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CEOs, CMBs, CFOs, BOMs
Public Hospitals and National Centres

Private Hospitals accredited under MediSave/MediShield Life Scheme

Master, Academy of Medicine, Singapore (AMS)

UPDATES TO TABLE OF SURGICAL PROCEDURES AND CALL FOR SUBMISSION OF PROPOSALS FOR 2024/2025 REVIEW CYCLE

This circular contains the following updates:

- a. Revisions to the Table of Surgical Procedures (TOSP) based on the TOSP 2021/2022 review cycle;
- b. Clarifications on frequency-limited TOSP codes;
- c. Clarifications on Pain Procedure Guidance; and
- d. An invitation to submit proposals for the TOSP 2024/2025 review cycle.

(A) Revisions to the Table of Surgical Procedures (TOSP)

2. The TOSP is a classification of surgical procedures according to complexity. Procedures are grouped into 21 tables with increasing complexity from Table 1A to 7C. The TOSP Review Committee convenes regularly to review the TOSP, to ensure that it remains relevant vis-à-vis the latest medical practices.

3. For the 2021/2022 TOSP review cycle, the Committee added 56 new codes, removed 30 codes, and amended 202 codes. The consolidated list of the Committee's decisions can be found in [Annex A](#) under the tab "Revisions (1 Jan 2024)". The updated TOSP booklet can be found in [Annex B](#).

4. The updated TOSP will take effect from 1 Jan 2024. Claims for surgeries for patients admitted on or after 1 Jan 2024 should be submitted based on the updated TOSP codes¹.

5. Fee benchmarks for updated TOSP codes are currently being reviewed. In the interim, hospitals and doctors should take reference from the fee benchmarks of adjacent or closest related procedures for affected TOSP codes.

(B) Clarifications on Frequency-Limited TOSP codes

6. We would like to draw attention to the following TOSP codes (see Table 1 below), which contain restrictions on the frequency at which these procedures can be claimed (i.e. only one claim allowed within a specified timeframe):

Table 1: TOSP codes with restrictions on frequency

TOSP code	Description
SA902S (1B) (Existing)	Skin, pre-malignant lesions, Excision/Vaporisation by laser and other ablative modalities, therapeutic, up to 4 sessions in 12 months <i>(To provide histopathology report if audited)</i>
SM839E (2A) (Existing)	Ear, Tympanic Membrane, Unilateral, transtympanic perfusion of drugs, with injections/myringotomy including repeat procedures during a 90 day period in the same ear
SM700N (1A) (Revised)	Nose, Nasoendoscopy/Nasopharyngolaryngoscopy (diagnostic, single, during a 90-day period) <i>Footnote: The frequency restriction of code applies irrespective of the specialist performing the procedure or medical institution at which the procedure is performed.</i>
SM726N (MSP) (New)	Nose, Nasoendoscopy/Nasopharyngolaryngoscopy (repeat examinations, during a 90-day period) <i>Footnote: This code is to be utilised for repeat examinations within 90 days of using SM700N</i>

7. In April 2021, MOH had issued a notice informing that the frequency limitations for SA902S, SM839E and SM700N would no longer apply until further guidance is provided.

8. Following the review of the frequency-limited TOSP codes, MOH will be reinstating and/or introducing the restrictions on frequency for the TOSP codes listed in Table 1. From 1 Jan 2024, MOH will be monitoring the use of these TOSP codes

¹ All TOSP claims must adhere to the guidelines on MediSave claims for surgical and dental procedures. These can be found in Annex A-5 and A-6 of the MediSave Manual (January 2020 version).

and reviewing the claims submitted via retrospective audit and analysis. Medical Institutions and Medical Practitioners should ensure, to the best of their ability, that the claims adhere to the frequency period specified in the respective code descriptions.

9. MOH takes enforcement actions against submission of inappropriate claims. Such claims are required to be rectified and repeat offenders may be subject to more severe enforcement actions, including suspension or revocation of the Approved Medical Practitioner's status under the MediSave and MediShield Life Scheme (see [Annex E](#) for more information). Medical Institutions and Medical Practitioners are also reminded that making a false or misleading health declaration or claim application constitutes an offence under the Central Provident Fund (Medisave Account Withdrawals Regulations) and MediShield Life Scheme Act².

(C) Clarifications on Pain Procedure Guidance

10. In response to feedback received, MOH will be undertaking a review of the Pain Procedure guidance during the upcoming 2024/2025 TOSP review cycle. Should there be queries on use of pain procedure TOSP codes during this period, please submit these to the TOSP Secretariat via the TOSP Mailbox (see [Para 15](#)).

(D) Call for Submission of Proposals

11. MOH now invites submission for the 2024/2025 TOSP review cycle on (a) inclusion of new procedures, (b) re-ranking of existing procedures within tables, (c) removal of obsolete procedures, and (d) other changes to existing procedures (e.g. updating of descriptions). All medical institutions should inform surgeons/procedurists regarding this call for submission.

12. **All submissions must be made through Medical Institutions or the Academy of Medicine, Singapore (AMS).** Submissions received from individual medical practitioners will not be processed. The process for submission is as follows:

- a. **Medical practitioners in Public or Private Medical Institutions** – Institutions are to nominate a representative who will collate and rank proposals from medical practitioners in your institution. Institutions should inform your medical practitioners on the nominated representative and submit the contact details of this representative to TOSP Secretariat for reference. Each institution may submit a **maximum of 70 proposals**. All proposals should be submitted through your institution's representative. The collated and ranked list of proposals should be submitted to the TOSP Secretariat (at TOSP@moh.gov.sg) using the template found in [Annex D](#).
- b. **Medical practitioners in private sector who are Fellows of AMS** – Fellows may submit proposals to AMS via the relevant Colleges/ Chapters. AMS will collate and rank the proposals received before submitting them to the TOSP Secretariat using [Annex D](#), with [Annex C](#) as a cover letter.

² See section 67D(1) of Act, Clause 25A (e) of Central Provident Fund (Medisave Account Withdrawals) Regulations and Sections 19 (1) and (2) under the MediShield Life Scheme Act (MLSA)

13. Medical practitioners who belong to both categories **should not submit duplicate applications** (i.e. to both the institution and AMS). Consolidated and ranked proposals from institutions and AMS should reach the TOSP Secretariat by **Friday, 15 December 2023**.

14. All submissions should be supported with evidence-based justifications (e.g. references to meta-analyses or randomised controlled trials, cross references with Medicare Benefits Schedule (Australia) or Current Procedural Terminology (USA) equivalent codes and cost-effectiveness analyses where available. Only complete and punctual submissions will be considered.

Contact Information

15. For further clarifications, please contact:

Subject Matter	Contact/ Institution	Email
Finance Policy	MediSave Policy Team, Finance Policy Division, <i>Healthcare Finance Group / MOH</i>	MOH_MediSave@moh.gov.sg
Medical Issues and TOSP Review	TOSP Mailbox / <i>MOH</i>	TOSP@moh.gov.sg
MOH Claims Management Office	Claims Management Office & Finance Partnerships & Governance Division, <i>Healthcare Finance Group / MOH</i>	Claims_Office_Admin@moh.gov.sg
MOH Fee Benchmarks	Fee Benchmarks Team, Finance Partnerships & Governance Division, <i>Healthcare Finance Group / MOH</i>	MOH_Fee_Benchmarks@moh.gov.sg
IT Issues Relating to CPF B	MediSave Claims Team, Healthcare Claims and Payments Department, <i>Healthcare Financing Group / CPF B</i>	medclm@cpf.gov.sg
IT Issues Relating to Mediclaim	Thiri Lwin / <i>NCS</i>	thiri.lwin@ncs.com.sg

16. Thank you.

Yours sincerely,



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MR NAVANETHARAJA GOPALA KRISHNAN
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for DIRECTOR-GENERAL OF HEALTH
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