

Doctors' Fee Benchmarks for Surgeries

The recommended benchmarks for surgeon fee and anaesthetist fee for surgeries are based on the Table of Surgical Procedures (TOSP) 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 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. 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 high complexity or who may be very ill.
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.
5. Goods and Services Tax (GST) - The benchmarks exclude GST.

Surgeon fee benchmarks

6. 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.
7. Assistance at operations - In determining the individual benchmark, the Committee only looked at hospital admissions with a single TOSP code. If there was more than one surgeon fee, all the fees submitted by each individual surgeon would have been added up and taken into consideration when determining the fee benchmark range. It is possible that some surgeons might have included assistant fee under the field for surgeon fee. Hence, the recommended benchmarks refer to the total professional fees for the surgical procedure, including any necessary assistance. Prior to the procedure, doctors are advised to inform patients of any assistance required.

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 exclude :

- 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 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 ASA¹ 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.
- 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.**

¹ Refers to the American Society of Anesthesiologists (ASA) classification that assesses and communicates a patient's pre-anaesthesia medical co-morbidities.

Surgeon & Anaesthetist Fee Benchmarks with Explanatory notes (by Table of Surgical Procedures) (As of 1 Feb 2021)

* Indicates that fee benchmarks have been updated.

SA – Integumentary (Skin and Breast)

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SA865S | Skin, Keratoses/Warts/Tags/Similar Lesions, Excision (not more than 5 lesions) | 1A | 350 | 630 | 500 | 750 |
| 2 | SA800S | Skin and Mucous Membrane, Various Lesions, Excision Biopsy | 1A | 350 | 800 | 680 | 1,100 |
| 3 | 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 | 500 | 800 |
| 4 | SA840S | Skin and Subcutaneous Tissue, Hematoma, Abscess/Cellulitis/Similar lesion<3cm, Saucerisation/Incision & Drainage | 1A | 230 | 1,050 | 590 | 950 |
| 5 | SA853S | Skin and Subcutaneous Tissue, Wound, Debridement <3cm | 1A | 240 | 1,150 | 500 | 800 |

Note: Higher end of surgeon fees may be associated with very contaminated/ dirty wounds or deep wounds requiring extensive debridement.

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 6 | SA710B | Breast, Various Lesions, Trucut Biopsy, ultrasound guided or stereotactic (single) Note: Higher end of surgeon fees may be associated with lesions that are more complex to biopsy (e.g. small size in inaccessible location). | 1B | 780 | 1,200 | 545 | 700 |
| 7 | SA854S | Skin and Subcutaneous Tissue, Wound (large>3cm), Secondary Suture 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. | 1B | 750 | 1,550 | 545 | 850 |
| 8 | SA843S | Skin and Subcutaneous Tissue, Laceration (superficial) of less than 7cm, Repair | 1B | 280 | 1,800 | 590 | 950 |
| 9 | SA702S | Skin and Subcutaneous Tissue, Tumor/Cyst/Ulcer/Scar, Excision biopsy, Lesion size more than 15mm in diameter Note: Higher end of surgeon fees may be associated with a location of higher morbidity such as the face or a joint flexure. | 1B | 910 | 1,900 | 500 | 800 |
| 10 | SA841S | Skin and Subcutaneous Tissue, Hematoma /Carbuncle Cellulitis/Similar Lesion>3cm, Saucerisation/Incision with Drainage Note: Higher end of surgeon fees may be associated with a location of higher morbidity such as the face or a joint flexure. | 1B | 700 | 2,200 | 590 | 950 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 11 | SA709B | Breast, Various Lesions, Trucut Biopsy, ultrasound guided or stereotactic (multiple) Note: Higher end of surgeon fees may be associated with lesions that are more complex to biopsy (e.g. small size in inaccessible location) | 1C | 910 | 2,250 | 680 | 900 |
| 12 | SA839S | Skin and Subcutaneous Tissue, Arteriovenous malformation/Hemangioma/Lymphangioma <3cm excluding face, hands, genitalia, Excision | 2A | 1,350 | 2,350* | 590 | 750 |
| 13 | SA701S | Skin and Subcutaneous Tissue, Tumor/Cyst/Ulcer/Scar, Excision biopsy, removal of 2 or more or recurrent or complicated (adherent), excision Note: Higher end of surgeon fees may be associated with a location of higher morbidity such as the face or a joint flexure. | 2A | 800 | 2,800 | 500 | 800 |
| 14 | SA704B | Breast, Lumps, Imaging Guided Vacuum Assisted Biopsy, Single lesion Note: Higher end of surgeon fees may be associated with more inaccessible locations. | 2B | 1,650 | 2,700 | 545 | 700 |
| 15 | SA850S | Skin and Subcutaneous Tissue, Sinus (deep>3cm), Excision with/without biopsy | 2B | 1,800 | 3,000 | 680 | 1,100 |
| 16 | SA715S | Soft Tissue (Lower Limb), Tumor/Tumor-like Lesions, Marginal Excision | 2C | 2,150 | 3,200 | 680 | 1,100 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 17 | SA811S | Skin and Subcutaneous Tissue, Deep>3cm/Extensive Contaminated Wound, Debridement Note: Higher end of surgeon fees may be associated with a location of higher morbidity such as the face or a joint flexure. | 2C | 1,400 | 3,200 | 590 | 950 |
| 18 | SA812B | Breast, Lump (single), Excision biopsy Note: Higher end of surgeon fees may be associated with procedures involving larger lesions. | 2C | 2,500 | 3,200 | 680 | 900 |
| 19 | SA706B | Breast, Lumps, Imaging Guided Vacuum Assisted Biopsy, > 1 lesions 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. | 2C | 2,300 | 4,150 | 590 | 750 |
| 20 | SA712B | Breast, Various Lesions, wire localisation, excision (single) Note: Higher end of surgeon 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 | 3A | 2,500 | 4,000 | 770 | 1,000 |
| 21 | SA838S | Skin and Subcutaneous Tissue, Arteriovenous malformation/Hemangioma/Lymphangioma >3cm excluding face, hands, genitalia, Excision | 3A | 2,350* | 4,500* | 680 | 1,100 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 22 | SA813B | Breast, Lumps (multiple/bilateral), Excision biopsy Note: Higher end of surgeon fees may be associated with more difficult locations, procedures involving larger lesions and/or greater number of lesions. | 3A | 3,200 | 5,350 | 770 | 1,000 |
| 23 | SA803S | Skin and Subcutaneous tissue(ear/nose/eyelid/face) complex lacerations, repair | 3B | 3,200 | 5,000 | 590 | 950 |
| 24 | SA842S | Skin and Subcutaneous tissue, Lacerations (deep >3cm/multiple) lacerations, repair/toilet & suture, with/without debridement | 3B | 3,200 | 5,000 | 770 | 1,250 |
| 25 | SA711B | Breast, Various Lesions, wire localisation, excision (multiple) Note: Higher end of surgeon 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 | 3B | 3,650 | 5,600 | 995 | 1,300 |
| 26 | SA822B | Breast, Tumor (malignant), Wide Excision/ Lumpectomy/Segmental Mastectomy/ Partial Mastectomy Note: Higher end of surgeon 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 | 3C | 3,200 | 5,450 | 995 | 1,300 |
| 27 | SA716S | Soft Tissue (Lower Limb), Tumors (benign), Wide Excision Biopsy | 4A | 3,200 | 5,350 | 950 | 1,500 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 28 | SA721S | Soft Tissue (Upper Limb), Tumors (benign), Major Excision Biopsy | 4A | 3,250 | 5,350 | 950 | 1,500 |
| 29 | SA837S | Skin and Subcutaneous Tissue, Arteriovenous malformation/Hemangioma/Lymphangioma on face, hands, genitalia, Excision | 4A | 3,600 | 6,000 | 995 | 1,600 |
| 30 | SA826B | Breast, Tumor (malignant), Simple Mastectomy | 4A | 4,050 | 7,000 | 950 | 1,250 |
| | | Note: Higher end of surgeon fees may be associated with larger tumours with chest wall invasion or extensive skin invasion. | | | | | |
| 31 | SA705B | Breast, Lump (removal) with parenchymal flap closure (unilateral/bilateral) | 4A | 4,300 | 8,050 | 1,040 | 1,500 |
| | | 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. | | | | | |
| 32 | SA707B | Breast, Tumor (malignant), Wide Excision/ Lumpectomy/Segmental Mastectomy/ Partial Mastectomy, with Sentinel Node Biopsy/ Axillary Node Sampling | 4A | 5,350 | 9,200 | 1,220 | 1,600 |
| | | Note: Higher end of surgeon 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 surgeon fees can also be associated with more sentinel nodes or challenging locations. | | | | | |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 33 | SA823B | Breast, Tumor (malignant), Wide Excision/ Lumpectomy/Segmental Mastectomy/ Partial Mastectomy, with Axillary Clearance, with/without Sentinel Node Biopsy Note: Higher end of surgeon 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 surgeon fees can also be associated with involved enlarged axillary lymph nodes with surrounding tissue invasion. | 4B | 5,150 | 9,000 | 1,220 | 1,600 |
| 34 | SA833B | Breast, Tumor (malignant), Nipple / Skin sparing Mastectomy | 4C | 5,250* | 9,500* | 950* | 1,250* |
| 35 | SA827B | Breast, Tumor (malignant), Simple Mastectomy with Sentinel Node Biopsy/ Axillary Node Sampling 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 sentinel nodes/more challenging locations of nodes. | 4C | 5,250 | 9,500 | 1,445 | 1,900 |
| 36 | SA834B | Breast, Tumor (malignant), Nipple / Skin sparing Mastectomy with Sentinel Node Biopsy/ Axillary Node Sampling | 5A | 5,450* | 10,700* | 1,445* | 1,900* |
| 37 | SA824B | Breast, Tumor (malignant), Simple Mastectomy with Axillary Clearance, with/without Sentinel Node Biopsy Note: Higher end of surgeon fees may be associated with larger volume of breast tissue and larger tumors with surrounding invasion. | 5A | 5,450 | 10,700 | 1,670 | 2,150 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 38 | SA836S | Skin and Subcutaneous Tissue, Arteiovenous malformation/Hemangioma/Lymphangioma (large and deep-seated), Excision | 5C | 6,400 | 7,750 | 1,445 | 2,100 |

SB – Musculoskeletal

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SB745J | Joint, Various Lesions, Joint aspiration/arthrocentesis/injection 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). | 1A | 300 | 1,600 | 500 | 800 |
| 2 | SB803N | Nail, Infection/Injury, Avulsion 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. | 1A | 500 | 1,600 | 500 | 800 |
| 3 | SB802U | Upper Limb, Fracture/Dislocation, Manipulation and Reduction | 1B | 1,050 | 2,150 | 500 | 800 |
| 4 | SB826B | Bone and Joints (Upper Limb), Removal of Simple Implants (e.g. Rush Rods/Wires/K-Wires/Pins/Screws) Note: Higher end of surgeon fees may be associated with a greater number of or deeper-set implants | 1C | 1,000 | 2,400 | 545 | 850 |
| 5 | SB809B | Bone and Joints (Lower Limb), Removal of Simple Implants (e.g. Rush Rods/Wires/K-Wires/Pins/Screws) Note: Higher end of surgeon fees may be associated with a greater number of or deeper-set implants | 1C | 1,250 | 2,700 | 545 | 850 |
| 6 | SB709H | Hand, Flexor Tendon, Trigger Finger (single), Release | 2A | 1,250 | 2,400 | 500 | 750 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 7 | SB808B | Bone and Joints (Lower Limb), Plates and Screws/Nails, Removal | 2B | 1,800* | 3,850 | 680 | 1,100 |
| 8 | SB825B | Bone and Joints (Upper Limb), Plates and Screws, Removal | 2B | 1,800* | 3,850 | 680 | 1,100 |
| 9 | SB805T | Tendon Sheath (Upper Limb), De Quervain's (unilateral), Release | 3A | 2,050 | 3,650 | 545 | 800 |
| 10 | SB708H | Hand, Flexor Tendon, Trigger Finger (multiple), Release | 3A | 1,700 | 3,850 | 680 | 1,000 |
| | | Note: Higher end of surgeon fees may be associated with more finger releases. | | | | | |
| 11 | SB722F | Foot, Fractures, Simple, single | 3A | 4,000 | 5,350 | 995 | 1,600 |
| 12 | SB809T | Tendon-Achilles (Lower Limb), Disruption, Repair | 3A | 5,150 | 7,200 | 1,040 | 1,350 |
| 13 | SB801A | Ankle, ankle fracture, unimalleolar, ORIF | 3B | 6,000 | 7,500 | 1,220 | 1,600 |
| 14 | SB800P | Patella, Fracture, Open Reduction and Internal Fixation | 3B | 6,000 | 8,550 | 995 | 1,300 |
| 15 | SB804H | Hand, Crush Injuries (complex), Wound Debridement | 3C | 2,750 | 4,000 | 680 | 1,000 |
| 16 | SB704H | Hand, Closed fracture, ORIF/plate and screws (single), joint/non-joint | 3C | 4,300 | 7,200 | 950 | 1,400 |
| 17 | SB740S | Spine - Vertebroplasty or kyphoplasty (single level) | 4A | 5,000 | 6,400 | 1,130 | 1,800 |
| | | Note: Higher end of surgeon fees may be associated with more complex cases. | | | | | |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|---|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 18 | SB808K | Knee, Various Lesions, Meniscectomy with/without Arthroscopy | 4A | 4,800 | 6,950 | 1,220 | 1,600 |
| 19 | SB700H | Hip/Knee therapeutic arthroscopy with/without synovectomy/ labral repair /FAI resection for hip | 4A | 5,700 | 7,500 | 1,130 | 1,650 |
| Note: Benchmarks are for procedures for knee arthroscopy. | | | | | | | |
| 20 | SB700A | Ankle, ankle fracture, Bimalleolar, ORIF | 4A | 6,550 | 8,550 | 1,355 | 1,750 |
| 21 | SB701C | Clavicle, Clavicle Fracture, Comminuted Plating With or without Bone Grafting | 4A | 5,350 | 8,550 | 1,445 | 1,900 |
| 22 | SB705A | Ankle, Therapeutic arthroscopy | 4A | 4,800 | 8,550 | 1,130 | 1,450 |
| 23 | SB819H | Hand, Tumors, Excision with Dissection of Neurovascular Bundle | 4B | 3,350 | 4,800 | 950 | 1,400 |
| 24 | SB801R | Radius and Ulna, Fracture/Dislocation, Open Reduction and internal fixation with or without bone grafting | 4B | 6,300 | 8,550 | 1,220 | 1,600 |
| 25 | SB706W | Wrist, Distal radius fracture, Open Reduction and Internal Fixation (ORIF) (complex, with autologous bone graft) | 4C | 6,400 | 9,800 | 1,445 | 2,100 |
| 26 | SB715K | Knee, Meniscus/Cartilage, MIS meniscal repair | 5A | 6,400 | 9,350 | 1,130 | 1,450 |
| 27 | SB707S | Shoulder, Shoulder soft tissue injury, MIS/open Bankart or Superior Labrum from anterior to posterior (SLAP) repair | 5A | 6,650 | 10,700 | 1,580 | 2,050 |
| 28 | SB709S | Shoulder, Shoulder soft tissue injury, MIS/open decompression alone | 5A | 6,650 | 10,700 | 1,580 | 2,050 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 29 | SB708S | Shoulder, Shoulder soft tissue injury, MIS/Open Bankart repair with Superior Labrum from anterior to posterior (SLAP) repair/rotator cuff repair | 5B | 8,550 | 10,700 | 1,670 | 2,150 |
| 30 | SB710S | Shoulder, Shoulder soft tissue injury, MIS/open decompression with cuff repair | 5B | 9,650 | 12,050 | 1,670 | 2,150 |
| 31 | SB838H | Hip, Various Lesions, Hemi-Arthroplasty | 5C | 6,400 | 9,100 | 1,895 | 3,050 |
| 32 | SB801B | Bone (Lower Limb), Deformities, Corrective Surgery with Internal Fixation with or w/o Fluoroscopy | 5C | 7,500 | 9,400 | 1,670 | 2,150 |
| 33 | SB700K | Knee, Arthroscopy, knee ligament reconstruction (1 or more) | 5C | 6,700 | 10,150 | 1,400 | 1,800 |
| 34 | SB819B | Bone and Joints (Upper Limb), Deformities, Osteotomies and Fixation with or without Fluoroscopy/Bone graft | 5C | 6,000* | 10,150 | 1,580 | 2,050 |
| 35 | SB701K | Knee, Ligaments/Meniscus/Cartilage/Bone combined, MIS ACL or PCL reconstruction | 5C | 7,500 | 10,700 | 1,400 | 1,800 |
| 36 | SB704K | Knee, Ligaments/Meniscus/Cartilage/Bone combined, MIS ligament reconstruction with meniscectomy | 5C | 8,550 | 10,700 | 1,400 | 1,800 |
| 37 | SB712K | Knee, Meniscus/Cartilage (small defects), MIS/open Mosaicplasty or OATS | 5C | 6,950 | 10,700 | 1,400 | 1,800 |
| 38 | SB800K | Knee Ligaments, Disruption, Reconstruction and Repair | 5C | 8,050 | 10,700 | 1,400 | 1,800 |
| 39 | SB703K | Knee, Ligaments/Meniscus/Cartilage/Bone combined, MIS ligament reconstruction with meniscal repair | 5C | 8,400 | 11,500 | 1,400 | 1,800 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 40 | SB711S | Shoulder, Shoulder soft tissue injury, MIS/open decompression with cuff repair & excision of distal clavicle | 5C | 8,550 | 12,300 | 1,760 | 2,300 |
| 41 | SB810K | Knee, Various Lesions, Primary Total Joint Replacement (Unilateral), open/MIS/navigated | 6A | 8,250 | 10,700 | 1,670 | 2,400 |
| 42 | SB839H | Hip, Various Lesions, Primary Total Joint Replacement, open/MIS/navigated | 6A | 8,550 | 12,850 | 1,895 | 3,050 |
| 43 | SB803C | Cervical Spine, Various Lesions - Anterior decompression and fusion or disc replacement (1 segment) | 6A | 11,900 | 16,050 | 2,570 | 3,350 |
| 44 | 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 | 1,670 | 2,400 |
| 45 | SB809K | Knee, Various Lesions, Total Joint Replacement (Bilateral) | 7B | 11,750 | 17,100 | 2,570 | 3,750 |

SC – Respiratory

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SC703B | Bronchus/Lung, Bronchoscopy with/without biopsy | 1B | 1,050 | 1,600 | 590 | 950 |
| 2 | SC704B | Bronchus/Lung, Bronchoscopy with biopsy, bronchoalveolar lavage | 2A | 1,050 | 2,000 | 770 | 1,250 |

SD – Cardiovascular

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SD707B | Blood Vessels, Subcutaneous Implanted Vascular Port, removal 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. | 1B | 400 | 1,450 | 500 | 800 |
| 2 | SD722V | Vein, Various Lesions, Imaging Guided Peripheral Insertion of Central Catheter (PICC) | 1C | 640 | 1,000 | 500 | 800 |
| 3 | SD721V | Vein, Various Lesions, Imaging guided Insertion of Tunnelled Central Venous Catheter Note: Higher end of surgeon fees may be associated with recurrent cases or altered anatomy | 2A | 850 | 1,400 | 500 | 800 |
| 4 | SD723V | Vein, Various Lesions, Imaging Guided Venous Port Insertion Note: Higher end of surgeon fees may be associated with altered anatomy, small vein, redo cases | 2C | 850 | 1,800 | 500 | 800 |
| 5 | SD706B | Blood Vessels, Subcutaneous Implanted Vascular Port, Insertion Note: This procedure involves open surgical insertion via venous cutdown. | 2C | 1,200 | 2,700 | 680 | 1,100 |
| 6 | SD811H | Heart, Coronary angiography | 3A | 2,150 | 3,200 | 770 | 1,250 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 7 | SD713V | Vein, Varicose Veins, Imaging Guided Endovenous Laser Treatment, 1 leg 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). | 3B | 4,350 | 6,500 | 860 | 1,250 |
| 8 | SD821A | Artery, Various Lesions, Arterio-venous Fistula Creation | 3C | 1,700 | 3,500* | 1,310 | 2,100 |
| 9 | SD809H | Heart, Coronary Artery Disease, Cardiac Catherisation and Coronary Angiogram | 3C | 3,000 | 4,350 | 770 | 1,250 |
| 10 | SD707H | Heart, Cardiac Catheterisation (left) and Intracoronary Physiological Assessment (inclusive of pressure wire) without Percutaneous Transluminal Coronary Angioplasty (PTCA) | 3C | 4,300 | 5,350 | 1,040 | 1,650 |
| 11 | SD840A | Artery, Various Lesions, Arterio-venous Fistula, Correction at original site | 4A | 3,500* | 4,000* | 1,310* | 2,100* |
| 12 | SD810H | Heart, Coronary Disease, Coronary Angioplasty (transluminal), with/without angiocardiography Note: This code is for simple one-vessel coronary angioplasty. Excludes angioplasty for multiple vessels, which should be coded under SD713H. | 4A | 6,000 | 9,000 | 1,220 | 1,950 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 13 | SD802H | Heart, percutaneous ablation of arrhythmia circuit or focus or isolation procedure involving 1 atrial chamber Note: Lower end of surgeon fees may be associated with Simple Radiofrequency Catheter Ablation (e.g. SVT) with or without Electrophysiology Study; and higher end of surgeon fees may be associated with Complex Radiofrequency Catheter Ablation (with 3D mapping) with or without Electrophysiology Study. | 4A | 4,000 | 12,000 | 1,670 | 2,650 |
| 14 | 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 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) | 4B | 8,000* | 12,200 | 1,130 | 1,800 |
| 15 | SD714H | Heart, Primary Percutaneous Transluminal Coronary Angioplasty for ST-elevation Myocardial Infarction | 4B | 9,650 | 12,850 | 2,345 | 3,750 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 16 | SD713H | Heart, Percutaneous Transluminal Coronary Angioplasty (PTCA) + stenting (more than 1 vessel), with/without IVUS/FFR or other physiological studies Note: This code is for multivessel stenting, with or without invasive intracoronary imaging or physiologic guidance. | 4B | 9,000 | 13,900 | 1,670 | 2,650 |
| 17 | SD742H | Heart, Coronary Disease, Coronary Artery Bypass Graft (Open/MIS/off pump) 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). | 6C | 16,050* | 25,000* | 3,470* | 5,050* |

SE – Hemic & Lymphatic

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SE703L | Lymph Node (cervical) - Superficial, Various Lesions, Biopsy | 1B | 1,300* | 2,300* | 770* | 1,250* |
| 2 | SE702L | Lymph Node (cervical) - Deep, Various Lesions, Biopsy | 2C | 2,000* | 3,750* | 770* | 1,250* |

SF – Digestive

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SF804T | Tongue, Tongue Tie, Release | 1A | 280 | 850 | 590 | 950 |
| 2 | SF701I | Intestine/Stomach, Upper GI endoscopy with / without biopsy Note: Higher end of surgeon fees may be associated with altered anatomy, more biopsies or biopsies of lesions in challenging locations. | 1B | 600 | 1,000 | 500 | 750 |
| 3 | SF710C | Colon, Sigmoid, Sigmoidoscopy (flexible), Fibreoptic with/without biopsy | 1B | 600 | 1,000 | 500 | 750 |
| 4 | SF841A | Anus, Perineal Abscess, Saucerisation/Drainage Note: Lower end of surgeon fees may be associated with straight forward incision, saucerisation 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. | 1B | 1,250 | 2,950 | 635 | 1,000 |
| 5 | SF833A | Anus, Fistula-in-ano, Excision/ Fistulectomy Note: Higher end of surgeon fees may be associated with recurrent surgery, more complex fistulae | 2B | 2,000 | 3,200 | 635 | 900 |
| 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 | 500 | 750 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 7 | SF702C | Colon, Colonoscopy, fibreoptic with/without biopsy | 2C | 1,100 | 1,600 | 500 | 750 |
| 8 | SF703C | Colon, Colonoscopy (screening), fibreoptic with/without biopsy | 2C | 1,100 | 1,600 | 500 | 750 |
| 9 | SF836A | Anus, Hemorrhoids, Hemorrhoidectomy with or without sigmoidoscopy Note: Higher end of fees may be associated with sigmoidoscopy or more difficult haemorrhoidectomy e.g. for prolapsed haemorrhoids. | 2C | 2,650 | 3,400 | 635 | 900 |
| 10 | SF813E | Esophagus/Intestine/Stomach, Upper GI endoscopy with complicated polypectomy or Endoscopic Mucosal Resection | 3A | 1,100* | 1,700* | 590* | 850* |
| 11 | SF704C | Colon, Colonoscopy, fibreoptic with removal of polyp (single or multiple less than 1cm) Note: Higher end of surgeon fees may be associated with polyps in challenging locations, more polyps or additional measures to achieve hemostasis. | 3A | 1,500 | 2,150 | 500 | 750 |
| 12 | SF706C | Colon, Colonoscopy (screening), fibreoptic with removal of polyp (single or multiple less than 1cm) Note: Higher end of surgeon fees may be associated with polyps in challenging locations, more polyps or additional measures to achieve hemostasis | 3A | 1,500 | 2,150 | 500 | 750 |
| 13 | SF818A | Abdominal Wall, Inguinal Hernia (infants & children), Herniotomy (Unilateral) | 3A | 1,950 | 2,350 | 860 | 1,250 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 14 | SF837A | Anus, Hemorrhoids, Stapled haemorrhoidectomy | 3A | 3,000 | 3,750 | 635 | 900 |
| 15 | SF814A | Abdominal Wall, Epigastric/Umbilical Hernia, Repair (MIS/open) Note: Higher surgeon fees may be associated with larger defects and mesh placement. (Recurrent surgery should be coded under SF823A.) | 3A | 2,650 | 4,350 | 1,040 | 1,650 |
| 16 | SF705C | Colon, Colonoscopy, fibreoptic with removal of polyps (multiple more than 1cm) Note: Higher end of surgeon fees may be associated with polyps in challenging locations, larger polyps, more polyps or additional measures to achieve hemostasis | 3B | 1,700 | 2,550 | 500 | 750 |
| 17 | SF819A | Abdominal Wall, Inguinal/Femoral Hernia, Unilateral Herniorrhaphy (MIS/open) 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. | 3B | 3,200 | 5,350 | 1,040 | 1,500 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 18 | SF849A | Appendix, Various Lesions, Appendicectomy Without Drainage, MIS/open Note: 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.) | 3B | 4,200 | 6,700 | 1,130 | 1,800 |
| 19 | SF832A | Anus, Fistula-in-ano (high), complex and recurrent fistulectomy Note: Higher end of surgeon fees may be associated with extensive perianal sepsis associated with the fistula. | 3C | 3,100 | 4,300 | 770 | 1,250 |
| 20 | SF710B | Endoscopic Retrograde Cholangiopancreatography (ERCP) with sphincterotomy /removal of stone/ insertion of biliary stent 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. | 3C | 3,200* | 4,350* | 950* | 1,500* |
| 21 | SF822A | Abdominal Wall, Strangulated/Obstructed Hernia, Repair without Bowel Resection Note: Higher end of surgeon fees may be associated with emergency surgery, previous surgery and adhesions and larger defects | 3C | 3,950 | 7,500 | 1,220 | 1,950 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 22 | SF817A | Abdominal Wall, Inguinal Hernia (infants & children), Herniotomy (Bilateral) | 4A | 3,000 | 4,500 | 1,040 | 1,500 |
| 23 | SF801G | Gallbladder, Various Lesions, Cholecystectomy (open or lap) | 4A | 5,350 | 7,500 | 1,220 | 1,950 |
| | | Note: Complicated surgery should be coded under SF706G. | | | | | |
| 24 | SF723A | Appendix, Various Lesions/Abscess, Appendicectomy with Drainage (MIS/open) | 4A | 5,250 | 8,000 | 1,310 | 2,100 |
| 25 | SF823A | Abdominal Wall, Ventral/Incisional/Recurrent Hernia, Repair (MIS/open) | 4A | 4,400 | 8,000 | 1,040 | 1,650 |
| | | 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) | | | | | |
| 26 | SF820A | Abdominal Wall, Inguinal/Femoral Hernia, Bilateral Herniorrhaphy (MIS/open) | 4C | 5,000 | 8,000 | 1,310 | 1,900 |
| | | Note: Higher end of surgeon fees may be associated with recurrent surgery, larger hernia sacs, femoral hernias, hernias with complications or emergency surgery. | | | | | |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 27 | SF706G | Gallbladder (acute/complicated) open or laparoscopic cholecystectomy 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. | 4C | 5,550 | 8,600 | 1,310 | 2,100 |
| 28 | SF705G | Gallbladder, Various lesions, MIS/open cholecystectomy and transcystic common bile duct exploration 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. | 5A | 6,500 | 10,000 | 1,490 | 2,400 |
| 29 | SF814P | Parotid, Tumor, Superficial Parotidectomy | 5C | 9,300 | 12,650 | 2,345 | 3,050 |
| 30 | SF803C | Colon, Various Lesions, Right/Left Hemicolectomy (MIS/open) Note: Higher end of surgeon fees may be associated with recurrent surgery, adhesions or more complex cases such as larger tumors with invasion into surrounding structures. | 5C | 10,100 | 14,450 | 2,210 | 3,200 |
| 31 | SF714P | Parotid, Total Parotidectomy, with/without preservation of facial nerve | 6A | 12,850 | 17,500 | 2,840 | 3,700 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 32 | SF701C | Colon, Anterior Resection (OpenMIS) | 6C | 10,700 | 16,050 | 2,480 | 3,600 |
| | | Note: Higher end of surgeon fees may be associated with more complicated and difficult resections, particularly for low anterior resection. | | | | | |
| 33 | SF703R | Rectum, Ultra-low Anterior Resection (Total Mesorectal Excision) With/Without PLND | 6C | 14,450 | 20,700 | 3,020 | 4,400 |
| | | Note: Higher end of surgeon fees may be associated with recurrent surgery or more complex cases such as those involving lymphadenectomy. | | | | | |

SG – Urinary

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SG713B | Bladder, Cystoscopy, with or without biopsy | 1B | 700 | 1,150 | 500 | 750 |
| 2 | SG718B | Bladder/Urethra, Cystoscopy, with urethral dilatation | 1C | 800 | 1,350 | 500 | 750 |
| 3 | SG709B | Bladder, Cystoscopy, removal of foreign body/ureteric stent | 1C | 910 | 1,500 | 500 | 750 |
| 4 | SG714B | Bladder/Urethra, Transurethral Resection of Bladder Tumour (<3cm) | 4A | 3,750 | 4,300 | 950 | 1,400 |
| 5 | SG701U | Ureter, Extra Corporeal Shockwave Lithotripsy (ESWL) for ureteric stone | 4A | 3,200 | 4,700 | 770 | 1,000 |
| 6 | SG800U | Ureter, Calculus, Ureterscopy and lithotripsy with/without ultrasound | 4A | 4,000 | 4,750 | 770 | 1,100 |
| 7 | SG802K | Kidney, Calculus, Extra Corporeal Shockwave Lithotripsy (ESWL) | 4B | 3,650 | 5,150 | 770 | 1,100 |

SH – Male Genital

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SH808P | Penis, Paraphimosis/ Phimosis/ Reduction Prepuce, Circumcision <hr/> Note: Surgeon fee range for infants aged ≤ 6 months. | 1B | 350 | 700 | 500 | 800 |
| 2 | SH808P | Penis, Paraphimosis/ Phimosis/ Reduction Prepuce, Circumcision <hr/> Note: Surgeon fee range for patients aged > 6 months. | 1B | 950 | 2,150 | 500 | 800 |
| 3 | SH834P | Prostate Gland, Various Lesions, Trans-Rectal Ultrasound (TRUS) guided biopsy | 1B | 1,050 | 1,500 | 500 | 750 |
| 4 | SH835P | Prostate Gland, Various Lesions, Saturation Prostate Biopsy | 2A | 1,950 | 3,200 | 500 | 750 |
| 5 | SH802V | Vas Deferens, Various Lesions, Varicocelectomy (Microsurgical) | 3C | 4,300 | 5,900 | 860 | 1,100 |
| 6 | SH836P | Prostate Gland, Various Lesions, Transurethral Resection of Prostate (TURP) (less than 30 gm) | 4B | 4,500 | 6,400 | 1,130 | 1,650 |
| 7 | SH837P | Prostate Gland, Various Lesions, Transurethral Resection of Prostate (TURP) (more than 30 gm) | 5C | 5,350 | 7,500 | 1,400 | 2,050 |
| 8 | SH830P | Prostate Gland, Various Lesions, Radical Prostatectomy (MIS/open) | 6A | 16,300 | 20,350 | 3,020 | 4,400 |

SI – Female Genital

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SI806C | Cervix, Polyp, Excision/Erosion (simple) with Biopsy Note: Higher end of surgeon fees may be associated with more polyps being excised. | 1B | 300 | 820 | 500 | 750 |
| 2 | SI820V | Vulva, Abscess, Incision Note: Higher end of surgeon fees may be associated with a larger or deeper abscess. | 1B | 850 | 1,950 | 500 | 750 |
| 3 | SI823V | Vulva, Bartholin Cyst, Incision/Marsupialization with or without use of Laser Note: Higher end of surgeon fees may be associated with a larger or deeper cyst or with the use of a laser. | 1B | 850 | 1,950 | 500 | 750 |
| 4 | SI810C | Cervix, Various Lesions, Colposcopy and Biopsy | 1C | 450 | 820 | 500 | 750 |
| 5 | SI818U | Uterus, Genetic Abnormality/Fetal Maturity, with/without Ultrasound Guided Amniocentesis | 1C | 480 | 950 | 500 | 800 |
| 6 | SI817U | Uterus, Genetic Abnormality, Ultrasound Guided Chorionic Biopsy | 1C | 860 | 1,050 | 500 | 800 |
| 7 | SI820U | Uterus, Gravid, Evacuation (simple) | 2A | 700 | 1,550 | 500 | 750 |
| 8 | SI843U | Uterus, Various Lesions, Curettage with/without Dilatation | 2A | 1,050 | 1,800 | 500 | 750 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 9 | SI707C | Cervix, Various Lesions, Colposcopy, ablatinal and/or excisional treatment (eg. Laser Vapourisation/Loop Electrosurgical Excision Procedure/Laser Excision of Transformation Zone with Biopsy) | 2A | 1,250 | 2,700 | 500 | 800 |
| | | Note: Higher end of surgeon fees may be associated with laser surgery and could be more extensive. | | | | | |
| 10 | SI819U | Uterus, Gravid, Evacuation (complicated) | 2B | 1,300 | 2,150 | 590 | 850 |
| 11 | SI805C | Cervix, Polyp, Excision/Erosion (complicated) includes D&C with Biopsy | 2B | 1,500 | 2,450 | 500 | 750 |
| 12 | SI725U | Uterus/cervix, Hysteroscopy, Diagnostic, D&C | 2B | 1,800 | 3,150 | 500 | 800 |
| 13 | SI836U | Uterus, Pregnancy, Vaginal Delivery (with or without episiotomy repair) | 2B | 2,050 | 3,400 | 700 | 900 |
| | | Note: Anaesthetist fee benchmarks are for epidural administration only. | | | | | |
| 14 | SI704C | Cervix, Transcervical resection (TCR) Polyp (<2cm), hysteroscopic | 2B | 2,550 | 3,750 | 680 | 1,000 |
| 15 | SI842U | Uterus, Various Lesions, Curettage with Colposcopy/Biopsy/Diathermy/ Cryosurgery/Laser Therapy of Cervix | 2C | 1,250 | 2,300 | 500 | 750 |
| 16 | SI705C | Cervix, Transcervical resection (TCR) Polyp (>2cm), hysteroscopic | 2C | 2,700 | 4,000 | 680 | 1,000 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 17 | SI833U | Uterus, Pregnancy, Complicated Vaginal Delivery (e.g. twins, breech, instrumental delivery) Note: Anaesthetist fee benchmarks are for epidural administration only. | 3A | 2,450 | 4,050 | 700 | 900 |
| 18 | SI803C | Cervix, Cervical Intraepithelial Neoplasia, Cone Biopsy with/without laser | 3A | 2,500 | 4,350 | 500 | 750 |
| 19 | SI803O | Ovary, Tumor/Cyst, Cystectomy (simple, <5cm) | 3B | 4,500* | 7,300* | 1,220* | 1,600* |
| 20 | SI700L | Laparoscopy, Therapeutic, except for Retrieval and Placement of Gametes and Placement of Embryos | 3C | 4,800 | 7,750 | 950 | 1,400 |
| 21 | SI834U | Uterus, Pregnancy, Uncomplicated Caesarean Section | 4A | 3,400 | 4,800 | 1,130 | 1,800 |
| 22 | SI802O | Ovary, Tumor/Cyst, Cystectomy (complicated, >5cm) | 4A | 6,400 | 9,000* | 1,355 | 1,750 |
| 23 | SI806O | Ovary, Tumor/Cyst, Oophorectomy/Salpingo-Oophorectomy (complicated) | 4A | 6,350 | 9,100 | 1,220 | 1,600 |
| 24 | SI832U | Uterus, Pregnancy and Multiparity, Uncomplicated Caesarean Section and Tubal Ligation | 4B | 4,000 | 5,700 | 1,130 | 1,800 |
| 25 | SI844U | Uterus, Pregnancy, Complicated Caesarean Section (see footnote for definition of 'complicated') | 4B | 4,600* | 5,800* | 1,310* | 2,100* |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 26 | SI713U | Uterus, Sub-total/Total Hysterectomy (<12 weeks), with/without Salpingo-Oophorectomy 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. | 4B | 6,400* | 9,050* | 1,490* | 2,150* |
| 27 | SI845U | Uterus, Pregnancy and Multiparity, Complicated Caesarean Section and Tubal Ligation (see footnote for definition of 'complicated') | 4C | 5,300* | 6,500* | 1,310* | 2,100* |
| 28 | SI815U | Uterus, Fibroids, Myomectomy (complicated, >5cm, multiple >2, challenging location) Note: The surgeon fee benchmarks are generally applicable for cases of 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. | 5A | 6,400 | 9,650* | 1,310 | 1,700 |
| 29 | SI712U | Uterus, Sub-total/Total Hysterectomy (≥12 weeks), with/without Salpingo-Oophorectomy 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. | 5A | 7,500 | 10,450 | 1,670 | 2,400 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 30 | SI812U | Uterus, Endometriosis, Hysterectomy with/without Salpingo-Oophorectomy | 5C | 6,450 | 10,250 | 1,445 | 1,900 |
| 31 | SI804U | Uterus, Broad Ligament Tumor, Hysterectomy | 5C | 6,700 | 10,450 | 1,490 | 1,950 |
| 32 | SI825U | Uterus, Malignant Condition, Radical Hysterectomy with/without lymphadenectomy | 5C | 9,000 | 14,450 | 2,030 | 3,250 |
| | | 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. | | | | | |
| 33 | SI800O | Ovary, Malignant Tumor/Cyst, Total Hysterectomy Bilateral Salpingo-Oophorectomy with Omentectomy, Surgical Staging with/without Lymphadenectomy | 5C | 12,650 | 16,050 | 2,390 | 3,450 |

SJ – Endocrine

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SJ701T | Thyroid, Various Lesions, Imaging Guided Percutaneous Aspiration / Biopsy Note: Higher end of surgeon fees may be associated with biopsies of more lesions e.g. >3. | 1B | 440 | 900 | 500 | 750 |
| 2 | SJ802T | Thyroid, Various Lesions, Hemithyroidectomy/Partial Thyroidectomy | 4A | 6,400 | 8,450 | 1,580 | 2,300 |
| 3 | SJ803T | Thyroid, Various Lesions, Total/Subtotal Thyroidectomy Note: Higher end of surgeon fees may be associated with altered anatomy, larger thyroid or recurrent surgery. | 5C | 6,400 | 11,750 | 1,805 | 2,600 |

SK – Nervous

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SK711S | Paravertebral Region - Block, anaesthetic (more than 2 levels) | 2A | 1,250 | 2,150 | 500 | 800 |
| 2 | SK717N | Nerve (Upper Limb), Carpal Tunnel Syndrome, Release (unilateral) (with Endoneurolysis) | 3A | 2,150 | 3,350 | 545 | 800 |
| 3 | SK705S | Spine, Facet Joint, Radiofrequency, More than 3 joints Note: Higher end of surgeon fees are associated with treatment for more joints. | 4A | 4,300 | 6,400 | 770 | 1,100 |

SL – Eye

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|--|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SL846E | Eyelids, Tumor, Shaving Excision Note: Higher end of surgeon fees may be associated with a large tumor, or an excision involving a large skin area | 1A | 300 | 1,000 | 545 | 850 |
| 2 | SL700V | Vitreous, Intravitreal Injections | 1A | 690 | 1,450* | Not available | Not available |
| 3 | SL723E | Eyelids, Chalazion or Stye excision under General Anaesthesia Note: Higher end of surgeon fees may be associated with excision of larger or multiple chalazions/ styes. | 1A | 850 | 1,450 | 545 | 850 |
| 4 | SL815L | Lens, Various Lesions, Yag Laser Capsulotomy | 1C | 960 | 1,600 | Not available | Not available |
| 5 | SL801I | Iris, Various Lesions, Iridectomy/Iridotomy | 2C | 1,050 | 1,950 | Not available | Not available |
| 6 | SL704R | Retina/Macula, Grid and focal laser photocoagulation | 3A | 1,600 | 2,600 | Not available | Not available |
| 7 | SL803C | Conjunctiva, Pterygium, Removal with conjunctival graft | 3A | 1,700 | 2,750 | 500 | 800 |
| 8 | SL805R | Retina, Tears, Photocoagulation (laser) (Unilateral) | 3B | 1,650 | 2,350 | Not available | Not available |
| 9 | SL700R | Retina, Laser retinopexy, complex (subretinal fluid, vitreous haemorrhage, multiple tears) | 3B | 2,150 | 3,200 | Not available | Not available |
| 10 | SL804R | Retina, Tears, Cryotherapy or Photocoagulation (laser) (Bilateral) | 3C | 1,700 | 3,050 | Not available | Not available |
| 11 | SL808L | Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Left) | 4A | 2,550 | 3,950 | 500 | 800 |

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 12 | SL809L | Lens, Cataract, Extraction with Intra-ocular Lens Implant (Unilateral Right) | 4A | 2,550 | 3,950 | 500 | 800 |
| 13 | SL834E | Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (unilateral) | 4B | 3,100 | 4,800 | 770 | 1,100 |
| 14 | SL807L | Lens, Cataract, Extraction with Intra-ocular Lens Implant (Bilateral) | 5A | 4,300 | 6,000 | 770 | 1,250 |
| 15 | SL810L | Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without antimetabolites | 5A | 4,300 | 6,200 | 770 | 1,250 |
| 16 | SL833E | Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (bilateral) | 5B | 5,350 | 8,000 | 1,130 | 1,650 |
| 17 | SL701V | Vitreous, Various Lesions, Complex Posterior Vitrectomy (PVR, GRT, trauma) | 6B | 6,400 | 11,750 | 1,670 | 2,400 |
| 18 | SL801V | Vitreous, Various Lesions, Posterior Vitrectomy (pars plana/ sclerotomy/ lensectomy-extraction with Intra-ocular Lens Implant/ endolaser/ membrane peels) | 6B | 8,560 | 12,850 | 1,895 | 2,750 |

SM – Ear, Nose and Throat (ENT)

| S/N | TOSP | Description | Table No. | Surgeon Fee Benchmarks | | Anaesthetist Fee Benchmarks | |
|-----|--------|---|-----------|------------------------|------------------|-----------------------------|------------------|
| | | | | Lower bound (\$) | Upper bound (\$) | Lower bound (\$) | Upper bound (\$) |
| 1 | SM700N | Nose, Nasoendoscopy/Nasopharyngolaryngoscopy (single or repeat examinations, during a 90 day global period) Note: Lower end of surgeon fees may be associated with follow up /repeat scopes for a previously known condition | 1A | 160 | 380 | Not available | Not available |
| 2 | SM831E | Ear, Tympanic Membrane, Unilateral,myringotomy without tube | 1B | 440 | 1,050 | 500 | 800 |
| 3 | SM700I | Inferior Turbinate reduction (submucous diathermy/radiofrequency) | 1C | 450 | 1,600 | 545 | 800 |
| 4 | SM832E | Ear, Tympanic Membrane, Unilateral myringotomy with tube | 2A | 680 | 2,150 | 500 | 800 |
| 5 | SM708E | Ear, Tympanic Membrane, Bilateral myringotomy with tube | 2B | 1,150 | 3,450 | 590 | 950 |
| 6 | SM714N | Nose, Various Lesions (turbinates), turbinectomy/turbinoplasty/Submucous Resection (with or without endoscopes) | 2C | 1,050 | 2,900 | 500 | 800 |
| 7 | SM705T | Tonsils, Various Lesions, Removal with/without Adenoidectomy | 3B | 4,050 | 5,350 | 950 | 1,500 |
| 8 | SM709S | Sinuses - Nasal, Infection, Functional Sinusoscopic Ethmoidectomy (Unilateral) | 4A | 5,050 | 7,650 | 1,220 | 1,600 |
| 9 | SM703S | Sinuses - Nasal, Infection, Functional Sinusoscopic Ethmoidectomy (Bilateral) | 5A | 6,500 | 9,150 | 1,670 | 2,150 |
| 10 | SM714S | Sinuses - Nasal, Various Lesions, Fronto-nasal Ethmoidectomy with/without Sphenoidotomy | 5C | 6,700 | 10,300 | 1,670 | 2,150 |