



## Fee Benchmarks for Private Sector Surgeon Fees

(As of 13 November 2018)

1. The Ministry of Health (MOH) has published fee benchmarks for private sector professional fees for common surgical procedures. The benchmarks serve to guide private sector healthcare providers in charging appropriately, and enable patients and payers to make better informed decisions.
2. The benchmarks were developed by the Fee Benchmarks Advisory Committee chaired by Dr Lim Yean Teng. The Committee's recommendations have been accepted in full by MOH.
3. The development of fee benchmarks is part of a larger strategy to ensure that healthcare costs remain affordable and our healthcare system sustainable. The initiative complements other measures, such as the publication of appropriate care and drug guidances, introduction of a co-payment requirement for new Integrated Shield Plan riders, and quality and cost benchmarking for the public healthcare providers.
4. The benchmarks will provide stakeholders with a reference of reasonable ranges of professional fees in the private sector for common surgical procedures.
  - a. Patients are encouraged to use the benchmarks to have a conversation with their doctor on their treatment, the complexity of their condition and the fees charged.
  - b. Medical providers and professionals should take reference from the benchmarks to set appropriate charges and make reference to it when advising their patients.
  - c. The fee benchmarks also support payers such as insurers in taking an active approach in their claims assessment, product design and selection of preferred healthcare providers for their panel.
5. In developing the benchmarks, the Committee referenced data including actual 2017 transacted fees for Singapore Citizen cases and inflation. It also considered other factors such as the complexity of the procedure, and the time, effort and expertise required of the professional for typical cases, so as to ensure that the fee benchmarks reflect a fair range of professional fees for the procedure.
6. To balance stakeholder interests and perspectives, the Committee consulted extensively with multiple stakeholders, including medical professionals, hospital administrators, advocacy groups such as the National Trades Union Congress and the Consumers Association of Singapore, and insurers and regulators.
7. The fee benchmarks are available for 222 surgical procedures on the Table of Surgical Procedures (TOSP) and can be found in the Annex. The recommended benchmarks should be read in conjunction with the following points:



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- a. The fee benchmarks are a common reference of reasonable fee ranges for professional fees for surgical procedures in the private sector:
  - i. The fee benchmark for each procedure is a range of fees, to provide for variation across cases. The lower end of the fees is generally associated with less complex cases, while the higher end of fees is associated with more complex cases.
  - ii. The upper bound of the benchmarks do not constitute a fee cap. Providers whose charges depart from the benchmarks should provide an explanation to patients, caregivers and payers. This should be done before the procedure is carried out, when circumstances permit.
- b. The benchmarks are intended to cover routine and typical cases in the private sector, rather than exceptional cases where unusual circumstances or complexity may result in the fee not falling within a set of benchmarks.
- c. The fee benchmark for each procedure refers to the total professional fee for the particular procedure, including the fee for any necessary assistance. Doctors should exercise judgment in requiring such assistance to ensure patient safety, quality of care and operative efficiency. Prior to the procedure, doctors are advised to inform patients of any assistance required.
- d. The fee benchmarks are for cases in which only a single procedure is performed on the patient in the same sitting. When more than one procedure is required in the same sitting, the predominant considerations should be patient safety, operative efficiency and the quality of care. In general, if the procedures are performed through the same incision, the fees should be less than the sum of individual fee of each procedure. However, when there are deviations, there should be proper justifications.
- e. The fee benchmarks exclude Goods and Services Tax (GST) and anaesthetist fees.



**Annex - Benchmarks with Explanatory notes (by Table of Surgical Procedures)**  
(As of 13 November 2018)

**SA – Integumentary (Skin and Breast)**

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SA852S	Skin and Subcutaneous Tissue, Tumor/Cyst/Ulcer/ Scar, Excision Punch/Shave biopsy, Lesion size up to and including 15mm in diameter	1A	240	1,000
<i>Note: Benchmarks include excision biopsy cases.</i>					
2	SA840S	Skin and Subcutaneous Tissue, Hematoma, Abscess/Cellulitis/Similar lesion<3cm, Saucerisation/Incision & Drainage	1A	230	1,050
3	SA853S	Skin and Subcutaneous Tissue, Wound, Debridement <3cm	1A	240	1,150
<i>Note: Higher end of fees may be associated with very contaminated/ dirty wounds or deep wounds requiring extensive debridement.</i>					
4	SA854S	Skin and Subcutaneous Tissue, Wound (large>3cm), Secondary Suture	1A	750	1,550
<i>Note: Higher end of fees may be associated with wounds that require revision prior to secondary suture, to enable a tension free wound closure.</i>					
5	SA865S	Skin, Keratoses/ Warts/ Tags/ Similar Lesions, Excision (not more than 5 lesions)	1B	350	630
6	SA800S	Skin and Mucous Membrane, Various Lesions, Excision Biopsy	1B	350	800
7	SA710B	Breast, Various Lesions, Trucut Biopsy, ultrasound guided or stereotactic (single)	1B	780	1,200
<i>Note: Higher end of fees may be associated with lesions that are more complex to biopsy (e.g. small size in inaccessible location).</i>					
8	SA843S	Skin and Subcutaneous Tissue, Laceration (superficial) of less than 7cm, Repair	1B	280	1,800
9	SA702S	Skin and Subcutaneous Tissue, Tumor/Cyst/Ulcer/Scar, Excision biopsy, Lesion size more than 15mm in diameter	1B	910	1,900
<i>Note: Higher end of fees may be associated with a location of higher morbidity such as the face or a joint flexure.</i>					



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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
10	SA841S	Skin and Subcutaneous Tissue, Hematoma /Carbuncle Cellulitis/Similar Lesion>3cm, Saucerisation/Incision with Drainage	1B	700	2,200
<i>Note: Higher end of fees may be associated with a location of higher morbidity such as the face or a joint flexure.</i>					
11	SA709B*	Breast, Various Lesions, Trucut Biopsy, ultrasound guided or stereotactic (multiple)	1C	910	2,250
<i>Note: Higher end of fees may be associated with lesions that are more complex to biopsy (e.g. small size in inaccessible location)</i>					
12	SA839S*	Skin and Subcutaneous Tissue, Hemangioma/Lymphangioma (small), Excision	2A	1,350	2,500
13	SA701S	Skin and Subcutaneous Tissue, Tumor/Cyst/Ulcer/Scar, Excision biopsy, removal of 2 or more or recurrent or complicated (adherent), excision	2A	800	2,800
<i>Note: Higher end of fees may be associated with a location of higher morbidity such as the face or a joint flexure.</i>					
14	SA704B	Breast, Lumps, Imaging Guided Vacuum assisted Biopsy / Mammotome, Single lesion	2B	1,650	2,700
<i>Note: Higher end of fees may be associated with more inaccessible locations.</i>					
15	SA850S	Skin and Subcutaneous Tissue, Sinus (deep>3cm), Excision with/without biopsy	2B	1,800	3,000
16	SA715S	Soft Tissue (Lower Limb), Tumor/Tumor-like Lesions, Marginal Excision	2C	2,150	3,200
17	SA811S	Skin and Subcutaneous Tissue, Deep>3cm/Extensive Contaminated Wound, Debridement	2C	1,400	3,200
<i>Note: Higher end of fees may be associated with a location of higher morbidity such as the face or a joint flexure.</i>					
18	SA812B	Breast, Lump (single), Excision biopsy	2C	2,500	3,200
<i>Note: Higher end of fees may be associated with procedures involving larger lesions.</i>					

\* For this procedure, there was less than 30 Singapore Citizen cases performed in the private sector in 2017. The benchmarks were determined taking into account the benchmarks of a related procedure with at least 30 Singapore Citizen cases performed in the private sector in 2017.



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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
19	SA706B	Breast, Lumps, Imaging Guided Vacuum assisted Biopsy / Mammotome, > 1 lesions	2C	2,300	4,150
<p><i>Note: Fees are typically higher when more biopsies are performed. Higher end of fees may be associated with 4 or more lesions, whereas the lower end of fee range may be associated with 2 lesions or less.</i></p>					
20	SA712B	Breast, Various Lesions, wire localisation, excision (single)	3A	2,500	4,000
<p><i>Note: Higher end of fees may be associated with recurrent surgery, locations that are harder to access and defects that require mobilization of breast tissue for a more cosmetically acceptable appearance</i></p>					
21	SA813B	Breast, Lumps (multiple/bilateral), Excision biopsy	3A	3,200	5,350
<p><i>Note: Higher end of fees may be associated with more difficult locations, procedures involving larger lesions and/or greater number of lesions.</i></p>					
22	SA838S	Skin and Subcutaneous Tissue, Hemangioma/Lymphangioma (moderate), Excision	3A	2,950	5,550
<p><i>Note: Higher end of fees are associated with a location of higher morbidity such as the face or a joint flexure.</i></p>					
23	SA803S	Skin and Subcutaneous tissue(ear/nose/eyelid/face) complex lacerations, repair	3B	3,200	5,000
24	SA842S	Skin and Subcutaneous tissue, Lacerations (deep >3cm/multiple) lacerations, repair/toilet & suture, with/without debridement	3B	3,200	5,000
25	SA822B	Breast, Tumor (malignant), Wide Excision/ Lumpectomy/ Segmental Mastectomy/ Partial Mastectomy	3B	3,200	5,450
<p><i>Note: Higher end of fees may be with lesions in locations that are harder to access, and defects that require mobilization of breast tissue for a more cosmetically acceptable appearance</i></p>					
26	SA711B*	Breast, Various Lesions, wire localisation, excision (multiple)	3B	3,650	5,600
<p><i>Note: Higher end of fees may be associated with recurrent surgery, more lesions, locations that are harder to access and defects that require mobilization of breast tissue for a more cosmetically acceptable appearance</i></p>					

\* For this procedure, there was less than 30 Singapore Citizen cases performed in the private sector in 2017. The benchmarks were determined taking into account the benchmarks of a related procedure with at least 30 Singapore Citizen cases performed in the private sector in 2017.



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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
27	SA707B	Breast, Tumor (malignant), Wide Excision/ Lumpectomy/ Segmental Mastectomy/ Partial Mastectomy, with Sentinel Node Biopsy/ Axillary Node Sampling	3C	5,350	9,200
<p><i>Note: Higher end of fees may be associated with lesions in locations that are harder to access, and defects that require mobilization of breast tissue for a more cosmetically acceptable appearance. Higher fees can also be associated with more sentinel nodes or challenging locations.</i></p>					
28	SA716S	Soft Tissue (Lower Limb), Tumors (benign), Wide Excision Biopsy	4A	3,200	5,350
29	SA721S	Soft Tissue (Upper Limb), Tumors (benign), Major Excision Biopsy	4A	3,250	5,350
30	SA837S*	Skin and Subcutaneous Tissue, Hemangioma/Lymphangioma (large), Excision	4A	3,600	6,000
31	SA826B*	Breast, Tumor (malignant), Simple Mastectomy	4A	4,050	7,000
<p><i>Note: Higher end of fees may be associated with larger tumours with chest wall invasion or extensive skin invasion.</i></p>					
32	SA705B	Breast, Lump, more than 4 cm (removal) with parenchymal flap closure (unilateral/bilateral)	4A	4,300	8,050
<p><i>Note: Higher end of 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</i></p>					
33	SA823B	Breast, Tumor (malignant), Wide Excision/ Lumpectomy/ Segmental Mastectomy/ Partial Mastectomy, with Axillary Clearance, with/without Sentinel Node Biopsy	4B	5,150	9,000
<p><i>Note: Higher end of fees may be associated with lesions in locations that are harder to access, and defects that require mobilization of breast tissue for a more cosmetically acceptable appearance. Higher fees can also be associated with involved enlarged axillary lymph nodes with surrounding tissue invasion.</i></p>					

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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
34	SA827B	Breast, Tumor (malignant), Simple Mastectomy with Sentinel Node Biopsy/ Axillary Node Sampling	4C	5,250	9,500
<i>Note: Higher end of fees may be associated with larger volume of breast tissue and larger tumors with surrounding invasion. Higher fees may be associated with more sentinel nodes/more challenging locations of nodes.</i>					
35	SA824B	Breast, Tumor (malignant), Simple Mastectomy with Axillary Clearance, with/ without Sentinel Node Biopsy	5A	5,450	10,700
<i>Note: Higher end of fees may be associated with larger volume of breast tissue and larger tumors with surrounding invasion. Higher fees may be associated with involved enlarged axillary lymph nodes with surrounding tissue invasion.</i>					
36	SA836S*	Skin and Subcutaneous Tissue, Hemangioma/Lymphangioma (large and deep-seated), Excision	5C	6,400	7,750



SB – Musculoskeletal

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SB745J	Joint, Various Lesions, Joint aspiration/arthrocentesis/injection	1A	300	1,600
<i>Note: Higher end of fees may be associated with deeper joints (e.g. hips) while the lower end of fee range is associated with superficial joints (eg. knees).</i>					
2	SB803N	Nail, Infection/Injury, Avulsion	1A	500	1,600
<i>Note: Higher end of 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.</i>					
3	SB802U	Upper Limb, Fracture/Dislocation, Manipulation and Reduction	1B	1,050	2,150
4	SB826B	Bone (Upper Limb), Simple Implants, Removal (eg: K-wires, wires, pins, screws only)	1C	1,000	2,400
<i>Note: Higher end of fees may be associated with a greater number of or deeper-set implants</i>					
5	SB809B*	Bone (Lower Limb), Simple Implants, Removal (e.g screw/wire/pins)	1C	1,250	2,700
<i>Note: Higher end of fees may be associated with a greater number of or deeper-set implants</i>					
6	SB709H	Hand, Flexor Tendon, Trigger Finger (single), Release	2A	1,250	2,400
7	SB808B	Bone (Lower Limb), Plates and Screws/Nails, Removal	2B	2,500	3,850
8	SB825B	Bone (Upper Limb), Plates and Screws, Removal	2B	2,500	3,850
9	SB805T	Tendon Sheath (Upper Limb), De Quervain's (unilateral), Release	3A	2,050	3,650
10	SB708H	Hand, Flexor Tendon, Trigger Finger (multiple), Release	3A	1,700	3,850
<i>Note: Higher end of fees may be associated with more finger releases.</i>					
11	SB809T	Tendon-Achilles (Lower Limb), Disruption, Repair	3A	5,150	7,200
12	SB722F	Foot, Fractures, Simple, single	3B	4,000	5,350

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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
13	SB800P	Patella, Fracture, Open Reduction and Internal Fixation	3B	6,000	8,550
14	SB804H	Hand, Crush Injuries (complex), Wound Debridement	3C	2,750	4,000
15	SB704H	Hand, Closed fracture, ORIF complex/ plate and screws (single)	3C	4,300	7,200
16	SB801A	Ankle, ankle fracture, unimalleolar, ORIF	3C	6,000	7,500
17	SB740S	Spine, Various lesions, Vertebroplasty or kyphoplasty, Single level	4A	5,000	6,400
<i>Note: Higher end of fees may be associated with more complex cases.</i>					
18	SB808K	Knee, Various Lesions, Meniscectomy with/without Arthroscopy	4A	4,800	6,950
19	SB700H	Hip/Knee, Hip/Knee Therapeutic Arthroscopy	4A	5,700	7,500
<i>Note: Benchmarks are for procedures for the knee arthroscopy.</i>					
20	SB700A	Ankle, ankle fracture, Bimalleolar, ORIF	4A	6,550	8,550
21	SB701C	Clavicle, Clavicle Fracture, Comminuted Plating With or without Bone Grafting	4A	5,350	8,550
22	SB705A*	Ankle, Therapeutic arthroscopy	4A	4,800	8,550
23	SB819H	Hand, Tumors, Excision with Dissection of Neurovascular Bundle	4B	3,350	4,800
24	SB801R	Radius and Ulna, Fracture/Dislocation, Open Reduction and internal fixation with or without bone grafting	4B	6,300	8,550
25	SB706W	Wrist, Distal radius fracture, Open Reduction and Internal Fixation (ORIF) (complex, with autologous bone graft)	4C	6,400	9,800
26	SB715K	Knee, Meniscus/Cartilage, Arthroscopic meniscal repair	5A	6,400	9,350
27	SB707S	Shoulder, Shoulder soft tissue injury, Arthroscopic/Open Bankart or Superior Labrum from anterior to posterior (SLAP) repair	5A	6,650	10,700

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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
28	SB709S*	Shoulder, Shoulder soft tissue injury, Arthroscopic/Open decompression alone	5A	6,650	10,700
29	SB708S	Shoulder, Shoulder soft tissue injury, Arthroscopic/Open Bankart repair with Superior Labrum from anterior to posterior (SLAP) repair/rotator cuff repair	5B	8,550	10,700
30	SB710S	Shoulder, Shoulder soft tissue injury, Arthroscopic/Open decompression with cuff repair	5B	9,650	12,050
31	SB838H	Hip, Various Lesions, Hemi-Arthroplasty	5C	6,400	9,100
32	SB801B	Bone (Lower Limb), Deformities, Corrective Surgery with Internal Fixation with or w/o Fluoroscopy	5C	7,500	9,400
33	SB700K	Knee, Arthroscopy, knee ligament reconstruction (1 or more)	5C	6,700	10,150
34	SB819B	Bone (Upper Limb), Deformities, Osteotomies with Plate Fixation and with or w/o Fluoroscopy and with or without bone graft	5C	6,950	10,150
35	SB701K	Knee, Ligaments/Meniscus/Cartilage/Bone combined, Arthroscopic ACL or PCL reconstruction	5C	7,500	10,700
36	SB704K	Knee, Ligaments/Meniscus/Cartilage/Bone combined, Arthroscopic ligament reconstruction with meniscectomy	5C	8,550	10,700
37	SB712K	Knee, Meniscus/Cartilage ( small defects ), Open/Arthroscopic Mosaicplasty or OATS	5C	6,950	10,700
38	SB800K	Knee Ligaments, Disruption, Reconstruction and Repair	5C	8,050	10,700
39	SB703K	Knee, Ligaments/Meniscus/Cartilage/Bone combined, Arthroscopic ligament reconstruction with meniscal repair	5C	8,400	11,500
40	SB711S	Shoulder, Shoulder soft tissue injury, Arthroscopic/Open decompression with cuff repair & excision of distal clavicle	5C	8,550	12,300
41	SB723S	Spine, Prolapsed Disc, Discectomy, Single Level	5C	10,000	12,850
42	SB810K	Knee, Various Lesions, Primary Total Joint Replacement (Unilateral), open/MIS/navigated	6A	8,250	10,700



S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
43	SB816S	Spine, Various Lesions, Decompression Laminectomy, single level (1 or 2 roots)	6A	9,650	12,850
44	SB839H	Hip, Various Lesions, Primary Total Joint Replacement, open/MIS/navigated	6A	8,550	12,850
45	SB803C	Cervical Spine, Various Lesions, Anterior Decompression and Fusion (single level)	6A	11,900	16,050
46	SB716K	Knee, Various Lesions, Primary Total Joint Replacement (Unilateral) with augmentation, requiring extra implants or bone grafts, open/MIS/navigated	6B	8,550	12,000
47	SB727S	Spine, Various Lesions, Decompression Laminectomy, Multiple Levels (open or MIS)	6B	9,650	14,500
48	SB741S	Spine, Various Lesions-Decompression, Interbody Fusion (circumferential fusion with instrumentation and cages) - Open or MIS or with Computer Navigation	7A	13,450	18,200
49	SB809K	Knee, Various Lesions, Total Joint Replacement (Bilateral)	7B	11,750	17,100
50	SB729S	Spine, Various Lesions, Decompression, Spinal Instrumentation, Multiple Levels	7B	16,050	20,100

### SC – Respiratory

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SC703B*	Bronchus/Lung, Bronchoscopy with/without biopsy	1B	1,050	1,600
2	SC704B	Bronchus/Lung, Bronchoscopy with biopsy, bronchoalveolar lavage	2A	1,050	2,000

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SD – Cardiovascular

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SD722V	Vein, Various Lesions, Imaging Guided Peripheral Insertion of Central Catheter (PICC)	1C	640	1,000
2	SD721V*	Vein, Various Lesions, Imaging guided Insertion of Tunnelled Central Venous Catheter <i>Note: Higher end of fees may be associated with recurrent cases or altered anatomy</i>	2A	850	1,400
3	SD707B	Blood Vessels, Portacath, removal <i>Note: Higher end of fees may be associated with more difficult portacath removals eg. when catheter is fractured or has displaced, with need for surgical exploration to identify and remove entire length of catheter.</i>	2A	400	1,450
4	SD723V*	Vein, Various Lesions, Imaging Guided Venous Port Insertion <i>Note: Higher end of fees may be associated with altered anatomy, small vein, redo cases</i>	2C	850	1,800
5	SD706B	Blood Vessels, Portacath, Insertion <i>Note: This procedure involves open surgical insertion via venous cutdown.</i>	3A	1,200	2,700
6	SD715H	Heart, Coronary angiography (with Left Ventriculography)	3A	2,150	3,200
7	SD811H	Heart, Coronary angiography (Selective)	3A	2,150	3,200
8	SD713V	Vein, Varicose Veins, Imaging Guided Endovenous Laser Treatment, 1 leg <i>Note: Higher end of fees may be associated with larger veins, length of vein to be treated, or procedure including ablation of small saphenous vein (SSV).</i>	3B	4,350	6,500
9	SD821A	Artery, Various Lesions, Arterio-venous Fistula Creation <i>Note: Higher end of fees may be associated with complex or re-do fistulas that are at the same site.</i>	3C	1,700	3,850
10	SD707H	Heart, Cardiac Catheterisation (left) and Intracoronary Pressure Wire without Percutaneous Transluminal Coronary Angioplasty (PTCA)	3C	4,300	5,350
11	SD809H	Heart, Coronary Artery Disease, Cardiac Catheterisation and Coronary Angiogram	4A	3,000	4,350

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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
12	SD810H	Heart, Coronary Disease, Coronary Angioplasty (transluminal), with/without angiocardiology	4A	6,000	9,000
<p><i>Note: This code is for simple one-vessel coronary angioplasty. Excludes angioplasty for multiple vessels, which should be coded under SD713H.</i></p>					
13	SD802H	Heart, Arrhythmia, Catheter Ablation, with/without Electroanatomical Mapping	4A	4,000	12,000
<p><i>Note: Lower end of fees may be associated with Simple Radiofrequency Catheter Ablation (eg SVT) with or without Electrophysiology Study; and higher end of fees may be associated with Complex Radiofrequency Catheter Ablation (with 3D mapping) with or without Electrophysiology Study.</i></p>					
14	SD712H	Heart, Percutaneous Transluminal Coronary Angioplasty (PTCA) + stenting (1 vessel) - Complex (defined as > 1 hr), with/without IVUS/FFR	4A	6,700	12,200
<p><i>Note: Higher end of fees may be associated with complex interventions which include:</i></p> <ul style="list-style-type: none"> <li>- Complex Chronic Total Occlusion e.g. retrograde CTO intervention</li> <li>- Complex bifurcation/ trifurcation; or</li> <li>- Cases requiring haemodynamic support (e.g. IABP, Impella or LVAD)</li> </ul>					
15	SD714H	Heart, Primary Percutaneous Transluminal Coronary Angioplasty for ST-elevation Myocardial Infarction	4B	9,650	12,850
16	SD713H	Heart, Percutaneous Transluminal Coronary Angioplasty (PTCA) + stenting (more than 1 vessel) - Intravascular Ultrasound (IVUS), Fractional Flow Reserve (FFR)	4B	9,000	13,900
<p><i>Note: This code is for multivessel stenting, with or without invasive intracoronary imaging or physiologic guidance.</i></p>					
17	SD812H	Heart, Coronary Disease, Coronary Artery Bypass Graft (Open)	7A	16,050	25,000
<p><i>Note: Higher end of 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).</i></p>					



SE – Hemic & Lymphatic

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SE802L	Lymph node (cervical), Various Lesions, Excision Biopsy	2C	2,300	3,750

SF - Digestive

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SF804T	Tongue, Tongue Tie, Release	1A	280	850
2	SF701I	Intestine/Stomach, Upper GI endoscopy with / without biopsy	1B	600	1,000
<i>Note: Higher end of fees may be associated with altered anatomy, more biopsies or biopsies of lesions in challenging locations.</i>					
3	SF710C	Colon, Sigmoid, Sigmoidoscopy (flexible), Fibreoptic with/without biopsy	1B	600	1,000
4	SF841A	Anus, Perineal Abscess, Saucerisation/Drainage	1B	1,250	2,950
<i>Note: Lower end of fees may be associated with straight forward incision, saucerisation and drainage. Higher end of 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, Ischio-rectal Abscess, Saucerisation.</i>					
5	SF833A	Anus, Fistula-in-ano, Excision/ Fistulectomy	2B	2,000	3,200
<i>Note: Higher end of fees may be associated with recurrent surgery, more complex fistulae</i>					
6	SF700I	Intestine/Stomach, Upper GI endoscopy with polypectomy/ removal of foreign body/diathermy of bleeding lesions / injection of varices / removal of single polyp	2C	1,000	1,600
7	SF702C	Colon, Colonoscopy (diagnostic), fibreoptic with/without biopsy	2C	1,100	1,600
8	SF703C	Colon, Colonoscopy (screening), fibreoptic with/without biopsy	2C	1,100	1,600
9	SF836A	Anus, Hemorrhoids, Hemorrhoidectomy with or without sigmoidoscopy	2C	2,650	3,400
<i>Note: Higher end of fees may be associated with sigmoidoscopy or more difficult haemorrhoidectomy eg. for prolapsed haemorrhoids.</i>					



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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
10	SF704C	Colon, Colonoscopy (diagnostic), fiberoptic with removal of polyp (single or multiple less than 1cm)	3A	1,500	2,150
<i>Note: Higher end of fees may be associated with polyps in challenging locations, more polyps or additional measures to achieve hemostasis.</i>					
11	SF706C	Colon, Colonoscopy (screening), fiberoptic with removal of polyp (single or multiple less than 1cm)	3A	1,500	2,150
<i>Note: Higher end of fees may be associated with polyps in challenging locations, more polyps or additional measures to achieve hemostasis</i>					
12	SF818A	Abdominal Wall, Inguinal Hernia (infants & children), Herniotomy (Unilateral)	3A	1,950	2,350
13	SF837A	Anus, Hemorrhoids, Staped haemorrhoidectomy	3A	3,000	3,750
14	SF814A*	Abdominal Wall, Epigastric/Umbilical Hernia, Repair (laparoscopic or open)	3A	2,650	4,350
<i>Note: Higher fees may be associated with larger defects and mesh placement. (Recurrent surgery should be coded under SF823A.)</i>					
15	SF705C	Colon, Colonoscopy (diagnostic), fiberoptic with removal of polyps (multiple more than 1cm)	3B	1,700	2,550
<i>Note: Higher end of fees may be associated with polyps in challenging locations, larger polyps, more polyps or additional measures to achieve hemostasis</i>					
16	SF819A	Abdominal Wall, Inguinal/Femoral Hernia, Unilateral Herniorrhaphy (laparoscopic or open)	3B	3,200	5,350
<i>Note: Higher end of fees may be associated with larger hernia sacs, femoral hernias, hernias with complications and emergency surgery. Recurrent surgery should be coded under SF823A.</i>					
17	SF849A	Appendix, Various Lesions, Appendicectomy Without Drainage, Open/Laparoscopic	3B	4,200	6,700
<i>Note: Higher end of 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.)</i>					

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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
18	SF822A*	Abdominal Wall, Strangulated/Obstructed Hernia, Repair without Bowel Resection	3C	3,950	4,300
<p><i>Note: Higher end of fees may be associated with emergency surgery, previous surgery and adhesions and larger defects</i></p>					
19	SF832A	Anus, Fistula-in-ano (high), Fistulectomy & Colostomy, or complex and recurrent fistulectomy	3C	3,100	4,300
<p><i>Note: Higher end of fees may be associated with extensive perianal sepsis associated with the fistula.</i></p>					
20	SF708B	Bile Duct, Endoscopic Retrograde Cholangiopancreatography (ERCP) with sphincterotomy /removal of stone/ insertion of biliary stent	3C	3,200	4,350
<p><i>Note: Higher end of fees may be associated with more complex cases, e.g. altered anatomy, larger, harder stones, more stones, difficult bile duct cannulation etc.</i></p>					
21	SF817A*	Abdominal Wall, Inguinal Hernia (infants & children), Herniotomy (Bilateral)	4A	3,000	4,500
22	SF801G	Gallbladder, Various Lesions, Cholecystectomy (open or lap)	4A	5,350	7,500
<p><i>Note: Complicated surgery should be coded under SF706G.</i></p>					
23	SF723A	Appendix, Various Lesions/Abscess, Appendicectomy with Drainage (Open/Laparoscopic)	4A	5,250	8,000
24	SF823A	Abdominal Wall, Ventral/Incisional/Recurrent Hernia, Repair (laparoscopic or open)	4A	4,400	8,000
<p><i>Note: Higher end of 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 fee range is associated with Ventral/incisional hernia repair of abdominal wall, with primary closure of fascial defect or mesh repair (laparoscopic/open)</i></p>					
25	SF820A	Abdominal Wall, Inguinal/Femoral Hernia, Bilateral Herniorrhaphy (laparoscopic or open)	4C	5,000	8,000
<p><i>Note: Higher end of fees may be associated with recurrent surgery, larger hernia sacs, femoral hernias, hernias with complications or emergency surgery.</i></p>					

\* For this procedure, there was less than 30 Singapore Citizen cases performed in the private sector in 2017. The benchmarks were determined taking into account the benchmarks of a related procedure with at least 30 Singapore Citizen cases performed in the private sector in 2017.





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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
26	SF706G	Gallbladder (acute/complicated) open or laparoscopic cholecystectomy	4C	5,550	8,600
<p><i>Note: Higher end of fees may be associated with recurrent surgery, adhesions, altered anatomy, previous inflammation of the gallbladder and biliary tree or for impacted stone.</i></p>					
27	SF705G*	Gallbladder, Various lesions, open/laparoscopic cholecystectomy and transcystic common bile duct exploration	5A	6,500	10,000
<p><i>Note: Higher end of fees may be associated with recurrent surgery, adhesions, altered anatomy, previous inflammation of the gallbladder and biliary tree or for impacted stone.</i></p> <p><i>Higher end of fees may also be associated with more complex CBDE.</i></p>					
28	SF814P	Parotid, Tumor, Superficial Parotidectomy	5C	9,300	12,650
29	SF803C	Colon, Various Lesions, Right/Left Hemicolectomy (laparoscopic or open)	5C	10,100	14,450
<p><i>Note: Higher end of fees may be associated with recurrent surgery, adhesions or more complex cases such as larger tumors with invasion into surrounding structures.</i></p>					
30	SF714P*	Parotid, Total Parotidectomy, with/without preservation of facial nerve	6A	12,850	17,500
31	SF701C	Colon, Anterior Resection (open or laparoscopic)	6C	10,700	16,050
<p><i>Note: Higher end of fees may be associated with more complicated and difficult resections, particularly for low anterior resection.</i></p>					
32	SF703R*	Rectum, Ultra-low Anterior Resection (Total Mesorectal Excision) With/Without PLND	6C	14,450	20,700
<p><i>Note: Higher end of fees may be associated with recurrent surgery or more complex cases such as those involving lymphadenectomy</i></p>					

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**SG – Urinary**

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SG713B	Bladder, Cystoscopy, with or without biopsy	1B	700	1,150
2	SG718B	Bladder/Urethra, Cystoscopy, with urethral dilatation	1C	800	1,350
3	SG709B	Bladder, Cystoscopy, removal of foreign body/ureteric stent	2C	910	1,500
4	SG714B	Bladder/Urethra, Transurethral Resection of Bladder Tumour (<3cm)	4A	3,750	4,300
5	SG701U	Ureter, Extra Corporeal Shockwave Lithotripsy (ESWL) for ureteric stone	4A	3,200	4,700
6	SG702U	Ureter, Calculus, Ultrasound Lithotripsy	4A	4,000	4,750
7	SG800U	Ureter, Ureteroscopy and lithotripsy	4A	4,000	4,750
8	SG802K	Kidney, Calculus, Extra Corporeal Shockwave Lithotripsy (ESWL)	4B	3,650	5,150
9	SG700P	Prostate Gland, Various Lesions, Transurethral Resection of Prostate (TURP) (less than 30 gm)	4B	4,500	6,400
10	SG702P	Prostate Gland, Various Lesions, Transurethral Resection of Prostate (TURP) (more than 30 gm)	5C	5,350	7,500



**SH – Male Genital**

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SH808P	Penis, Paraphimosis/ Phimosis/ Reduction Prepuce, Circumcision	1B	350	700
<i>Note: Fee range for infants aged ≤ 6 month for which plastibell/ clamp technique is used.</i>					
2	SH808P	Penis, Paraphimosis/ Phimosis/ Reduction Prepuce, Circumcision	1B	950	2,150
<i>Note: Fee range for patients aged &gt; 6 months.</i>					
3	SH834P	Prostate Gland, Various Lesions, Trans-Rectal Ultrasound (TRUS) guided biopsy	1B	1,050	1,500
4	SH831P	Prostate Gland, Various Lesions, Saturation Robotic Transrectal/Transperineal Biopsy	1B	1,950	3,200
5	SH835P	Prostate Gland, Various Lesions, Saturation Prostate Biopsy	2A	1,950	3,200
6	SH802V	Vas Deferens, Various Lesions, Varicocelelectomy (Microsurgical)	3C	4,300	5,900
7	SH830P	Prostate Gland, Various Lesions, Radical Prostatectomy (open/laparoscopic/robotic)	6A	16,300	20,350



**SI – Female Genital**

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SI806C	Cervix, Polyp, Excision/Erosion (simple) with Biopsy <i>Note: Higher end of fees may be associated with more polyps being excised.</i>	1B	300	820
2	SI820V	Vulva, Abscess, Incision <i>Note: Higher end of fees may be associated with a larger or deeper abscess.</i>	1B	850	1,950
3	SI823V	Vulva, Bartholin Cyst, Incision/Marsupialization with or without use of Laser <i>Note: Higher end of fees may be associated with a larger or deeper cyst or with the use of a laser.</i>	1B	850	1,950
4	SI810C	Cervix, Various Lesions, Colposcopy and Biopsy	1C	450	820
5	SI818U	Uterus, Genetic Abnormality/Fetal Maturity, with/without Ultrasound Guided Amniocentesis	1C	480	950
6	SI817U	Uterus, Genetic Abnormality, Ultrasound Guided Chorionic Biopsy	1C	860	1,050
7	SI820U	Uterus, Gravid, Evacuation (simple/TOP)	2A	700	1,550
8	SI843U	Uterus, Various Lesions, Curettage with/without Dilatation	2A	1,050	1,800
9	SI707C	Cervix, Various Lesions, Colposcopy, Laser Vapourisation/Loop Electrosurgical Excision Procedure/Laser Excision of Transformation Zone with Biopsy <i>Note: Higher end of fees may be associated with laser surgery and could be more extensive.</i>	2A	1,250	2,700
10	SI819U	Uterus, Gravid, Evacuation (complicated)	2B	1,300	2,150
11	SI805C	Cervix, Polyp, Excision/Erosion (complicated) includes D&C with Biopsy	2B	1,500	2,450
12	SI725U	Uterus/cervix, Hysteroscopy, Diagnostic, D&C	2B	1,800	3,150
13	SI836U	Uterus, Pregnancy, Vaginal Delivery (with or without episiotomy repair)	2B	2,050	3,400
14	SI704C	Cervix, Transcervical resection (TCR) Polyp (<2cm), hysteroscopic	2B	2,550	3,750



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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
15	SI842U	Uterus, Various Lesions, Curettage with Colposcopy/Biopsy/Diathermy/Cryosurgery/Laser Therapy of Cervix	2C	1,250	2,300
16	SI705C	Cervix, Transcervical resection (TCR) Polyp (>2cm), hysteroscopic	2C	2,700	4,000
17	SI833U	Uterus, Pregnancy, Assisted Vaginal Delivery ± Twins ± Breech	3A	2,450	4,050
18	SI803C	Cervix, Cervical Intraepithelial Neoplasia, Cone Biopsy with/without laser	3A	2,500	4,350
19	SI701O	Ovary, Tumor/Cyst, Ovarian Cystectomy, MIS/robotic (Simple) (<5cm) With Biopsy	3C	4,500	7,300
20	SI700L	Laparoscopy, Therapeutic, except for Retrieval and Placement of Gametes and Placement of Embryos	3C	4,800	7,750
21	SI834U	Uterus, Pregnancy, Caesarean Section (classical/lower segment)	4A	3,400	4,800
22	SI802O	Ovary, Tumor/Cyst, Cystectomy (complicated) (>5cm)	4A	6,400	8,550
23	SI803U	Uterus, Benign Conditions, Total Hysterectomy with/without Salpingo-Oophorectomy	4A	6,400	9,050
24	SI806O	Ovary, Tumor/Cyst, Oophorectomy/Salpingo-Oophorectomy (complicated)	4A	6,350	9,100
25	SI832U	Uterus, Pregnancy and Multiparity, Lower Segment/Classical Caesarean Section and Tubal Ligation	4B	4,000	5,700
26	SI700O	Ovary, Tumor/Cyst, Ovarian Cystectomy, MIS /robotic(Complicated) (>5cm)	4B	6,700	9,000
27	SI815U	Uterus, Fibroids, Myomectomy (complicated) (>5cm)	5A	6,400	8,900
28	SI708U	Uterus, Fibroids, Myomectomy, MIS (Complicated) (>5cm)	5A	6,950	9,650
29	SI712U	Uterus, Hysterectomy, MIS (Complicated) (>12 weeks)	5A	7,500	10,450
30	SI812U	Uterus, Endometriosis, Hysterectomy with/without Salpingo-Oophorectomy	5C	6,450	10,250
31	SI804U	Uterus, Broad Ligament Tumor, Hysterectomy	5C	6,700	10,450



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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
32	SI825U	Uterus, Malignant Condition, Extended Hysterectomy with/ without lymphadenectomy	5C	9,000	14,450
<i>Note: Higher end of 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.</i>					
33	SI800O	Ovary, Malignant Tumor/Cyst, Total Hysterectomy Bilateral Salpingo-Oophorectomy with Omentectomy, Surgical Staging with/without Lymphadenectomy	5C	12,650	16,050



**SJ – Endocrine**

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SJ701T	Thyroid, Various Lesions, Imaging Guided Percutaneous Aspiration / Biopsy	1B	440	900
<i>Note: Higher end of fees may be associated with biopsies of more lesions e.g. &gt;3.</i>					
2	SJ802T	Thyroid, Various Lesions, Hemithyroidectomy/Partial Thyroidectomy	4A	6,400	8,450
3	SJ803T	Thyroid, Various Lesions, Total/Subtotal Thyroidectomy	5C	6,400	11,750
<i>Note: Higher end of fees may be associated with altered anatomy, larger thyroid or recurrent surgery.</i>					

**SK – Nervous**

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SK711S*	Spine, Paravertebral anaesthetic, more than 2 levels	2A	1,250	2,150
2	SK717N	Nerve (Upper Limb), Carpal Tunnel Syndrome, Release (unilateral) (with Endoneurolysis)	3A	2,150	3,350
3	SK705S	Spinal/Epidural, Facet Joint, Various lesions, Imaging Guided, Radiofrequency, Cervical/Lumbar/Thoracic, More than 3 joints	4A	4,300	6,400
<i>Note: Higher end of fees are associated with treatment for more joints.</i>					

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SL – Eye

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SL846E	Eyelids, Tumor, Shaving Excision	1A	300	1,000
		<i>Note: Higher end of fees may be associated with a large tumor, or an excision involving a large skin area</i>			
2	SL723E	Eyelids, Chalazion Cyst, Excision under general anaesthesia	1A	850	1,450
		<i>Note: Higher end of fees may be associated with excision of larger or multiple chalazions/ styes. TOSP code will undergo description change with effect from 2 Jan 2019 to SL723E Eyelids, Chalazion or Stye excision under General Anaesthesia.</i>			
3	SL724E	Eyelids, Stye, Incision under general anaesthesia	1A	850	1,450
		<i>Note: Higher fees may be associated with excision of larger or multiple chalazions/ styes. TOSP code will be removed and merged under SL723E Eyelids, Chalazion or Stye excision under General Anaesthesia with effect from 2 Jan 2019.</i>			
4	SL700V	Vitreous, Intravitreal Injections	1B	690	1,600
5	SL815L	Lens, Various Lesions, Yag Laser Capsulotomy	2A	960	1,600
6	SL801I	Iris, Various Lesions, Laser Iridotomy	2C	1,050	1,950
7	SL803C	Conjunctiva, Pterygium, Removal with conjunctival graft	2C	1,700	2,750
8	SL704R	Retina/Macula, Grid and focal laser photocoagulation	3A	1,600	2,600
9	SL805R	Retina, Tears, Photocoagulation (laser) (Unilateral)	3B	1,650	2,350
10	SL700R	Retina, Laser retinopexy, complex (subretinal fluid, vitreous haemorrhage, multiple tears)	3B	2,150	3,200
11	SL804R	Retina, Tears, Cryotherapy or Photocoagulation (laser) (Bilateral)	3C	1,700	3,050
12	SL808L	Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Left)	4A	2,550	3,950
13	SL809L	Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Right)	4A	2,550	3,950
14	SL834E	Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (unilateral)	4A	3,100	4,800





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S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
15	SL807L	Lens, Cataract, Extraction with Intra-ocular Lens Implant (Bilateral)	5A	4,300	6,000
16	SL810L	Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without antimetabolites	5A	4,300	6,200
17	SL833E	Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (bilateral)	5B	5,350	8,000
18	SL701V	Vitreous, Various Lesions, Complex Posterior Vitrectomy (PVR, GRT, trauma)	6B	6,400	11,750
19	SL801V	Vitreous, Various Lesions, Posterior Vitrectomy (pars plana/ sclerotomy/ lensectomy-extraction with Intra-ocular Lens Implant/ endolaser/ membrane peels)	6B	8,560	12,850



**SM – Ear, Nose and Throat (ENT)**

S/N	TOSP	Description	Table No.	Fee Benchmarks	
				Lower bound (\$)	Upper bound (\$)
1	SM700N	Nose, Nasendoscopy	1A	160	380
<i>Note: Lower end of fees may be associated with follow up /repeat scopes for a previously known condition</i>					
2	SM831E	Ear, Tympanic Membrane, Unilateral, myringotomy without tube	1B	440	1,050
3	SM700I	Inferior Turbinate reduction (submucous diathermy oblique radiofrequency)	1C	450	1,600
4	SM832E	Ear, Tympanic Membrane, Unilateral myringotomy with tube	2A	680	2,150
5	SM708E*	Ear, Tympanic Membrane, Bilateral myringotomy with tube	2B	1,150	3,450
6	SM714N	Nose, Various Lesions (turbinates), turbinectomy/turbinoplasty/Submucous Resection (with or without endoscopes)	2C	1,050	2,900
7	SM705T	Tonsils, Various Lesions, Removal with/without Adenoidectomy	3B	4,050	5,350
8	SM709S*	Sinuses - Nasal, Infection, Functional Sinusoscopic Ethmoidectomy (Unilateral)	4A	5,050	7,650
9	SM703S*	Sinuses - Nasal, Infection, Functional Sinusoscopic Ethmoidectomy (Bilateral)	5A	6,500	9,150
10	SM714S	Sinuses - Nasal, Various Lesions, Fronto-nasal Ethmoidectomy with/without Sphenoidotomy	5C	6,700	10,300

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