9,500	<i>Not available</i>	
SI723U	Uterus, Prolapse, Vaginal Hysterectomy + Bilateral Salpingo-Oophorectomy	4B	\$6,200 to \$9,500	<i>Not available</i>	
SI724U	Uterus/Cervix, Hysteroscopic Cannulation	2B	\$2,000 to \$3,300	<i>Not available</i>	
SI725U	Uterus/Cervix, Hysteroscopy, Diagnostic, D&C	2B	\$2,000 to \$3,500	\$550 to \$900	
SI726U	Uterus/Vagina, Mis Reconstruction Of Frozen Pelvis/Lateral Pelvic Wall Dissection; Extirpation Of Rectovaginal Endometriosis	5C	\$9,300 to \$15,100	<i>Not available</i>	
SI800U	Urethra, Caruncle/Polyp, Excision/Laser Vaporisation	1C	\$800 to \$1,500	<i>Not available</i>	
SI801U	Urethra, Stenosis, Dilatation	1A	\$400 to \$550	<i>Not available</i>	
SI804U	Uterus, Broad Ligament Tumor, Hysterectomy	5C	\$7,500 to \$11,700	\$1,600 to \$2,100	
SI805U	Uterus, Hysterectomy, Frozen Pelvis	5C	\$7,200 to \$13,500	\$2,500 to \$3,700	Note: Higher end of fees may be associated with more complex cases e.g. malignant cancer if adhesions extend to the large bowel, complete frozen pelvis etc.
SI806U	Uterus, Congenital Organ Abnormality, Plastic Repair Including Metroplasty	6A	\$10,300 to \$17,900	<i>Not available</i>	
SI809U	Uterus, Displaced Intrauterine Contraceptive Device, Removal Under General Anesthesia	2A	\$550 to \$1,000	\$550 to \$700	
SI812U	Uterus, Endometriosis, Hysterectomy With/Without Salpingo-Oophorectomy	5C	\$7,200 to \$11,500	\$1,600 to \$2,100	Note: Higher end of the surgeon fees may be associated with USO or BSO, adhesiolysis, ureterolysis, enterolysis.
SI813U	Uterus, Fetal Disorder, Ultrasound Guided Fetal Blood Sampling/Cordocentesis	2C	\$2,200 to \$4,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI814U	Uterus, Fetal Disorder, Ultrasound Guided Fetal Therapy	4A	\$4,500 to \$11,200	<i>Not available</i>	
SI815U	Uterus, Fibroids, Myomectomy (Complicated E.g. >5cm, Multiple >2, Challenging Location)	5A	\$7,200 to \$10,800	\$1,400 to \$1,900	Note: The surgeon fee benchmarks are generally applicable for cases with up to 3 to 4 fibroids removed for MIS operations, and for up to 8 fibroids for open surgeries. Doctors should exercise discretion in ensuring reasonable charges for cases above that number in accordance to effort required, and be prepared to explain if necessary.
SI817U	Uterus, Genetic Abnormality, Ultrasound Guided Chorionic Biopsy	1C	\$950 to \$1,200	\$550 to \$900	
SI818U	Uterus, Genetic Abnormality/Fetal Maturity, With/Without Ultrasound Guided Amniocentesis	1C	\$550 to \$1,100	\$550 to \$900	Note: Higher end of the surgeon fees may be associated with multiple gestations.
SI819U	Uterus, Gravid, Evacuation (Complicated)	2B	\$1,500 to \$2,400	\$650 to \$950	
SI820U	Uterus, Gravid, Evacuation (Simple)	2A	\$800 to \$1,700	\$550 to \$800	
SI821U	Uterus, Gravid, Hysterectomy	4A	\$6,800 to \$12,400	\$1,600 to \$2,500	
SI822U	Uterus, Gravid, Hysterotomy	4A	\$3,100 to \$4,500	\$1,600 to \$2,500	
SI823U	Uterus, Inversion, Repositioning	3C	\$5,000 to \$8,000	<i>Not available</i>	
SI824U	Uterus, Malignant Condition, Anterior Pelvic Exenteration	6B	\$14,200 to \$18,500	<i>Not available</i>	
SI825U	Uterus, Malignant Condition, Radical Hysterectomy With/Without Lymphadenectomy	5C	\$10,100 to \$15,100	\$2,200 to \$3,600	Note: Higher end of surgeon fees may be associated with the removal of more lymph nodes and more extensive surgical dissection. Complex cases may require technical skills from sub-specialists.
SI826U	Uterus, Malignant Condition, Posterior Pelvic Exenteration	6B	\$14,200 to \$20,200	<i>Not available</i>	
SI827U	Uterus, Malignant Condition, Total Hysterectomy With/Without Salpingo-Oophorectomy, With/Without Lymph Node Dissection, MIS/Open	5A	\$10,100 to \$14,200	\$2,500 to \$4,100	Note: Higher end of the surgeon fees may be associated with adhesiolysis, enterolysis, uteus ≥12 weeks gestation.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI829U	Uterus, Malignant Conditions, Total Pelvic Exenteration	7C	\$22,400 to \$27,100	<i>Not available</i>	
SI830U	Uterus, Malignant Conditions, Wertheim's Operation Including Pelvic Lymphadenectomy	6B	\$14,200 to \$16,800	\$2,600 to \$4,200	
SI831U	Uterus, Perforation, Repair	3C	\$5,000 to \$8,000	<i>Not available</i>	
SI832U	Uterus, Pregnancy And Multiparity, Uncomplicated Caesarean Section And Tubal Ligation	4B	\$4,500 to \$6,400	\$1,200 to \$2,000	
SI833U	Uterus, Pregnancy, Complicated Vaginal Delivery (E.g. Twins, Breech, Instrumental Delivery)	3A	\$3,100 to \$4,500	\$750 to \$1,000	Note: Anaesthetist fee benchmarks are for epidural administration only.
SI834U	Uterus, Pregnancy, Uncomplicated Caesarean Section	4A	\$3,800 to \$5,400	\$1,200 to \$2,000	
SI835U	Uterus, Pregnancy, Caesarean Section With Hysterectomy	5C	\$9,300 to \$14,100	<i>Not available</i>	
SI836U	Uterus, Pregnancy, Vaginal Delivery (With Or Without Episiotomy Repair)	2B	\$2,300 to \$3,800	\$750 to \$1,000	Note: Anaesthetist fee benchmarks are for epidural administration only.
SI837U	Uterus, Prolapse, Vaginal Hysterectomy	4A	\$5,600 to \$8,500	<i>Not available</i>	
SI838U	Uterus, Retained Placenta, Manual Removal In OT/GA	1B	\$750 to \$1,100	<i>Not available</i>	
SI839U	Uterus, Retroversion, Ventrosuspension	3A	\$3,000 to \$4,600	<i>Not available</i>	
SI840U	Uterus, Ruptured, Repair (Complicated)	4A	\$5,600 to \$8,500	<i>Not available</i>	
SI841U	Uterus, Ruptured, Repair (Simple)	3B	\$3,000 to \$4,500	<i>Not available</i>	
SI842U	Uterus, Various Lesions, Curettage With Colposcopy/Biopsy/Diathermy/ Cryosurgery/Laser Therapy Of Cervix	2C	\$1,400 to \$2,600	\$550 to \$800	
SI843U	Uterus, Various Lesions, Curettage With/Without Dilatation	2A	\$1,100 to \$2,000	\$550 to \$800	Note: Higher end of the surgeon fees may be associated with dilation of the cervix, Uterus ≥12 weeks gestation.
SI844U	Uterus, Pregnancy, Complicated Caesarean Section (See Footnote For Definition Of 'Complicated') ⁸	4B	\$5,200 to \$6,500	\$1,400 to \$2,300	

⁸ Complicated' refers to the following list of conditions:

1. Abnormally invasive placenta
2. Massive PPH >1.5 L

8. Preterm Caesarean section <34 weeks
9. Abruptio placenta

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI845U	Uterus, Pregnancy And Multiparity, Complicated Caesarean Section And Tubal Ligation (See Footnote For Definition Of 'Complicated')	4C	\$5,900 to \$7,300	\$1,400 to \$2,300	
SI700V	Vagina, Cystocele, Paravaginal Defect Repair (Abdominal) / Burch Colposuspension	4A	\$5,600 to \$10,100	<i>Not available</i>	
SI701V	Vagina, Cystocele, Rectocele, Anterior Repair/Kelly's Operation + Posterior Repair	3B	\$4,500 to \$7,500	<i>Not available</i>	
SI702V	Vagina, Cystocele, Transobturator Mesh	3B	\$4,500 to \$9,000	<i>Not available</i>	
SI703V	Vagina, Enterocoele, Cystocele, Rectocele, Abdominal Sacrocolpopexy + Paravaginal Defect Repair/Burch Colposuspension + Posterior Repair	5A	\$8,200 to \$13,400	<i>Not available</i>	
SI704V	Vagina, Enterocoele, Cystocele, Rectocele, Vaginal Sacrospinous Ligament/Iliococcygeus Fixation + Anterior Repair + Posterior Repair	4A	\$5,600 to \$8,700	<i>Not available</i>	
SI705V	Vagina, Intra-Epithelial Neoplasia Complete/Upper Vaginectomy	4B	\$6,200 to \$11,200	<i>Not available</i>	
SI706V	Vagina, Intra-Epithelial Neoplasia Vaginectomy (Partial)	3C	\$5,000 to \$9,000	<i>Not available</i>	
SI707V	Vagina, Stress Incontinence, Cystocele, Rectocele, Mid-Urethral Tape/Sling (± Cystoscopy) + Anterior Repair + Posterior Repair	4B	\$6,200 to \$9,000	<i>Not available</i>	
SI710V	Vagina, Tension Free Vaginal Tape (TVT/TVTO)	4A	\$5,600 to \$8,500	<i>Not available</i>	

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- 3. Transverse lie
 - 4. Second stage Caesarean section
 - 5. Multiple gestation
 - 6. Placenta praevia
 - 7. Caesarean section in women with BMI>30

- 10. All crash Caesarean section
- 11. Two or more previous Caesarean section
- 12. Previous myomectomy with adhesions
- 13. Fibroids in the lower segment limiting access to the lower segment
- 14. Abnormal uterus e.g. Didelphys

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI711V	Vagina/Rectum, Recto Vaginal Fistula, Complex Rectal/Transperineal Approach With Colostomy	5B	\$11,200 to \$13,500	<i>Not available</i>	
SI712V	Vagina/Rectum, Recto Vaginal Fistula, Complex Rectal/Transperineal Approach Without Colostomy	4C	\$6,400 to \$10,100	<i>Not available</i>	
SI713V	Vaginal Hysterectomy + Anterior Repair +/- Posterior Repair	4A	\$6,200 to \$9,000	<i>Not available</i>	
SI714V	Vaginal Septum, Excision	2A	\$1,000 to \$1,900	<i>Not available</i>	
SI715V	Vulva, Labial Abnormality, Hymenoplasty	1B	\$750 to \$2,200	<i>Not available</i>	
SI716V	Vulva, Malignant Condition Wide Local Excision With Skin Flap Closure	4B	\$6,200 to \$11,200	<i>Not available</i>	
SI717V	Vulva, Malignant Condition, Radical Vulvectomy + Groin + Pelvic Node Dissection	6C	\$16,500 to \$18,900	<i>Not available</i>	
SI718V	Vulva, Malignant Condition, Simple Vulvectomy + Groin Dissection	5C	\$9,300 to \$14,100	<i>Not available</i>	
SI719V	Vulva, Malignant Condition, Wide Local Excision	3C	\$5,000 to \$9,000	<i>Not available</i>	
SI720V	Vulva/Vagina, Various Lesions, Colposcopy And Laser Vaporisation	1B	\$750 to \$1,700	<i>Not available</i>	
SI800V	Vagina, Atresia, Vaginoplasty	4B	\$6,200 to \$11,200	<i>Not available</i>	
SI801V	Vagina, Atresia/Stenosis, Dilatation	1B	\$750 to \$1,100	<i>Not available</i>	
SI802V	Vagina, Cystocele, Anterior Repair/Kelly's Operation	3B	\$3,400 to \$5,600	<i>Not available</i>	
SI803V	Vagina, Enterocoele, Repair/Vaginal Vault Suspension (Abdominal)	5A	\$8,200 to \$11,900	<i>Not available</i>	
SI804V	Vagina, Fistula, Repair (Complicated/Multiple)	5A	\$8,200 to \$13,500	<i>Not available</i>	
SI805V	Vagina, Fistula, Repair (Simple)	4A	\$5,600 to \$8,500	<i>Not available</i>	
SI806V	Vagina, Foreign Body, Removal	1A	\$400 to \$850	<i>Not available</i>	
SI807V	Vagina, Incarcerated Pessary, Removal	2B	\$2,000 to \$3,300	<i>Not available</i>	
SI808V	Vagina, Lacerations (Complex And Involving Anal Sphincter) And Debridement/Suture Under General Anaesthesia	2C	\$2,200 to \$4,000	<i>Not available</i>	
SI809V	Vagina, Lacerations (Simple), Debridement/Suture (Excludes Episiotomy)	1C	\$800 to \$1,700	<i>Not available</i>	
SI810V	Vagina, Malignant Condition, Vaginectomy	4B	\$6,200 to \$11,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI811V	Vagina, Pelvic Abscess, Colpotomy And Drainage	2C	\$2,200 to \$3,600	<i>Not available</i>	
SI812V	Vagina, Prolapse, Colporrhaphy	4A	\$5,600 to \$8,500	<i>Not available</i>	
SI814V	Vagina, Prolapse, Obliteration (Colpocleisis)	3B	\$4,500 to \$8,400	<i>Not available</i>	
SI815V	Vagina, Rectocele, Posterior Repair	2C	\$2,200 to \$3,900	<i>Not available</i>	
SI816V	Vagina, Simple Tumor/Gartner's Cyst, Removal With Biopsy	2B	\$2,000 to \$3,300	<i>Not available</i>	
SI817V	Vagina, Stress Incontinence, Kelly's Operation +/- Anterior Repair.	3C	\$5,000 to \$8,000	<i>Not available</i>	
SI818V	Vagina, Stress Incontinence, Abdominal /Combined Abdominovaginal Sling Operations (Eg. Watkins Interposition, Aldridge Sling And Other Pubovaginal Sling Operations) +/- Cystoscopy	4B	\$6,200 to \$9,900	<i>Not available</i>	
SI819V	Vagina, Various Lesions, Biopsy	1A	\$400 to \$550	<i>Not available</i>	
SI820V	Vulva, Abscess, Incision	1B	\$950 to \$2,200	\$550 to \$800	Note: Higher end of surgeon fees may be associated with a larger or deeper abscess.
SI821V	Vulva, Atresia/Absence, Detachment Of Skin Pedicle After Vaginoplasty	2B	\$2,000 to \$3,400	<i>Not available</i>	
SI822V	Vulva, Bartholin Cyst, Excision With/Without Use Of Laser	2B	\$1,400 to \$2,700	\$650 to \$950	Note: Higher end of the surgeon fees may be associated with Bartholin cyst ≥5cm in dimension.
SI823V	Vulva, Bartholin Cyst, Incision/Marsupialization With Or Without Use Of Laser	1B	\$950 to \$2,200	\$550 to \$800	Note: Higher end of surgeon fees may be associated with a larger or deeper cyst or with the use of a laser.
SI825V	Vulva, Hematoma, Evacuation > 5cm (Complicated/More Than 1)	2A	\$1,000 to \$2,800	<i>Not available</i>	
SI826V	Vulva, Hematoma, Evacuation <5cm (Simple)	1A	\$550 to \$1,100	<i>Not available</i>	
SI827V	Vulva, Imperforate Hymen, Hymenectomy	1B	\$750 to \$2,200	<i>Not available</i>	
SI828V	Vulva, Labial Abnormality, Labioplasty	1B	\$750 to \$2,200	<i>Not available</i>	
SI829V	Vulva, Laceration, Debridement/Suture >5cm (Complicated/ More Than 1)	1C	\$800 to \$2,200	<i>Not available</i>	
SI831V	Vulva, Malignant Condition, Radical Vulvectomy With Groin Dissection And With Or Without Skin Flap Closure	6B	\$14,200 to \$17,900	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SI832V	Vulva, Malignant Condition, Simple Vulvectomy With Skin Flap Closure	5A	\$8,200 to \$11,900	<i>Not available</i>	
SI834V	Vulva, Tight Introitus, Fenton's Operation	1C	\$800 to \$1,500	<i>Not available</i>	
SI835V	Vulva, Warts, Laser Vaporisation	1B	\$750 to \$1,700	<i>Not available</i>	

SJ – Endocrine

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SJ700A	Adrenal, Various Lesions, Adrenal Venous Sampling	3B	\$2,200 to \$3,400	<i>Not available</i>	
SJ800A	Adrenals, Various Lesions, Biopsy/Excision (Open Or Lap)	6B	\$10,300 to \$17,200	<i>Not available</i>	
SJ701P	Pituitary, Various Lesions, Transphenoidal/Transeptal Excision With/Without Grafting (Open/MIS)	6B	\$12,100 to \$17,700	\$3,400 to \$4,900	Note: Higher end of the surgeon fees may be associated with transsphenoidal/transeptal excision with grafting, while the lower end of the surgeon fees may be associated with transsphenoidal/transeptal excision without grafting.
SJ800P	Parathyroid, Various Lesions, Excision	5C	\$7,200 to \$13,200	<i>Not available</i>	
SJ801P	Parathyroid, Various Lesions, RE Exploration	6B	\$13,100 to \$19,300	<i>Not available</i>	
SJ701T	Thyroid, Various Lesions, Imaging Guided Percutaneous Aspiration/Biopsy	1B	\$500 to \$1,000	\$550 to \$800	Note: Higher end of surgeon fees may be associated with biopsies of more lesions e.g. >3.
SJ702T	Thyroid, Various Lesions, Total Thyroidectomy, Complex (Recurrence), With/Without Sternal Split	6A	\$15,700 to \$17,800	\$3,300 to \$5,300	Note: The anaesthetist fee benchmark range of \$3,300 to \$5,300 is for cases with sternal split. For cases without sternal split, the anaesthetist fee benchmark is \$2,390 to \$3,800.
SJ703T	Thyroid, Various Lesions, Total/Subtotal Thyroidectomy With Neck Dissection (Bilateral)	6C	\$13,800 to \$20,800	\$2,500 to \$3,700	
SJ800T	Thyroglossal Duct, Cyst Fistula, Excision	3B	\$5,000 to \$7,300	<i>Not available</i>	
SJ801T	Thyroid, Tumor, Excision	3B	\$2,200 to \$3,400	<i>Not available</i>	
SJ802T	Thyroid, Various Lesions, Hemithyroidectomy/Partial Thyroidectomy	4A	\$7,200 to \$9,500	\$1,700 to \$2,500	
SJ803T	Thyroid, Various Lesions, Total/Subtotal Thyroidectomy	5C	\$7,200 to \$12,800	\$2,000 to \$2,900	Note: The lower end of surgeon fees may be associated with subtotal thyroidectomy, while the higher end of surgeon fees may be associated with altered anatomy, larger thyroid or recurrent surgery.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SJ804T	Thyroid, Various Lesions, Total/Subtotal Thyroidectomy With Neck Dissection (Unilateral)	6A	\$9,200 to \$13,800	\$2,300 to \$3,400	

SK – Nervous

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK700A	Artery, Carotico-Cavernous Fistula, Embolisation	6B	\$12,100 to \$17,700	<i>Not available</i>	
SK701A	Artery, Extracranial, Various Lesions, Balloon Test Occlusion	3B	\$2,200 to \$3,400	<i>Not available</i>	
SK702A	Artery, Extracranial, Various Lesions, Diagnostic Extracranial Angiography	3A	\$2,200 to \$3,400	<i>Not available</i>	
SK703A	Artery, Extracranial, Various Lesions, Infusion	3C	\$4,800 to \$6,000	<i>Not available</i>	
SK704A	Artery, Extracranial, Various Lesions, Percutaneous Transcatheter Embolization	4B	\$2,700 to \$4,700	<i>Not available</i>	
SK705A	Artery, Extracranial, Various Lesions, Percutaneous Transluminal Angioplasty	4A	\$5,500 to \$8,300	<i>Not available</i>	
SK706A	Artery, Extracranial, Various Lesions, Stenting	4B	\$5,300 to \$9,000	<i>Not available</i>	
SK707A	Artery, Intracranial, Aneurysm/Arterio-Venous Malformation, Embolisation	6B	\$7,200 to \$10,200	<i>Not available</i>	
SK708A	Artery, Intracranial, Thrombosis, Percutaneous Catheter Directed Thrombolysis/Thrombectomy	6B	\$12,100 to \$17,700	<i>Not available</i>	
SK709A	Artery, Intracranial, Tumour, Percutaneous Transcatheter Embolization	4B	\$2,700 to \$4,700	<i>Not available</i>	
SK710A	Artery, Intracranial, Various Lesions, Diagnostic Cerebral Angiography	3A	\$2,200 to \$3,400	\$850 to \$1,200	
SK711A	Artery, Intracranial, Various Lesions, Percutaneous Transluminal Angioplasty	6A	\$9,500 to \$13,500	<i>Not available</i>	
SK712A	Artery, Intracranial, Various Lesions, Stenting	6B	\$7,200 to \$10,200	<i>Not available</i>	
SK713A	Artery, Spinal, Aneurysm/Arterio-Venous Malformation, Embolisation	6B	\$7,200 to \$10,200	<i>Not available</i>	
SK714A	Artery, Spinal, Tumour, Percutaneous Transcatheter Embolization	4B	\$2,700 to \$4,700	<i>Not available</i>	
SK715A	Artery, Spinal, Various Lesions, Diagnostic Angiography	3B	\$2,200 to \$3,400	<i>Not available</i>	
SK716A	Artery-Carotid, Aneurysm-Repair/Grafting	7B	\$17,400 to \$25,800	<i>Not available</i>	
SK717A	Artery-Carotid, Arterio-Occlusive Lesions, External Carotid Internal Carotid Bypass, Complex	7A	\$17,900 to \$26,600	<i>Not available</i>	
SK800A	Artery, Arterio-Venous Fistula, Ligation	2A	\$1,100 to \$2,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK801A	Artery-Carotid, Arterio-Occlusive Lesions, External Carotid Internal Carotid Bypass, Simple	6B	\$14,000 to \$19,600	<i>Not available</i>	
SK802A	Artery-Carotid, Atherosclerosis, Carotid Endarterectomy	6B	\$14,000 to \$19,600	<i>Not available</i>	
SK803A	Artery-Carotid, Carotid Body Tumor, Excision	6C	\$13,900 to \$20,900	<i>Not available</i>	
SK700B	Brain, Acoustic Tumor/Cerebello-Pontine Angle Tumor, Excision, Complex	7C	\$20,200 to \$30,300	<i>Not available</i>	
SK701B	Brain, Aneurysm/Arterio-Venous Malformation, Clipping/Excision, Complex	7A	\$17,900 to \$26,600	<i>Not available</i>	
SK702B	Brain, Cortical Stimulation/Mapping For Functional Neurosurgery	7A	\$15,900 to \$25,800	<i>Not available</i>	
SK703B	Brain, Deep Brain Stimulation, Bilateral	7C	\$17,900 to \$24,700	<i>Not available</i>	
SK704B	Brain, Deep Brain Stimulation, Unilateral	7A	\$15,900 to \$22,400	<i>Not available</i>	
SK705B	Brain, Epilepsy, Craniotomy, Complex (Awake Craniotomy)	7A	\$15,900 to \$25,800	<i>Not available</i>	
SK706B	Brain, Hydrocephalus And Other Lesions, Ventriculoatrial/Ventriculoperitoneal Shunt, Bilateral	4C	\$7,800 to \$11,000	<i>Not available</i>	
SK707B	Brain, Hydrocephalus, External Ventricular Drainage, Bilateral	4A	\$6,700 to \$9,000	<i>Not available</i>	
SK708B	Brain, Intracerebral Tumor, Biopsy And/Or Decompression/Removal Via Craniotomy, Complex	7A	\$14,600 to \$24,700	\$3,700 to \$5,900	Note: Lower end of fees may be associated with biopsy without removal of the tumour. Higher end of fees may be associated decompression and/or removal of tumour via craniotomy.
SK709B	Brain, Intracranial Extracerebral Tumor, Craniotomy & Removal, Complex	7A	\$15,800 to \$22,400	\$3,800 to \$6,100	Note: Higher end of fees may be associated with removal of tumours in difficult-to-access locations e.g. skull base region, and/or revision cases.
SK710B	Brain, Intracranial Extracerebral Tumor, Craniotomy/Hemispherectomy	6B	\$13,500 to \$19,100	<i>Not available</i>	
SK711B	Brain, Various Lesions, Pallidotomy/Thalamotomy/Other Stereotactic Procedure - Bilateral	6A	\$15,900 to \$22,400	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK712B	Brain/Spine Endoscopic CSF (Cerebrospinal Fluid Leak) Leak Repair	6B	\$12,100 to \$17,700	<i>Not available</i>	
SK800B	Brain And Spine, Arachnoidal Cyst, Operation	6B	\$12,100 to \$17,700	<i>Not available</i>	
SK801B	Brain, Acoustic Tumor/Cerebello-Pontine Angle Tumor, Excision, Simple	7A	\$17,900 to \$26,600	<i>Not available</i>	
SK802B	Brain, Aneurysm/Arterio-Venous Malformation, Clipping/Excision, Simple	6C	\$13,900 to \$20,900	<i>Not available</i>	
SK803B	Brain, Carotico-Cavernous Fistula, Extracranial And Intracranial Trapping	7B	\$17,900 to \$28,000	<i>Not available</i>	
SK804B	Brain, Epilepsy, Craniotomy, Simple	6B	\$13,500 to \$19,100	<i>Not available</i>	
SK805B	Brain, Hydrocephalus And Other Lesions, Ventriculoatrial/Ventriculoperitoneal Shunt	4A	\$7,400 to \$9,000	\$2,300 to \$3,700	Note: Higher end of fees are for cases involving ventriculoatrial or ventriculopleural shunts.
SK806B	Brain, Hydrocephalus, External Ventricular Drainage, Unilateral	3B	\$5,000 to \$8,400	<i>Not available</i>	
SK807B	Brain, Hydrocephalus, Revision/Removal Of Shunt	4A	\$4,600 to \$9,000	\$2,700 to \$4,300	Note: Lower end of fees may be associated with procedures for removal of shunt or change of valve while higher end of fees may be associated with procedures for revision of the whole shunt system.
SK808B	Brain, Hydrocephalus, Spino-Peritoneal Shunt	4A	\$7,400 to \$9,000	<i>Not available</i>	
SK809B	Brain, Hydrocephalus, Third Ventriculostomy	6A	\$13,300 to \$18,000	<i>Not available</i>	
SK810B	Brain, Intracerebral Tumor, Biopsy And/Or Decompression/Removal Via Craniotomy, Simple	6B	\$13,500 to \$19,100	<i>Not available</i>	
SK811B	Brain, Intracranial Abscess, Craniectomy And Drainage	6A	\$13,300 to \$18,000	<i>Not available</i>	
SK812B	Brain, Intracranial Abscess, Drainage Via Burr-Hole	4A	\$5,500 to \$8,300	<i>Not available</i>	
SK813B	Brain, Intracranial Abscess, Excision	6B	\$13,500 to \$19,100	<i>Not available</i>	
SK814B	Brain, Intracranial Extracerebral Tumor, Craniotomy & Removal, Simple	6B	\$13,500 to \$19,100	\$3,600 to \$5,700	
SK815B	Brain, Intracranial Tumor/Intracranial Cyst, Biopsy/Drainage Via Burr-Hole	5C	\$9,900 to \$13,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK816B	Brain, Tumor, Ventricular Puncture Through Burr-Hole	4C	\$6,300 to \$9,500	<i>Not available</i>	
SK817B	Brain, Various Lesions, Pallidotomy/Thalamotomy/Other Stereotactic Procedure - Unilateral	6A	\$13,300 to \$18,000	<i>Not available</i>	
SK818B	Brain, Various Lesions, Insertion Of Ommaya Reservoir	4A	\$5,500 to \$8,300	<i>Not available</i>	
SK700C	Brachial Plexus, Block, Catheter	1C	\$600 to \$1,800	<i>Not available</i>	
SK701C	Brachial Plexus, Block, No Catheter	1B	\$650 to \$1,100	<i>Not available</i>	
SK703C	Brachial Plexus, Exploration And Neurolysis	7B	\$15,100 to \$20,200	<i>Not available</i>	
SK759E	Examination Under Anaesthesia (General Or Regional) Without Other Surgical Procedures	1A	\$500 to \$1,300	\$550 to \$900	
SK700F	Facial, Trigeminal Ganglion Block, Anaesthetic	3A	\$1,500 to \$4,500	<i>Not available</i>	
SK701F	Facial, Trigeminal Nerve Block, Neurolytic	2A	\$1,400 to \$2,400	<i>Not available</i>	
SK702F	Facial, Trigeminal Ganglion Block, Neurolytic	3C	\$2,000 to \$5,000	<i>Not available</i>	
SK703F	Facial, Trigeminal Nerve Block, Anaesthetic	1B	\$650 to \$1,100	<i>Not available</i>	
SK700L	Sympathetic Nerves, Block, Catheter (Unilateral/Bilateral)	2B	\$1,200 to \$2,800	<i>Not available</i>	
SK701L	Lumbar Plexus, Block, Catheter	1C	\$850 to \$1,700	<i>Not available</i>	
SK702L	Lumbar Plexus, Block, No Catheter	1B	\$450 to \$1,500	<i>Not available</i>	
SK703L	Sympathetic Nerves, Block, Anaesthetic (Unilateral/Bilateral)	1B	\$650 to \$1,100	<i>Not available</i>	
SK704L	Sympathetic Nerves, Block, Neurolytic (Unilateral/Bilateral)	2A	\$1,100 to \$2,500	<i>Not available</i>	
SK800M	Meninges, Myelomeningocele, Excision Of Sac	6A	\$9,600 to \$12,900	<i>Not available</i>	
SK801M	Meninges, Myelomeningocele, Extensive Repair With Skin Flaps/Z-Plasty	6B	\$11,200 to \$14,600	<i>Not available</i>	
SK700N	Nerve Root, Block (Injection Of Anaesthetic, Therapeutic Substance) - Cervical, > 1 Level	2B	\$850 to \$2,800	\$850 to \$1,200	
SK701N	Nerve Root, Block (Injection Of Anaesthetic, Therapeutic Substance) - Cervical, 1 Level	2A	\$650 to \$2,200	\$550 to \$800	
SK704N	Coeliac Plexus, Block, Anaesthetic	2A	\$1,100 to \$2,500	<i>Not available</i>	
SK706N	Coeliac Plexus, Block, Neurolytic	2B	\$1,200 to \$2,800	<i>Not available</i>	
SK707N	Nerve (Orofacial), Defect, Graft (Multiple) Using Microsurgical Techniques (Include Harvesting)	6A	\$13,500 to \$20,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK708N	Nerve (Orofacial), Defect, Graft (Single)/Nerve Share, Using Microsurgical Techniques (Include Harvesting)	5A	\$9,000 to \$13,500	<i>Not available</i>	
SK710N	Nerve (Orofacial), Injury, Decompression (Single)	3A	\$2,200 to \$4,900	<i>Not available</i>	
SK711N	Nerve (Orofacial), Injury, Microsurgical Repair (Multiple/ Single Intraosseous)	5A	\$9,200 to \$14,100	<i>Not available</i>	
SK712N	Nerve (Orofacial), Injury, Microsurgical Repair (Single)	4A	\$5,200 to \$7,700	<i>Not available</i>	
SK713N	Nerve (Lower Limb), Disruption, Major Reconstruction With Repair And/Or Neurovascular Transfer	6B	\$12,000 to \$15,700	<i>Not available</i>	
SK714N	Nerve (Lower Limb), Disruption, Major Repair (Single)	4A	\$6,100 to \$8,600	<i>Not available</i>	
SK715N	Nerve (Lower Limb), Entrapment Syndrome, Decompression	3C	\$2,300 to \$5,700	<i>Not available</i>	
SK716N	Nerve (Upper Limb), Carpal Tunnel Syndrome, Release, Bilateral, (With Endoneurolysis)	4A	\$3,600 to \$5,700	\$850 to \$1,200	
SK717N	Nerve (Upper Limb), Carpal Tunnel Syndrome, Release, Unilateral, (With Endoneurolysis)	3A	\$2,400 to \$3,800	\$600 to \$900	
SK718N	Nerve Defect, Peripheral Graft (Microsurgery)	5C	\$5,600 to \$9,200	<i>Not available</i>	
SK719N	Nerve (Upper Limb), Defect, Graft (Single) Using Microsurgical Techniques	4B	\$7,200 to \$11,000	<i>Not available</i>	
SK720N	Nerve (Upper Limb), Defect, Grafting/Interfascicular Repair/Neurovascular Transfer	6B	\$12,000 to \$16,800	<i>Not available</i>	
SK721N	Nerve (Upper Limb), Entrapment Syndrome (Others), Decompression (Bilateral)	3C	\$3,700 to \$5,700	<i>Not available</i>	
SK722N	Nerve (Upper Limb), Entrapment Syndrome (Others), Decompression (Unilateral)	3A	\$2,500 to \$4,500	<i>Not available</i>	
SK724N	Nerve (Upper Limb), Guyon's Tunnel Syndrome, Release (Bilateral With Endoneurolysis)	4A	\$5,300 to \$8,400	<i>Not available</i>	
SK725N	Nerve (Upper Limb), Guyon's Tunnel Syndrome, Release (Unilateral)	3A	\$3,600 to \$5,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK726N	Nerve (Upper Limb)-Major, Injury, Microsurgical Repair (Multiple)	5C	\$8,400 to \$11,200	<i>Not available</i>	
SK727N	Nerve (Upper Limb)-Major, Injury, Microsurgical Repair (Single)	4B	\$5,000 to \$7,800	<i>Not available</i>	
SK729N	Nerve Roots, Dorsal Root Ganglion, Anaesthetic, More Than Two	3C	\$1,500 to \$2,200	\$850 to \$1,200	
SK730N	Nerve Roots, Dorsal Root Ganglion, Anaesthetic, One To Two	2B	\$1,000 to \$1,900	\$550 to \$800	
SK731N	Nerve Roots, Dorsal Root Ganglion, Radiofrequency, Neurolytic, More Than Two	4C	\$4,500 to \$7,200	\$850 to \$1,200	
SK732N	Nerve Roots, Dorsal Root Ganglion, Radiofrequency, Neurolytic, One To Two	4B	\$4,000 to \$6,000	\$750 to \$1,100	
SK733N	Peripheral Nerve, Block, Anaesthetic (Up To 2 Nerves)	1A	\$450 to \$900	<i>Not available</i>	Note: Higher surgeon fees may be associated with cases where procedure is complicated by access to the nerves e.g., due to tumour and severe spondylosis requiring more time and effort.
SK735N	Peripheral Nerve, Block, Anaesthetic (More Than 2 Nerves)	1C	\$850 to \$1,700	<i>Not available</i>	Note: Higher surgeon fees may be associated with cases where procedure is complicated by access to the nerves e.g., due to tumour and severe spondylosis requiring more time and effort.
SK736N	Peripheral Nerve, Block, Neurolytic (Up To 2 Nerves)	1B	\$650 to \$1,500	\$600 to \$900	Note: Higher surgeon fees may be associated with cases where procedure is complicated by access to the nerves e.g., due to tumour and severe spondylosis requiring more time and effort.
SK737N	Nerve Root, Block (Injection Of Anaesthetic, Therapeutic Substance), Lumbar/Thoracic, > 1 Level	2A	\$750 to \$2,200	\$600 to \$900	
SK738N	Nerve Root, Block (Injection Of Anaesthetic, Therapeutic Substance), Lumbar/Thoracic, 1 Level	1C	\$850 to \$1,800	\$550 to \$800	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK740N	Peripheral Nerve, Block, Neurolytic (More Than 2 Nerves)	2B	\$1,000 to \$2,800	\$850 to \$1,200	Note: Higher surgeon fees may be associated with cases where procedure is complicated by access to the nerves e.g., due to tumour and severe spondylosis requiring more time and effort.
SK741N	Nerve, Vagus Nerve Stimulator	6A	\$10,200 to \$13,900	<i>Not available</i>	
SK742N	Neurostimulator, Insertion Of Internal Pulse Generator, Involves Opening Of Wound, Tunneling, Opening Of Pouch For IPG & Testing Of System	4B	\$6,300 to \$9,200	<i>Not available</i>	
SK743N	Neurostimulator, Revision/Replacement Of Implantable Pulse Generator (Does Not Involve Tunneling)	3B	\$4,500 to \$6,000	<i>Not available</i>	
SK744N	Nerve-Digital, Injury, Microsurgical Repair (Multiple)	4B	\$3,800 to \$6,900	<i>Not available</i>	
SK745N	Nerve-Digital, Injury, Microsurgical Repair (Single)	2C	\$2,900 to \$4,600	<i>Not available</i>	
SK746N	Nerve-Facial Paralysis, Free Fascia And/Or Nerve Graft (Microsurgical – Stage 1)	3B	\$5,000 to \$7,600	<i>Not available</i>	
SK747N	Nerve-Facial Paralysis, Free Muscle Flap (Microsurgical – Stage 2)	7B	\$24,700 to \$35,500	<i>Not available</i>	
SK748N	Nerve-Facial Paralysis, Free Fascia Sling/Graft (Single/Unilateral)	3A	\$3,400 to \$5,000	<i>Not available</i>	
SK749N	Nerve-Facial Paralysis, Local Muscle Transfer	5A	\$9,000 to \$13,500	<i>Not available</i>	
SK758N	Nerve, Faecal Incontinence Or Other, Percutaneous Tibial Nerve Stimulation	1A	\$300 to \$500	<i>Not available</i>	
SK800N	Nerve, Various Lesions, Biopsy	1B	\$800 to \$1,800	<i>Not available</i>	
SK801N	Nerve, Various Lesions, Primary/Secondary Suture	4A	\$4,800 to \$7,800	<i>Not available</i>	
SK802N	Nerve-Cranial, Various Lesions, Microvascular Decompression/Neurectomy	6B	\$13,500 to \$19,100	<i>Not available</i>	
SK803N	Nerve-Cutaneous, Injury, Primary Suture	3B	\$3,500 to \$5,400	<i>Not available</i>	
SK804N	Nerve-Digital, Injury, Primary Repair	2C	\$1,200 to \$3,400	<i>Not available</i>	
SK805N	Nerve-Facial (Mastoid Portion), Entrapment, Decompression	5C	\$9,000 to \$12,900	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK806N	Nerve-Facial, Various Lesions, Combined Middle Fosa And Transmastoid Facial Nerve Decompression	7C	\$22,400 to \$35,500	<i>Not available</i>	
SK807N	Nerve-Peripheral (Deep), Tumor, Excision	4A	\$5,500 to \$8,100	<i>Not available</i>	
SK808N	Nerve-Peripheral (Superficial), Tumor, Excision	3A	\$3,400 to \$5,300	<i>Not available</i>	
SK809N	Nerve-Sympathetic, Various Lesions, Sympathectomy, With/Without Video-Assistance, Bilateral	5A	\$7,500 to \$12,000	<i>Not available</i>	
SK810N	Nerve-Sympathetic, Various Lesions, Sympathectomy, With/Without Video-Assistance, Unilateral	4B	\$3,700 to \$5,900	<i>Not available</i>	
SK811N	Nerve-Trigeminal (Ganglion), Neurologia, Injection With Alcohol/Radiofrequency Ganglionotomy, Imaging Guided	4B	\$3,100 to \$5,600	<i>Not available</i>	
SK812N	Nerve, Ulnar, Entrapment, Transposition	5A	\$5,900 to \$9,000	<i>Not available</i>	
SK800P	Brachial Plexus, Exploration And/Or Neurotisation And/Or Multiple Nerve Grafting/Crossed Nerve Transfers	6B	\$13,300 to \$18,600	<i>Not available</i>	
SK701S	Spine, Implantation Of Port E.g. Port-A-Cath	2B	\$850 to \$2,800	<i>Not available</i>	
SK702S	Spine, Facet Joint Block (Injection Of Anaesthetic Or Therapeutic Substance), Up To 3 Joints	2B	\$850 to \$2,800	\$550 to \$800	Note: Higher end of fees may be associated with interventions in locations with severe spinal deformity and/or spinal implants
SK703S	Spine, Facet Joint Block (Injection Of Anaesthetic Or Therapeutic Substance), More Than 3 Joints	2C	\$1,100 to \$3,400	\$750 to \$1,100	Note: Higher end of fees may be associated with interventions in locations with severe spinal deformity and/or spinal implants
SK704S	Spine, Facet Joint, Radiofrequency, Up To 3 Joints	3C	\$1,600 to \$3,600	\$600 to \$900	Note: Higher end of fees may be associated with interventions in locations with severe spinal deformity and/or spinal implants
SK705S	Spine, Facet Joint, Radiofrequency, More Than 3 Joints	4A	\$4,500 to \$7,200	\$850 to \$1,200	Note: Higher end of surgeon fees are associated with treatment for more joints.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK706S	Sacral Root Block, Neurolytic, Radiofrequency, Imaging Guided, Up To 2	2C	\$1,300 to \$3,200	<i>Not available</i>	Note: Higher surgeon fees may be associated with cases where procedure is complicated by access to the nerves e.g., due to tumour and severe spondylosis requiring more time and effort.
SK707S	Sacral Root Block, Neurolytic, Radiofrequency, Imaging Guided, More Than 2	4A	\$2,300 to \$4,500	<i>Not available</i>	Note: Higher surgeon fees may be associated with cases where procedure is complicated by access to the nerves e.g., due to tumour and severe spondylosis requiring more time and effort.
SK709S	Sacrum, Ganglion Impar, Block, Anaesthetic	3A	\$1,300 to \$4,000	<i>Not available</i>	
SK710S	Sciatic Nerve, Block	1A	\$450 to \$1,200	<i>Not available</i>	
SK711S	Paravertebral Region, Block, Anaesthetic (More Than 2 Levels)	2A	\$1,300 to \$2,400	\$550 to \$900	Note: Higher surgeon fees may be associated with cases where procedure is complicated by access to the nerves e.g., due to tumour and severe spondylosis requiring more time and effort.
SK714S	Paravertebral Region, Block, Anaesthetic (Up To 2 Levels)	1B	\$550 to \$900	\$550 to \$800	Note: Higher surgeon fees may be associated with cases where procedure is complicated by access to the nerves e.g., due to tumour and severe spondylosis requiring more time and effort.
SK715S	Sacro-Iliac Joint, Radiofrequency, Bilateral	4A	\$3,400 to \$5,300	<i>Not available</i>	
SK716S	Sacro-Iliac Joint, Sacroiliac Joint Block (Injection Of Anaesthetic, Therapeutic Substance), Bilateral	2B	\$1,200 to \$2,300	<i>Not available</i>	
SK717S	Sacro-Iliac Joint, Sacroiliac Joint Block (Injection Of Anaesthetic, Therapeutic Substance), Unilateral	1B	\$650 to \$1,100	<i>Not available</i>	
SK718S	Sacro-Iliac Joint, Radiofrequency, Unilateral	3A	\$2,200 to \$3,900	<i>Not available</i>	
SK719S	Skull, Craniostenosis, Operation, Craniofacial Reconstruction	7A	\$19,100 to \$33,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK720S	Skull, Intracranial Hemorrhage, Osteoplastic Craniotomy/Extensive Craniectomy, Bilateral	6A	\$13,300 to \$18,000	<i>Not available</i>	
SK721S	Skull, Burr Hole, Insertion Of Intracranial Pressure (ICP) Monitor	3B	\$5,000 to \$8,400	<i>Not available</i>	
SK722S	Skull, Chiari Malformation/Syringomyelia, Posterior Fossa Decompression With Duraplasty	7A	\$17,400 to \$24,800	<i>Not available</i>	
SK723S	Sphenopalatine Ganglion - Block, Neurolytic	3C	\$2,000 to \$4,500	<i>Not available</i>	
SK724S	Spinal Cord, Stimulation/Modulation, Open/Closed/Percutaneous	5C	\$10,500 to \$14,700	<i>Not available</i>	
SK726S	Spinal Cord, Tumours, Laminectomy And Excision (Extradural)	6B	\$14,600 to \$18,400	<i>Not available</i>	
SK727S	Spinal Cord, Tumours, Laminectomy And Excision (Intradural Extramedullary)	6C	\$17,400 to \$22,400	\$3,500 to \$5,100	Note: Higher end of fees may be associated with more complex cases e.g. tumours in cervical region, >3 levels laminectomy or revision cases.
SK728S	Spinal Cord, Tumours, Laminectomy And Excision (Intradural Intramedullary)	7A	\$17,400 to \$24,800	\$3,700 to \$5,400	Note: Higher end of fees may be associated with more complex cases e.g. tumours in cervical region, >3 levels laminectomy or revision cases.
SK729S	Spinal- Implant Of Electrical Pump Device	5C	\$10,500 to \$14,700	<i>Not available</i>	
SK730S	Spinal/Epidural Removal, Revision Of Implanted Reservoir Device (E.g. Par)	2C	\$1,300 to \$3,900	<i>Not available</i>	
SK731S	Spine, Thoracic/Lumbar, Epidural Adhesiolysis, Multiple Catheter	3C	\$1,600 to \$2,800	<i>Not available</i>	
SK732S	Spine, Cervical, Epidural Adhesiolysis, Single Catheter	4B	\$2,800 to \$4,500	<i>Not available</i>	
SK733S	Spine, Thoracic/Lumbar, Epidural Adhesiolysis, Single Catheter	3B	\$1,700 to \$5,000	<i>Not available</i>	
SK734S	Spinal/Epidural, Epiduroscopy	2A	\$750 to \$2,300	<i>Not available</i>	
SK735S	Sacrum, Ganglion Impar, Block, Radiofrequency, Neurolytic	3C	\$2,000 to \$5,700	<i>Not available</i>	
SK737S	Spine, Percutaneous Implant Of Spinal Cord Stimulator, (Trial), Single Lead	3B	\$1,300 to \$4,000	<i>Not available</i>	
SK738S	Spine, Percutaneous Implant Of Spinal Cord Stimulator, (Trial), Double Leads	3C	\$2,000 to \$5,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK739S	Spine, Removal Of Spinal Cord Stimulator Electrical Generator	3A	\$2,200 to \$4,000	<i>Not available</i>	
SK740S	Spine, Replacement Of Computerized Reservoir Device (E.g. Synchromed)	3B	\$2,900 to \$5,000	<i>Not available</i>	
SK741S	Spine, Replacement Of Spinal Cord Stimulator, Electrical Generator	3B	\$2,200 to \$4,000	<i>Not available</i>	
SK747S	Spine, Various Lesions, Syringo-Arachnoid/Pleural/Peritoneal Shunt	6A	\$10,200 to \$13,900	<i>Not available</i>	
SK752S	Splanchnic Nerves, Block, Anaesthetic	2B	\$1,100 to \$2,800	<i>Not available</i>	
SK753S	Splanchnic Nerves, Block, Neurolytic	2C	\$1,300 to \$3,900	<i>Not available</i>	
SK754S	Stellate Ganglion, Block, Anaesthetic	1B	\$650 to \$1,100	<i>Not available</i>	
SK756S	Stellate Ganglion, Block, Neurolytic	2B	\$1,200 to \$2,800	<i>Not available</i>	
SK757S	Superior Hypogastric Plexus, Various Lesions, Imaging Guided Injection Of Anaesthetic	2B	\$1,200 to \$2,800	<i>Not available</i>	
SK758S	Superior Hypogastric Plexus, Various Lesions, Imaging Guided Injection Of Neurolytic, Radiofrequency	3B	\$1,700 to \$5,000	<i>Not available</i>	
SK759S	Spine, Cervical/Thoracic, Injection, Epidural, Without Other Procedures	1C	\$850 to \$1,700	<i>Not available</i>	
SK760S	Spine, Lumbar/Sacral/Caudal, Injection, Epidural, Without Other Procedures	1A	\$450 to \$900	<i>Not available</i>	
SK761S	Spine, Cervical/Thoracic, Injection, Intrathecal Without Other Procedures	2B	\$1,200 to \$2,800	<i>Not available</i>	
SK762S	Spine, Lumbar/Sacral/Caudal, Injection, Intrathecal Without Other Procedures	2A	\$800 to \$1,600	<i>Not available</i>	
SK763S	Spine, Cervical, Epidural Adhesiolysis, Multiple Catheter	4C	\$3,200 to \$6,000	<i>Not available</i>	
SK764S	Sphenopalatine Ganglion, Block, Anaesthetic	3B	\$1,700 to \$4,900	<i>Not available</i>	
SK800S	Skull, Compound Fracture With Dural Penetration And Brain Damage, Operation	6B	\$12,100 to \$17,700	<i>Not available</i>	
SK801S	Skull, Compound Fracture Without Dural Penetration, Operation	5C	\$9,900 to \$13,700	<i>Not available</i>	
SK802S	Skull, Craniostenosis (Multiple Suture), Operation	6B	\$13,500 to \$19,100	<i>Not available</i>	
SK803S	Skull, Craniostenosis (Single Suture), Operation	6A	\$13,300 to \$18,000	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SK804S	Skull, Defect, Cranioplasty (Large)	5C	\$9,900 to \$13,700	<i>Not available</i>	
SK805S	Skull, Defect, Cranioplasty (Small)	5A	\$7,500 to \$12,000	<i>Not available</i>	
SK806S	Skull, Depressed/Comminuted Fracture, Elevation	5C	\$9,900 to \$13,700	<i>Not available</i>	
SK807S	Skull, Fracture With Rhinorrhoea/Otorrhoea, Cranioplasty And Repair	6B	\$13,500 to \$19,100	<i>Not available</i>	
SK808S	Skull, Intracranial Hemorrhage, Burr-Hole Craniotomy, Bilateral	5A	\$7,500 to \$12,000	<i>Not available</i>	
SK809S	Skull, Intracranial Hemorrhage, Burr-Hole Craniotomy, (Unilateral)	4A	\$5,600 to \$11,200	<i>Not available</i>	
SK810S	Skull, Intracranial Hemorrhage, Osteoplastic Craniotomy/Extensive Craniectomy, Unilateral	5C	\$11,300 to \$16,200	<i>Not available</i>	
SK811S	Skull, Osteomyelitis, Craniectomy	5C	\$9,900 to \$13,700	<i>Not available</i>	
SK812S	Spinal Cord, Aneurysm/Arterio-Venous Malformation Clipping/ Excision	7A	\$17,900 to \$26,600	<i>Not available</i>	
SK700T	Intercostal Nerve, Block, Anaesthetic (More Than 3 Levels)	1C	\$850 to \$1,700	<i>Not available</i>	
SK701T	Intercostal Nerve, Block, Anaesthetic (Up To 3 Levels)	1B	\$650 to \$1,100	<i>Not available</i>	
SK702T	Intercostal Nerve, Block, Neurolytic (Up To 3 Levels)	2A	\$1,100 to \$2,500	<i>Not available</i>	
SK703T	Interpleural Space, Block, Catheter	1C	\$800 to \$1,200	<i>Not available</i>	
SK704T	Interpleural Space, Block, No Catheter	1B	\$650 to \$1,100	<i>Not available</i>	
SK705T	Intercostal Nerve, Block, Neurolytic (More Than 3 Levels)	2C	\$1,300 to \$3,900	<i>Not available</i>	
SK701V	Vein, Intracranial, Venous Sampling	3B	\$2,200 to \$3,400	<i>Not available</i>	
SK702V	Vein, Intravenous Sympathetic, Bier's Block	1B	\$550 to \$1,100	<i>Not available</i>	

SL – Eye

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL800A	Anterior Chamber Paracentesis, Irrigation Or Reformation	1B	\$550 to \$1,300	\$550 to \$900	
SL802A	Anterior Chamber, Various Lesions, Vitreous Removal	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL700B	Brow, Browlift, Endoscopic, Bilateral	5A	\$5,100 to \$8,200	<i>Not available</i>	
SL701B	Brow, Browlift, Endoscopic, Bilateral With Mid-Face Lift	5C	\$8,700 to \$12,300	<i>Not available</i>	
SL702B	Brow, Browlift, Endoscopic, Unilateral	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL703B	Brow, Direct Browplasty, Bilateral	3C	\$2,500 to \$4,600	<i>Not available</i>	
SL704B	Brow, Direct Browplasty, Unilateral	3A	\$2,000 to \$3,000	<i>Not available</i>	
SL819B	Biopsy: Corneal, Limbal, Oral, Conjunctiva	1B	\$650 to \$1,500	<i>Not available</i>	
SL700C	Conjunctiva, Excision Of Pterygium, Bare Sclera	1A	\$750 to \$1,500	<i>Not available</i>	
SL701C	Conjunctiva, Pterygium, Removal, Complex (Recurrent, Double, Symblepharon), With Or Without Amniotic Membrane Transplant	3B	\$2,800 to \$4,300	\$650 to \$1,000	
SL702C	Cornea, Astigmatic Keratotomy (With Or Without Limbal Relaxing Incisions / Graft Refractive Surgery)	3A	\$2,000 to \$3,000	<i>Not available</i>	
SL703C	Cornea, Descemet's Membrane Endothelial Keratoplasty (DMEK)	6B	\$8,000 to \$13,600	<i>Not available</i>	
SL704C	Cornea, Riboflavin-UVA Induced Collagen Crosslinking Treatment For Corneal Ectasia (CXL-Crosslinking Laser/Post Lasik Keratectomy/Keratitis)	3B	\$1,700 to \$3,000	\$550 to \$900	
SL705C	Cornea/Conjunctiva, Gunderson Flap	3B	\$2,800 to \$4,300	<i>Not available</i>	
SL706C	Corneal/Ocular Surface, Osteo-Odonto-Keratoprosthesis Stage 1	7C	\$14,700 to \$21,900	<i>Not available</i>	
SL707C	Corneal/Ocular Surface, Osteo-Odonto-Keratoprosthesis Stage 2	5C	\$6,700 to \$9,400	<i>Not available</i>	
SL709C	Cornea, Superficial Keratectomy	2A	\$800 to \$1,700	<i>Not available</i>	
SL800C	Conjunctiva, Limbic Tumor, Removal	2C	\$1,500 to \$2,500	<i>Not available</i>	
SL801C	Conjunctiva, Naevus, Removal	1B	\$550 to \$1,300	<i>Not available</i>	
SL802C	Conjunctiva, Pinguecula, Removal	1B	\$1,000 to \$1,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL803C	Conjunctiva, Pterygium, Removal With Conjunctival Graft	3A	\$1,900 to \$3,100	\$550 to \$900	
SL804C	Cornea, Band Keratopathy, Removal With Ethylene Diamine Tetra-Acetic Acid	2A	\$1,200 to \$2,000	<i>Not available</i>	
SL806C	Cornea, Various Lesions, Keratoplasty, Complex (Tectonic, Therapeutic, Lamellar, Descemet Stripping Automated Endothelial Keratoplasty)	6A	\$7,800 to \$12,300	<i>Not available</i>	
SL807C	Cornea, Laceration, Conjunctival Graft Over Cornea	2C	\$1,600 to \$2,800	<i>Not available</i>	
SL808C	Cornea, Laceration, Conjunctival Peritomy/Repair By Conjunctival Flap	2C	\$1,600 to \$2,800	<i>Not available</i>	
SL809C	Cornea, Myopia, Phototherapeutic Keratectomy/Laser In-Situ Keratomileusis	3A	\$2,200 to \$3,600	<i>Not available</i>	
SL810C	Cornea, Various Lesions, Transplantation (Superficial/Lamellar/Full Thickness)	5B	\$6,100 to \$7,800	\$1,300 to \$2,100	Note: Higher end of fees may be associated with procedures done via lamellar technique (more technically challenging).
SL811C	Cornea, Various Lesions, Transplantation With Cataract Extraction And Intra-Ocular Lens Implantation	6B	\$8,000 to \$13,600	<i>Not available</i>	
SL700E	Eye, Glaucoma, Filtering And Allied Operations (Including Trabeculectomy / Sclerectomy) With Anti-Metabolites	4A	\$2,900 to \$4,300	\$950 to \$1,500	
SL701E	Eye, Glaucoma, Goniotomy/Trabeculotomy (Bilateral)	5A	\$5,000 to \$6,800	<i>Not available</i>	
SL702E	Eye, Glaucoma, Goniotomy/Trabeculotomy (Bilateral) - Paediatric	5A	\$5,000 to \$6,800	<i>Not available</i>	
SL703E	Eye, Glaucoma, Goniotomy/Trabeculotomy (Unilateral) - Paediatric	4A	\$3,000 to \$5,000	<i>Not available</i>	
SL704E	Eye, Glaucoma, Selective Laser Trabeculoplasty (Bilateral)	2C	\$2,300 to \$3,800	\$550 to \$800	
SL705E	Eye, Glaucoma Drainage Implants Eg. Ahmed Valve Implant, Molteno Implant , Baerveldt Tube Shunt	5C	\$5,400 to \$8,100	\$1,100 to \$1,800	
SL706E	Eye, Glaucoma, Cyclodestructive Procedures	3B	\$2,200 to \$3,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL707E	Eye, Glaucoma, Goniosynechiolysis	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL708E	Eye, Squint, Complex Strabismus Surgery (4 Or More Muscles, Transposition, Muscle Splitting)	5A	\$4,800 to \$6,800	<i>Not available</i>	
SL709E	Eye, Thermal Photocoagulation Of Choroidal Neovascularization And Allied Conditions	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL710E	Eyelids, Non-Involitional Entropion/ Ectropion Correction (Unilateral)	3C	\$2,200 to \$4,400	\$850 to \$1,200	
SL711E	Eyelids, Non-Involitional Ectropion/ Entropion, Correction (Bilateral)	4B	\$3,400 to \$6,600	\$1,000 to \$1,500	
SL712E	Eye, Medial Canthal Reconstruction, Bilateral	3C	\$5,000 to \$7,600	<i>Not available</i>	
SL713E	Eye, Medial Canthal Reconstruction, Unilateral	3A	\$3,400 to \$5,000	<i>Not available</i>	
SL714E	Eye, Needling Of Blebs With Anti-Metabolites	1A	\$650 to \$1,500	<i>Not available</i>	
SL715E	Eye, Socket, Complex Anophthalmic Socket Reconstruction	5A	\$4,800 to \$6,800	<i>Not available</i>	
SL716E	Eyelid, Ptosis, Conjunctival Mullerectomy (Bilateral)	4B	\$3,500 to \$4,800	<i>Not available</i>	
SL717E	Eyelid, Ptosis, Conjunctival Mullerectomy (Unilateral)	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL718E	Eyelids, Various Lesions, Upper Blepharoplasty, Bilateral	3C	\$3,400 to \$5,900	\$1,000 to \$1,500	
SL719E	Eyeball, Enuclation With Acrylic & Scleral Ball Implant	4C	\$3,700 to \$5,700	<i>Not available</i>	
SL720E	Eyelid Lowering (Gold Weight Implant), Bilateral	3C	\$5,000 to \$7,200	<i>Not available</i>	
SL721E	Eyelid Lowering (Gold Weight Implant), Unilateral	3A	\$2,900 to \$4,300	<i>Not available</i>	
SL722E	Eyelids, Botox Injections For Blepharospasm & Hemifacial Spasm	1C	\$300 to \$550	\$550 to \$900	
SL723E	Eyelids, Chalazion Or Stye Excision Under General Anaesthesia	1A	\$950 to \$1,600	\$600 to \$950	Note: Higher end of surgeon fees may be associated with excision of larger or multiple chalazions/ styes.
SL725E	Eyelids, Various Lesions, Major Reconstruction, Involving Anterior And Posterior Lamella And More Than 1/3 Lid	5B	\$6,000 to \$7,800	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL726E	Eye, Squint, Operation (One/Both Eyes - 2 Muscles)	3B	\$2,800 to \$3,800	\$950 to \$1,500	
SL800E	Eye, Exophthalmos Due To Thyrotoxicosis, Retractor Recessions (Bilateral)	5A	\$4,800 to \$6,800	<i>Not available</i>	
SL801E	Eye, Exophthalmos Due To Thyrotoxicosis, Retractor Recessions (Unilateral)	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL803E	Eye, Glaucoma, Filtering And Allied Operations (Including Trabeculectomy / Sclerectomy)	3B	\$2,300 to \$3,900	\$950 to \$1,500	
SL804E	Eye, Glaucoma, Goniotomy/Trabeculotomy (Unilateral)	4A	\$3,000 to \$5,000	<i>Not available</i>	
SL805E	Eye, Glaucoma, Selective Laser Trabeculoplasty (Unilateral)	2A	\$1,200 to \$2,200	\$550 to \$800	
SL806E	Eye, Intraocular Foreign Body, Removal From Anterior Segment	3A	\$2,200 to \$3,000	<i>Not available</i>	
SL807E	Eye, Intraocular Foreign Body, Removal From Posterior Segment	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL808E	Eye, Perforating Wound (Not Involving Intraocular Structures), Repair	2C	\$1,600 to \$2,800	<i>Not available</i>	
SL809E	Eye, Perforating Wound (With Incarceration/Prolapse Of Uveal Tissue/Lens/Vitreous), Repair	3C	\$3,900 to \$5,000	<i>Not available</i>	
SL810E	Eye, Squint, Complex Strabismus Surgery (Vessel Sparing SX, Paralytic And Restrictive Strabismus, Horizontal Combined With Oblique/Vertical)	4C	\$3,700 to \$5,700	<i>Not available</i>	
SL811E	Eye, Squint, Operation (One/Both Eyes - 3 Muscles Or More)	4A	\$3,600 to \$4,800	\$1,100 to \$1,800	
SL812E	Eye, Squint, Operation (One/Both Eyes - Adjustable Sutures)	4A	\$3,400 to \$5,000	\$1,100 to \$1,800	
SL813E	Eye, Squint, Operation (One/Both Eyes - Transposition)	4A	\$3,400 to \$5,000	\$1,100 to \$1,800	
SL814E	Orbital, Enucleation With Integrated Orbital Implant	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL815E	Eye, Various Lesions, Enucleation Without Implant	3A	\$3,400 to \$5,000	<i>Not available</i>	
SL816E	Eye, Various Lesions, Evisceration	2C	\$1,500 to \$2,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL818E	Eye, Various Lesions, Resuturing Of Wound Following Intraocular Procedures	2A	\$350 to \$1,100	\$550 to \$800	
SL823E	Eyelid, Involutional Entropion / Ectropion Correction (Unilateral)	3B	\$2,100 to \$3,600	\$850 to \$1,200	
SL824E	Eyelids, Involutional Ectropion/ Entropion Correction (Bilateral)	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL827E	Eyelids, Exposure, Tarsorrhaphy (Permanent)	1B	\$1,000 to \$1,700	<i>Not available</i>	
SL828E	Eyelids, Exposure, Tarsorrhaphy (Temporary)	1A	\$650 to \$1,500	<i>Not available</i>	
SL829E	Eyelids, Full Thickness Laceration, Repair	3A	\$2,200 to \$3,000	<i>Not available</i>	
SL830E	Eyelids, Hemangioma, Intra-Lesion Injections (Full Course)	3A	\$2,000 to \$3,000	<i>Not available</i>	
SL831E	Eyelids, Ptosis, Correction Fasanella (Bilateral)	4A	\$3,400 to \$5,400	<i>Not available</i>	
SL832E	Eyelids, Ptosis, Correction Fasanella (Unilateral)	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL833E	Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (Bilateral)	5B	\$6,000 to \$9,000	\$1,000 to \$1,500	
SL834E	Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (Unilateral)	4B	\$3,500 to \$5,400	\$850 to \$1,200	
SL835E	Eyelids, Ptosis, Correction With Fascia Lata Graft (Bilateral)	5B	\$4,800 to \$7,800	<i>Not available</i>	
SL836E	Eyelids, Ptosis, Correction With Fascia Lata Graft (Unilateral)	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL839E	Eyelids, Simple Laceration, Repair	1B	\$1,200 to \$2,900	\$600 to \$950	
SL841E	Eyelids, Trichiasis, Cryotherapy	1B	\$650 to \$1,500	<i>Not available</i>	
SL843E	Eyelids, Tumor, Excision And Repair With Full Thickness Skin Grafting	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL844E	Eyelids, Tumor, Excision And Repair With Local Flap	4A	\$3,400 to \$5,400	\$1,100 to \$1,600	
SL846E	Eyelids, Tumor, Shaving Excision	1A	\$350 to \$1,100	\$600 to \$950	Note: Higher end of surgeon fees may be associated with a large tumour, or an excision involving a large skin area.
SL848E	Eyelids, Various Lesions, Upper Blepharoplasty, Unilateral	3A	\$2,200 to \$3,900	\$850 to \$1,200	
SL849E	Eyelids, Various Lesions, Canthoplasty (Medial/Lateral)	1C	\$550 to \$1,100	\$850 to \$1,200	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL850E	Eyelids, Various Lesions, Composite Graft (Chondro-Cutaneous/Chondro-Mucosal)	4A	\$6,700 to \$11,200	<i>Not available</i>	
SL851E	Eyelids, Various Lesions, Full Thickness Wedge Resection With Repair	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL852E	Eyelids, Various Lesions, Multiple Plastic Lid Procedures	5B	\$4,800 to \$7,800	<i>Not available</i>	
SL853E	Eyelids, Various Lesions, Reconstruction Using Full Thickness Flap	5A	\$8,400 to \$12,900	<i>Not available</i>	
SL854E	Eyelids, Various Lesions, Whole Thickness Reconstruction (Other Than Direct Suture Only)	4A	\$6,700 to \$11,200	<i>Not available</i>	
SL855E	Eye, Glaucoma, Filtering And Allied Operations And Cataract Surgery, With Or Without Intraocular Lens Implant	4B	\$3,500 to \$4,800	<i>Not available</i>	
SL700I	Iris Reconstruction / Pupilloplasty	3A	\$2,000 to \$3,000	<i>Not available</i>	
SL800I	Iris, Tumor, Excision	3C	\$3,900 to \$5,000	<i>Not available</i>	
SL801I	Iris, Various Lesions, Iridectomy/Iridotomy	2C	\$1,200 to \$2,200	\$550 to \$700	
SL701L	Lens, Cataract (Paediatric), Extraction With Anterior Vitrectomy	4B	\$3,500 to \$5,000	<i>Not available</i>	
SL702L	Lens, Cataract (Paediatric), Extraction With Anterior Vitrectomy - Bilateral	5A	\$4,800 to \$6,800	<i>Not available</i>	
SL703L	Lens, Cataract (Paediatric), Extraction With Anterior Vitrectomy And Intraocular Lens Implantation	4C	\$3,700 to \$5,700	<i>Not available</i>	
SL704L	Lens, Cataract (Paediatric), Extraction With Anterior Vitrectomy And Intraocular Lens Implantation - Bilateral	5B	\$5,500 to \$8,600	<i>Not available</i>	
SL705L	Lens, Combined Glaucoma Implants With Cataract Extraction (With Or Without Intraocular Lens Implantation)	6A	\$6,700 to \$12,300	<i>Not available</i>	
SL706L	Lens, Complicated Cataract Extraction With Intraocular Lens Implant (Capsular Tension Ring/Capsular Tension Segment/)	4C	\$3,700 to \$5,700	\$600 to \$950	
SL707L	Lens, Implantation Of Posterior Segment Drug Delivery Device	4A	\$3,000 to \$4,800	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL708L	Lens, Secondary Scleral Fixated Intraocular Lens Implantation	5A	\$4,800 to \$6,800	<i>Not available</i>	
SL709L	Lens, Sectorial Laser Photocoagulation	2C	\$1,500 to \$2,500	<i>Not available</i>	
SL800L	Lacrimal Canaliculus Repair, Various Lesions, Immediate Repair	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL801L	Lacrimal Gland (Lacrimal Sac), Various Lesions, Excision	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL802L	Lacrimal Gland (Punctum), Various Lesions, Snip Operation	2C	\$850 to \$1,400	\$550 to \$900	
SL803L	Lacrimal Gland, Obstruction, Probing One/Both Ducts	1B	\$650 to \$1,500	<i>Not available</i>	
SL804L	Lacrimal Gland/Duct, Various Lesions, Dacrocystorhinostomy (Endoscopic/Non-Endoscopic) Or Conjunctival-DCR (Lester Jones Tube)	5C	\$3,800 to \$7,800	\$950 to \$1,400	Note: Higher end of fees may be associated with for repeat surgery or complex cases e.g. those with secondary causes.
SL806L	Lens, Cataract (Juvenile), Removal And Needlings	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL807L	Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Bilateral)	5A	\$4,800 to \$6,700	\$850 to \$1,400	
SL808L	Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Unilateral Left)	4A	\$2,900 to \$4,400	\$550 to \$900	
SL809L	Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Unilateral Right)	4A	\$2,900 to \$4,400	\$550 to \$900	
SL810L	Lens, Cataract, Extraction With Intra-Ocular Lens Implant And Trabeculectomy With/Without Antimetabolites	5A	\$4,800 to \$7,000	\$1,000 to \$1,600	Note: Lower end of the surgeon fees may be associated with trabeculectomy surgery for eyes without previous conjunctiva glaucoma filtering surgery as compared to refractory glaucoma, while higher end of the surgeon fees may be associated with the use of antimetabolites, intra-operative aqueous flow titration etc.
SL811L	Lens, Cataract, Extraction With Trabeculectomy	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL812L	Lens, Various Lesions, Extraction	3B	\$2,200 to \$3,600	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL813L	Lens, Various Lesions, Removal Of Intra-Ocular Artificial Lens	2B	\$1,700 to \$2,500	<i>Not available</i>	
SL814L	Lens, Various Lesions, Secondary Anterior Chamber Intra-Ocular Lens Implantation Without Vitrectomy	4A	\$3,400 to \$5,000	<i>Not available</i>	
SL815L	Lens, Various Lesions, Yag Laser Capsulotomy	1C	\$1,100 to \$1,800	\$550 to \$700	
SL7000	Ocular Surface Procedure Including Amniotic Membrane Transplant (Complex, Cultured Grafts/Extensive Reconstruction)	5C	\$5,600 to \$8,400	<i>Not available</i>	
SL7010	Optic Nerve Sheath Fenestration	5A	\$4,800 to \$6,800	<i>Not available</i>	
SL7020	Orbit, Reconstruction, Extensive Floor/Medial Wall Fracture	5A	\$5,400 to \$9,400	<i>Not available</i>	
SL7030	Orbit, Various Lesions Of Mid To Posterior Orbit, Excision	5B	\$4,800 to \$7,800	<i>Not available</i>	
SL7040	Orbit, Various Lesions, Anterior Orbitotomy (Extensive)	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL7050	Orbit, Various Lesions, Extended Lateral Orbitotomy	6A	\$5,600 to \$9,500	<i>Not available</i>	
SL7060	Orbit, Various Lesions, Optic Nerve Decompression (Bilateral)	6C	\$9,300 to \$10,900	<i>Not available</i>	
SL7070	Orbit, Various Lesions, Optic Nerve Decompression (Unilateral)	5A	\$4,800 to \$6,800	<i>Not available</i>	
SL7080	Orbital/Scleral, Evisceration With Implant & Scleral Ball	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL8000	Orbit, Contracture, Reconstruction Including Mucous Membrane Grafting And Stent Mould	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL8010	Orbit, Tumor, Exenteration/Flap Reconstruction	5C	\$6,000 to \$9,000	<i>Not available</i>	
SL8020	Orbit, Various Lesions/Tumours, Exenteration/Removal Via Craniotomy	5C	\$4,800 to \$8,400	<i>Not available</i>	
SL8030	Orbit, Various Lesions, Anterior Orbitotomy	3B	\$2,600 to \$4,600	<i>Not available</i>	
SL8040	Orbit, Various Lesions, Decompression (Bilateral)	5A	\$4,800 to \$6,800	<i>Not available</i>	
SL8050	Orbit, Various Lesions, Decompression (Unilateral)	4B	\$3,500 to \$4,800	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL806O	Orbit, Tumour, Exenteration With Orbitectomy & Primary Reconstruction	5C	\$6,000 to \$9,000	<i>Not available</i>	
SL807O	Orbit, Various Lesions, Lateral Orbitotomy	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL808O	Orbit, Various Lesions, Reconstruction Including Orbital Shift And Soft Tissue (Craniofacial Approach)	7C	\$14,700 to \$21,900	<i>Not available</i>	
SL809O	Orbit, Various Lesions, Reconstruction Of Floor/Roof With Bone Graft	4B	\$8,400 to \$13,500	<i>Not available</i>	
SL810O	Orbit, Various Lesions, Reconstruction Of Floor/Roof With Alloplastic Material	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL700P	Photodynamic Therapy	3A	\$1,700 to \$2,200	\$550 to \$900	
SL701P	Photorefractive Keratectomy/Phototherapeutic Keratectomy (For Diseased Eye)	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL700R	Retina, Laser Retinopexy, Complex (Subretinal Fluid, Vitreous Haemorrhage, Multiple Tears)	3B	\$2,400 to \$3,600	\$550 to \$900	
SL701R	Retina, Pneumatic Retinopexy	4A	\$3,000 to \$4,800	<i>Not available</i>	
SL702R	Retina, Rop (Retinopathy Of Prematurity) Laser Photocoagulation	3C	\$2,500 to \$4,600	<i>Not available</i>	
SL703R	Retina, Trans Pars Plana Posterior Capsulectomy	3B	\$2,200 to \$3,600	<i>Not available</i>	
SL704R	Retina/Macula, Grid And Focal Laser Photocoagulation	3A	\$1,800 to \$2,900	\$550 to \$900	
SL705R	Retina, Pan Retinal Photocoagulation	3B	\$1,700 to \$2,800	<i>Not available</i>	
SL800R	Retina, Detachment, Removal Of Encircling Silicone Band	2C	\$1,500 to \$2,500	<i>Not available</i>	
SL801R	Retina, Detachment, Resection/Buckling Operation/Revision Operation With Single Plomb	5C	\$5,600 to \$9,200	\$1,200 to \$1,800	
SL802R	Retina, Detachment (Complex), Operation (More Than One Plomb/Encirclage)	6B	\$7,200 to \$13,200	\$1,300 to \$1,900	
SL803R	Retina, Tears, Diathermy/Cryotherapy (Unilateral)	3A	\$2,200 to \$2,800	\$550 to \$900	
SL804R	Retina, Tears, Cryotherapy Or Photocoagulation (Laser) (Bilateral)	3C	\$1,900 to \$3,400	\$550 to \$900	
SL805R	Retina, Tears, Photocoagulation (Laser) (Unilateral)	3B	\$1,800 to \$2,600	\$550 to \$900	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SL700T	Temporal Artery Biopsy	2B	\$1,100 to \$2,000	<i>Not available</i>	
SL700V	Vitreous, Intravitreal Injections	1A	\$750 to \$1,600	\$550 to \$700	
SL701V	Vitreous, Various Lesions, Complex Posterior Vitrectomy (PVR, GRT, Trauma)	6B	\$7,200 to \$13,200	\$1,800 to \$2,600	
SL800V	Vitreous, Various Lesions, Simple Vitrectomy (Pars Plana Or Vitreous Washout)	5C	\$5,400 to \$9,400	\$1,000 to \$1,500	
SL801V	Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels)	6B	\$9,600 to \$14,400	\$2,100 to \$3,000	
SL802V	Vitreous, Various Lesions, Vitrectomy (Pars Plana/Removal Of Silicone Oil)	4A	\$2,200 to \$5,500	\$1,300 to \$1,900	

SM – ENT

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM700A	Adenoids, Various Lesions, Removal	2C	\$2,200 to \$3,900	\$850 to \$1,400	
SM700E	Ear, Auditory Meatus (Internal), Tumor, Transmastoid Removal With Extended Mastoidectomy	6B	\$15,100 to \$22,700	<i>Not available</i>	
SM701E	Ear (Middle), Cochlear Implant	6A	\$13,100 to \$19,100	<i>Not available</i>	
SM702E	Ear (Middle), Various Lesions (Benign Condition), Excision Biopsy	2A	\$850 to \$2,500	<i>Not available</i>	
SM704E	Ear, Excision Pseudocyst Pinna	2A	\$900 to \$2,500	\$650 to \$1,000	
SM706E	Ear, Bilateral Preauricular Sinus Excision	3A	\$2,100 to \$4,500	<i>Not available</i>	
SM707E	Ear, Tympanic Membrane, Bilateral Myringotomy Without Tube	1C	\$550 to \$1,500	\$650 to \$1,000	
SM708E	Ear, Tympanic Membrane, Bilateral Myringotomy With Tube	2B	\$1,300 to \$3,900	\$650 to \$1,000	
SM709E	Ear, Tympanic Membrane, Perforation, Cauterisation/Diathermy	1B	\$400 to \$1,500	<i>Not available</i>	
SM710E	Ear, Tympanic Membrane, Perforation, Round Window Repair	4A	\$5,900 to \$8,600	<i>Not available</i>	
SM711E	Ear, Implantation Of Bone-Anchored Hearing Aid	4B	\$6,400 to \$9,000	<i>Not available</i>	
SM712E	Ear (Middle), Middle Ear Implant Surgery	5B	\$7,500 to \$11,500	<i>Not available</i>	
SM800E	Ear (Middle), Abscess/Inflammation, Operation	1B	\$400 to \$1,500	<i>Not available</i>	
SM801E	Ear (Middle), Round Window Perforation, Repair	4A	\$5,900 to \$8,600	<i>Not available</i>	
SM802E	Ear (Middle), Various Lesions, Exploration And Tympanotomy	3A	\$2,700 to \$4,500	<i>Not available</i>	
SM803E	Ear (Middle), Various Lesions, Stapedectomy	4B	\$7,300 to \$10,300	<i>Not available</i>	
SM804E	Ear, Cauliflower Ear, Correction	3A	\$2,600 to \$5,300	<i>Not available</i>	
SM805E	Ear, Congenital Atresia, Reconstruction Of External Auditory Canal And Middle Ear	4B	\$7,300 to \$10,300	<i>Not available</i>	
SM806E	Ear, Deformity, Composite Graft	4A	\$5,200 to \$7,700	<i>Not available</i>	
SM807E	Ear, Deformity, Correction (Bilateral)	3C	\$4,800 to \$7,100	<i>Not available</i>	
SM808E	Ear, Deformity, Correction (Unilateral)	3A	\$3,400 to \$6,700	<i>Not available</i>	
SM809E	Ear, Deformity, Lobule Reconstruction (Bilateral)	2C	\$1,600 to \$3,300	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM810E	Ear, Deformity, Lobule Reconstruction (Unilateral)	1C	\$1,000 to \$2,200	<i>Not available</i>	
SM811E	Ear, Exostosis Obturans, Excision Biopsy	3A	\$2,100 to \$4,400	<i>Not available</i>	
SM813E	Ear, Foreign Body, Complex Removal/Excision (Embedded/Large)	1B	\$350 to \$1,100	\$650 to \$1,000	
SM814E	Ear, Hematoma/Seroma, Evacuation/Incision & Drainage	1B	\$500 to \$1,600	\$650 to \$1,000	Note: Higher end of fees may be associated with complex cases e.g. trauma cases.
SM815E	Ear, Keratosis Obturans Moderate/Severe, Excision Biopsy Under Ga	1C	\$500 to \$1,800	\$650 to \$1,000	
SM816E	Ear, Laceration (Full Thickness), Repair > 3cm	3A	\$3,900 to \$9,000	<i>Not available</i>	
SM818E	Ear, Microtia, Creation Of Post-Auricular Sulcus With Skin Graft	3C	\$4,800 to \$7,100	<i>Not available</i>	
SM819E	Ear, Microtia, Insertion Of Cartilage/Silastic Framework	4A	\$6,700 to \$11,200	<i>Not available</i>	
SM820E	Ear, Microtia, Repositioning Of Lobule	2A	\$850 to \$2,500	<i>Not available</i>	
SM821E	Ear, Partial Amputation, Reconstruction	4A	\$6,700 to \$11,200	<i>Not available</i>	
SM822E	Ear, Polyp, Removal	1B	\$400 to \$1,500	\$650 to \$1,000	Note: Higher end of fees may be associated with more complex cases e.g. ear polyps arising from the middle ear
SM823E	Ear, Unilateral Pre Auricular Sinus Excision	2B	\$1,700 to \$3,500	\$650 to \$1,000	Note: Higher end of fees may be associated with recurrence following previous excision.
SM824E	Ear, Sebaceous Cyst, Excision	1B	\$400 to \$1,700	\$650 to \$1,000	Note: Higher end of fees may be associated with more complex cases e.g. recurrent cysts after previous excision.
SM825E	Ear, Total Amputation, Microvascular Reconstruction	7C	\$21,900 to \$29,700	<i>Not available</i>	
SM826E	Ear, Total Amputation, Staged Reconstruction (Each Stage)	4A	\$7,200 to \$9,500	<i>Not available</i>	
SM827E	Ear, Various Lesions, Meatoplasty/Canalplasty With / Without Split Skin Graft	3B	\$4,000 to \$6,100	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM829E	Ear, Various Lesions, Myringoplasty (Post-Aural/Endaural Approach)	4A	\$5,000 to \$7,800	\$1,600 to \$2,300	Note: Higher end of fees may be associated with complex cases e.g. large perforation, revision procedures.
SM830E	Ear, Various Lesions, Myringoplasty (Simple)	3B	\$2,900 to \$4,500	\$1,200 to \$1,800	
SM831E	Ear, Tympanic Membrane, Unilateral, Myringotomy Without Tube	1B	\$500 to \$1,200	\$550 to \$900	
SM832E	Ear, Tympanic Membrane, Unilateral Myringotomy With Tube	2A	\$750 to \$2,400	\$550 to \$900	
SM833E	Ear, Various Lesions, Ossicular Chain Reconstruction With/Without Myringoplasty	4B	\$6,400 to \$9,000	<i>Not available</i>	
SM834E	Ear, Various Lesions, Various Graft To Fenestration Cavity	4A	\$5,900 to \$8,600	<i>Not available</i>	
SM835E	Endolymphatic Sac, Various Lesions, Transmastoid Shunt Procedure	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM836E	Ear, Eustachian Tube, Various Lesions, Catheterisation/Inflation	1A	\$150 to \$400	<i>Not available</i>	
SM837E	Ear, Various Lesions, Middle Fossa Extra-Dural Approach To Temporal Bone With/Without Transmastoid Approach Combined Access	6B	\$14,600 to \$21,000	<i>Not available</i>	
SM838E	Ear, Various Lesions, Myringoplasty (Lateral Graft/Onlay Graft Technique) With/Without Canalplasty	4B	\$6,400 to \$9,000	\$1,600 to \$2,300	
SM839E	Ear, Tympanic Membrane, Unilateral, Transtympanic Perfusion Of Drugs, With Injections/Myringotomy Including Repeat Procedures During A 90-Day Period In The Same Ear	2A	\$850 to \$1,400	<i>Not available</i>	
SM700I	Inferior Turbinate Reduction (Submucous Diathermy/Radiofrequency)	1C	\$500 to \$1,800	\$600 to \$900	
SM701L	Larynx, Transcutaneous Injection Of Larynx	1A	\$350 to \$1,100	<i>Not available</i>	
SM702L	Larynx And Esophagus, Tumor, Esophagectomy (Total)/ Laryngopharyngectomy With Restoration Of Alimentary Continuity	7C	\$24,700 to \$34,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM703L	Larynx And Pharynx, Various Lesions, Laser Application	3B	\$4,000 to \$5,700	<i>Not available</i>	
SM704L	Larynx And Trachea, Various Lesions, Major Microsurgery Without Reconstruction	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM705L	Larynx And Trachea, Various Lesions, Major Plastic Operation	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM706L	Larynx, Fractures, Operation	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM707L	Larynx, Laryngofissure, External Operation	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM708L	Larynx, Tumor, Laryngectomy (Total)	5C	\$10,100 to \$14,100	<i>Not available</i>	
SM709L	Larynx, Laryngectomy With Bilateral Neck Dissection	7A	\$15,900 to \$22,000	<i>Not available</i>	
SM710L	Larynx, Laryngectomy With Unilateral Neck Dissection	6B	\$13,100 to \$19,300	<i>Not available</i>	
SM711L	Laryngoscopy With Removal Of Tumour/Lesions	2C	\$2,000 to \$3,800	\$1,800 to \$2,600	
SM712L	Larynx, Tumor, Partial Laryngectomy	5C	\$11,200 to \$15,700	<i>Not available</i>	
SM713L	Larynx, Tumor, Partial Laryngectomy With Block Neck Dissection	6B	\$14,600 to \$21,900	<i>Not available</i>	
SM714L	Larynx, Various Disorders, Laryngeal Framework Surgery, Thyroplasty Types I-IV Including Open Medialisation	4B	\$6,400 to \$9,000	<i>Not available</i>	
SM716L	Larynx, Various Lesions, Direct Laryngoscope Examination With/Without Biopsy	1B	\$400 to \$800	<i>Not available</i>	
SM717L	Larynx, Various Lesions, Hemi/Partial Laryngectomy	5C	\$11,200 to \$15,700	<i>Not available</i>	
SM718L	Larynx, Various Lesions, Hemi/Partial Laryngectomy With Radical Neck Dissection	6B	\$14,600 to \$21,900	<i>Not available</i>	
SM800L	Labyrinth, Various Lesions, Destruction/Labyrinthotomy	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM700M	Maxilla, Sinuses, Sinoscopy	1B	\$350 to \$500	<i>Not available</i>	
SM701M	Mouth, Cautery Of Soft Palate /Tongue Base	2B	\$1,500 to \$3,700	<i>Not available</i>	
SM702M	Mouth, Various/Pathologic Lesions Of Oral Mucosa, Laser Application	2B	\$1,500 to \$3,700	<i>Not available</i>	
SM703M	Mouth, Various Lesions, Pharyngotomy (Lateral) With Excision Of Tongue	4A	\$7,200 to \$9,500	<i>Not available</i>	
SM704M	Mouth, Various Lesions, Uvulotomy	1B	\$400 to \$1,500	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM800M	Mastoid, Various Lesions, Mastoidectomy (Cortical)	3C	\$5,500 to \$7,800	<i>Not available</i>	
SM801M	Mastoid, Various Lesions, Mastoidectomy (Radical/Modified Radical) With Myringoplasty And Ossicular Chain Reconstruction	5C	\$10,400 to \$14,200	<i>Not available</i>	
SM802M	Mastoid, Various Lesions, Mastoidectomy (Radical/Modified)	4B	\$6,400 to \$9,000	<i>Not available</i>	
SM803M	Mastoid, Various Lesions, Mastoidectomy (Radical/Modified) With Myringoplasty	5C	\$8,900 to \$11,800	<i>Not available</i>	
SM804M	Mastoid, Various Lesions, Revision Mastoidectomy	4B	\$7,300 to \$10,100	<i>Not available</i>	
SM839M	Mastoid, Various Lesions, Obliteration / Reduction Of Cavity	4A	\$5,000 to \$7,800	<i>Not available</i>	
SM700N	Nose, Nasoendoscopy/Nasopharyngolaryngoscopy (Single Or Repeat Examinations, During A 90 Day Global Period)	1A	\$200 to \$450	\$550 to \$900	Note: Lower end of surgeon fees may be associated with followup /repeat scopes for a previously known condition.
SM701N	Nose, Choanal Atresia, Plastic Repair	4A	\$5,900 to \$8,600	<i>Not available</i>	
SM702N	Nose, Choanal Atresia, Repair By Puncture And Dilatation	2C	\$1,800 to \$3,500	<i>Not available</i>	
SM704N	Nose, Hematoma/Abscess, Evacuation/Incision & Drainage	1A	\$150 to \$400	<i>Not available</i>	
SM705N	Nose, Hemorrhage, Hemostasis (Packing)/Cryotherapy)	1B	\$550 to \$1,400	\$750 to \$1,100	
SM706N	Nose, Laceration Full Thickness, Repair >3cm	3A	\$3,400 to \$6,700	<i>Not available</i>	
SM707N	Nose, Polypi (Complex), Nasoendoscopy With Excision Biopsy, More Than 2	2B	\$1,000 to \$2,800	<i>Not available</i>	
SM708N	Nose, Polypi (Simple), Nasoendoscopy With Excision Biopsy, 1 To 2	1B	\$550 to \$1,100	<i>Not available</i>	
SM709N	Nose, Post-Nasal Space, Laser Application	4A	\$5,900 to \$8,600	<i>Not available</i>	
SM710N	Nose, Rhinophyma, Excision	3B	\$3,500 to \$5,400	<i>Not available</i>	
SM711N	Nose, Rhinophyma, Total Construction	6B	\$13,100 to \$19,300	<i>Not available</i>	
SM712N	Nose, Simple Fracture, Manipulation	1B	\$1,200 to \$2,200	\$650 to \$950	
SM713N	Nose, Various Lesions (Postnasal Space), Direct Examination With Biopsy And Nasendoscopy	1B	\$500 to \$1,100	\$550 to \$900	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM714N	Nose, Various Lesions (Turbinates), Turbinectomy/Turbinoplasty/Submucous Resection (With Or Without Endoscopes)	2C	\$1,200 to \$3,300	\$550 to \$900	
SM715N	Nose, Various Lesions, Cauterisation/Diathermy	1A	\$100 to \$350	\$550 to \$900	
SM716N	Nose, Various Lesions, Composite Graft (Chondro-Cutaneous/Chondro-Mucosal)	4A	\$5,900 to \$8,600	<i>Not available</i>	
SM718N	Nose, Various Lesions, Rhinoplasty (Augmentation Excluding Cost Of Implants)	3B	\$5,000 to \$7,300	<i>Not available</i>	
SM719N	Nose, Various Lesions, Rhinoplasty (Correction Of Bony Vault Only)	4C	\$6,000 to \$9,000	<i>Not available</i>	
SM720N	Nose, Rhinoplasty, Correction Of Lateral/Alar Cartilage And/Or Septal Strut (Including All Grafts, Extracorporeal Septoplasty), Reconstruction Of Nasal Valve(s), And/Or Extranasal Cartilage Harvest	4C	\$6,000 to \$9,000	<i>Not available</i>	
SM721N	Nose, Various Lesions, Rhinoplasty (Restoration Of The Face Involving Autogenous Bone Or Costal Cartilage Graft)	5A	\$10,400 to \$14,200	<i>Not available</i>	
SM722N	Nose, Various Lesions, Rhinoplasty (Secondary Revision)	5A	\$9,000 to \$13,500	<i>Not available</i>	
SM723N	Nose, Various Lesions, Rhinoplasty (Total) Including Correction Of All Bony And Cartilaginous Elements	5C	\$10,400 to \$14,200	<i>Not available</i>	
SM724N	Nose, Various Lesions, Septoplasty/Submucous Resection	3B	\$3,100 to \$4,700	<i>Not available</i>	
SM700P	Pharynx, Adhesions, Division	1B	\$400 to \$1,500	<i>Not available</i>	
SM701P	Pharynx, Cysts/Vallecular, Removal	2C	\$1,800 to \$3,700	<i>Not available</i>	
SM702P	Pharynx, Pouch, Removal	4A	\$7,200 to \$9,500	<i>Not available</i>	
SM703P	Pharynx, Tumor, Partial Pharyngectomy And Radical Neck Dissection With Flap	7B	\$20,200 to \$28,200	<i>Not available</i>	
SM704P	Pharynx, Various Lesions, Flap/Pharyngoplasty	4B	\$6,400 to \$9,000	<i>Not available</i>	
SM705P	Pharynx, Various Lesions, Partial Pharyngectomy With Primary Closure	4B	\$9,000 to \$11,200	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM706P	Pharynx, Various Lesions, Pharyngotomy (Lateral) With Excision Of Tongue And Reconstruction	7B	\$19,600 to \$27,500	<i>Not available</i>	
SM707P	Pharynx, Tongue Base, For OSA, Excision Of Lingual Tonsils	3B	\$4,000 to \$5,700	<i>Not available</i>	
SM700S	Skull/Face, Malignant Tumour/Trauma, Craniofacial Resection	7C	\$22,200 to \$29,700	<i>Not available</i>	
SM702S	Sinal-Nasal, Endoscopic Hemostasis (Complex, Under General Anaesthesia)	3C	\$5,500 to \$7,800	<i>Not available</i>	
SM703S	Sinuses, Nasal, Infection, Functional Sinusoscopic Ethmoidectomy (Bilateral)	5A	\$7,300 to \$10,300	\$1,800 to \$2,400	
SM705S	Sinuses, Ethmoidal, Various Lesions, External Operation	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM706S	Sinuses, Nasal, Foreign Body/Other Lesions, Intranasal Operation/Removal Of Foreign Body	2B	\$1,700 to \$4,200	<i>Not available</i>	
SM707S	Sinuse, Nasal, Hematoma/Abscess, Antral Drainage	2B	\$1,500 to \$3,700	<i>Not available</i>	
SM708S	Sinuses, Nasal, Infection, Functional Sinusoscopic Drainage Of Ethmoidal/ Maxillary Sinuses	3B	\$4,000 to \$5,700	<i>Not available</i>	
SM709S	Sinuses, Nasal, Infection, Functional Sinusoscopic Ethmoidectomy (Unilateral)	4A	\$5,700 to \$8,600	\$1,300 to \$1,800	
SM711S	Sinuses, Nasal, Various Lesions Of Antrum, Proof Puncture And/Or Lavage	1B	\$350 to \$850	<i>Not available</i>	
SM712S	Sinuses, Nasal, Various Lesions, Antrostomy (Radical)	3A	\$3,900 to \$6,700	<i>Not available</i>	
SM713S	Sinuses, Nasal, Various Lesions, Fronto-Ethmoidectomy (Radical) With Osteoplastic Flap	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM714S	Sinuses, Nasal, Various Lesions, Fronto-Nasal Ethmoidectomy With/Without Sphenoidotomy	5C	\$7,500 to \$11,500	\$1,800 to \$2,400	Note: Higher end of the surgeon fees may be associated with Sphenoidotomy, complex anatomy (eg. frontal sinus anatomy) / revision surgery / nasal polyposis, while the lower end of the surgeon fees may be associated without Sphenoidotomy.

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM715S	Sinuses, Nasal, Various Lesions, Intranasal Operation	3B	\$2,000 to \$4,500	<i>Not available</i>	
SM716S	Sinuses, Sphenoidal, Various Lesions, Intranasal Operation	5C	\$9,000 to \$12,900	<i>Not available</i>	
SM717S	Sinuses Frontal, Various Lesions, Catheterisation	1A	\$150 to \$400	<i>Not available</i>	
SM718S	Sinuses Frontal, Various Lesions, Radical Obliteration	5C	\$10,100 to \$14,100	<i>Not available</i>	
SM719S	Sinuses Frontal, Various Lesions, Trephine	2B	\$2,100 to \$5,300	<i>Not available</i>	
SM721S	Skull, Base, Endoscopic Or Open Resection Of Skull Base Soft Tissue Tumours With No Bone Involvement	5C	\$10,100 to \$14,100	<i>Not available</i>	
SM722S	Skull, Base, Endoscopic Or Open Resection Of Skull Base Soft Tissue Tumours, (Including Nasopharyngectomy) With Resection Of Bone And Preservation Of Dura (Extradural)	6C	\$13,800 to \$20,900	<i>Not available</i>	
SM723S	Skull, Base, Endoscopic Or Open Resection Of Skull Base Soft Tissue Tumours With Resection Of Bone And Dura (Intradural, Including Clivus, Parasellar Area Or Cavernous Sinus) With Skull Base Reconstruction	7C	\$22,200 to \$29,700	<i>Not available</i>	
SM700T	Throat, Hyoid Suspension	3B	\$4,000 to \$6,700	<i>Not available</i>	
SM701T	Throat, Uvulopalatopharyngoplasty (U3P)	4B	\$6,400 to \$9,000	<i>Not available</i>	
SM702T	Thyroglossal Cyst, Sistrunk Operation With Hyoid Bone Removal	3B	\$4,500 to \$6,700	\$1,100 to \$1,600	
SM703T	Tonsils, Abscess, Drainage	1A	\$150 to \$400	<i>Not available</i>	
SM704T	Tonsils, Hemorrhage, Hemostasis	1B	\$650 to \$1,800	\$1,300 to \$2,100	Note: Higher end of fees may be associated with significant haemorrhage (bleeding).
SM705T	Tonsils, Various Lesions, Removal With/Without Adenoidectomy	3B	\$4,500 to \$6,000	\$1,000 to \$1,600	Note: Higher end of the surgeon fees may be associated with anatomical-trismus, narrow/crowded oropharynx, buried tonsils, fibrotic/ scarred tonsils, and/or acute infection/abscess.
SM706T	Tongue Suspension	2B	\$1,500 to \$3,700	<i>Not available</i>	

TOSP	Description	Table	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Explanatory notes
SM707T	Throat, Palatoplasty With/Without Uvuloplasty, Using Laser Or Other Modalities	3A	\$2,100 to \$4,400	<i>Not available</i>	

Annex A – Mapping list of CCS-ICD for hospital fee benchmarks for medical conditions

CCS Category	ICD Code	Diagnosis Description
Acute and chronic tonsillitis	J03	Acute tonsillitis
Acute and chronic tonsillitis	J038	Acute tonsillitis due to other specified organisms
Acute and chronic tonsillitis	J039	Acute tonsillitis, unspecified
Acute and chronic tonsillitis	J36	Peritonsillar abscess
Acute bronchitis	J200	Acute bronchitis due to <i>Mycoplasma pneumoniae</i>
Acute bronchitis	J204	Acute bronchitis due to parainfluenza virus
Acute bronchitis	J205	Acute bronchitis due to respiratory syncytial virus
Acute bronchitis	J206	Acute bronchitis due to rhinovirus
Acute bronchitis	J208	Acute bronchitis due to other specified organisms
Asthma	J45	Asthma
Asthma	J450	Predominantly allergic asthma
Asthma	J459	Asthma, unspecified
Intestinal infection	A00	Cholera
Intestinal infection	A000	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae
Intestinal infection	A001	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor
Intestinal infection	A009	Cholera, unspecified
Intestinal infection	A01	Typhoid and paratyphoid fevers
Intestinal infection	A010	Typhoid fever
Intestinal infection	A011	Paratyphoid fever A
Intestinal infection	A012	Paratyphoid fever B
Intestinal infection	A013	Paratyphoid fever C
Intestinal infection	A014	Paratyphoid fever, unspecified
Intestinal infection	A02	Other salmonella infections
Intestinal infection	A020	Salmonella enteritis
Intestinal infection	A022	Localised salmonella infections
Intestinal infection	A028	Other specified salmonella infections
Intestinal infection	A029	Salmonella infection, unspecified
Intestinal infection	A03	Shigellosis
Intestinal infection	A030	Shigellosis due to <i>Shigella dysenteriae</i>
Intestinal infection	A031	Shigellosis due to <i>Shigella flexneri</i>
Intestinal infection	A032	Shigellosis due to <i>Shigella boydii</i>
Intestinal infection	A033	Shigellosis due to <i>Shigella sonnei</i>
Intestinal infection	A038	Other shigellosis
Intestinal infection	A039	Shigellosis, unspecified
Intestinal infection	A04	Other bacterial intestinal infections
Intestinal infection	A040	Enteropathogenic <i>Escherichia coli</i> infection
Intestinal infection	A041	Enterotoxigenic <i>Escherichia coli</i> infection
Intestinal infection	A042	Enteroinvasive <i>Escherichia coli</i> infection
Intestinal infection	A043	Enterohaemorrhagic <i>Escherichia coli</i> infection
Intestinal infection	A044	Other intestinal <i>Escherichia coli</i> infections
Intestinal infection	A045	<i>Campylobacter</i> enteritis

CCS Category	ICD Code	Diagnosis Description
Intestinal infection	A046	Enteritis due to Yersinia enterocolitica
Intestinal infection	A047	Enterocolitis due to Clostridium difficile
Intestinal infection	A048	Other specified bacterial intestinal infections
Intestinal infection	A049	Bacterial intestinal infection, unspecified
Intestinal infection	A05	Other bacterial food-borne intoxications, not elsewhere classified
Intestinal infection	A050	Food-borne staphylococcal intoxication
Intestinal infection	A051	Botulism
Intestinal infection	A052	Food-borne Clostridium perfringens [Clostridium welchii] intoxication
Intestinal infection	A053	Food-borne Vibrio parahaemolyticus intoxication
Intestinal infection	A054	Food-borne Bacillus cereus intoxication
Intestinal infection	A058	Other specified bacterial food-borne intoxications
Intestinal infection	A059	Bacterial food-borne intoxication, unspecified
Intestinal infection	A06	Amoebiasis
Intestinal infection	A060	Acute amoebic dysentery
Intestinal infection	A061	Chronic intestinal amoebiasis
Intestinal infection	A062	Amoebic nondysenteric colitis
Intestinal infection	A063	Amoeboma of intestine
Intestinal infection	A068	Amoebic infection of other sites
Intestinal infection	A069	Amoebiasis, unspecified
Intestinal infection	A07	Other protozoal intestinal diseases
Intestinal infection	A070	Balantidiasis
Intestinal infection	A071	Giardiasis [lambliasis]
Intestinal infection	A072	Cryptosporidiosis
Intestinal infection	A073	Isosporiasis
Intestinal infection	A078	Other specified protozoal intestinal diseases
Intestinal infection	A079	Protozoal intestinal disease, unspecified
Intestinal infection	A08	Viral and other specified intestinal infections
Intestinal infection	A080	Rotaviral enteritis
Intestinal infection	A081	Acute gastroenteropathy due to Norwalk agent
Intestinal infection	A082	Adenoviral enteritis
Intestinal infection	A083	Other viral enteritis
Intestinal infection	A084	Viral intestinal infection, unspecified
Intestinal infection	A085	Other specified intestinal infections
Intestinal infection	A09	Other gastroenteritis and colitis of infectious and unspecified origin
Intestinal infection	A090	Other gastroenteritis and colitis of infectious origin
Intestinal infection	A099	Gastroenteritis and colitis of unspecified origin
Intestinal infection	A213	Gastrointestinal tularaemia
Intestinal infection	A222	Gastrointestinal anthrax
Intestinal infection	B770	Ascariasis with intestinal complications
Intestinal infection	B780	Intestinal strongyloidiasis
Intestinal infection	B810	Anisakiasis
Intestinal infection	B811	Intestinal capillariasis
Intestinal infection	B812	Trichostrongyliasis
Intestinal infection	B813	Intestinal angiostrongyliasis
Intestinal infection	B814	Mixed intestinal helminthiasis
Intestinal infection	B818	Other specified intestinal helminthiasis
Intestinal infection	B82	Unspecified intestinal parasitism

CCS Category	ICD Code	Diagnosis Description
Intestinal infection	B820	Intestinal helminthiasis, unspecified
Intestinal infection	B829	Intestinal parasitism, unspecified
Nonspecific chest pain	R071	Chest pain on breathing
Nonspecific chest pain	R073	Other chest pain
Nonspecific chest pain	R074	Chest pain, unspecified
Viral infection	A90	Dengue fever [classical dengue]