

# SURGICAL PREAMBLE

## PREAMBLE

### Medical record requirements:

E676 is *only eligible for payment* when the BMI is recorded in the patient's permanent medical record.

### [Commentary:

E676 is *not eligible for payment* if the surgery is rendered under local anaesthesia.]

## 25. Lysis of extensive intra-abdominal adhesions and/or scarring e.g. post radiation

E673 is payable to the surgeon in addition to the fee for the major intra-abdominal procedure only when lysis requires at least 60 minutes beyond the average duration of the major procedure. E673 less than 60 minutes in duration or rendered in conjunction with E718 is an insured service payable at nil.

# E673 Lysis of extensive intra-abdominal adhesions ..... add 62.05

26. Payment for all surgical procedures includes payment for any intraoperative monitoring of the patient, if rendered.

## 27. Cancelled surgery – surgical services

- a. If the procedure is cancelled prior to induction of anaesthesia, the service constitutes a subsequent hospital visit.
- b. When an anaesthetic has begun but the operation is cancelled due to a complication prior to commencement of surgery and the surgeon has scrubbed but is not required to do anything further, the service constitutes E006A and the amount payable is calculated by adding the time units to 6 basic units and multiplying by the surgical assistant's unit fee.
- c. If the operation is cancelled after surgery has commenced but prior to its completion, the service is *eligible for payment* under independent consideration (R990).

### [Commentary:

Submit claim for R990 by adding the time units to the listed procedural basic units and multiplying by the surgical assistant's unit fee and attach a copy of the operative report for review by a *medical consultant*.]

### Note:

For the purpose of cancelled surgery, time units for the surgeon are calculated in the same way as time units for the surgical assistant (see General Preamble GP54).

## 28. Bariatric surgery

S120 (gastric bypass or partition), S189 (intestinal bypass) and S114 (sleeve gastrectomy) are insured services only when all of the following four criteria are satisfied:

1. Presence of morbid obesity that has persisted for at least the preceding 2 years, defined as:
  - a. *Body mass index (BMI)* exceeding 40; or
  - b. BMI greater than 35 in conjunction with any of the following severe co-morbidities:
    - i. Coronary heart disease;
    - ii. Diabetes mellitus;
    - iii. Clinically significant obstructive sleep apnea (i.e. patient meets the criteria for treatment of obstructive sleep apnea); or
    - iv. Medically refractory hypertension (blood pressure greater than 140 mmHg systolic and/or 90 mmHg diastolic despite optimal medical management);
2. The patient's bone growth is completed (18 years of age or documentation of completion of bone growth);
3. The patient has attempted weight loss in the past without successful long-term weight reduction; and
4. The patient must be recommended for the surgery by a multidisciplinary team at a Regional Assessment and Treatment Centre in Ontario.

## 29. Transplant surgery

### Claims submission instructions:

**Transplant recipient:** Submit claims using the transplant recipient's Ontario health insurance number only.

If the recipient is from out-of-province, submit claims using the recipient's provincial health insurance number.

**Transplant donor:** Submit claims using the transplant donor's Ontario health insurance number.

For a donor with a health insurance number from another province or for a donor from another country, submit claims using the Ontario recipient's health insurance number.

In circumstances where the donor is an Ontario resident but the health insurance number cannot be obtained despite reasonable efforts to do so, use the recipient's Ontario health insurance number.