

Section 44 of the Competition Act (Cap. 50B)

Statement of Decision pursuant to Regulation 9 of the Competition Regulations
2007

Application for Decision by the Singapore Medical Association in relation to its
Guideline on Fees pursuant to section 44 of the Competition Act

18 August 2010

(Case number: CCS 400/001/09)

I. INTRODUCTION

1. On 5 February 2009, the Competition Commission of Singapore (“CCS”) received an application for decision (the “Application”) from the Singapore Medical Association (“SMA”), filed under section 44 of the Competition Act (Cap. 50B) (the “Act”). The Application sought a decision from CCS as to whether the SMA’s Guideline on Fees (“GOF”), the fourth edition of which was issued in 2006, infringed Section 34 of the Act. Section 34 prohibits agreements between undertakings, decisions by associations of undertakings and concerted practices, which have as their object or effect the prevention, restriction or distortion of competition within Singapore, unless they are exempted or excluded (“the section 34 prohibition”).

2. On 16 June 2010, CCS issued a Statement of Decision (Provisional) to SMA. In accordance with Regulation 11(1) of the Competition (Notification) Regulations 2007, SMA was given up to 30 July 2010 to make written representations to CCS. As no representation was received from SMA by the stipulated deadline, this Provisional Statement of Decision has now become a final Statement of Decision. As SMA has withdrawn the GOF since 1 April 2007, no further action or direction by CCS is required in respect of this Statement of Decision.

3. SMA had also applied to the Minister for Trade and Industry on 28 October 2008 to exclude the GOF from the application of the section 34 prohibition of the Act on grounds of “exceptional and compelling reasons of public policy”. On 3 June 2010, the Minister for Trade and Industry, after careful consultation with the Ministry of Health, declined to exclude the GOF from the Act.

II. BACKGROUND

(a) SMA

4. SMA is an association of medical practitioners in Singapore, formed in 1959. It has several categories of memberships, including some categories extending to non-medical practitioners. Figures furnished by SMA¹ show that as at 31 January 2009, 4,602² of the 7,969 registered medical practitioners in Singapore were members of SMA. SMA thus claimed that it represents the majority of medical practitioners in Singapore³.

5. According to SMA, its objectives are to⁴:

- i) promote the medical and allied sciences in Singapore;
- ii) maintain the honour and interests of the medical profession;
- iii) foster and preserve the unity and aim of purpose of the medical profession as a whole;
- iv) voice its opinion and acquaint the Government and other relevant bodies with the policies and attitudes of the profession;
- v) support a higher standard of medical ethics and conduct;
- vi) enlighten and direct public opinion on problems of health in Singapore; and
- vii) publish papers, journals and other materials in furtherance of these objectives.

6. SMA is managed by the SMA Council, which is elected by and answerable to SMA’s general membership at its Annual General Meetings⁵. The SMA Council appoints various committees to deal with a range of matters. One of these committees was the GOF Committee, which was tasked with developing and revising the GOF.

(b) The GOF

7. The GOF recommended ranges of professional fees for an array of services

¹ SMA’s letter to CCS dated 28 May 2009, at ¶1.1. According to SMA, the figures were obtained from the Singapore Medical Council.

² Of this figure, 2,132 were from private practice, 2,432 were from the public sector while 38 were from the National University of Singapore.

³ Form 1 filed by SMA on 5 February 2009, at ¶1.1.2.

⁴ Form 1 filed by SMA on 5 February 2009, at ¶1.1.3.

⁵ SMA’s letter to CCS dated 28 May 2009, at ¶8.1.

(e.g., consultation services, professional services, operations and anaesthesia services) provided by doctors in private practice in Singapore. According to SMA, a range of fees was recommended for most procedures or operations, rather than a fixed rate, as the actual fees to be charged to patients would depend on variable factors such as the level of expertise, complexity, or time required⁶.

8. The first edition of the GOF was published in 1987. According to SMA, the GOF was promulgated at that time following complaints from the public about over-charging by medical practitioners, following which the Ministry of Health (“MOH”) agreed that there was a need for a schedule of recommended fees for private medical practitioners. According to SMA, the GOF was meant to provide patients with greater transparency on healthcare costs, thereby allowing patients to make an informed choice on private medical practitioners⁷.

9. Subsequent editions of the GOF were published in 1992, 2000 and March 2006⁸. According to SMA, there was no explicit criterion for deciding to undertake each review of the GOF. When the SMA Council felt that business costs had increased to the point where the prevailing GOF faced the risk of being less relevant, the SMA Council would instruct the GOF Committee to undertake a review⁹. On average, the GOF was revised once every five years as SMA felt that five years was a reasonable time to re-look the GOF given that healthcare inflation has always been higher than general inflation¹⁰.

10. With each revision, various changes were made to reflect new procedures in light of advancements in medical science, remove obsolete procedures, reclassify procedures to take account of technological advancements and re-price the fee ranges of surgical groups to take account of rising business costs¹¹.

11. The fourth edition of the GOF, published in March 2006, was the latest edition of the GOF. On 1 April 2007¹², SMA withdrew the GOF in view of concerns that it might potentially infringe the section 34 prohibition¹³.

12. The fourth edition of the GOF was extensive, covering more than a thousand procedures, with only the most esoteric operations being left out¹⁴. It categorized the recommended professional fees under three major parts:

i) Part One: General Consultation Fees

This sets out the recommended consultation fees for the general practitioner (“GP”) and specialists, as well as for ICU consultations.

⁶ SMA’s letter to CCS dated 28 May 2009, at ¶10.1.

⁷ Form 1 filed by SMA on 5 February 2009, at ¶3.1.2.

⁸ Form 1 filed by SMA on 5 February 2009, at ¶3.1.4.

⁹ SMA’s letter to CCS dated 28 May 2009, at ¶13.1.

¹⁰ SMA’s letter to CCS dated 24 July 2009, at ¶3.2.

¹¹ SMA’s letter to CCS dated 28 May 2009, at ¶15.1.

¹² Source: http://www.sma.org.sg/position/Withdrawal_SMA_Guideline_on_Fees.pdf [Accessed on 30 April 2010]

¹³ Form 1 filed by SMA on 5 February 2009, at ¶3.1.4.

¹⁴ SMA’s letter to CCS dated 28 May 2009, at ¶9.1.

ii) Part Two: Professional Fees

This sets out the recommended professional fees for office surgery and medical procedures, immunisation, medical examinations and reports, court attendance and preparation, as well as the recommended professional fees for certain services from each of the following specialist fields, namely obstetrics, paediatrics, cardiology, radiology, pathology and cytopathology.

iii) Part Three: Fees for Operations and Anaesthesia

This sets out the recommended fees for a wide range of surgical operations, for both the surgeon and the anaesthetist. Part Three was divided into 15 different sections with each section representing a different part of the anatomy. Each section was in turn divided into different groups (e.g., Group A to Group I) of operations, in order of increasing degree of complexity.

13. A copy of the fourth edition of the GOF is attached at Annex 1.

(c) Role of the GOF Committee and processes for setting the GOF's recommended fees

14. The GOF Committee was appointed by and answerable to the SMA Council. According to SMA, the role of the GOF Committee was to conduct studies, arrange for seminars, circulate questionnaires, deliberate findings, hold consultations with members of SMA, review other guidelines similar to the GOF and make recommendations in respect of the GOF¹⁵.

15. SMA explained that the recommended ranges within the GOF were arrived at by “a survey of current rates/pricing”¹⁶ charged by medical practitioners in the market, to identify reasonable price ranges that would protect the interests of patients, while ensuring that doctors were reasonably remunerated for their skills set, competence, experience, specialties and quality of services¹⁷. In developing and revising the GOF, the GOF Committee appointed subcommittees based on medical specialties. Each subcommittee would review the list of operations available, which were further assigned into groups according to complexity. A suggested price range was then attached to each group¹⁸.

16. Review of the recommended fees in the GOF was an iterative process. SMA would send circulars to the general SMA membership and to all specialty bodies¹⁹ to seek feedback on charges, procedures or operations. In addition,

¹⁵ SMA's letter to CCS dated 28 May 2009, at ¶8.1-8.2.

¹⁶ Form 1 filed by SMA on 5 February 2009, at ¶¶3.3.1 and 5.1.32.

¹⁷ Form 1 filed by SMA on 5 February 2009, at ¶5.1.15 and 5.1.29.

¹⁸ SMA's letter to CCS dated 28 May 2009, at ¶9.1.

¹⁹ According to SMA, the specialist societies and specialist interest groups in the various hospitals would typically limit their leaders to a certain term period, so that it was unlikely that the same medical practitioners would represent their interest groups for reviews for multiple editions of the GOF (there being a time lag of

specialist groups in different private hospitals were invited to submit their feedback. The GOF Committee would then review the feedback provided before arriving at the first draft of recommended fees for different procedures or operations in the form of fee ranges. Revised drafts of the recommended fees were then re-circulated to the general SMA membership and specialty bodies for further review and comments, before submission to the SMA Council for endorsement²⁰.

17. In response to CCS' query as to whether SMA sought views from any organisation or body representing the interest of consumers or patients to ensure that the fees recommended in the GOF was reasonable, SMA replied that the list of contributors to the latest edition of the GOF was listed at the back of the 4th edition of the GOF. The contributors were individual doctors, SMA Council Members of the 41st to 46th Councils, specialist interest groups in East Shore Hospital, Gleneagles Hospital, Mount Elizabeth Hospital and Raffles Hospital, medical societies, and the Law Society of Singapore²¹. It is apparent from the list of contributors that no organisation or body specifically representing the interest of consumers or patients contributed to the formulation of the GOF. In addition, CCS also notes that both MOH and the Singapore Medical Council ("SMC") had also indicated that they were not involved in these discussions²².

18. While feedback on the GOF was only sought from both the SMA members and specialist societies, SMA submitted that there were several mechanisms in place that made it unlikely for medical fees to be raised unreasonably. These mechanisms included²³:

- i) The GOF Committee gave speciality bodies more say than individuals. The GOF Committee felt that specialty bodies were less likely to unreasonably raise fees.
- ii) Procedures were classified into various groups based on increasing complexities and the only way to significantly increase fees would be to move the procedure from one group to a higher group, e.g., from Group B to Group C. This was rarely allowed unless there was good justification for the procedures to be moved across groups.
- iii) The GOF Committee might not be familiar with the details of certain procedures. But as members of the GOF Committee include doctors in various specialities, these members would at least have some idea of what each of these procedures involved.
- iv) The GOF Committee would ask for more details about procedures they were unfamiliar with.

some five to seven years between the reviews of each edition): see SMA's letter to CCS dated 28 May 2009, at ¶14.1.

²⁰ SMA's letter to CCS dated 28 May 2009, at ¶10.1.

²¹ SMA's letter to CCS dated 24 July 2009, at ¶ 2.3.

²² MOH's letter to CCS dated 6 April 2009: MOH's response to Q9.

²³ SMA's letter to CCS dated 24 July 2009, at ¶ 2.1.

- v) There was often more than one speciality body involved in relation to each procedure. For example, for a cardiac procedure, the GOF Committee could ask the respective cardiology specialty groups in Mount Elizabeth Hospital or Gleneagles Hospital, etc. The GOF Committee could also seek the opinion of the cardiothoracic speciality group in these hospitals. In addition, there was also the national speciality body, which was independent of the speciality bodies in the hospitals.
- vi) The first edition of the GOF also included the following text in the introduction page:

“... [the GOF was] the result of extensive study done jointly by SMA and [Association of Private Medical Practitioners of Singapore (APMPS)] over the past five years. Seminars were held, questionnaires were sent to members, subcommittees were formed and many discussions and consultations were held. Similar guidelines include Scheme of Charges for Government Medical Services, and the Medisave Table for Surgical Procedures and those in other countries were obtained and studied and, where appropriate incorporated.”

III. OVERVIEW OF SINGAPORE’S HEALTHCARE SECTOR

19. It is widely accepted that there is market failure in the healthcare sector which does not allow free market forces to produce efficient outcomes²⁴. On one hand, healthcare is seen by many as a basic necessity. On the other hand, there is information asymmetry, where patients do not know enough to fully comprehend their own health conditions and needs, and hence are unable to make an informed choice. Instead, they have to rely on doctors to advise them on their treatment options. This results in a “principal-agent” situation which potentially leads to “over-charging”, “over-treatment” and/or “over-prescription” by doctors to reduce risk of any complaints of negligence or to increase their earnings (“supplier-induced demand”)²⁵. Coupled with the importance of healthcare to a person’s survival or long term well-being, healthcare is thus a complex and often emotive issue for the patients and their families.

20. Against this backdrop, Singapore’s healthcare system has managed to achieve high-quality but affordable medical services through a combination of

²⁴The phenomenon of market failures in the healthcare sector was recognised in 1963 by Nobel Laureate Kenneth Arrow in the article “Uncertainty and the Welfare Economics of Medical Care”. Since then, health economists generally considered that the healthcare market is likely to suffer from varying degrees of market failure in the absence of government intervention. For more details on the case of Singapore, please refer to the book *Economics in Public Policy: the Singapore Story, Chapter 6 – Healthcare* published by Marshall Cavendish International (Singapore) Private Limited, 2009, section entitled “Healthcare: Not Just Another Market” from pages 124 – 126.

²⁵ The concept of the principal-agent problem which leads to supplier induced demand is covered extensively in the health economics literature. Specifically, please refer to the book *The Economics of Health and Health Care, Fifth Edition, Chapter 15 – The Physician’s Practice* published by Pearson Education International, 2007.

policy measures aimed at addressing or mitigating these market failures²⁶. MOH adopts the philosophy that good and affordable basic medical services should be provided for all Singaporeans and this is mainly achieved through government subsidies to the public healthcare facilities, including restructured hospitals, specialty centres and polyclinics²⁷. At the same time, it also takes the view that there should be individual responsibility towards healthy living and consumption of scarce medical resources. Singapore's healthcare financing framework, which consists of Medisave, Medishield, ElderShield and Medifund, reflects this fundamental philosophy in that patients are expected to exercise their individual choice by co-paying for part of their medical expenses and to pay more if they demand a higher level of service²⁸.

21. In the White Paper for Affordable Healthcare²⁹ (the "White Paper"), MOH recognised that with growing affluence and rising expectations, some Singaporeans would want a higher level of medical care than the government can provide in its basic package. While recognising that Singapore should rely on competition and market forces to "impel hospitals and clinics" to operate efficiently, improve services and offer patients value-for-money services, MOH also believed that there would be market failure in the healthcare sector if the industry is left unregulated. Specifically, the White Paper stated that the government will intervene to prevent over-supply, moderate demand for medical services, and create incentives to keep healthcare costs under control.

Primary Care³⁰ in Singapore

22. Primary Care involves the provision of primary medical treatment, preventive healthcare and health education. In Singapore, Primary Care is provided through an island-wide network of outpatient polyclinics and private medical practitioners' clinics. Today, the private sector accounts for 80% of Primary Care, with the remaining 20% provided by polyclinics³¹.

23. In the White Paper, MOH had acknowledged that there is sufficient competition from the private sector in the area of Primary Care, while the public sector should maintain its current market share to cater to the lower income group and the training of Primary Care physicians³².

²⁶ For more details, please refer to the book *Economics in Public Policy: the Singapore Story, Chapter 6 – Healthcare* published by Marshall Cavendish International (Singapore) Private Limited, 2009, section entitled "Healthcare: Not Just Another Market" from pages 133 – 135. It was also mentioned that "*Despite relatively low inputs, health outcomes in Singapore are comparable if not superior to many developed countries.... Furthermore, the World Health Organisation in 2000 had ranked Singapore as having the world's sixth best overall health system performance while the equivalent rankings for the UK and the US were only 18th and 37th respectively.*"

²⁷ Source: <http://www.moh.gov.sg/mohcorp/hcsystem.aspx?id=102> [Accessed on 30 April 2010]

²⁸ Source: <http://www.moh.gov.sg/mohcorp/programmes.aspx?id=202> [Accessed on 30 April 2010]

²⁹ White Paper on Affordable healthcare at Chapter 2: Healthcare Philosophy, pages 18-19.

³⁰ Source: <http://www.moh.gov.sg/mohcorp/hcservices.aspx?id=392> [Accessed on 30 April 2010]

³¹ *Ibid.*

³² White Paper on Affordable healthcare at Chapter 4: Supply of Doctors and Hospitals, page 32.

Hospital Care³³ in Singapore

24. MOH currently classifies Hospital Care as including multi-disciplinary acute inpatient and specialist outpatient services and 24-hour emergency services provided by the general hospitals. In addition, Hospital Care also includes the six national specialty centres for cancer, heart, eye, skin, neuroscience and dental care.

25. The public sector is the predominant provider of Hospital Care³⁴ for the local population. The public sector provides 80% of hospital services through restructured hospitals and specialty centres which are wholly-owned by the government³⁵. The 16 hospitals in the private sector provide the remaining 20% Hospital Care services³⁶. In terms of specialist outpatient services, roughly 60% of specialists work in the public sector whilst the remaining 40% work in the private sector³⁷. MOH has stated that “[t]he Government’s role as the dominant health care provider allows the Government to influence the supply of hospital beds, the introduction of high-tech/high-cost medicine, and the rate of cost increases in the public sector which sets the bench mark in terms of pricing for the private sector”³⁸.

26. This structure therefore allows the public sector to provide affordable Hospital Care to the general population, while relying on the private sector to compete for patients who prefer to seek medical services beyond those provided in the restructured hospitals³⁹.

Other forms of Healthcare in Singapore

27. According to MOH, other than Primary Care and Hospital Care, other aspects of the healthcare system in Singapore include intermediate and long term care and dental services. These other aspects have not been considered in this Statement, as the procedures found in the GOF pertained largely to the provision of Primary and Hospital Care.

Improving price transparency in Singapore

³³ A distinction was made between tertiary, secondary and community hospitals in MOH’s White Paper on Affordable Healthcare, Ministry of Health, 1993 from pages 29-31, in descending order of sophistication in the range of services provided. Currently, MOH classifies both tertiary and secondary healthcare together with specialty centres, under “Hospital Care”. Source: <http://www.moh.gov.sg/mohcorp/hcservices.aspx?id=394> [Accessed on 30 April 2010]

³⁴ In terms of hospital beds, about 72% of the beds are in the 13 public hospitals and speciality centres with bed complements between 185 to 2,064 beds. On the other hand, the 16 private hospitals tend to be smaller, with capacity ranging from 20 to 505 beds.

³⁵ *Ibid* at footnote 33 and footnote 28.

³⁶ In contrast to the restructured hospitals, some of these private hospitals may not offer the full suite of services such as outpatient specialists’ services or emergency care etc.

³⁷ Source: Page 12 of the Singapore Medical Council’s Annual Report 2008.

³⁸ *Ibid* at footnote 33.

³⁹ One can argue that quality of healthcare services in the public sector may not be inferior to the private sector, especially given its higher caseload and complexity of cases.

28. To improve pricing transparency, MOH has also undertaken various measures in disseminating price information of medical services, such as:

- i) requiring all private medical clinics to display their common charges as indicated by the Guidelines under the Private Hospitals and Medical Clinics Act (1980) & Regulations (1991), thereby increasing pricing transparency for consultations;
- ii) publishing individual hospital bill sizes on the MOH website⁴⁰ and requiring hospitals to provide financial counselling to patients, thereby increasing pricing transparency before admissions to hospitals; and
- iii) requiring medical bills given to patients to be itemised as indicated by the Guidelines under the Private Hospitals and Medical Clinics Act (1980) & Regulations (1991).

IV. CCS' ASSESSMENT

29. CCS takes the view that the GOF infringed the section 34 prohibition. This section details CCS' assessment on each requisite element of the section 34 prohibition. The next section details why SMA has failed to establish that the net economic benefit ("NEB") exclusion applies.

30. CCS' assessment is largely based on information furnished by SMA, as well as information gathered from a market study commissioned by CCS and undertaken by a consortium of consultants ("the Consultant") led by Drew & Napier LLC ("the Market Study"). The Market Study takes into account the inputs, captured through notes of interview ("NOI"), of various stakeholders in Singapore, including MOH, SMC, the hospitals (both restructured and private), various private specialist and GP clinics, various insurance companies and the Consumer Association of Singapore ("CASE").

(a) The Section 33(4) Exclusion

31. Section 33(4) of the Act provides, inter alia, that the prohibitions embodied in the Act shall not apply to any activity carried on by, any person acting on behalf of the Government or that statutory body in relation to that activity, agreement or conduct. It is CCS' view that, in order for a person to be regarded as acting "on behalf of" the Government or a statutory body, there must be a relationship of agency, or a relationship akin thereto between that person and the Government or statutory body. As noted in paragraph 17 above, neither MOH nor SMC was involved in the discussion pertaining to the formulation and review of GOF fee ranges.

32. CCS also notes that it is not SMA's position that it was acting on behalf of

⁴⁰ MOH also publishes bill sizes for Ward B1, B2 and C class as well. Source: <http://www.moh.gov.sg/mohcorp/billsizes.aspx?id=302>. [Accessed on 30 April 2010]

MOH in formulating, issuing and reviewing the GOF fee ranges.

(b) The Section 34 Prohibition

33. Section 34 of the Act reads:

- (1) [...] agreements between undertakings, decisions by associations of undertakings or concerted practices which have as their object or effect the prevention, restriction or distortion of competition within Singapore are prohibited unless they are exempt in accordance with the provisions of this Part.
- (2) For the purposes of subsection (1), agreements, decisions or concerted practices may, in particular, have the object or effect of preventing, restricting or distorting competition within Singapore if they –
 - (a) directly or indirectly fix purchase or selling prices or any other trading conditions; [...]

34. The section 34 prohibition is modeled after the Chapter I prohibition of the United Kingdom (“UK”) Competition Act 1998 and Article 101 (previously Article 81) of the Treaty on European Union (the “EC Treaty”). Cases from the UK and the European Union (“EU”) may thus be persuasive or useful in assisting CCS in arriving at its conclusions, although the value of any foreign competition case law depends very much on the overall facts and context of the case before CCS, as well as the extent to which the facts of these foreign cases are applicable to the local context.

35. CCS has also reviewed the approaches taken by competition authorities in other jurisdictions on similar issues and these cases are summarized in Annex 2.

(c) Theory of harm

36. The GOF can be viewed as an explicit form of price recommendation by a professional association (SMA) which constituted a decision by an association of undertakings pursuant to section 34 of the Act.

37. The GOF might have the object or effect of preventing, restricting or distorting competition in Singapore because price recommendations, even if non-binding, generally harm the competitive process by restricting independent pricing decisions and signaling to market players what their competitors are likely to charge. When market players are able to predict the prices of their competitors with a reasonable degree of certainty, a focal point is created for fees in the market to converge, regardless of the competitors’ individual costs.

(d) Market Definition

38. In CCS’ deliberation on the Application, market definition serves two main purposes – first, to provide a reference for assessing whether the GOF restricted competition appreciably; second, to provide a reference for assessing whether the NEB exclusion applied to the GOF.

SMA's submission

39. SMA, in its submission, indicated that the relevant market for the purpose of the Application is the market for medical services and procedures provided by medical practitioners in Singapore⁴¹.

Product Market

40. CCS first notes that the GOF is the subject of the Application which covered a wide range of medical services and procedures, and was targeted at the private-sector medical practitioners in Singapore. Accordingly, CCS identifies the provision of medical services and procedures by medical practitioners in the private sector as the focal product⁴².

41. CCS then considers whether the focal product needs to be sub-divided into narrower markets. In this regard, CCS notes that MOH broadly classifies the medical services and procedures covered by the GOF into Primary and Hospital Care (see paragraphs 22-26).

42. The nature of Primary and Hospital Care services are significantly different. Patients who seek Hospital Care are likely to require specialist and/or inpatient care; while Primary Care is provided on an outpatient basis by general practitioners. As such, CCS considers Primary and Hospital Care to be in separate markets.

43. CCS then considers whether medical services and procedures provided by the public sector should be included in the relevant market for Primary and Hospital Care respectively.

Primary Care

44. There could be reasons to consider private-sector Primary Care services (i.e. GPs) to be in a separate market from the public sector (i.e. SingHealth and National Healthcare Groups Polyclinics), due to the perceptions and preferences of individual patients. Common considerations include proximity, waiting time, perceived quality of services and long-term relationship (especially for family practice). Given the subsequent analysis in the section on *Appreciability*, CCS notes that the inclusion of the public sector in the relevant market with respect to Primary Care does not affect CCS' conclusion on whether the GOF was appreciably anti-competitive and whether it benefited from the NEB exclusion with respect to Primary Care. As such, CCS proceeds on the conservative basis to include the public sector.

Hospital Care

⁴¹ Form 1 filed by SMA on 5 February 2009, at ¶4.2.1.

⁴² CCS Guidelines on Market Definition, at ¶2.1.

45. In terms of Hospital Care (i.e. in-patient and specialist out-patient services), a chain of substitution⁴³ may exist, with private-sector services being the focal product, unsubsidised public-sector services⁴⁴ being the next-best substitute, and subsidised public-sector services⁴⁵ being an indirect substitute. However, CCS is of the view that only unsubsidised public-sector services should be included in the relevant market with respect to Hospital Care, for three reasons.

46. First, the service level is different. Subsidised patients are not entitled to choose their preferred doctors. The Class B2 and C wards also have more beds per ward. For out-patients, the need to obtain referral from polyclinics to qualify for subsidised rates constitutes an additional hurdle, given the extra lead-time incurred⁴⁶.

47. Second, from the demand-side point of view, those patients who have chosen the private sector are likely to be less price-conscious, because they have opted to pay a substantial premium over *unsubsidised* public-sector services. While their preferences for the private sector may be partly subjective, it is likely that many of them would view *unsubsidised* medical services in the public sector as a more comparable substitute to private sector medical services than *subsidised* medical services, should these patients consider the alternatives available to them given an increase in private-sector prices of around 10%.

48. Third, from the supply-side point of view, the public sector is facing capacity constraints in terms of medical services to unsubsidised patients. We understand from an interview with a public health cluster that, only 20% of its capacity caters to unsubsidised patients⁴⁷. Given that the public-sector healthcare groups are established under the policy mandate to provide affordable and accessible healthcare services to the mass population in Singapore, they are unlikely to be able to switch their production capacities significantly from subsidised to unsubsidised services.

49. For the above reasons, CCS has excluded subsidised public-sector Hospital Care services from the relevant market. However, unsubsidised services has been

⁴³ CCS Guidelines on Market Definition, at ¶3.13-¶3.15. In particular, the existence of a chain does not mean that the whole chain should be included in the relevant market, because even if Product A is a good substitute to Product B, and Product B is a good substitute to Product C, Product A could still be a poor substitute to Product C.

⁴⁴ E.g. Class A wards, as well as certain classes of patients at specialist outpatient clinics of the restructured hospitals. Source:

http://www.pqms.moh.gov.sg/apps/fcd_faqmain.aspx?qt=2fN7e274RAp%2bbUzLdEL%2fmJu3ZDKARR3p5NI92FNtJifw8iBZoOww9Gf8%2fdLi7cbTadpIw2tF7Fdn5I9r5Y9UM9XPY37bcAtM7ZvDLVsTJgDSks74Ew7gnY007OPO5%2fzDG7VL1ugrF%2fa3wpwYm%2fLw8EgQTEN2HpITreOmMf2L2f0BUIH5nRwNLV5fvxTy5jHxoEd75Hgf8LI%3d#

and https://www.moh.gov.sg/mohcorp/uploadedFiles/News/Press_Releases/2010/Press%20Release_subsidy%20distinction_annex.pdf [Accessed on 30 April 2010]

⁴⁵ E.g. Class B2 and C wards, as well as certain classes of patients at specialist outpatient clinics of the restructured hospitals. Source: *Ibid*

⁴⁶ For more details, please refer to the book *Picking the Right Hospital, Right Doctor in Singapore* published by Rank Books, 2006, section entitled “Understanding Medical Cost in Singapore: An Overview” from pages 2 - 7.

⁴⁷ See NOI with Public Health Cluster II (dated 11 June 2009) at ¶9.

conservatively included into the relevant market together with private-sector services, as CCS recognises that many people would regard the former as credible alternatives to the latter. Importantly, this inclusion does not affect CCS' conclusion on whether the GOF was appreciably anti-competitive and whether it benefited from the NEB exclusion with respect to Hospital Care.

Geographic market

50. CCS agrees with SMA's submission that the relevant geographic market is Singapore.

Conclusion on market definition

51. Having considered the above, CCS concludes that there are two relevant markets (the "Relevant Markets") for the purpose of assessing whether the GOF infringed the section 34 prohibition in the Act, and whether it benefited from the NEB exclusion:

- i) The provision of Primary Care services by medical practitioners in Singapore (the "Primary Care Market");
- ii) The provision of unsubsidised Hospital Care services by medical practitioners in Singapore (the "Hospital Care Market"); and

(e) Decision by an Association of Undertakings

52. The term "undertaking" is defined by the Act to mean

any person, being an individual, a body corporate, an unincorporated body of persons or any other entity, capable of carrying on commercial or economic activities relating to goods or services.

53. It is clear that professionals engaged in private practice, including self-employed medical practitioners, can constitute undertakings⁴⁸. A professional association such as SMA thus constitutes an "association of undertakings". The fact that some members of SMA are employees of the restructured hospitals or of incorporated healthcare groups, rather than self-employed doctors in private practice, does not detract from this fact, as SMA acted as an association of undertakings when it acted on behalf of medical practitioners in the private sector, with respect to the formulation, issuance and revision of the GOF⁴⁹.

54. It is also clear that the GOF, being a recommendation by SMA on the professional fees that doctors should charge, constituted a "decision" by an association of undertakings. In this respect, the *CCS Guidelines on the Section 34 Prohibition* state:

⁴⁸ *Pavel Pavlov and Ors v Stichting Pensioenfonds Medische Specialisten* [2000] ECR I-06451, at ¶74 to ¶77.

⁴⁹ *Agreements between Irish Actors' Equity SIPTU and the Institute of Advertising Practitioners in Ireland concerning the terms and conditions under which advertising agencies will hire actors*, E/04/2002 at ¶ 2.10.

2.13 A decision by an association may include ... its recommendations. ... The key consideration is whether the object or effect of the decision, whatever form it takes, is to influence the conduct or co-ordinate the activity of the members in some commercial matter. An association's coordination of its members' conduct in accordance with its constitution may also be a decision even if its recommendations are not binding on its members, and may not have been fully complied with.

55. An instructive case on this point would be the 1996 decision of the European Commission ("EC") in *Fenex*⁵⁰. This case concerned a federation of Dutch forwarding organisations, Fenex, which had a tariffs committee that drew up and updated the tariffs annually for adoption by the board of directors. The document setting out the recommended tariffs was then sent to members. The EC found that the recommendation by Fenex as to the tariffs amounted to a decision by an association of undertakings, as:

[T]he drawing-up and circulation of the tariffs recommended by Fenex must be interpreted as the faithful reflection of the association's resolve to coordinate the conduct of its members on the relevant market.⁵¹

56. Similarly, the UK Office of Fair Trading ("OFT") considered a case involving fee guidelines issued by the Royal Institute of British Architects ("RIBA"). Following intervention by the OFT, RIBA removed its guidelines. In a case closure summary dated 14 March 2003, the OFT stated:⁵²

Circulation of guidance on fees issued by an association of undertakings or a professional body may encourage tacit collusion as it is likely to provide a lead on prices which may hinder the ability or incentive of efficient firms to compete by reducing price to reflect their lower costs. It may also protect those who are less efficient and reduce the incentive to improve. The fact that the guidance was in the form of an indication rather than a binding decision did not prevent it from being a decision of an association of undertakings.

(f) "Object" of Restricting Competition

57. In assessing the object of a decision, CCS considers the objective meaning and purpose of the decision in the economic context in which it is to be applied⁵³.

58. Recommendations by trade or professional associations on the fees that their members should charge can be construed as having the object of restricting price competition. For example, in *Verband*⁵⁴, the European Court of Justice ("ECJ") took the view that a recommendation that laid down in mandatory terms a collective, flat-rate and across the board increase in fire insurance premiums had been made with the object of restricting competition in the industrial fire and consequential loss insurance market. Indeed, CCS is of the view that there is no reason for professional or trade associations to circulate recommended prices

⁵⁰ Case 96/438/EC.

⁵¹ *Ibid.*

⁵² *Royal Institute of British Architects*, Case GP/908 (14 March 2003), OFT Competition Case closure summaries 1-31 March 2004.

⁵³ *Compagnie Royale Asturienne des Mines SA and Rheinzink GmbH v Commission* [1984] ECR 1679 at ¶26.

⁵⁴ *Verband der Sachversicherer e.V. v. Commission*, [1987] ECR 405 at ¶30.

unless they intend to, at least, provide a reference for members and influence their independent pricing decisions. In this aspect, CCS believes that the GOF is no different from other fee recommendations.

GOF was promulgated with the objective of influencing prices

59. CCS notes that SMA had indicated in its submissions⁵⁵ that:

[The GOF] together with the SMA guidelines on drug pricing markups is designed to *provide a transparent system of charging that is usual, customary and reasonable*. It is designed to discourage doctors from charging apparently low fees in one (usually very visible area) but having a very high mark-up. (Emphasis added)

60. CCS further notes SMA's submission that the GOF was not intended to facilitate price-fixing between medical practitioners. Rather, it was meant to protect the patients' interest, by diminishing information asymmetry between patients and medical practitioners, thereby preventing over-charging of patients. Nevertheless, the recommended fees within the GOF were stipulated as a range, with both a maximum and a *minimum*. CCS' view is that if the GOF was primarily meant to protect patients against over-charging, then the stipulation of a minimum fee would contradict that objective.

61. SMA submitted that the GOF was not intended to be an instrument to protect medical practitioners' incomes⁵⁶. However, SMA also conceded that the GOF helped to improve transparency for young doctors, in that medical professionals are not taught how to charge when they were students in medical schools or when they underwent training in public hospitals, unlike lawyers and accountants who have the benefit of a long apprenticeship in private firms. The GOF was thus useful in helping to educate young medical practitioners entering the private sector on how to charge⁵⁷. Based on the aforementioned, it would appear that one of the objectives of the GOF was to influence pricing decisions of new entrants to the markets. In particular, CCS considers that younger doctors and new entrants into the private practice were more likely to be the ones who would have charged lower prices in the absence of the GOF.

62. SMA indicated that the recommended minimum fees in the GOF would help to protect patients, in that if minimum prices were absent, doctors might be encouraged to quote a low fee for medical services but recover costs through other avenues, such as significant drug mark-ups⁵⁸. CCS cannot agree with SMA's reasoning. In a similar vein, acceptance of SMA's reasoning would mean that cartellists who engaged in price fixing will be allowed to participate in price-fixing agreements as such activities will help them to earn a reasonable return on the goods or services they provide so as to reduce their incentives to exploit customers through other means.

⁵⁵ SMA's letter to CCS dated 24 July 2009 at ¶10.1.

⁵⁶ Form 1 filed by SMA on 5 February 2009, at ¶2.3.5 and ¶3.1.3.

⁵⁷ SMA's letter to CCS dated 28 May 2009, at ¶21.2.

⁵⁸ SMA's letter to CCS dated 5 June 2009, at ¶4.2.

63. It is important to note that SMA had reiterated at several points in its Application that the GOF also served to ensure that doctors were *reasonably remunerated* for their skills, competence, experience, specialties and service quality. During the course of the Market Study, feedback was obtained to the effect that the problems arising from the withdrawal of the GOF included “both *under-cutting* and *over-charging*” (Emphasis added)⁵⁹. There was also feedback that the medical industry tended to frown upon, and informally exert some peer pressure on, those who charged below the minimum fees in the GOF⁶⁰. CCS is thus of the view that the purpose of the GOF was to influence prices in the private medical services sector so that they would likely be within an acceptable range to the medical practitioners themselves.

GOF restricted competition even though compliance was voluntary

64. SMA submitted that the recommended fee ranges in the GOF were voluntary and that medical practitioners could choose to price above or below them⁶¹. Furthermore, the introduction to the fourth edition of the GOF stated:

4. The fee ranges are meant as a GUIDE and should be treated as such. The practitioner should satisfy himself that the fee charged is fair and reasonable, considering the particular circumstances of the case and the patient.
5. Practitioners who wish to charge outside this Guideline should inform their patients accordingly to avoid subsequent misunderstanding.
6. Practitioners are encouraged to continue their practice of reducing or waiving fees for patients who cannot afford to pay the usual fees.

65. Be that as it may, even recommendations that purport to be voluntary can have the object of restricting competition. In *Cementhandelaren*⁶², the ECJ considered a system of voluntary target prices for cement that replaced an earlier system of imposed prices, and concluded that both systems equally contravened the Article 85 (now Article 101) of the EC Treaty⁶³. In the case of target prices, the ECJ was of the view that “the fixing of a price, even one which merely constitutes a target, affects competition because it enables all the participants to predict with a reasonable degree of certainty what the pricing policy pursued by their competitors will be”⁶⁴. In *Verband*⁶⁵, the ECJ found that despite the fact that the recommendation to increase fire insurance was described by the association concerned as “non-binding”, the mandatory terms in which it was worded, together with the empowerment of the association to coordinate the activities of its members, meant that the recommendation had the object of restricting competition.

66. In the present case, SMA had an Ethics and Complaints Committee that

⁵⁹ See NOI with Private Hospital II (dated 17 June 2009), at ¶12.

⁶⁰ See NOI with Private Specialist Clinic (Obstetrics and Gynecology) (dated 30 June 2009), at ¶7.

⁶¹ Form 1 filed by SMA on 5 February 2009, at ¶3.3.2.

⁶² *Vereeniging van Cementhandelaren v Commission* [1972] ECR 977.

⁶³ *Cementhandelaren*, at ¶19.

⁶⁴ *Cementhandelaren*, at ¶21.

⁶⁵ *Ibid* at footnote 54.

dealt with complaints of over-charging. In particular, SMA submitted that⁶⁶:

Complaints on over-charging in the past were directed to the SMA Ethics Committee and subsequently to the Complaints Committee (which was formed as an independent committee in the year 2002). The Ethics and Complaints Committee would seek an explanation from the medical practitioner involved, as well as a breakdown of fees charged for consultation, each drug dispensed, and procedure performed etc. If the charges were found to exceed the GOF, the medical practitioner would be advised to refund the difference to the patient/ complainant.

67. SMA had further elaborated that the GOF in effect created a “price ceiling”, and alluded to “pressure” for the medical practitioner to price at the recommended fee range because of the “moral implications” of being seen as over-charging⁶⁷. It is thus clear that although the GOF was stated to be voluntary, SMA had an objective mechanism in place to foster compliance. Although SMA submitted that it had no recourse “in theory” for non-compliance by the “offending” medical practitioner, SMA had no actual experience of a medical practitioner not following SMA’s “recommendation” to provide a refund⁶⁸.

GOF was not based on actual price data

68. As mentioned above, SMA indicated that the GOF fee ranges were “usual, customary or reasonable”. However, CCS notes that, based on the fee review mechanism submitted by SMA, it is arguable whether the GOF fee ranges can be seen as an objective reflection of historical or contemporary prices charged by private medical practitioners. First, the GOF Committee surveyed the professional fees stated by its members, rather than actual prices charged by them, let alone the actual operating costs of medical practitioners. Second, there was no objective and transparent methodology employed by the GOF Committee to derive the first draft of recommended fees from the survey responses.

69. Third and most importantly, various submissions from SMA clearly indicate that the purpose of the GOF was to recommend what prices *should be*, rather than to reflect what prices were. CCS also notes that the GOF did not take into account objective measures such as the actual operating costs of the practitioners in its recommendations. SMA explained that the GOF was meant to increase the transparency of, and educate the public about, costs. According to SMA, failure to include recommended minimum prices may “communicate erroneously to the public that some services do not carry a cost, which is hardly the case,” although doctors may still waive their charges⁶⁹. CCS does not agree with this argument as CCS finds it hard to believe that the public would expect that the services rendered do not carry a cost and were provided for free by the private medical practitioners.

⁶⁶ SMA’s letter to CCS dated 28 May 2009 at ¶32.1 and ¶ 32.2.

⁶⁷ Form 1 filed by SMA on 5 February 2009, at ¶5.1.27.

⁶⁸ SMA’s letter to CCS dated 28 May 2009, at ¶32.2.

⁶⁹ SMA’s letter to CCS dated 5 June 2009, at ¶4.1.

70. It can also be seen from the following statement in SMA's submission⁷⁰ that the GOF consisted of fees that may have been fashioned with a degree of self-interest:

The GOF sets out a schedule of recommended fees for medical practitioners in private practice in Singapore, based on a survey of current rates charged by medical practitioners in the market to identify reasonable price ranges to protect the interests of patients while ensuring that doctors are *reasonably remunerated* for their skill sets, competence, experience, specialties and quality of services. The GOF was intended to provide greater transparency to patients and enable them to make an informed choice. [*Emphasis added*]

71. CCS is also of the view that as SMA is made up of doctors, there is an inherent conflict of interest for them to set prices⁷¹. In addition, CCS also notes that this view was also supported in a study cited in the US Federal Trade Commission's advisory opinion in *American Society of Internal Medicine*⁷². In the study, it was indicated that doctors, if forming part of the polled group to determine a relative value scale ("RVS")⁷³, "would have a financial stake in the outcome of the RVS determinations and thereby have a substantial conflict of interest if empanelled to determine an RVS"⁷⁴.

GOF did not necessarily promote better service quality

72. CCS notes that medical practitioners may argue that setting a minimum price helps to ensure that quality will not be compromised. Indeed, arguments about how minimum prices serve to protect customers, through the maintenance of standards and prevention of substandard service, have often been raised in the history of competition law. Nevertheless, the jurisprudence is replete with judicial pronouncements rejecting such arguments, as there is no guarantee that, even with minimum prices, quality level of services will necessarily be maintained.

73. For example, in *AROW/BNIC*⁷⁵, the EC considered an industry agreement on the minimum distribution price of mature brandy, which purported to maintain the traditional quality of cognac, and to assure the consumer that there would be no artificial reduction in prices to the detriment of the characteristics of the product. The EC noted that despite the stated objective of the agreement, the decision to fix minimum prices was in reality taken on the ground of the sales policy of the various parties represented by BNIC⁷⁶, and had as their object and effect the prevention of free individual price formation by cognac producers⁷⁷. As to the claimed benefits of the minimum pricing agreement, the EC noted⁷⁸:

⁷⁰ Form 1 filed by SMA on 5 February 2009, at ¶3.3.1.

⁷¹ This possibility was also noted by CASE. See NOI with CASE (dated 24 April 2009), at ¶16.

⁷² The advisory issued by the US FTC was dated 19 April 1985.

⁷³ A relative value scale ("RVS") expresses the value of one professional service to another, and can be converted into a fee schedule by the application of a common conversion factor to all the values within the scale.

⁷⁴ Berenson, *Group Decision-Making Methods*, cited in *American Society of Internal Medicine*, at page 18.

⁷⁵ Case 82/896/EC, OJ L 379, 31/12/1982.

⁷⁶ *AROW/BNIC*, at ¶52.

⁷⁷ *AROW/BNIC*, at ¶60.

⁷⁸ *AROW/BNIC*, from ¶69 to ¶71.

69. The imposition of minimum prices can in no way be justified by reference to an alleged object of guaranteeing quality. Such a measure is both pointless and ineffective for that purpose. It is pointless because the legal requirements for the production, stocking, ageing and distributions of cognac allow sufficient policing of fraud. It is ineffective because it introduces no extra check on products sold at prices above the minimum imposed; if it were accepted that the legal requirements protecting the use of the registered designation of origin "cognac" were ineffective, the imposition of a minimum price would not prevent products which failed to meet the quality criteria laid down by those legal requirements from being sold with impunity at prices above the minimum imposed.

70. Furthermore, the measures at issue are in any event out of proportion to the object referred to, as they completely prevent the sale of spirits qualifying for the registered designation of origin "cognac" at prices below the minimum set by the industry agreement. There is no provision for proving that a product sold at a price below the minimum imposed nevertheless meets the quality criteria laid down by the legal requirements (1).

71. The consumer does not receive the benefit of an improvement in quality, as has been shown above. Neither does he benefit from the other hypothetical advantages alleged by the BNIC (see above, point 67), as the measures at issue have the consequence that prices are at a higher level than that which would result from the free interplay of supply and demand.

74. With respect to recommending maximum prices, SMA submitted that without the GOF, the problem of assessing quality would be exacerbated. SMA argued that due to the presence of information asymmetry, a patient often judges the quality of medical services (especially highly specialised services with few providers available) by price, i.e., the higher the price, the higher the perceived quality of services. Accordingly, without a recommended guideline on pricing through the GOF, medical practitioners may be motivated to charge increasingly higher prices to signal to the patient the quality of services that the medical practitioner is providing, without a corresponding increase in the actual quality of services provided⁷⁹. SMA also stressed that while the GOF would not be able to eliminate all the contributory factors to the information asymmetry problem, the absence of the GOF would however exacerbate the issue of assessing quality.

75. CCS acknowledges that the signaling problem may be present amongst medical practitioners in the private sector, but is not convinced that the GOF can deter such practices, as medical practitioners can still use high prices as a signaling tool in the presence of the GOF. In fact, the GOF might even facilitate signaling, as deliberately charging above the GOF recommended prices could create an even more credible impression of better quality healthcare services than in the absence of the GOF. In particular, CCS notes that, according to SMA's definition⁸⁰, a doctor is not over-charging so long as the patient is informed of the charges. Ironically, signaling inevitably involves informing the patient of the charges beforehand.

⁷⁹ SMA's letter to CCS dated 28 May 2009, at ¶23.1.

⁸⁰ SMA's letter to CCS dated 28 May 2009, at ¶28.1.

76. Considering the above, it cannot be objectively construed that either the minimum or maximum recommended prices in the GOF promoted better quality of medical services.

GOF can restrict competition even if it comprised recommended maximum fees

77. Even if the GOF comprised only recommended maximum fees (i.e. without recommended minimum fees), it would still be deemed to be anticompetitive in its nature.” In *Maine Medical Association*⁸¹, the US Federal Trade Commission advised that a proposal for doctors to either freeze their fees or lower them by a particular percentage raised competition concerns, as the recommendation might serve as part of, or evolve into an agreement amongst member doctors to comply with the recommendation. The recommendation could also become coercive if the member doctors did not view it as purely advisory and voluntary.

78. That this is a real prospect in the present case can be inferred from SMA’s submissions⁸²:

The SMA further submits that it is possible that the public will base its perception on the level of over-charging (or excessive pricing) by doctors on the GOF. Accordingly, the SMA is of the view that *there may be medical practitioners who would adhere to the upper limit of the GOF as a price ceiling so as to avoid accusations of over-charging by the public.* [Emphasis added]

79. The feedback received by CCS also indicated that the GOF was often used by doctors to justify their fees when queried by patients⁸³.

Conclusion

80. Based on the totality of factors considered above, CCS concludes that the GOF had the object of restricting competition.

(g) “Effect” of Restricting Competition

81. Given CCS’ conclusion that the GOF had the object of restricting competition, it is not necessary to consider if the GOF also had the effect of doing so⁸⁴. Nonetheless, it appears from the facts of this case that the GOF had been effective in influencing prices.

82. CCS first notes SMA’s submission that⁸⁵:

⁸¹ *Advisory Opinion to Maine Medical Association*, 14 May 1984.

⁸² Form 1 filed by SMA on 5 February 2009, at ¶3.3.3.

⁸³ See NOI with Private Hospital II (dated 17 June 2009), at ¶14; NOI with Private Hospital I (dated 16 June 2009), at ¶10; NOI with Private Hospital IV (dated 18 June 2009), at ¶11; NOI with Private Specialist Clinic (Obstetrics and Gynecology) (dated 30 June 2009), at ¶15; NOI with Private Specialist Clinic (Cardiology) (dated 17 June 2009), at ¶10.

⁸⁴ *Verband der Sachversicherer e.V. v. Commission*, Case 45.85 [1987] ECR 405, at ¶39; *Belgium Architects’ Association*, Case Comp/38.549 (24 June 2004), at ¶94.

⁸⁵ SMA’s letter to CCS dated 28 May 2009, at ¶16.1.

a best guess estimate is that *at least 75 per cent* of private medical practitioners charge within the GOF guidelines prior to its withdrawal [Emphasis added].

83. In addition, CCS notes that the GOF was made available to non-members, at a price of \$20 per copy (as opposed to \$15 for members). SMA, by its own admission, also used the GOF to ‘counsel’ errant doctors (including SMA members and non-SMA members) and adopted the same yardstick and criteria when processing over-charging complaints against them⁸⁶.

84. Anecdotal evidence from interviews conducted by the Consultant also point to the GOF’s widespread effect on medical prices, as doctors (including those who are non-SMA members) stated that they had used the GOF in the past to justify their prices and to address queries from patients on their charges. Other interviewees took the position that the GOF was especially useful to doctors that were new to private practice and who lacked knowledge of the prices charged by other private doctors⁸⁷. This echoes SMA’s argument in paragraph 61 that the GOF helped young medical professionals entering the private sector on how to charge.

Results from the Market Study

85. In the Market Study, the Consultant opined that the GOF might be used as a mechanism for doctors to justify their prices to patients. The interviews suggested that consumers generally did not try to dispute prices when they had been informed that the prices were within the recommended range in the GOF. From the interviews conducted, the Consultant also highlighted that the doctors interviewed felt that medical practitioners commonly referred to the GOF as a benchmark for the fees they thought would be appropriate or reasonable in setting fees for their own private practice.

86. In order to quantify whether the GOF had the effect of restricting competition, a thorough analysis would have entailed how medical fees responded to the introduction of various versions of the GOF. However, fee information stretching back more than 20 years ago when the GOF was first introduced is not readily available.

87. Instead, the Consultant conducted a quantitative analysis⁸⁸ on professional fees between July 2006 to June 2009 (the “Period”) to examine how medical fees had changed during the Period and assess if the changes could be attributed to the removal of the GOF in April 2007.

⁸⁶ SMA’s letter to CCS dated 24 July 2009, at ¶9.2.

⁸⁷ See NOI with Private Specialist Clinic (Orthopaedics) (dated 24 June 2009), at ¶5; NOI with Private Specialist Clinic (Anaesthesia) (dated 30 June 2009), at ¶7; NOI with Private Specialist Clinic (Obstetrics and Gynecology) (dated 30 June 2009), at ¶8; NOI with Private Specialist Clinic (ENT) (dated 13 July 2009), at ¶7; Phone interview with Private GP Clinic (Independent, 1 doctor) (dated 17 July 2009), at ¶15;

⁸⁸ The analysis is based on data provided to CCS by two insurance companies from 1 July 2006 to 30 June 2009. The Consultant then selected 31 surgical procedures (with 10 observations or more) of which the procedure names could be matched with those in the GOF. Fees corresponding to subsidised services of the restructured hospitals were also excluded, since they fall outside the Relevant Markets.

88. In terms of the effect of the GOF on price level, the data showed that professional fees charged by doctors in the the private sector (“private fees”) had been increasing throughout the Period, both before and after the removal of the GOF⁸⁹. However, after adjusting for CPI-Health⁹⁰ which is a proxy for healthcare inflation⁹¹, the removal of the GOF did not contribute to the increase in private fees during the Period⁹².

89. In terms of the effect of the GOF on price uniformity, the Consultant found that the standard deviation of fees increased by 23.74% throughout the Period, suggesting that the GOF had led to price convergence when it was in force.

(h) Appreciability

90. The *CCS Guidelines on the Section 34 Prohibition* also state:

2.18 An agreement will fall within the scope of the section 34 prohibition if it has as its object or effect the **appreciable** prevention, restriction or distortion of competition. [Emphasis added]

Appreciability will depend largely on the influence which the parties to the agreement, or the members of the association whose decision is in issue, have on the market.⁹³ This influence may be reflected by the market shares of the parties or members concerned⁹⁴. This section sets out the reasons why CCS considers the influence of the GOF in the Relevant Markets to be appreciable.

91. According to SMA⁹⁵, there are 3,032 registered medical practitioners in private practice, of which 2,132 are SMA members. Doctors interviewed in the Market Study⁹⁶ suggested that price ranges in the GOF were usually taken into consideration in setting prices. In addition, SMA also indicated that the SMA Ethics and Complaints Committee processed complaints based on similar yardsticks for members and non-members⁹⁷. Up until the withdrawal of the GOF in 2007, it had had no actual experience of a medical practitioner not following

⁸⁹ The cumulative increase in professional fees charged by doctors in the private sector was 16.9% (¶425 of the Market Study).

⁹⁰ Consumer Price Index–Health (“CPI-Health”) covers the prices of medical treatment (which includes hospitalisation fees, medical consultations and specialist charges), dental treatment, proprietary medicines & supplies and medical health insurance. As such, professional fees are just one component of the CPI-Health.

⁹¹ The cumulative increase in CPI-Health during the Period was 13.1% (¶426 of the Market Study).

⁹² According to the Consultant’s multivariate regression model, every 1% increase in CPI-Health corresponds to a 1.25% increase in private professional fees, while the removal of the GOF corresponds to a 2.6% decrease in fees, after controlling for other factors such as operation procedure and hospital type (¶453 and ¶454 of the Market Study).

⁹³ See *Fenex*, supra, at ¶67-¶69.

⁹⁴ See *CCS Guidelines on the Section 34 Prohibition*, at ¶2.19.

⁹⁵ SMA’s letter to CCS dated 28 May 2009, at ¶1.1.

⁹⁶ See NOI with Private Specialist Clinic (ENT) (dated 13 July 2009), at ¶7. See NOI with Private Specialist Clinic (Orthopaedics) (dated 24 June 2009) at ¶5. See NOI with Private Specialist Clinic (Neurology) (dated 6 July 2009) at ¶14. See Phone Interview with Private GP Clinic (Independent, >1 doctor) (dated 12 August 2009) at ¶15.

⁹⁷ SMA’s letter to CCS dated 7 July 2009, at ¶9.2.

the recommendations of SMA for a refund⁹⁸. Furthermore, as mentioned in paragraph 61, the GOF was also used to educate young doctors how to charge. These factors imply that the influence of GOF on professional fees spanned from SMA members to non-members and from actual to potential competitors.

92. Further, according to SMA's submission, at least 75% of the private medical practitioners charged within the range of the GOF⁹⁹.

93. Given the totality of considerations above, CCS concludes that the influence of the GOF in the Relevant Markets was appreciable.

(i) Conclusion on the section 34 prohibition

94. For the above reasons, CCS is of the view that the GOF infringed the section 34 prohibition, unless it can be shown that the GOF was either excluded or exempted under the Act.

V. THE NET ECONOMIC BENEFIT EXCLUSION

95. SMA submitted that the GOF fell within the NEB exclusion in the Act¹⁰⁰. The NEB exclusion is encapsulated in paragraph 9 of the Third Schedule to the Act, which reads:

9 Agreements with net economic benefit

The section 34 prohibition shall not apply to any agreement which contributes to —

- (a) improving production or distribution; or
- (b) promoting technical or economic progress,

but which does not —

- (i) impose on the undertakings concerned restrictions which are not indispensable to the attainment of those objectives; or
- (ii) afford the undertakings concerned the possibility of eliminating competition in respect of a substantial part of the goods or services in question.

96. The burden of proof in establishing the NEB exclusion lies on the party who claims it (i.e., SMA in this case)¹⁰¹. CCS is of the view that SMA has failed to establish that this exclusion applies to the GOF.

(a) & (b): Improving Production or Distribution / Promoting Technical or Economic Progress

SMA's submissions

97. SMA submitted that the inherent characteristics of the healthcare market

⁹⁸ SMA's letter to CCS dated 28 May 2009, at ¶32.2.

⁹⁹ *Ibid* at ¶82.

¹⁰⁰ Form 1 filed by SMA on 5 February 2009, at ¶2.5.2 and ¶5.1.4.

¹⁰¹ *Unilever Bestfoods (Ireland) Ltd v Commission*, Case C-552/03P, at ¶102; *VBVB v Commission* [1984] ECR 19 at ¶52.

render it susceptible to market failure, such that free market principles applicable to other industries may not be applicable to medical services¹⁰². Specifically, SMA explained that there is a high degree of information asymmetry between medical practitioners (i.e., the medical practitioner will have considerably more information than the patient as regards to the medical practitioner's efficiency and quality of care, as well as his business costs¹⁰³) and patients, which affords the former the ability to overcharge the latter. Patients are unable to compare healthcare costs in order to make informed choices on pricing and quality of medical practitioners prior to consultation¹⁰⁴.

98. As medical costs escalate, patients may choose to consume less (or even not to consume) medical services, resulting in consumption falling below socially and economically optimal levels¹⁰⁵. The ill-effects that would follow include the occurrence of acute disease outbreaks and greater absenteeism from work and school¹⁰⁶. Lack of treatment or immunization for diseases or illnesses would affect not only the health of the patient in question, but also that of others, through increased incidence of infections spreading. SMA submitted that these factors will ultimately lead to a fall in overall productivity of the economy¹⁰⁷.

99. SMA also pointed out that over-charging will have an adverse impact on Singapore's medical tourism efforts, as higher costs would deter foreigners from seeking medical treatment in Singapore¹⁰⁸. SMA also alluded to how the information asymmetry problem may be particularly acute for foreign patients, whom SMA argued would not have the time to shop around or to search for information to make an informed choice¹⁰⁹.

100. In light of the above, SMA claimed that "a calibrated degree of intervention" in the healthcare market is necessary to prevent uninhibited profiteering and the escalation of medical fees¹¹⁰. SMA submitted that the GOF helped to achieve this goal and protect patients' interests, by increasing the transparency of healthcare costs, diminishing the information asymmetry between patients and medical practitioners, allowing patients to make an informed choice of medical practitioner¹¹¹, so that over-charging can be identified¹¹² and curbed in the private sector¹¹³.

101. SMA also highlighted that information searches on medical services are

¹⁰² Form 1 filed by SMA on 5 February 2009, at ¶5.1.3.

¹⁰³ Form 1 filed by SMA on 5 February 2009, at ¶5.1.6.

¹⁰⁴ Form 1 filed by SMA on 5 February 2009, at ¶5.1.9.

¹⁰⁵ Form 1 filed by SMA on 5 February 2009, at ¶5.1.18-¶5.1.20.

¹⁰⁶ SMA's letter to CCS dated 28 May 2009, at ¶25.1.

¹⁰⁷ Form 1 filed by SMA on 5 February 2009, at ¶5.1.24.

¹⁰⁸ Form 1 filed by SMA on 5 February 2009, at ¶5.1.25; SMA's letter to CCS dated 28 May 2009, at ¶40.3-¶40.4.

¹⁰⁹ *Ibid*

¹¹⁰ Form 1 filed by SMA on 5 February 2009, at ¶5.1.4.

¹¹¹ Form 1 filed by SMA on 5 February 2009, at ¶3.1.2 and ¶3.3.1.

¹¹² Form 1 filed by SMA on 5 February 2009, at ¶5.1.31.

¹¹³ Form 1 filed by SMA on 5 February 2009, at ¶5.1.15 to ¶5.1.17.

difficult to perform as pricing information is not centrally published and in most instances, medical practitioners would either be unable or unwilling to provide a quote on the medical fees in advance of a consultation or diagnosis. In this regard, consultation fees may form a large part of the overall costs. Accordingly, it would not be economically realistic for patients to perform such information searches¹¹⁴. In particular, SMA referred to emergency-type cases, or one-off rather than recurring medical treatment, where the ability of patients to exercise choice is curtailed.

102. SMA reasoned that by preventing over-charging, the GOF promoted the consumption of medical services at socially and economically optimal levels. This in turn translated into increased investment in health capital and a boost in productivity¹¹⁵. SMA explained that as productivity is a component of economic growth¹¹⁶, the GOF would help to promote economic progress¹¹⁷.

103. SMA's definition of "over-charging" is one where the medical practitioner had charged the patient above the GOF without informing the patient beforehand, and without extenuating circumstances (e.g., complications developed during an operation which necessitated further treatment)¹¹⁸.

104. To this end, the GOF was used by SMA's Complaints Committee as a primary reference for reviewing the public's complaints about over-charging by medical practitioners¹¹⁹. SMA submitted that with the removal of the GOF, the medical profession would not be able to identify when a medical practitioner is over-charging, even in the most extreme examples¹²⁰.

CCS' assessment on information asymmetry and over-charging

105. CCS is of the view that the extent or magnitude of the information asymmetry and over-charging problems highlighted above by SMA differ from one relevant market to another. Therefore, the usefulness of the GOF has to be considered separately.

The Primary Care Market

106. CCS notes that Primary Care services are generally homogeneous and less complex in nature, given that patients frequently visit GP clinics for the common and recurring (but usually less serious) ailments such as diarrhea, common cough and influenza. As a result, prices in this segment are generally competitive.

¹¹⁴ Form 1 filed by SMA on 5 February 2009, at ¶5.1.14.

¹¹⁵ Form 1 filed by SMA on 5 February 2009, at ¶5.1.30.

¹¹⁶ Form 1 filed by SMA on 5 February 2009, at ¶5.1.22.

¹¹⁷ Form 1 filed by SMA on 5 February 2009, at ¶5.1.29-¶5.1.30.

¹¹⁸ SMA's letter to CCS dated 28 May 2009, at ¶28.1.

¹¹⁹ Form 1 filed by SMA on 5 February 2009, at ¶3.3.2.

¹²⁰ *Ibid* at footnote 118

Given the recurring nature of consumption of Primary Care, patients gain experience and basic knowledge of what kinds of treatment they need, and what constitutes a “reasonable” price. Further, the easily accessible pricing information for Primary Care (as compared to Hospital Care) enables patients to compare prices and exercise choices (i.e. ability to switch if over-charged by a particular GP). Therefore, over-charging in the Primary Care Market is not a major concern. It follows that the need (and relevance) of the GOF is not established. The Primary Care Market is functioning well. There are no strong reasons to have a GOF in this market.

107. Even SMA recognised in its submission that in cases of recurring consumption of medical services, patients would be able to¹²¹

[C]onduct information searches on medical practitioners and source out better rates or higher quality of service, as they are able to anticipate with a degree of certainty the kind of medical services required.

108. CCS also notes that SMA agreed that over-charging is not a major concern in the Primary Care Market¹²² even following the withdrawal of the GOF.

The SMA submits that price competition may be particularly important in the area of general practice. Many general practitioners (“GPs”) compete mainly on price which has resulted in the low GP prices in Singapore. ... Accordingly, GPs are not able to command a premium for such services.

Hospital Care

109. One may argue that information asymmetry is more severe in the Hospital Care Market than in the Primary Care Market, given the complexity of the medical conditions. In addition, the monetary consideration for complicated treatment is much more substantial than Primary Care. Furthermore, some patients with serious illnesses may not be in the frame of mind to consider the financial issues when making choices. These may potentially lead to more over-charging incidents by private practitioners.

110. To this end, CCS notes that the public sector is the major supplier of Hospital Care in Singapore. For the mass population who may be concerned with over-charging by private practitioners, CCS is of the view that the restructured hospitals are either their first choices or credible alternatives to private hospitals¹²³. Hospital in-patient and specialist outpatient services provided by the public sector did not refer to the GOF in setting prices. The GOF is irrelevant insofar as patients who choose the public sector for Hospital Care are concerned. The mission of the public sector is to provide good quality and affordable

¹²¹ Form 1 filed by SMA on 5 February 2009, at ¶5.1.13.

¹²² SMA’s letter to CCS dated 28 May 2009, at ¶3.1.

¹²³ Based on CCS’ market definition, the mass population who choose subsidised public-sector Hospital Care services with or without the GOF falls outside the relevant market. These patients may regard subsidised public-sector services as good substitutes to private-sector services, but this is irrelevant to the question whether the GOF had the ability to appreciably restrict competition in the Hospital Care Market defined.

healthcare services to the mass public. Therefore, over-charging should not be a concern for those patients who choose the public sector for Hospital Care. In addition, there is more price transparency through measures such as those as highlighted in paragraph 28. Patients who face financial difficulties can also apply for financial assistance under various schemes offered by the government.

111. As for the usefulness of the GOF to patients who choose the private sector for Hospital Care, SMA believed that the GOF was useful to patients as it provided them with greater transparency on private healthcare costs. A closer examination of the GOF, however, suggests that the GOF did not serve this purpose. Unlike the price information provided under the publication of hospital bill sizes on MOH's website, the GOF used highly technical medical terminologies which only doctors would be expected to understand. Hence, patients would not be able to identify or match the medical procedures by themselves, let alone estimate the likely size of the overall bill, based on the information provided in the GOF without any doctor's assistance.

112. CCS therefore considers the GOF to be of limited use as patients are likely to depend on referrals (either by their family doctor or through word-of-mouth). Others simply go to the restructured hospitals at the very first instance. They may also seek a second opinion before making a decision. If they seek a second opinion from the restructured hospitals, they would be able to estimate the level of premium that they can possibly bear if they switch to private medical practitioners. Even for those patients who are unable to source good pricing information from the above channels, the GOF would also offer little help due to its technical terminologies.

113. Besides, for the GOF to be useful in preventing over-charging, the fees in the GOF had to be "correct" to begin with. Feedback received from the Market Study on the reasonableness of the GOF fee range was mixed. Some doctors viewed the fee ranges in the GOF as being fair¹²⁴, some viewed them as generous¹²⁵, while others viewed them as being too low¹²⁶. Insurance companies appeared to take the view that the GOF's rates were reasonable, and could help to curb over-charging¹²⁷.

114. As noted in paragraphs 17-18, despite SMA's argument that various safeguards were in place to ensure the reasonableness of the recommended fees in the GOF, there was no organisation or body specifically representing the interest of consumers or patients that contributed to formulation of the GOF. Besides,

¹²⁴ See NOI with Private Hospital I (dated 16 June 2009), at ¶16; NOI with Private Specialist Clinic (ENT) (dated 13 July 2009), at ¶8-¶9; NOI with Private Specialist Clinic (Cardiology) (dated 17 June 2009), at ¶12.

¹²⁵ See NOI with Private Specialist Clinic (Neurology) (dated 6 July 2009), at ¶15; NOI with Private Specialist Clinic (Ophthalmology) (dated 11 June 2009), at ¶7.

¹²⁶ See NOI with Private Hospital III (dated 22 June 2009), at ¶25; NOI with Private Specialist Clinic (Anaesthesia) (dated 30 June 2009), at ¶8; NOI with Private Specialist Clinic (Cardiology) (dated 17 June 2009), at ¶12; NOI with Private Specialist Clinic (Ophthalmology) (dated 11 June 2009), at ¶7.

¹²⁷ See NOI with Insurance Company II (dated 28 May 2009), at ¶8-¶10; NOI with Insurance Company IV (dated 28 May 2009), at ¶10-¶11 and Insurance Company III (Part 2) (dated 10 June 2009), at ¶6.

neither MOH nor SMC were involved in the fee-setting discussions. Further, some of the national specialist societies claimed that they were not involved in the process, despite SMA's acknowledgment of their contributions to the GOF¹²⁸.

115. CCS also notes that the GOF, which primarily concerned prices, would not alleviate the information asymmetry between doctors and patients with respect to the diagnosis of medical conditions and the likely consequences of different treatment options. Therefore, the GOF could not help a patient make an assessment of the appropriateness of the treatment he receives, which ultimately determines the medical costs that he has to incur.

116. In response to SMA's argument that, without the GOF, doctors may be motivated to charge increasingly higher prices to signal to the patient the quality of services that they are providing, without there being a corresponding increase in the actual quality of services provided¹²⁹, as mentioned in paragraphs 72-76, CCS is of the view that the GOF is not useful in addressing this problem.

117. As for SMA's claim that anecdotal evidence supported the phenomena of price increases after the removal of the GOF, CCS notes that some respondents to the Market Study observed some increase in prices since the removal of the GOF¹³⁰, but many of them were not able to confirm whether this was due to over-charging, or whether it was due to extraneous factors such as increases in costs or inflation¹³¹. SMA claimed that anecdotal evidence supported the phenomenon that doctors' fees are increasing after the removal of the GOF. CCS is of the view that this is consistent with healthcare inflation during the same period. CCS further notes that SMA's own position is that healthcare inflation has always been higher than general inflation¹³².

118. Further, quantitative analysis from the Market Study also did not provide support that the GOF was constraining doctors from overcharging¹³³. More

¹²⁸ CCS sought inputs from 4 specialist societies. Only the Obstetricians and Gynaecologists Society of Singapore had indicated that they were involved in the review of the GOF in 1996. The other 3 specialist societies who claimed that they were not involved in the setting of the GOF are Singapore Society for Hand Surgery, Singapore Society of Ophthalmology and Singapore Cardiac Society. See letter from Obstetricians and Gynaecologists Society of Singapore to CCS (dated 20 August 2009), letter from Singapore Society for Hand Surgery (dated 17 July 2009), letter from Singapore Society of Ophthalmology (dated 25 June 2009), and letter from Singapore Cardiac Society (dated 28 July 2009).

¹²⁹ SMA's letter to CCS dated 28 May 2009, at ¶23.1.

¹³⁰ See for example NOI with Private Hospital II (dated 17 June 2009), at ¶13; NOI with Private Hospital I (dated 16 June 2009), at ¶14; NOI with Insurance Company III (Part 2) (dated 10 June 2009), at ¶8; NOI with Private Specialist Clinic (Anesthesia) (dated 30 June 2009), at ¶9.

¹³¹ See NOI with Public Health Cluster I (dated 2 July 2009), at ¶19; NOI with Public Health Cluster II (dated 11 June 2009), at ¶10; NOI with Private Hospital III (dated 22 June 2009), at ¶26; NOI with Insurance Company III (dated 27 May 2009), at ¶13.

¹³² SMA's letter to CCS dated 24 July 2009, at ¶ 3.2.

¹³³ According to the theory of harm proposed in the Market Study, if the GOF was effective in sanctioning high fees and preventing over-charging (defined as SMA as a case where doctors charge above the GOF range without informing patients before hand) one should expect to see a greater fraction of fees just below the maximum of the GOF range than just above the maximum of the GOF range when the GOF was in force, and that this difference in proportions would diminish when the GOF was removed. Instead, the quantitative analysis showed the opposite: there was a greater fraction of fees just below the maximum of the GOF range than just

importantly, as shown from the regression results from paragraph 87, there is no evidence to suggest any systematic increase in the professional fees for the private sector because of the removal of the GOF, CCS considers that the evidence pertaining to more over-charging after the removal of the GOF to be weak.

119. Furthermore, over-charging practices in the medical sector in Singapore did not seem to be widespread. In its responses to CCS, SMA disclosed that it had only handled a total of 24 over-charging cases from 2007 to 2009. CASE, which also deals with complaints on over-charging by medical practitioners, gave inputs that complaints about over-charging by doctors had not increased significantly since the removal of the GOF and that the theoretical consumer protection benefits of the GOF were not borne out by the number of complaints¹³⁴ it had received. MOH¹³⁵ also indicated that if there is gross over-charging that amounts to unethical and unprofessional practice, the doctor concerned will be referred to SMC instead.

Table 1: Information in relation to complaints received by SMA¹³⁶

Period	Number of Complaints
2006-2007	26
2007-2008	10
2008-2009	14

120. CCS also finds SMA's definition of over-charging (see paragraph 103) to be unhelpful. According to SMA's definition, so long as the doctor informed the patient of the fees beforehand, there would be no over-charging, regardless of the actual level of fees charged. As mentioned in paragraph 28, MOH requires private medical clinics to display their common charges. Since SMA's definition was adopted by its Ethics and Complaint Committee in handling over-charging complaints, the GOF was not useful in curbing over-charging. In particular, those doctors who used high prices as a signaling tool would likely have informed patients of their prices in advance.

121. In any case, CCS is not convinced that the SMA method of deriving the recommended fees in the GOF is the most objective method. The methodology explained by SMA shows that the process mainly involved doctors who were suppliers themselves and whose income depended directly on the fees charged. The fees listed in the GOF did not reflect the "current" rates or actual prices.

above the maximum of the GOF range *after the GOF was removed*, but prior to its removal there was no significant difference in the proportion. See section 4.8 of the Market Study.

¹³⁴ See NOI with CASE (dated 24 April 2009), at ¶2 and ¶3.

¹³⁵ Source :

http://www.pqms.moh.gov.sg/apps/fcd_faqmain.aspx?gst=2fN7e274RAp%2bbUzLdEL%2fmJu3ZDKARR3p5NI92FNtJiccWnX9%2bksdbTzPyVUGb13KTKxpM6TLUdyU%2f%2frHEDywnORM7OvKtUZYhcfWKytiez uM7HH%2byfBWA29KOIcFIonQwtSKtqfdf7D1LjYSrXkoPDb7qh3jnvrDvRrKLk0%2bOuEATLMJ1MPs%2fTbX9BsumQg%2b3hF0SbQt9Os%3d [Accessed on 30 April 2010]

¹³⁶ SMA's letter to CCS dated 28th May 2009 at, ¶34.1.

Instead, it laid out a set of fees which the GOF Committee deemed as what *should be* charged. The conflict of interest inherent in this process should not be dismissed.

122. At the very least, the GOF fee ranges were no more credible and/or useful than public-sector prices as a benchmark against over-charging. The specialist outpatient clinics in restructured hospitals are already publishing their consultation charges on their websites for ease of comparison. The charges include consultations for subsidised and unsubsidised patients as well as the charges incurred for the different consultants such as Senior Consultant, Consultant or Associate. In terms of Hospital Care, MOH also publishes on its website actual historical bill sizes of restructured hospitals for 70 common medical conditions and private hospital bills for 10 conditions. In paragraph 135, CCS further notes MOH's continuing efforts to enhance price transparency by compiling billing statistics from the private hospitals for publication in the future.

123. One may argue that the prices in the public sector may not be apple-to-apple comparisons to prices in the private sector due to actual or perceived differences¹³⁷. CCS nonetheless considers that, even if patients find private and public services to be different, they can still make good use of the available pricing information to arrive at a more informed decision on the level of price premium they are willing to pay for private-sector services, if any¹³⁸. Such comparison provides a much more transparent, credible and unbiased benchmark for patients than the GOF did.

124. Finally, CCS also notes that foreign patients who are able to plan for a trip to Singapore for medical treatment would in most instances have the time and resources to compare prices in order to make an informed decision before they make the trip. As the nature of such medical services is usually one-off and involves specialised care, the foreign patients are likely to do some checks and comparison before making the trip. Furthermore, as noted above, foreign patients can also complain to SMC if they believe that there is gross-over-charging.

125. In the case of medical emergencies, CCS recognises that it is almost impossible for patients to shop around, since the conditions are life-threatening if treatment is not rendered immediately. In this regard, CCS notes that there are two types of ambulance services in Singapore, namely the '995' and '1777' services. The '995' service is operated by Singapore Civil Defence Force ("SCDF"). When the '995' hotline is called, the SCDF ambulance will send the patient to the nearest restructured hospital, and will not entertain any request to be sent to private hospitals, in which case the GOF is irrelevant, since restructured hospitals have their own pricing and do not refer to the GOF. According to the SCDF,

¹³⁷ In particular, CCS' market definition shows that *subsidised* Hospital Care services provided by the public sector are not good substitutes to private-sector Hospital Care services.

¹³⁸ If patients are willing to pay substantial premium for private-sector services, the private and public sectors may constitute different markets in the antitrust context, but this does not affect the usefulness of public-sector prices as a benchmark upon which the premium is to be applied.

there is no charge for any emergency case¹³⁹ it conveys to hospitals.

126. In contrast, the ‘1777’ ambulance services operated by private providers will send patients to their hospitals of choice, be it private or restructured. This service costs \$60-\$100¹⁴⁰ for a one-way trip. These patients (or the caregiver) who wish to be treated at a private hospital would have consciously made such a decision independently of the GOF. Even in the private hospitals, financial counseling is provided to patients admitted as emergencies and depending on the patient’s condition, the patient can be transferred to the restructured hospitals if the charges are of concern¹⁴¹.

127. Besides emergencies which require immediate medical attention, there may also be cases where patients have limited time to decide on an urgent treatment of a critical illness. However, with or without the GOF, CCS notes that public–sector Hospital Care would be a credible alternative for those patients who are nonetheless concerned with over-charging despite their urgent requirements¹⁴², as restructured hospitals and specialty centres do prioritise patients according to their medical conditions¹⁴³. For those patients who opt for the private sector, CCS considers their decisions to be no less conscious than similar decisions made by most other patients.

128. As such, CCS concludes that the scope of emergency cases where the patient is genuinely exposed to the risk of over-charging, if any, is narrow, and would not justify the publication of recommended fees for an entire gamut of medical procedures and operations, pertaining to both emergency and non-emergency cases, for the stated purpose of curbing over-charging.

CCS’ assessment on optimal consumption of medical services

129. CCS notes that SMA has not furnished any evidence to establish that medical services in Singapore will fall or has fallen below socially and economically optimal levels. Indeed, SMA submitted that any attempt to tell whether the consumption of medical services is below socially and economically optimal levels would necessarily be a “complex endeavour”¹⁴⁴. Nevertheless, SMA referred to the government’s decision to allow Medisave for outpatient treatment of chronic diseases and subsidised health screenings for the elderly, and identified this as a tacit recognition of the possibility of under-consumption of

¹³⁹ However, with effect from 15 April 2005, the SCDF charges \$165 for each non-emergency case that it ferries to hospital. It is for the receiving hospital to determine whether a patient qualifies as an emergency case. Source: http://www.scdf.gov.sg/general/information/emergency_ambulance_service.html#scdf_amb_charges [Accessed on 30 May 2010]

¹⁴⁰ Source: http://www.scdf.gov.sg/general/information/1777_amb_charges.html [Accessed on 30 May 2010]

¹⁴¹ See NOI with Private Hospital III (dated 22 June 2009), at ¶20; NOI with Private Hospital I (dated 16 June 2009), at ¶7, ¶8 & ¶21.

¹⁴² Those patients who opt for subsidised Hospital Care services would fall outside the Relevant Markets defined by CCS.

¹⁴³ Source: <http://www.moh.gov.sg/mohcorp/pressreleases.aspx?id=964> [Accessed on 30 April 2010]

¹⁴⁴ SMA’s letter to CCS dated 28 May 2009, at ¶25.1.

medical services.¹⁴⁵

130. First, CCS disagrees with SMA's argument that the level of consumption of medical services is sub-optimal. As indicated in paragraphs 19-28, the government has put in place a healthcare system that is accessible and affordable to the public, with itself being a major supplier. Second, the government will intervene to prevent over-supply, moderate demand and create incentives to keep health care costs under control¹⁴⁶, meaning that the government is as, if not more, concerned about over-consumption of medical services as under-consumption of medical services. Third, CCS is not satisfied that the GOF is the right tool to rectify any sub-optimal consumption of medical services as it may not be effective in addressing over-charging.

131. CCS notes that the Consultant did not agree that a reduction in the incidences of over-charging would lead to a significant impact on the average level of medical services utilization, since over-charging (as defined by SMA) only occurs after a patient has already received treatment. In addition, the Consultant also opined that, while patients may arguably reduce their willingness to seek medical treatments for fear of being overcharged, it could also be argued that patients generally seek medical help out of necessity and may in fact be more motivated to shop around to prevent themselves from being overcharged.

Conclusion

132. Considering the above, CCS is not of the view that the GOF has met the requirements of either improving production or distribution, or promoting technical or economic progress, of medical services in Singapore to in order to qualify for an exclusion from the application of Section 34 of the Act.

(i) Indispensability

133. Given that the requisite conditions for the GOF to improve production or distribution, or to promote technical or economic progress, are not satisfied, the question of the indispensability of the GOF does not arise. Notwithstanding this, CCS is not convinced by SMA's argument that the GOF is indispensable in achieving the objectives and economic benefits that SMA had claimed.

134. On a broader level, it has to be recognised that the information asymmetry issue is not unique to the medical services sector. It exists in many other markets. If the existence of information asymmetry could be used to justify an agreement between competitors on prices in the medical services sector, the same argument could be applied to a myriad of other relationships, including real estate agents and their clients, or between used car dealers and purchasers, to justify price agreements between competitors.

¹⁴⁵ *Ibid.*

¹⁴⁶ *Ibid* at ¶21.

135. Instead, CCS supports independent, objective and unbiased initiatives to improve price transparency in the market, as such efforts would generally be pro-competitive. For instance, CCS agrees that the measures adopted by MOH, such as itemising medical bills and publishing condition specific hospital bill sizes, are useful in promoting price transparency and competition. CCS further notes MOH's continuing efforts to enhance price transparency by compiling billing statistics from the private hospitals for publication in the future. According to MOH, this will be done by amending the Medisave regulations to make it a requirement for Medisave accredited hospitals (including private hospitals) to submit their basic billing statistics when making Medisave claims for their patients.¹⁴⁷

136. In commenting on the merit of conducting surveys of historical prices, SMA said:¹⁴⁸

... the SMA is of the view that the reporting of historical information may not provide similar safeguards to the public interest against over-charging or low quality of medical services as recommendations on minimum and maximum prices. This is because historical information only represents pricing trends *but provides no indication on whether the general pricing is reasonable*. ... [Emphasis added]

137. CCS disagrees with SMA's view. Actual prices are objective and are likely to be more reasonable than recommended prices. Price recommendation by an association of competitors is less effective in ensuring reasonable prices, yet more restrictive of competition, than publication of historical prices by individual medical practitioners or establishments.

138. Further, insofar as the GOF served as an ex-post evaluation tool, a possible alternative to the GOF would be for SMA to adopt a peer review mechanism (e.g., similar to the system used in the United States) to address the issue of over-charging by medical practitioners. In the United States, this mechanism has been expressly sanctioned by the US antitrust authorities, subject to certain safeguards, such as voluntary participation in the peer review program, the non-binding nature of the decisions of the peer review panel and confidentiality of the peer review process¹⁴⁹. SMA submitted that while such a system is theoretically possible, it had concerns about the effort involved in organising such peer review committees to handle over-charging complaints (especially for highly specialised services with few doctors offering such services). SMA hence prefers the GOF as being a more expedient and objective way than peer review committees¹⁵⁰.

139. In any event, MOH¹⁵¹ has also indicated that if there is gross over-charging that amounts to unethical and unprofessional practice, the doctor concerned will

¹⁴⁷ Source: <http://www.channelnewsasia.com/stories/singaporelocalnews/view/1054075/1/html> [Accessed 03 May 2010]

¹⁴⁸ SMA's letter to CCS dated 5 June 2009, at ¶3.2.

¹⁴⁹ FTC advisory opinions in *National Capital Society of Plastic and Reconstructive Surgeons*, 23 April 1991, *Tarrant County Medical Society* 11 July 1984, *American Podiatry Association*, 18 August 1983.

¹⁵⁰ SMA's reply to CCS dated 24 July 2009, at ¶9.1.

¹⁵¹ *Ibid* at ¶119.

be referred to the SMC instead. CCS notes that SMC's disciplinary hearing is a mechanism of ex-post peer review¹⁵². CCS also notes that the recent changes made to the SMC's disciplinary processes¹⁵³ are aimed at improving SMC's ability to handle complaints of professional misconduct, which includes complaints of gross-overcharging, expeditiously and effectively.

140. In general, the Consultant also did not consider that the GOF represented the least restrictive way to achieve SMA's stated benefits. In particular, the Consultant considered that there are a number of other initiatives that might be undertaken by SMA, including maintaining a register of complaints relating to doctors who over-charged, educating consumers on what to look out for when searching for the appropriate medical practitioners and using historical price data.

(ii) Elimination of competition in respect of a substantial part of the services in question

141. Similar to the indispensability limb, the question of elimination of competition in respect of a substantial part of the Relevant Markets does not arise, given that the GOF was not demonstrated to improve production or distribution, or to promote technical and economic progress, of medical services in Singapore.

142. Nevertheless, as mentioned above, the GOF was meant to apply to professional fees charged by medical practitioners in the private sector. As mentioned in paragraph 91, out of the 3,032 registered medical practitioners that are in private practice, 2,132 are SMA members. Further, SMA has indicated that the SMA Ethics and Complaints Committee had also processed complaints against non-SMA members and similar yardsticks were applied to them as for SMA members. Although SMA submits that it has no recourse in theory for non-compliance by the offending medical practitioner, until the withdrawal of the GOF in 2007, SMA had had no actual experience of a medical practitioner not following the recommendations of SMA for a refund.

143. On SMA's argument that the GOF helped to educate young medical practitioners entering the private sector on how to charge, as noted in paragraph 61, CCS finds this argument to be unconvincing. Any person venturing into the market is expected to do the necessary research before setting up his own

¹⁵² As an example of a peer-review process, when the Law Society of Singapore brings a case of overcharging against a lawyer, it needs to demonstrate that the lawyer had charged *above what he or she was reasonably entitled to charge*. On what is a reasonable charge, evidence may be led by an expert report prepared by another lawyer involved in the same area of practice who would opine what a reasonable charge would be in such a case, and whether the lawyer in question had overcharged the client in this instance.

¹⁵³ The latest Amendment Bill to the Medical Registration Act included a review of SMC's disciplinary processes to strengthen and streamline these processes. The changes include increasing the number of people on the Complaints Committee, empowering SMC's Complaints Committee to appoint officers to carry out investigations, increasing the maximum penalty which can be imposed on the SMC on a medical practitioner for professional misconduct and having lawyers on the SMC's Disciplinary Tribunals to resolve questions of law which medical doctors may not have the expertise to address, hence hampering the disciplinary process. Source: www.moh.gov.sg/mohcorp/speeches.aspx?id=23652 and www.moh.gov.sg/mohcorp/speeches.aspx?id=23654 [Accessed on 30 April 2010]

business, and be responsible for its own commercial decisions such as pricing. Allowing existing competitors to come together and educate new entrants on setting prices is apt to eliminate fresh competitive forces from being injected into the market.

144. As such, given the extensive reach of the GOF and the mechanism used to enforce it, CCS is of the view that competition will be eliminated in respect of a substantial part of the Relevant Markets.

(d) Conclusion on the NEB exclusion

145. In light of the above, CCS is satisfied that SMA has failed to establish that the NEB exclusion applies.

VI. THE STATEMENT OF DECISION

146. CCS recognises that there are valid reasons why market forces alone may not lead to efficient outcomes in the medical services sector. However, CCS' view is that the GOF did not contribute towards achieving better outcomes, and was instead anti-competitive. On the other hand, the restructured hospitals' direct involvement in Hospital Care and the government's efforts to improve pricing transparency are more effective, unrestrictive and unbiased ways to deal with the issues of information asymmetry, over-charging and optimal consumption of healthcare services. SMA can consider contributing to this by encouraging its members in the private sector to support greater transparency in healthcare charges by publishing their actual fees for their services, broken down or itemised in a meaningful way. It can also support SMC in the peer review disciplinary hearings.

147. For the above reasons, CCS concludes in this Statement that the GOF infringed the section 34 prohibition, and did not benefit from the NEB exclusion.

148. In light of the fact that as of the April 2007, the GOF had already been removed prior to any investigations initiated by CCS, there is no need for CCS to issue any direction under section 69 of the Act.



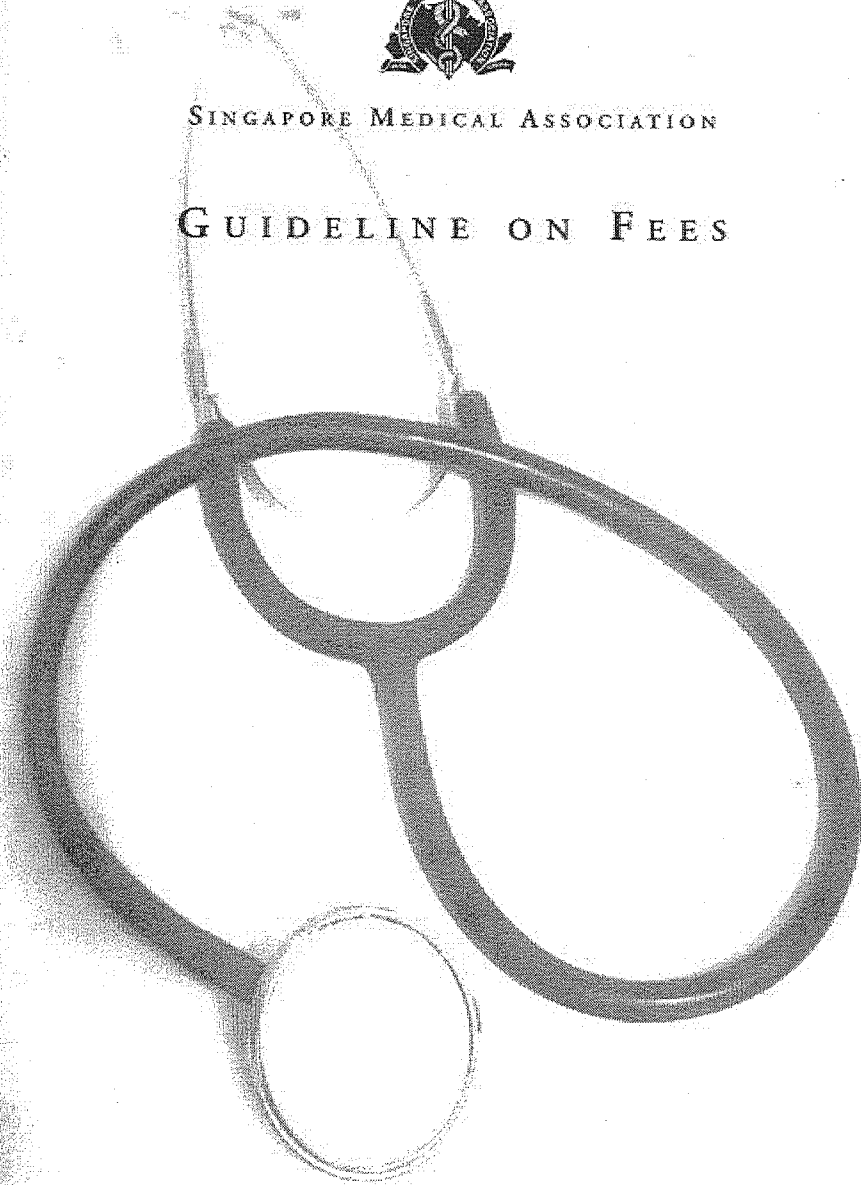
Teo Eng Cheong
Chief Executive
Competition Commission of Singapore

**Annex 1: Fourth Edition (2006) of the
Guidelines on Fees**



SINGAPORE MEDICAL ASSOCIATION

GUIDELINE ON FEES



4th Edition (2006)

CONTENTS

INTRODUCTION

PART ONE – GENERAL CONSULTATION FEES

Section 1	: Standard Consultation Fees	2
Section 2	: Consultation Fees after Usual Clinic Hours	4
Section 3	: Adult Intensive Care Fees	5
Section 4	: Paediatric Intensive Care (ICU) Fees	6

PART TWO – PROFESSIONAL FEES

Section 1	: Office Surgery & Medical Procedures	8
Section 2	: Immunisation	10
Section 3	: Medical Examinations	11
Section 4	: Medical Reports	12
Section 5	: Court Attendance & Preparation Fees & Best Practices Guidelines	15
Section 6	: Obstetrics	18
Section 7	: Paediatrics	19
Section 8	: Cardiology	20
Section 9	: Radiology	21
Section 10	: Pathology & Cytopathology	26

PART THREE – FEES FOR OPERATIONS AND ANAESTHESIA

Introduction		
Section 1	: Cardiovascular System	29
Section 2	: Digestive System	33
Section 3	: Ear	43
Section 4	: Endocrine System	45
Section 5	: Endoscopies	46
Section 6	: Eye	50
Section 7	: Female Genital System	54
Section 8	: Haemic & Lymphatic System	59
Section 9	: Integumentary System	61
Section 10	: Male Genital System	70
Section 11	: Musculoskeletal System	73
Section 12	: Nervous System	82
Section 13	: Respiratory System	85
Section 14	: Urinary System	89
Section 15	: Pain Management Procedures	93

ACKNOWLEDGEMENTS	95
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2 College Road,
Level 2, Alumni Medical Centre
Singapore 169850
Tel: (65) 6223 1264
Fax: (65) 6224 7827
URL: <http://www.sma.org.sg>
Email: sma@sma.org.sg

Edited by
Dr Toh Choon Lai
Chairman
SMA Guideline on Fees Committee 2003-2006

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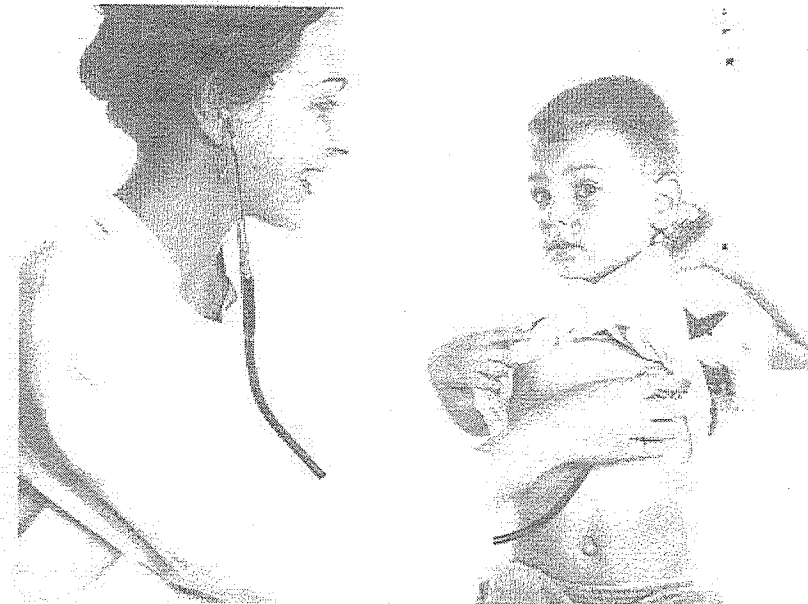
INTRODUCTION

1. The 4th Edition of the Guideline on Fees for Doctors in Private Practice in Singapore is based on the suggestions and feedback gathered from general membership and specialist bodies, based on the 3rd Edition published in 2000. We have incorporated most of the suggestions.
2. The quantum of fee worked out for each service is based on the following factors:
 - a. Level of expertise required
 - b. Degree of difficulty
 - c. Time required
3. A range of fees is given for most items of services rather than a fixed rate because the fee will depend on the variable factors affecting each item, as mentioned in para (2) above, and on whether the procedure is done on an emergency procedure, and on the socio-economic circumstances of the patient.
4. The fee ranges are meant as a GUIDE and should be treated as such. The practitioner should satisfy himself that the fee charged is fair and reasonable, considering the particular circumstances of the case and the patient.
5. Practitioners who wish to charge outside this Guideline should inform their patients accordingly to avoid subsequent misunderstanding.
6. Practitioners are encouraged to continue their practice of reducing or waiving fees for patients who cannot afford to pay the usual fees.
7. This Guide will be updated periodically.
8. The Singapore Medical Association (SMA) welcomes suggestions for improving these guidelines.



DR TOH CHOON LAI
Editor

PART ONE GENERAL CONSULTATION FEES



- Section 1 : Standard Consultation Fees
- Section 2 : Consultation Fees after Usual Clinic Hours
- Section 3 : Adult Intensive Care Fees
- Section 4 : Paediatric Intensive Care (ICU) Fees

SECTION I – STANDARD CONSULTATION FEES

GENERAL PRACTITIONER / FAMILY PHYSICIAN

IN-OFFICE CONSULTATION FEES

Short Consultation (up to 10mins)	\$20 – \$30
Long Consultation (11 to 20mins)	\$30 – \$55
Extended Consultation (over 20mins, per 10-minute block)	\$20 – \$25

OUT-OF-OFFICE CONSULTATION FEES

Non-Emergency Consultation	\$120 – \$200
Emergency Consultation	\$200 – \$300
Hospital Inpatient Consultation (per day)	\$50 – \$100
Death Certification	\$150 – \$300

SPECIALIST

IN-OFFICE CONSULTATION FEES

Short Consultation (up to 10mins)	\$60 – \$100
Long Consultation (11 to 20mins)	\$90 – \$150
Extended Consultation (over 20mins, per 10-minute block)	\$50 – \$80

OUT-OF-OFFICE CONSULTATION FEES

Non-Emergency Consultation	\$200 – \$250
Emergency Consultation	\$250 – \$400
Hospital Inpatient Consultation (per day)	\$100 – \$250
Death Certification	\$200 – \$400

Notes:

- 1.1 CONSULTATION FEES DO NOT INCLUDE** costs of medications, injections, operations, special procedures, laboratory tests, other investigations (eg. X-rays), etc.
- 1.2 SHORT CONSULTATION** refers to a routine consultation for relatively simple medical cases and problems where the problems allow for ready and quick diagnosis and treatment. Examples: for general practitioners, uncomplicated cases of influenza or gastroenteritis; for specialists, routine antenatal visits for maternity patients or routine post-operative office visits.
- 1.3 LONG CONSULTATION** refers to a consultation that is more complex and therefore more time and expertise are needed for diagnosis and treatment. Examples: for the general practitioners, cases of diabetes or hypertension requiring detailed history, examination and advice; for specialists, complicated cases that require major surgery or complicated cases of cancer requiring detailed examination and discussion. Three or more minor ailments qualify as "long consultation". Chronic conditions qualify as "long consultation".

- 1.4 EXTENDED CONSULTATION** refers to a consultation where both the doctor and the patient agree on a quantum derived from a time-based computation. Generally, the doctor may wish to propose this form of charging for consultations which are likely to exceed 20 minutes.
- 1.5 OUT-OF-OFFICE CONSULTATION** refers to a consultation which occurs outside the clinic, and the attending doctor has to make a purposeful trip for this consultation. The venue of the consultation may be the patient's residence (housecalls), workplace, A&E department or other locations. In-patient consultations are not included in this category. Consultations in the clinic premises outside regular operating hours where the attending doctor has to make a purposeful trip back to the clinic will be considered as Out-of-Office Consultations.
- 1.6 EMERGENCY CONSULTATION** refers to a situation where immediate attention is required. The term "emergency" refers to calls requiring immediate attention as agreed between the doctor and the patient or persons requesting the calls. "Non-emergency" refers to calls that can be scheduled to a mutually opportune time.
- 1.7 HOSPITAL IN-PATIENT CONSULTATION (per day)** refers to daily fee chargeable for a patient who is already hospitalised, irrespective of the number of visits the doctor makes to the patient. The fee takes into account the fact that the doctor is "on-call" for the patient 24-hours a day and that he has to be contactable at any time or may be called back for any problem.
- 1.8 CLINIC VISIT CLAIM FORM**
 Definition: A simple claim form that contains the following:
 (a) Basic demographic data (5 items or less) such as name, age, sex, ID number and occupation;
 (b) The reason for the consultation or clinic encounter;
 (c) The fees charged including a breakdown of charges.
- This service is NOT chargeable if the form is presented on the same clinic visit or consultation. A fee is only chargeable if the form is presented by the patient on a day other than the clinic visit, as it involves administrative work and time. If a fee is chargeable, the recommendation is up to \$10.
- 1.9 PRESCRIPTION FEE FOR GENERAL PRACTITIONER AND SPECIALIST**
- | | |
|--|-----------|
| a) request made within the same visit/consultation: | no charge |
| b) request made on a separate visit or without consultation: | \$10 |

SECTION 2 – CONSULTATION FEES FOR GENERAL PRACTITIONERS / FAMILY PHYSICIANS AFTER USUAL CLINIC HOURS

Session	Time	Recommended Fee Range
Usual Clinic Hours	8am to 6pm*	SMA Standard
After Usual Clinic Hours	6pm to 12am **	\$30 – \$60
12 Midnight Onwards	12am to 8am ***	\$60 – \$90
Weekends and Public Holidays		Add 10-20% to above rates

Note:

- * This session starts from the traditional 8am or the stated clinic operating time, whichever is earlier. The time is based on the patient registration time. It is not based on actual consultation time.
- ** For weekends and gazetted public holidays, this session applies to the period of 8am to 12 midnight.
- *** This session ends at the traditional 8am or the stated clinic opening time, whichever is earlier.

SECTION 3 – ADULT INTENSIVE CARE UNIT (ICU) FEES

ICU CONSULTATION FEES

Non-emergency Consultation (First)	\$250 – \$400
Emergency Consultation (First)	\$300 – \$500
ICU Consultation per day (Follow Up)	\$100 – \$300

INTENSIVIST DAILY MANAGEMENT FEE

Critically ill with 3 or more organ failure (high grade intensive care)	\$500 – \$1,000
Moderately ill with 1 to 2 organ failure (medium grade intensive care)	\$300 – \$500
Mildly ill with potential organ failure (low dependency intensive care)	\$200 – \$400

DAILY MANAGEMENT FEES

Continuous Renal Replacement Therapy	\$100 – \$300
Inotropes/Cardiac Output Study and Management	\$100 – \$400
Intracranial Pressure Monitor	\$100 – \$300
Intra-aortic Balloon Pump (IABP)	\$200 – \$400
Sedation/Paralysis/Analgesia	\$50 – \$200
Total Parenteral Nutrition (TPN)	\$25 – \$50
Ventilator	\$100 – \$300

PROCEDURAL FEES IN ICU

Bronchoscopy	\$400 – \$800
Cardiopulmonary Resuscitation (including Intubation)	\$200 – \$800
Central Venous Pressure/Dialysis Catheter Insertion/Jugular Bulb	\$400 – \$700
Chest Tube Insertion	\$250 – \$500
Double Lumen Tube Intubation	\$300 – \$400
IABP – Insertion and Removal	\$1,500 – \$2,000
Intra-arterial Line Insertion	\$200 – \$400
Intracranial Pressure Monitor Insertion	\$1,500 – \$2,000
Pulmonary Artery Catheter Insertion/PICCO Catheter Insertion	\$400 – \$900
Transvenous Pacing Wire Insertion	\$1,000 – \$2,000

SECTION 4 – PAEDIATRIC INTENSIVE CARE (ICU) FEES

ICU CONSULTATION FEES (PER DAY)

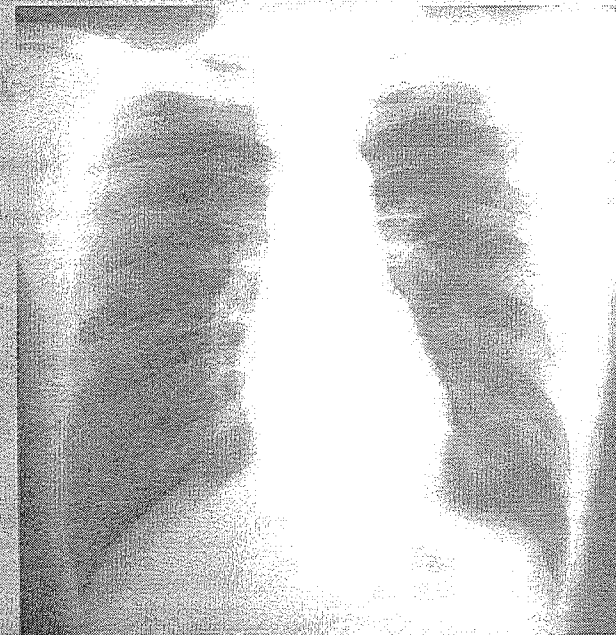
Critically ill*	\$300 – \$500
Moderately ill: Not intubated, Hood oxygen, Total Parenteral Nutrition (TPN), etc	\$200 – \$300
Basic monitoring and care, not critically ill	\$100 – \$300

* Daily management doctors' fees for the use of ventilator, cardiac output study, ICP monitors, CPR, etc can be included in "critically ill" fees. Consumables including equipment like ventilators can be charged separately.

PROCEDURAL FEES IN ICU

2D Echo	\$200 – \$350
Bronchoscopy	\$200 – \$300
Central Line or Long Line/Dialysis Catheter Insertion/Cutdown or Intraosseus Access	\$100 – \$200
Chest tube Insertion/Tap	\$100 – \$150
Intubation	\$75 – \$150
Lumbar Puncture	\$50 – \$100
Ultrasound Head	\$75 – \$150

PART TWO PROFESSIONAL FEES



- Section 1 : Office Surgery & Medical Procedures
- Section 2 : Immunisation
- Section 3 : Medical Examinations
- Section 4 : Medical Reports
- Section 5 : Court Attendance & Preparation Fees & Best Practices Guidelines
- Section 6 : Obstetrics
- Section 7 : Paediatrics
- Section 8 : Cardiology
- Section 9 : Radiology
- Section 10 : Pathology & Cytopathology

SECTION I – OFFICE SURGERY & MEDICAL PROCEDURES

SECTION I.1

\$10 – \$40

Electrogustometry
Injection
Removal of Sutures
Urine Pregnancy Test

SECTION I.2

\$30 – \$80

Audiological Battery Tests
Basic Hearing Tests (Audiogram, Tympanogram)
Basic Vestibular Tests
Bladder Scan
Cryosurgery of Warts/Keratosis/Similar Lesions (2 or less)
Dressing
ECG (Resting)
Patch Tests (per visit)
Pap Smear
Spirometry

SECTION I.3

\$50 – \$150

Aural & Nasal Toilet
Cautery of Warts/Keratosis/Similar Lesions (3 or less)
Cryosurgery of Warts/Keratosis/Similar Lesions (3 or more)
EEG Recording
EEG Reporting
Fine Needle Aspiration Biopsy of the Thyroid
Manual Rectal Evacuation
Retinal Photography
Routine EMG
Incision and Drainage
Removal of Foreign Body from Eye, Ear, Nose or Throat
Toilet and Suture
Skin Biopsy
Urethral Catheterisation

SECTION I.4

\$160 – \$190

Aspiration of Joints
Single Punch Biopsy and Incisional Biopsy

SECTION I.5

\$200 – \$300

Ambulatory ECG
Cautery of Warts/Keratosis/Similar Lesions (4 to 15)
Electroconvulsive Therapy
Lumbar Puncture
Percutaneous Ethanol Injection of Thyroid Nodule
Removal of Foreign Body from Cornea
Single Excisional Biopsy or Multiple Punch Skin Biopsies
Urodynamic Tests

SECTION I.6

\$300 – \$500

Adult Circumcision under Local Anaesthesia
Bone Marrow Aspiration Biopsy
Bone Marrow Trephine Biopsy
Carotid Ultrasound Imaging
Cautery of Warts/Keratosis/Similar Lesions (more than 15)
Dialysis – Peritoneal/Haemodialysis
Excision of Small Lumps
Exercise Stress Test
Simple Ligation or Injection of Piles
Specialised EMG

Notes:

For certain procedures, Specialist Fees may apply. Please refer to Guideline on Fees Part III for Specialist Fees.

SECTION 2 – IMMUNISATION

Immunisation rates comprise of the following components:

- 2.1 Consultation: new cases are chargeable. Old cases (booster) are not chargeable.
- 2.2 Procedure (Vaccination): \$20 to \$25.
- 2.3 Vaccines: as follows:-
- BCG \$20 – \$35
 - Chicken Pox (per dose) \$80 – \$100
 - Cholera \$20 – \$35
 - Measles, Mumps and Rubella \$40 – \$55
 - Haemophilus B Virus \$50 – \$70
 - Hepatitis A (full course) \$180 – \$210
 - Hepatitis B (complete course of 3 injections)
 - full dose (for adult) \$120 – \$180
 - half dose (for children under 18 years) \$90 – \$120
 - quarter dose (for infants less than 1 year) \$60 – \$90
 - Triple Antigen and Polio \$25 – \$40
 - Typhoid \$20 – \$35
 - Anti-Tetanus Toxoid \$20 – \$35
 - Influenza Vaccination \$25 – \$35

Note:

Vaccine prices differ according to brands. Price variations by manufacturers or distributors may also occur from time to time.

SECTION 3 – MEDICAL EXAMINATIONS

INTRODUCTION

- (a) Medical examinations refer to physical check-ups which are required for licensing, employment or admission purposes.
- (b) The fee does not include charges for chest x-ray, urine pregnancy test, blood and other lab tests, which are charged according to the standard rates.

TYPES OF EXAMINATIONS

- 3.1 Short Medical Examinations: \$25 – 35**
(Laboratory investigations to be charged separately.)
- Pre-employment (local employment)
 - Work Permit Renewal
 - Maid Screening
 - Residential Pass
 - Admission to Tertiary Institutions (local)
 - Licensing Purposes such as ROW, PSA, etc
 - Designated Factory Doctor (DFD) Examination
- 3.2 Long Medical Examinations: \$40 – \$120**
(Laboratory investigations to be charged separately.)
- Pre-employment (overseas employment)
 - New Work Permit (includes Employment Pass)
 - Examination Requested by Insurance Company
 - Student/Work Visa Examination

SECTION 4 – MEDICAL REPORTS

4.1	Policy Examination [See note (i)]	
	- Ordinary Examiners' Fees	\$100
	- Special Examiners' Fees [See note (ii)]	\$150
4.2	Medical Reports**	
	- Simple Report/Completion of Questionnaire	\$90 – \$120
	- Standard Report	\$120 – \$240
	- Specialist Medical Report	\$240 – \$600
	- Specialist Report for Court Attendance	\$600 onwards
4.3	Renewal of Policy Examination	
	- Ordinary Examiners' Fees	\$100
	- Special Examiners' Fees (See note (ii))	\$150
4.4	Workmen's Compensation Cases	
	- Reports, given by doctors in attendance of the case	\$100 – \$250 per report
4.5	Laboratory Tests (except for routine urine test) According to Standard Laboratory rates	
4.6	Handling Charges These include transport, postages, costs of utensils, etc. and should be borne by the respective insurance companies.	

Note (i) Any additional medical report apart from the standard policy report will be charged according to rates as recommended under item (4.2).

Note (ii) This corresponds to the term "Preferred Examiners".

** See Explanatory Notes

EXPLANATORY NOTES ON GUIDELINES ON MEDICAL REPORT FEES

I. QUESTIONNAIRE

a. **Definition:** A form requiring medical information other than demographic data (such as name, age, sex, race, occupation). It should usually not exceed 20 items or 2 pages.

b. CLINIC VISIT CLAIM FORM

Definition: A simple claim form that contains the following:

- (a) Basic demographic data (5 items or less) such as name, age, sex, ID number and occupation;
- (b) The reason for the consultation or clinic encounter;
- (c) The fees charged including a breakdown of charges.

This service is NOT chargeable if the form is presented on the same clinic visit or consultation. A fee is only chargeable if the form is presented by the patient on a day other than the clinic visit, as it involves administrative work and time. If a fee is chargeable, the recommendation is up to \$10.

2. RECOMMENDED FEES FOR MEDICAL REPORT

a. Simple Report: \$90 to \$ 120

Usually on a single, straightforward problem eg. a minor injury, episode of upper respiratory infection or simple straightforward consultations. Laboratory tests are usually simple. Would usually not require more than half a typewritten A4 size page (in single line spacing).

b. Standard Report: \$120 – 240

Problem with potential major complications (eg. diabetes mellitus); or one or more medical problems eg. hypertension and minor surgery; with copies of more than routine laboratory tests and investigations attached (eg. blood tests, X-rays, ultrasounds/sonographs). One to two A4 typewritten pages (single line spacing).

c. Specialist Medical Report: \$240 – 600

Prepared by a doctor on the Specialist Register. Multiple major medical problems, investigations and procedures (eg. stroke, infarct, cancer); one or more hospital admissions; or major surgery. With opinion expressed on each problem and finding. Sophisticated investigations involved and attached (eg. CT scan, MRI, Angiography). More than two pages A4 typewritten pages (single line spacing).

d. Specialist Report for Court Attendance: \$600 onwards

Detailed medical report which is a medico-legal document prepared at the request of the solicitor to be given as evidence in a court of law.

3. GUIDELINES FOR PHYSICIANS AND INSURANCE COMPANIES

The SMA Council would like to request physicians and insurance companies to observe the following procedure in order to ensure the smooth processing of medical reports:

- a. Upon receipt of request, the physician would provide a quotation of fee to the insurance company indicating reason for fee and the type of report to be submitted, eg. simple or more complex, and the additional laboratory reports to be forwarded.
- b. The physician may request for advanced payment, but upon receipt of payment, the report should be forwarded within 2 weeks.
- c. Insurance companies may reasonably request clarification where reports are not clear.
- d. Insurance companies should not withdraw a request for a report after a physician has agreed to provide the report.

4. GUIDELINES ON MEDICAL REPORTS REQUESTED BY LAWYERS

- a. A written request for medical report must be obtained.
- b. The purpose or reasons for medical report must be stated.
- c. Fee charged should reflect the length of the report.
- d. If the patient requests a report for medico-legal purpose, the patient should be referred back to his/her lawyer to satisfy the above points (a) to (c).
- e. There must be a written consent from the patient to waive confidentiality.

SECTION 5 – COURT ATTENDANCE & PREPARATION FEES & BEST PRACTICES GUIDELINES

If a private medical practitioner is sought as a witness, the guidelines to the fees claimable are:

5.1 PREPARATION FEES

- a. Trial Preparation (review of medical notes) \$100 to \$200
- b. Trial Preparation by Professional Witness (involving research, discussion with solicitors, preparation of affidavit, etc) \$200 to \$400 per hour
- c. Trial Preparation by Expert Witness (involving research, discussion with solicitors, preparation of affidavit, etc) \$400 to \$600 per hour

5.2 COURT ATTENDANCE FEES

Duration of Court Attendance	Professional Witness	Expert Witness
a. Each two hours or part thereof (including waiting time)	\$1,000 – \$2,000	\$1,500 – \$2,500

5.3 CANCELLATION OF COURT ATTENDANCE

Cancellation before hearing has commenced	Fees Claimable
a. More than 14 days' notice	NIL
b. More than 7 days' and up to 14 days' notice	25% of 1 day's attendance
c. More than 48 hours' and up to 7 days' notice	50% of 1 day's attendance
d. More than 24 hours' and up to 48 hours' notice	75% of 1 day's attendance
e. 24 hours' notice or less	100% of 1 day's attendance

Cancellation after hearing has commenced	Fees Claimable
a. Days where the medical practitioner is present in Court	100% of each day's attendance fees
b. Remaining trial days where medical practitioner has been subpoenaed and compelled to attend (and no arrangement has been made for the medical practitioner to "standby" only on specified dates)	100% of attendance fees for each day subpoenaed
c. Days where medical practitioner is not present in Court but asked to be on "standby"	50% of attendance fees for each day on "standby"

Notes:

- (i) A "Professional Witness" is called only because of his direct doctor-patient relationship with the patient.
- (ii) An "Expert Witness" is called or appointed for a "second opinion" or expert testimony in legal proceedings. In view of this, a premium would be commanded.
- (iii) The court attendance fee that applies if the case is subsequently postponed is subject to the same scale of fees recoverable, as when the case is cancelled.
- (iv) The above amounts are negotiable between the practitioner and the Counsel.
- (v) These Guidelines are not applicable in criminal cases.
- (vi) One day is equivalent to 8 hours.

5.4 MEDICAL FEES FOR COURT ATTENDANCES AND PREPARATION

BEST PRACTICES GUIDELINES ISSUED BY THE LAW SOCIETY OF SINGAPORE AND THE SINGAPORE MEDICAL ASSOCIATION – (March 2006)

- 5.4.1. These Guidelines are issued jointly by the Law Society of Singapore and the Singapore Medical Association. While they are not binding, it is hoped they will provide a common convention as well as transparency in dealings between lawyers and medical witnesses. They were agreed upon in an effort to address various disputes and misunderstandings over professional fees that have arisen between lawyers and doctors over the past few years. The Guidelines have been prepared in the spirit of mutual respect as fellow professionals.
- 5.4.2. These Guidelines only affect the conduct of civil litigation. In particular they address the issue of cancellation fees charged by doctors upon being informed of the settlement of a civil action or proceeding, either prior to or after the commencement of the hearing.
 - 5.4.2.1 The rationale of the imposition of cancellation charges is that the medical practitioner, upon being subpoenaed or called as a witness for a period of time, is unable to schedule appointments or procedures for that entire period, leading to a consequential loss of earnings.
 - 5.4.2.2 As a matter of good practice, it is suggested that when a doctor is subpoenaed or called as a witness, arrangements may, with the permission of the court, be made to have the doctor on "standby" for specific dates where he is expected to give evidence.
 - 5.4.2.3 If the doctor agrees to be on "standby", that doctor should make a commitment to be available in Court within one to two hours' notice on the "standby" days. The doctor can then remain in his clinic/office subject to his remaining contactable at all times. In this regard, the doctor should make available his handphone, pager and direct telephone numbers.
 - 5.4.2.4 In practice, in personal injury cases, the evidence of both the Plaintiff's and the Defendant's doctors are often heard on the first day, with the Defendant's doctor being interposed as a witness after the Plaintiff's doctor has completed giving evidence. This is a procedure, albeit subject to mutual agreement between the parties and the Court, which has much to commend it from the point of view of costs. The doctor only needs to "standby" for the first day of trial, and accordingly, will only be entitled to charge at most one day in respect of the scheduled hearing, whether the action settles before or after the commencement of trial. Where possible, this procedure ought to be adopted unless disallowed by the Court, or where it would prejudice either party's case.
- 5.4.3. Obviously, not all doctors' practices are dependent on pre-arranged scheduling and appointment in advance. Where doctors are able, notwithstanding the subpoena or "standby" dates, to continue practising without any or any significant disruption, they should consider reducing their cancellation charges accordingly.
- 5.4.4. These Guidelines obviously cannot provide for every situation. However, it is hoped they will reduce conflict between medical and legal practitioners.

SECTION 6 – OBSTETRICS

6.1	Normal Delivery (Excluding Antenatal Visits)	\$1,000 – \$2,000
6.2	Assisted Delivery – Forceps, Vacuum, etc (Excluding Antenatal Visits)	\$1,300 – \$2,300
6.3	Caesarean Section (Excluding Antenatal Visits)	\$2,000 – \$4,000
6.4	Complete Maternity Package (Antenatal Care, Delivery and Postnatal Care)	\$2,200 – \$6,000
6.5	Antenatal Cardiotocography (With AFI, add \$20)	\$45 – \$90
6.6	Ultrasound Scan (Level 1)	\$50 – \$100
6.7	Ultrasound Scan (Level 2)	\$100 – \$150
6.8	Ultrasound Scan (Level 3: Complete Foetal Anomaly Screening, including Colour Doppler Studies)	\$150 – \$300
6.9	Amniocentesis (Excluding Lab Fees)	\$500 – \$800
6.10	Chorionic Villus Sampling (Excluding Lab Fees)	\$500 – \$830
6.11	Foetal Blood Sampling/Cordocentesis (Excluding Lab Fees)	\$990 – \$1,700
6.12	Anaesthesia for Caesarean Section (Anaesthetist's Fees)	\$440 – \$880
6.13	Epidural for Labour Pain (Anaesthetist's Fees)	\$330 – \$550

SECTION 7 – PAEDIATRICS

7.1	Accompanying critically ill patient in ambulance	\$170 – \$280
7.2	Attendance at delivery of baby	\$170 – \$330
7.3	Establishment of intravenous line	\$55 – \$90
7.4	Exchange transfusion	\$440 – \$660
7.5	Foetal Echocardiography – combined 2D Doppler/M-Mode	\$330 – \$440
7.6	Venepuncture	\$35 – \$55

SECTION 8 – CARDIOLOGY

8.1	Ambulatory ECG	\$220 – \$330
8.2	Biventricular Pacemaker Implantation	\$4,000 – \$7,000
8.3	Cardiac Catheterisation (without Angiography)	\$1,100 – \$1,700
8.4	Cardiac Catheterisation (with Angiography)	\$1,700 – \$2,800
8.5	Cardiac Catheterisation (with Electrophysiological studies)	\$1,700 – \$3,300
8.6	Cardiac Catheterisation (with EPS and Ablation – Simple)	\$2,000 – \$4,000
8.7	Cardiac Catheterisation (with EPS and Ablation – Complex)	\$3,000 – \$6,000
8.8	Cardiac Resynchronisation Therapy (Biventricular Pacemaker – Triple Lead System)	\$4,000 – \$7,000
8.9	Central Venous Line, Insertion	\$220 – \$440
8.10	ECG (Resting)	\$30 – \$80
8.11	Echocardiography – AV Optimisation	\$400 – \$600
8.12	Echocardiography – Saline Contrast	\$50
8.13	Echocardiography – Standard Transthoracic	\$250 – \$400
8.14	Echocardiography – Stress (Dobutamine)	\$400 – \$600
8.15	Echocardiography – Stress (Exercise)	\$400 – \$600
8.16	Echocardiography – Transoesophageal (Intra-operative)	\$400 – \$600
8.17	Electrophysiology Study with Radiofrequency Catheter Ablation Of Arrhythmia	\$4,000 – \$6,000
8.18	Implantation of Implantable Cardioverter Defibrillator	\$4,400 – \$7,700
8.19	Implantation or Reimplantation of Permanent Pacemaker System (Single Lead)	\$2,200 – \$3,300
8.20	Implantation or Reimplantation of Permanent Pacemaker System (Dual Lead)	\$3,300 – \$4,400
8.21	Insertion of Transvenous Pacemaker Electrode (Temporary)	\$1,100 – \$2,200
8.22	Percutaneous Transluminal Coronary Angioplasty (Simple)	\$2,800 – \$4,400
8.23	Percutaneous Transluminal Coronary Angioplasty (Complex, Multivessel and Multilesion)	\$3,000 – \$7,000
8.24	Percutaneous Transluminal Peripheral Angioplasty	\$1,700 – \$4,400
8.25	Percutaneous Transluminal Valvuloplasty	\$2,500 – \$4,000
8.26	Radiofrequency Ablation Therapy	\$3,000 – \$6,000

SECTION 9 – RADIOLOGY

9.1 OUTPATIENT RADIOLOGICAL EXAMINATIONS AND PROCEDURES

9.1.1 PLAIN FILMS

	Fees
Chest (one view)	\$35 – \$45
Chest (two views)	\$50 – \$70
Abdomen (one view)	\$40 – \$50
Abdomen (two views)	\$60 – \$80
Lateral Pelvimetry	\$45 – \$60
Pelvis	\$40 – \$50
Skull (two views)	\$60 – \$80
Paranasal Sinuses	\$60 – \$80
Mastoids	\$60 – \$80
Mandible	\$60 – \$80
Nasal Bones (two views)	\$40 – \$60
Temporo-Mandibular Joints	\$70 – \$90
Internal Auditory Meati	\$70 – \$90
Base of Skull	\$80 – \$100
Pituitary Fossa	\$50 – \$70
Maxilla	\$70 – \$90
Neck (lateral view)	\$30 – \$40
Cervical Spine (two views)	\$50 – \$70
Cervical Spine (including obliques)	\$80 – \$100
Thoracic Spine	\$70 – \$90
Lumbosacral Spine (two views)	\$75 – \$95
Lumbosacral Spine (including obliques)	\$105 – \$125
Sacrum-coccyx	\$50 – \$70
Sacroiliac Joints	\$70 – \$90
Clavicle	\$40 – \$50
Shoulder	\$40 – \$50
Sternum	\$60 – \$70
Sternoclavicular Joint	\$50 – \$70
Scapula	\$40 – \$50
Humerus	\$50 – \$70
Elbow	\$40 – \$50
Radius/Ulna	\$40 – \$50
Wrist	\$40 – \$50
Hand	\$40 – \$50
Finger	\$30 – \$40
Hip	\$50 – \$70
Femur	\$50 – \$70
Knee	\$40 – \$50
Tibia/Fibula	\$50 – \$70
Ankle	\$40 – \$50

	Foot	\$40 - \$50
	Toe	\$30 - \$40
	Skeletal Survey	\$250 - \$300
	Mammogram (Bilateral)	\$150 - \$200
	Mammogram with ultrasound	\$200 - \$230
9.1.2	ULTRASOUND	
	Liver	\$100 - \$120
	Gallbladder	\$100 - \$120
	Biliary Tract (Gallbladder, Liver & Pancreas)	\$140 - \$170
	Pelvis	\$110 - \$130
	Obstetrics	\$110 - \$130
	Breasts	\$110 - \$130
	Thyroid	\$110 - \$130
	Whole Abdomen	\$200 - \$275
	Prostate (Transrectal)	\$160 - \$250
	Carotid (Colour Doppler)	\$200 - \$250
	Peripheral Venous/Arterial (Colour Doppler)	\$220 - \$280
9.1.3	CONTRAST STUDIES	
	Barium Swallow	\$100 - \$120
	Barium Meal	\$110 - \$140
	Barium Enema	\$170 - \$210
	Barium Meal & Follow Through	\$160 - \$200
	Sialogram	\$170 - \$200
	IVU	\$210 - \$250
	Micturating Cystogram	\$220 - \$260
	Hysterosalpingogram	\$160 - \$350
	Lumbar Myelogram	\$500 - \$700
	Thoracic Myelogram	\$500 - \$700
	Cervical Myelogram	\$500 - \$700
9.1.4	CT SCANS	
	Brain (plain)	\$425 - \$500
	Brain (with contrast)	\$480 - \$600
	Thorax (plain)	\$425 - \$500*
	Abdomen (plain)	\$425 - \$500*
	Pelvis (plain)	\$425 - \$500*
	Spine (two levels)	\$450 - \$600
	Spine (extended)	\$600 - \$800
	3D Surface Reconstruction	\$300 - \$600
	CT Angiography (eg. aorta, coronary arteries, renal arteries, peripheral arteries)	\$600 - \$1,000

CT Colonography Cardiac Calcium Scoring	\$550 - \$700
CT Dental	\$250 - \$400
* Additional charge for iodinated contrast medium (includes extra scans)	\$300 - \$500

9.1.5 MAGNETIC RESONANCE IMAGING

Magnetic Resonance Imaging (per region)	\$700 - \$900
Magnetic Resonance Angiography (MRA)	\$700 - \$900
Magnetic Resonance Arthrography	\$900 - \$1300
MRA - Circle of Willis	\$700 - \$900
MRA - Carotid	\$700 - \$900
MRA - Dural Sinuses	\$700 - \$900
MRA - Peripheral	\$1,100 - \$1,300
MRA - Abdomen	\$1,100 - \$1,300
Additional charge for use of Gadolinium contrast (including additional scans)	\$350 - \$500

9.2 PROFESSIONAL FEES FOR INTERVENTIONAL PROCEDURES

(to be charged separately from the X-ray Department charge/facility charge for the procedure)

9.2.1 BIOPSIES & DRAINAGE PROCEDURES

	<u>Fees</u>
Percutaneous biopsy (fluoroscopic, ultrasound, or CT guided) includes lung, liver, kidney, bone, breast	\$200 - \$500
Abscess/cyst (cavity) aspiration	\$200 - \$500
Abscess/cyst (cavity) drainage	\$300 - \$600

9.2.2 VASCULAR PROCEDURES

Cerebral Angiogram	\$300 - \$600
Abdominal Angiogram	\$300 - \$600
Peripheral Angiogram	\$300 - \$600
Transluminal Angioplasty, peripheral or renal (non-coronary)	\$500 - \$1,200
Embolisation of arteries, veins or arterio-venous fistulae	\$500 - \$1,200
Chemoembolisation of tumour	\$500 - \$800
Neuro-interventional procedure	\$1,000 - \$5,000
Transluminal stent insertion including associated balloon dilatation	\$700 - \$1,200
Peripheral arterial or venous infusion of thrombolytic or other agents	\$500 - \$800
Percutaneous insertion of inferior vena caval filter or other device	\$700 - \$1,200
Venous port implantation	\$500 - \$800
Image guided central catheter insertion	\$300 - \$600
Aortic aneurysm stenting	\$1,000 - \$2,000
Transjugular or transfemoral biopsy	\$500 - \$1,000

9.2.3 BILIARY AND GI PROCEDURES

PTC	\$200 - \$500
PTC with drainage	\$500 - \$800
PTC with biliary stent insertion including dilatation	\$500 - \$1,200
Percutaneous removal of stone, biliary	\$200 - \$500
Change of drainage catheter	\$100 - \$200
Transjugular intrahepatic portocaval stenting (TIPS)	\$3,000 - \$4,000
Oesophageal dilatation including stenting	\$300 - \$600
Radiofrequency ablation of liver tumour	\$500 - \$1,000
Percutaneous gastrostomy	\$400 - \$600
Vertebroplasty (1 level)	\$500 - \$1,000
Image guided nerve block/ablation (1 level)	\$400 - \$600

9.2.4 UROLOGICAL PROCEDURES

Percutaneous nephrostomy	\$300 - \$500
Percutaneous ureteric stent insertion including dilatation	\$500 - \$700
Prostate biopsy	\$200 - \$300
Fallopian tube recanalisation	\$250 - \$500

9.3 NUCLEAR MEDICINE STUDIES

Isotope scan, bone	\$250 - \$400
Isotope scan, DTPA	\$220 - \$400
Isotope scan, lung perfusion	\$160 - \$350
Isotope scan, lung ventilation	\$160 - \$300
Isotope scan, thyroid	\$160 - \$300
Isotope scan, hepatobiliary (HIDA)	\$200 - \$350
Isotope scan, heart (MUGA)	\$220 - \$350
Isotope scan, heart (MIBI Stress)	\$450 - \$600
Isotope scan, heart (Thallium)	\$450 - \$550
Isotope scan, DMSA	\$220 - \$350
Isotope scan, Meckel's	\$160 - \$300
I-131 therapy (cancer)	\$500 - \$650
I-131 therapy (thyrotoxicosis)	\$200 - \$350
PET-CT brain tumour	\$2,600 - \$3,000
PET-CT epilepsy	\$2,600 - \$3,000
PET-CT myocardial viability	\$2,600 - \$3,000
PET-CT (cancer)	\$3,000 - \$3,600
PET-CT whole body	\$3,600 - \$4,200

9.4 RADIO THERAPY

9.4.1 TREATMENT

Normal external beam treatment	\$100 - \$180 per treatment
Brachytherapy	\$400 - \$750 per treatment
External beam computer plan	\$200 - \$600
Low temperature plastic shells	\$90 - \$250
Shielding blocks	\$45 - \$200 per port
Mouthbite	\$10 - \$20
Wax compensator	\$25 - \$100
Simulation	\$200 - \$400
3D conformal radiotherapy	\$250 - \$400 per treatment
Stereotactic radiotherapy	\$250 - \$500 per treatment
Radiosurgery	\$9,000 - \$12,000 per treatment
IMRT	\$400 - \$600 per treatment

9.4.2 PROCEDURES

EUA staging	\$450 - \$600
Interstitial Implants	\$550 - \$750
ENT Endoscopy	\$60 - \$100
EPI	\$150 - \$300 per week

9.4.3 CONSULTATION

As per SMA Guidelines

SECTION 10 – PATHOLOGY & CYTOPATHOLOGY FEES

10.1	Biopsy, Small	\$85 – \$100
10.2	Biopsy, Medium	\$80 – \$120
10.3	Biopsy, Large	\$120 – \$180
10.4	Biopsy, Complex	\$160 – \$300
10.5	Fine Needle Aspirate	\$100 – \$150
10.6	Frozen Section	\$200 – \$350
10.7	Immunohistology	\$150 – \$300
10.8	Non-gynaecological Smear	\$50 – \$100
10.9	Pap Smear	\$15 – \$20

PART THREE FEES FOR OPERATIONS AND ANAESTHESIA



Introduction

- Section 1 : Cardiovascular System
- Section 2 : Digestive System
- Section 3 : Ear
- Section 4 : Endocrine System
- Section 5 : Endoscopies
- Section 6 : Eye
- Section 7 : Female Genital System
- Section 8 : Haemic & Lymphatic System
- Section 9 : Integumentary System
- Section 10 : Male Genital System
- Section 11 : Musculoskeletal System
- Section 12 : Nervous System
- Section 13 : Respiratory System
- Section 14 : Urinary System
- Section 15 : Pain Management Procedures

INTRODUCTION

A. SURGEON'S FEES

1. In this Section, operations are grouped according to the DEGREE OF DIFFICULTY from Group A to Group I.
2. The TIME required and the level of surgical EXPERTISE needed also rise with each Group. Therefore, the fee ranges for the more complicated operations are higher.
3. ASSISTANT'S FEES – In the event that the surgeon's assistant is another surgeon, the surgical assistant's fee chargeable may be twenty-five percent (25%) of the Primary Surgeon's fee.

B. ANAESTHETIST'S FEES

1. Fees compiled by the Committee for Anaesthetists' Fees in the 4th Edition were reviewed by a Subcommittee on Fees and endorsed by the Executive Committee (2005) of the Singapore Society of Anaesthesiologists for the 4th Edition.
2. In view of the nature of safe anaesthetic practice and expertise required, there is a MINIMUM ANESTHETIC FEE of \$200.00 in Group A, irrespective of the length or simplicity of the operation.
3. In cases of MONITORED CARE by Anaesthetists, where a procedure is done under local or regional anaesthesia, the Anaesthetist's fee is the same as that charged for the operation done under general anaesthesia.
4. Anaesthetic fees for general anaesthesia, conscious sedation, or monitored care for diagnostic or interventional procedures in radiological and cardiology will be determined on a case-by-case basis, depending on the complexity and duration of the procedures.

SECTION I – CARDIOVASCULAR SYSTEM

GROUP A

	Surgeon's Fees	Anaesthetist's Fees
Vein – Varicose Veins, Ultrasound-guided Sclerotherapy, – up to 3 lesions	\$330 – \$550	\$200 – \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Artery (Pulmonary) – Various Lesions, Insertion of Swan-Ganz Catheter, Insertion of Subclavian Dialysis Catheter	\$500 – \$820	\$270 – \$380
Artery – Various Lesions, Removal of Arterio-venous Shunt	\$500 – \$820	\$270 – \$380
Vein – Varicosity, Sub-fascial Ligation of Single Deep Perforator	\$500 – \$820	\$270 – \$380
Vein – Various Lesions, Insertion of Central Venous Line	\$500 – \$820	\$270 – \$380
Vein – Various Lesions, Removal of Arteriovenous Shunt	\$500 – \$820	\$270 – \$380
Vein – Varicose Veins, Ultrasound-guided Sclerotherapy, – 4 or more lesions	\$500 – \$820	\$270 – \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Aorta – Various Lesions, Insertion/Removal of Intra-aortic Balloon	\$990 – \$1,650	\$330 – \$440
Artery – Various Lesions, Arteriovenous Shunt (External) Insertion of Port-A-Cath	\$990 – \$1,650	\$330 – \$440
Artery – Various Lesions, Ligation (Including Repair of Artificial Arteriovenous Fistula)	\$990 – \$1,650	\$330 – \$440
Heart – Pericardial Effusion, Paracentesis	\$990 – \$1,650	\$330 – \$440
Vascular System – Various Lesions, Insertion of Tenckhoff Catheter	\$990 – \$1,650	\$330 – \$440
Vein – (Large), Various Lesions, Ligation	\$990 – \$1,650	\$330 – \$440
Vein – Varicosity, High Ligation of Long Saphenous Vein at Sapheno-Femoral Junction	\$990 – \$1,650	\$330 – \$440
Vein – Various Lesions, Ligation (Including Repair of Artificial Arteriovenous Fistula)	\$990 – \$1,650	\$330 – \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Artery (Large) – Various Lesions, Ligation	\$1,750 – \$2,850	\$430 – \$770
Artery (Neck and Extremities) – Embolism, Embolectomy	\$1,750 – \$2,850	\$430 – \$770
Artery – Various Lesions, Arteriovenous Fistula Creation	\$1,750 – \$2,850	\$430 – \$770
Artery – Various Lesions, Intra-arterial Infusion	\$1,750 – \$2,850	\$430 – \$770
Heart – Pericardial Effusion, Transthoracic Drainage	\$1,750 – \$2,850	\$430 – \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Heart - Various Lesions, Right Heart Catheterisation with Left Heart Catheterisation (Indirect)	\$1,750 - \$2,850	\$430 - \$770
Heart/Lung - Various Lesions, Cardiopulmonary Perfusion	\$1,750 - \$2,850	\$430 - \$770
Vein - Arteriovenous Fistula, Dissection and Ligation	\$1,750 - \$2,850	\$430 - \$770
Vein - Varicosity, High Ligation and Complete Stripping/Excision of Long/Long and Short Saphenous Vein	\$1,750 - \$2,850	\$430 - \$770
Vein - Varicosity, High Ligation and Complete Stripping/Excision of Short Saphenous Vein	\$1,750 - \$2,850	\$430 - \$770
Vein - Varicosity, Multiple Ligations with/without Local Stripping/Excision	\$1,750 - \$2,850	\$430 - \$770
Vein - Various Lesions, Insertion of Porta-Cath	\$1,750 - \$2,850	\$430 - \$770
Vein - Various Lesions, Intra-arterial Infusion of Arteries of Neck/Thorax/Abdomen	\$1,750 - \$2,850	\$430 - \$770
Vein - Varicose Veins, Endovenous Laser Surgery (Unilateral)	\$1,750 - \$2,850	\$430 - \$770
Vein - Varicose Veins, Subfascial Endoscopic Perforator Surgery (Unilateral)	\$1,750 - \$2,850	\$430 - \$770
Vein - Varicosity, Sub-fascial Ligation of Multiple Perforators	\$1,750 - \$2,850	\$430 - \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Artery (Extremity) - Thrombosis, Endarterectomy	\$2,750 - \$4,400	\$660 - \$1,200
Artery (Femoral/Iliac) - Thrombosis, Endarterectomy	\$2,750 - \$4,400	\$660 - \$1,200
Artery (Trunk) - Embolism, Embolectomy	\$2,750 - \$4,400	\$660 - \$1,200
Artery - Maxillary, Various Lesions, Transarterial Ligation	\$2,750 - \$4,400	\$660 - \$1,200
Artery - Arteriovenous Fistula (Small), Excision	\$2,750 - \$4,400	\$660 - \$1,200
Artery - Defect, Arterial Patch Graft	\$2,750 - \$4,400	\$660 - \$1,200
Artery - Profunda Femoris - Stenosis, Profundoplasty	\$2,750 - \$4,400	\$660 - \$1,200
Heart (Great Vessels) - Various Lesions, Intrathoracic Operation	\$2,750 - \$4,400	\$660 - \$1,200
Heart - Patent Ductus Arteriosus, Ligation	\$2,750 - \$4,400	\$660 - \$1,200
Heart - Pulmonary Incompetence, Pulmonary Artery Banding	\$2,750 - \$4,400	\$660 - \$1,200
Vein (Major) - Trauma, Repair	\$2,750 - \$4,400	\$660 - \$1,200
Vein - Varicose Veins, Endovenous Laser Surgery (Bilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Vein - Varicose Veins, Subfascial Endoscopic Perforator Surgery, (Bilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Vein - Varicosity, Bilateral Stripping/Excision/Multiple Ligations	\$2,750 - \$4,400	\$660 - \$1,200
Vein - Various Lesions, Saphenous to Femoral Cross-leg Bypass Graft	\$2,750 - \$4,400	\$660 - \$1,200
Vena Cava-Inferior - Various Lesions, Plication/Ligation	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Artery (Distal Extremity/Digit) - Various Lesions, Microvascular Repair	\$3,500 - \$5,500	\$870 - \$1,550
Artery (Major) - Aneurysm, Excision and Insertion of Graft	\$3,500 - \$5,500	\$870 - \$1,550
Artery (Major) - Trauma, Repair	\$3,500 - \$5,500	\$870 - \$1,550
Artery (Others) - Thrombosis, Endarterectomy	\$3,500 - \$5,500	\$870 - \$1,550
Artery - Arteriovenous Fistula, Dissection and Repair with Restoration of Continuity	\$3,500 - \$5,500	\$870 - \$1,550
Artery - Trauma/Resection, Arterial Anastomosis	\$3,500 - \$5,500	\$870 - \$1,550
Artery - Various Lesions, Axillary-Femoral Subclavian-Femoral Bypass	\$3,500 - \$5,500	\$870 - \$1,550
Artery - Various Lesions, Bypass/Graft	\$3,500 - \$5,500	\$870 - \$1,550
Vein (Distal Extremity/Digit) - Various Lesions, Microvascular Repair	\$3,500 - \$5,500	\$870 - \$1,550
Vein - Various Lesions, Bypass/Graft	\$3,500 - \$5,500	\$870 - \$1,550
Vein-Portal - Portal Hypertension, Bypass	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Aorta - Abdominal Aortic Aneurysm, Excision and Insertion of Graft	\$4,950 - \$6,600	\$1,300 - \$1,850
Aorta - Aortic Aneurysm, Insertion of Endovascular Stent	\$4,950 - \$6,600	\$1,300 - \$1,850
Artery - Arteriovenous fistula (Large), Excision	\$4,950 - \$6,600	\$1,300 - \$1,850
Artery - Carotid, Thrombosis, Endarterectomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Artery - Trauma/Resection, Microvascular Graft	\$4,950 - \$6,600	\$1,300 - \$1,850
Artery-Pulmonary - Pulmonary Embolism, Pulmonary Embolectomy using Pulmonary Bypass	\$4,950 - \$6,600	\$1,300 - \$1,850
Heart - Congenital Heart Disease, Blalock Hanton Operation	\$4,950 - \$6,600	\$1,300 - \$1,850
Heart - Congenital Heart Disease, Blalock Taussing Operation	\$4,950 - \$6,600	\$1,300 - \$1,850

GROUP H

	Surgeon's Fees	Anaesthetist's Fees
Aorta - Descending Aortic Aneurysm, Excision and Insertion of Graft	\$5,500 - \$8,800	\$1,400 - \$2,550
Aorta - Endovascular Stenting of Aorta Aneurysm	\$5,500 - \$8,800	\$1,400 - \$2,550
Heart - Congenital Heart Disease, Open Heart Surgery	\$5,500 - \$8,800	\$1,400 - \$2,550
Heart - Coronary Disease, Coronary Artery Bypass Grafts (Low risk)	\$5,500 - \$8,800	\$1,400 - \$2,550
Heart - Pericardial Disease, Pericardiectomy	\$5,500 - \$8,800	\$1,400 - \$2,550
Heart - Valvular Disease, Open Heart Surgery	\$5,500 - \$8,800	\$1,400 - \$2,550
Heart - Valvular Disease, Single Valve Replacement	\$5,500 - \$8,800	\$1,400 - \$2,550
Heart - Ventricle, Arrhythmia, Arrhythmia Surgery	\$5,500 - \$8,800	\$1,400 - \$2,550

SECTION 2 – DIGESTIVE SYSTEM

GROUP I

	Surgeon's Fees	Anaesthetist's Fees
Aorta – Thoraco-Abdominal Aneurysm, Excision and Insertion of Graft	\$7,700 – \$11,000	\$1,950 – \$3,050
Aorta – Ruptured Abdominal Aortic Aneurysm, Excision and Insertion of Graft	\$7,700 – \$11,000	\$1,950 – \$3,050
Artery – Pulmonary, Pulmonary Embolism, Pulmonary Embolectomy using Cardiopulmonary Bypass	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Aortic Root Replacement with Coronary Artery Reimplantation	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Atrium, Arrhythmias, Arrhythmia Surgery	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Ascending and/or Aortic Aneurysm Replacement	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Congenital Disease, Open Heart Surgery (High Risk)	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Cardiomyoplasty	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Complex Cyanotic Congenital Heart Disease, Open Heart Surgery	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Coronary Artery Bypass Grafts (High Risk)	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Insertion of Heart Assist Devices	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Left Ventricular Aneurysm, Resection with Coronary Artery Bypass	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Open Heart Re-operation	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Proximal Aortic Aneurysm	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Re-operation, Coronary Surgery	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Re-operation, Valve Surgery	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Valvular Disease, Open Heart Surgery on more than one Valve/involving more than one Chamber	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Various Lesions, Aneurysmectomy and/or Combined Valve Replacement and/or Repair and Coronary Bypass Grafting	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart – Various Lesions, Heart Transplantation	\$7,700 – \$11,000	\$1,950 – \$3,050
Heart/Lung – Heart/Lung Transplantation	\$7,700 – \$11,000	\$1,950 – \$3,050

GROUP A

	Surgeon's Fees	Anaesthetist's Fees
Abdominal Cavity – Percutaneous Drainage of Ascites (Paracentesis)	\$330 – \$550	\$200 – \$270
Anus – Ano-Rectal Prolapse, Injection	\$330 – \$550	\$200 – \$270
Anus – Fissure, Examination under Anaesthesia	\$330 – \$550	\$200 – \$270
Anus – Haemorrhoids, Ligation	\$330 – \$550	\$200 – \$270
Anus – Haemorrhoids, Removal of External Anal Tags	\$330 – \$550	\$200 – \$270
Anus – Stricture, Dilatation	\$330 – \$550	\$200 – \$270
Anus – Various Lesions, Biopsy of Muscle/Mucosa	\$330 – \$550	\$200 – \$270
Anus – Injection of Piles	\$330 – \$550	\$200 – \$270
Lip – Mucous Cyst/Mucocoele, Removal	\$330 – \$550	\$200 – \$270
Mouth – Abscess, (Superficial), Drainage	\$330 – \$550	\$200 – \$270
Mouth – Foreign Body (Superficial), Removal	\$330 – \$550	\$200 – \$270
Mouth – Various Lesions, Uvulotomy	\$330 – \$550	\$270 – \$380
Pharynx – Adhesions, Division	\$330 – \$550	\$270 – \$380
Tongue – Tongue Tie, Release	\$330 – \$550	\$200 – \$270
Tongue – Tongue Tie, Revision	\$330 – \$550	\$200 – \$270
Tooth (Superficial) – Unerupted/Partially Erupted/Impacted, Removal of Bone and Tooth without Division of Tooth	\$330 – \$550	\$200 – \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Anus – Ano-Rectal Malformation, Perineal Anoplasty Primary/Secondary Repair	\$500 – \$820	\$270 – \$380
Anus – Ano-Rectal Prolapse, Circumanal Suture	\$500 – \$820	\$270 – \$380
Anus – Haemorrhoids, Cryosurgery – Infra-red Coagulation	\$500 – \$820	\$270 – \$380
Anus – Insertion of Seton (Single)	\$500 – \$820	\$270 – \$380
Anus – Ischio-rectal Abscess, Small Saucerisation/Drainage	\$500 – \$820	\$270 – \$380
Anus – Perineal Abscess, Small Saucerisation/Drainage	\$500 – \$820	\$270 – \$380
Bite Duct – Various Lesions, Operative Cholecystoscopy	\$500 – \$820	\$270 – \$380
Intestine – Intussusception, Reduction by Fluid	\$500 – \$820	\$270 – \$380
Liver – Various Lesions, Percutaneous Biopsy	\$500 – \$820	\$270 – \$380
Mouth – Mucous Cyst/Ranula of Floor of Mouth, Removal/Marsupialization	\$500 – \$820	\$270 – \$380
Mouth – Abscess (Deep), Drainage	\$500 – \$820	\$330 – \$440
Mouth – Leukoplakia, Limited Excision	\$500 – \$820	\$270 – \$380
Mouth – Small Soft Tissue Tumour, Excision	\$500 – \$820	\$270 – \$380
Rectum – Stricture, Laser Correction	\$500 – \$820	\$270 – \$380
Salivary Gland – Calculus, Removal	\$500 – \$820	\$270 – \$380
Small Bowel – Various Lesions, Intubation with/without Biopsy	\$500 – \$820	\$270 – \$380
Submandibular Gland – Calculus, Removal	\$500 – \$820	\$270 – \$380
Tonsils – Abscess, Drainage	\$500 – \$820	\$270 – \$380

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Tonsil - Haemorrhage, Haemostasis	\$500 - \$820	\$330 - \$440
Tooth (Superficial) - Unerupted/Partially Erupted/Impacted, Removal of Bone and Tooth with Division of Tooth	\$500 - \$820	\$270 - \$380
Tooth - Simple Unerupted-Impacted Tooth, Removal of Roots	\$500 - \$820	\$270 - \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Abdominal Wall - Epigastric/Umbilical Hernia, Repair	\$990 - \$1,650	\$330 - \$440
Abdominal Wall - Inguinal Hernia/Femoral Hernia Repair (Unilateral)	\$990 - \$1,650	\$330 - \$440
Abdominal Wall - Inguinal Hernia (Infants & Children), Unilateral Herniotomy	\$990 - \$1,650	\$330 - \$440
Adenoids - Various Lesions, Removal	\$990 - \$1,650	\$330 - \$440
Anus - Fissure, Excision/Lateral Sphincterotomy	\$990 - \$1,650	\$330 - \$440
Anus - Fistula-in-ano (Low), Excision/Low Fistulectomy	\$990 - \$1,650	\$330 - \$440
Anus - Haemorrhoids, Haemorrhoidectomy	\$990 - \$1,650	\$330 - \$440
Anus - Haemorrhoids, Laser Excision	\$990 - \$1,650	\$330 - \$440
Anus - Insertion of Seton (Multiple)	\$990 - \$1,650	\$330 - \$440
Anus - Ischiorectal Abscess (Large), Saucerisation/Drainage	\$990 - \$1,650	\$330 - \$440
Appendix - Abscess, Drainage Only	\$990 - \$1,650	\$330 - \$440
Esophagus - Stricture, Dilatation	\$990 - \$1,650	\$330 - \$440
Lip - Various Lesions, Full Thickness Wedge Excision with Repair	\$990 - \$1,650	\$330 - \$440
Lip - Various Lesions, Vermilionectomy (Single)	\$990 - \$1,650	\$330 - \$440
Mouth - Dislocated Teeth/Dento Alveolar Fracture, Jaw Reduction and Immobilisation	\$990 - \$1,650	\$330 - \$440
Mouth - Foreign Body (Deep), Removal	\$990 - \$1,650	\$430 - \$770
Mouth - Macrocheilia and Macroglossia, Reduction and Reconstruction	\$990 - \$1,650	\$430 - \$770
Mouth - Mucous Cyst/Ranula of Floor of Mouth, Removal/Marsupialization	\$990 - \$1,650	\$330 - \$440
Mouth - Nasolabial Cyst, Excision	\$990 - \$1,650	\$330 - \$440
Mouth - Various Lesions of Oral Mucosa (Small), Cryosurgical Application	\$990 - \$1,650	\$330 - \$440
Parotid - Calculus, Removal	\$990 - \$1,650	\$330 - \$440
Pharynx - Cysts/Vellicular Removal	\$990 - \$1,650	\$330 - \$440
Rectum - Hirschsprung's Disease, Anal Sphincterotomy	\$990 - \$1,650	\$330 - \$440
Sacrum & Coccyx - Pilonidal Sinus/Cyst, Excision	\$990 - \$1,650	\$330 - \$440
Sacrum & Coccyx - Various Lesions, Excision	\$990 - \$1,650	\$330 - \$440
Small Bowel - Ileostomy, Stenosis, Revision	\$990 - \$1,650	\$330 - \$440
Small Bowel - Various Lesions, Enterostomy	\$990 - \$1,650	\$330 - \$440

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Small Bowel - Vitello-intestinal Fistula, Excision	\$990 - \$1,650	\$330 - \$440
Stomach - Pyloric Tumour (infant), Pyloroplasty/Pyloromyotomy	\$990 - \$1,650	\$430 - \$770
Stomach - Tumour of Cardia, Endoscopic YAG Laser Surgery/Vaporisation	\$990 - \$1,650	\$330 - \$440
Sublingual Gland - Tumour, Excision	\$990 - \$1,650	\$330 - \$440
Tonsils - Lingual/Lateral Pharyngeal Bands, Removal	\$990 - \$1,650	\$330 - \$440
Tooth (Deep) - Unerupted/Partially Erupted/Impacted, Removal of Bone and Tooth with Division of Tooth	\$990 - \$1,650	\$330 - \$440
Tooth - Dislocation, Reimplantation and Transplantation	\$990 - \$1,650	\$330 - \$440
Tooth - Multiple-Rooted/Posterior Tooth, Apicectomy	\$990 - \$1,650	\$330 - \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Abdominal Cavity - Adhesions (Limited), Lysis	\$1,750 - \$2,850	\$430 - \$770
Abdominal Cavity - Ruptured Viscus, Simple Repair	\$1,750 - \$2,850	\$430 - \$770
Abdominal Cavity - Subphrenic Abscess, Drainage	\$1,750 - \$2,850	\$430 - \$770
Abdominal Cavity - Various Lesions, Laparotomy (Exploratory)	\$1,750 - \$2,850	\$430 - \$770
Abdominal Cavity - Volvulus, Reduction	\$1,750 - \$2,850	\$430 - \$770
Abdominal Wall - Burst Abdomen, Repair	\$1,750 - \$2,850	\$430 - \$770
Abdominal Wall - Epigastric, Umbilical Hernia Laparoscopic Repair	\$1,750 - \$2,850	\$430 - \$770
Abdominal Wall - Exomphalos/Gastroschisis, Repair	\$1,750 - \$2,850	\$660 - \$1,200
Abdominal Wall - Inguinal Hernia (Infants & Children), Bilateral Herniotomy	\$1,750 - \$2,850	\$430 - \$770
Abdominal Wall - Inguinal Hernia (Unilateral), (Laparoscopic) Repair	\$1,750 - \$2,850	\$430 - \$770
Abdominal Wall - Inguinal/Femoral Hernia, Bilateral Herniorrhaphy	\$1,750 - \$2,850	\$430 - \$770
Abdominal Wall - Ventral/Incisional/Recurrent Hernia, (Small) Repair	\$1,750 - \$2,850	\$430 - \$770
Anus - Ano-Rectal Prolapse, Radical Operation without Resection	\$1,750 - \$2,850	\$430 - \$770
Anus - Fistula-in-ano (High), Excision/Flap Closure/Fistulectomy	\$1,750 - \$2,850	\$430 - \$770
Anus - Hemorrhoids, Stapled Hemorrhoidectomy	\$1,750 - \$2,850	\$430 - \$770
Anus - Stricture, Flap Repair	\$1,750 - \$2,850	\$430 - \$770
Appendix - Various Lesions, Appendicectomy	\$1,750 - \$2,850	\$430 - \$770
Bile Duct - Various Lesions, Choledochotomy (Exploration Common Bile Duct only)	\$1,750 - \$2,850	\$430 - \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Colon - Loop Colostomy, Loop Ileostomy, Closure (Not requiring Laparotomy)	\$1,750 - \$2,850	\$430 - \$770
Colon - Various Lesions, Colostomy	\$1,750 - \$2,850	\$430 - \$770
Diaphragm - Diaphragmatic/Hiatus Hernia, Repair	\$1,750 - \$2,850	\$430 - \$770
Duodenum - Various Lesions, Gastroenterostomy/Gastroduodenostomy	\$1,750 - \$2,850	\$430 - \$770
Esophagus - Tumour, Laser Fulguration	\$1,750 - \$2,850	\$430 - \$770
Esophagus - Tumour, Insertion of Celestin Tube	\$1,750 - \$2,850	\$430 - \$770
Esophagus - Various Lesions, Cervical Esophagostomy	\$1,750 - \$2,850	\$430 - \$770
Gall Bladder - Various Lesions, Cholecystostomy	\$1,750 - \$2,850	\$430 - \$770
Intestine - Enterostomy, Closure	\$1,750 - \$2,850	\$430 - \$770
Intestine - Intussusception, Laparotomy and Reduction	\$1,750 - \$2,850	\$430 - \$770
Intestine - Meckel's Diverticulum, Various Lesions, Resection	\$1,750 - \$2,850	\$430 - \$770
Lip - Various Lesions, Vermillionectomy (Multiple)	\$1,750 - \$2,850	\$430 - \$770
Liver - Abscess, Trans-Abdominal Drainage	\$1,750 - \$2,850	\$430 - \$770
Liver - Hydatid Cyst, Trans-Abdominal Drainage/Excision	\$1,750 - \$2,850	\$430 - \$770
Liver - Trauma, Minor Repair Laceration	\$1,750 - \$2,850	\$430 - \$770
Liver - Trauma/Tumour, Hepatic Artery Ligation	\$1,750 - \$2,850	\$430 - \$770
Mouth - Cleft Lip, Secondary Correction (Partial/incomplete)	\$1,750 - \$2,850	\$660 - \$1,200
Mouth - Cleft, Secondary (Closure of Fistula)	\$1,750 - \$2,850	\$660 - \$1,200
Mouth - Leukoplakia, Wide Excision and Skin Grafting	\$1,750 - \$2,850	\$430 - \$770
Mouth - Oro-antral Fistula, Removal of Tooth/Roots in Antrum and Closure	\$1,750 - \$2,850	\$430 - \$770
Neck - Branchial Cyst, Removal	\$1,750 - \$2,850	\$430 - \$770
Neck - Branchial Fistula, Removal	\$1,750 - \$2,850	\$430 - \$770
Palate - Cleft (Partial), Primary Repair	\$1,750 - \$2,850	\$430 - \$770
Palate - Cleft, Secondary Repair (Closure of Fistula)	\$1,750 - \$2,850	\$430 - \$770
Palate - Palate Stiffening Procedure with Implants	\$1,750 - \$2,850	\$430 - \$770
Pancreas - Various Lesions, External Drainage	\$1,750 - \$2,850	\$430 - \$770
Parotid - Fistula, Repair	\$1,750 - \$2,850	\$430 - \$770
Parotid - Trauma, Repair/Reimplantation	\$1,750 - \$2,850	\$430 - \$770
Pharynx - Pouch, Endoscopic Resection	\$1,750 - \$2,850	\$430 - \$770
Rectal Tumor - Transanal Excision (Small, less than 2cm)	\$1,750 - \$2,850	\$430 - \$770
Rectum - Hirschsprung's Disease, Rectal Myectomy	\$1,750 - \$2,850	\$430 - \$770
Rectum - Tumour, Laser Vaporisation/Endoscopic/Fulguration	\$1,750 - \$2,850	\$430 - \$770
Rectum - Various Lesions, Transhiñcteric Removal	\$1,750 - \$2,850	\$430 - \$770
Retro-Peritoneum - Abscess, Drainage with/without Laparotomy	\$1,750 - \$2,850	\$430 - \$770
Sacrum & Coccyx - Pilonidal Sinus/Cyst, Excision and Repair/Closure	\$1,750 - \$2,850	\$430 - \$770
Stomach - Ulcer, Endoscopic Laser Coagulation	\$1,750 - \$2,850	\$430 - \$770
Submandibular Gland - Tumour/Stalectasis, Excision	\$1,750 - \$2,850	\$430 - \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Submandibular Gland - Calculus (Deep), Removal	\$1,750 - \$2,850	\$430 - \$770
Tongue - Various Lesions, Partial Excision	\$1,750 - \$2,850	\$430 - \$770
Tonsils - Various Lesions, Removal with/without Adenoidectomy	\$1,750 - \$2,850	\$430 - \$770
Tooth (Superficial) - Unerupted/Partially Erupted/Impacted, Removal Release of Neurovascular Bundle	\$1,750 - \$2,850	\$430 - \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Abdominal Cavity - Adhesions (Limited), Lysis (Laparoscopic)	\$2,750 - \$4,400	\$660 - \$1,200
Abdominal Cavity - Neonatal Alimentary Obstruction, Laparotomy	\$2,750 - \$4,400	\$660 - \$1,200
Abdominal Cavity - Ruptured Viscus, (Laparoscopic) Simple Repair	\$2,750 - \$4,400	\$660 - \$1,200
Abdominal Cavity - Various Lesions, Laparotomy including Colostomy/Enterostomy/Gastrostomy or GI-Bypass Procedure	\$2,750 - \$4,400	\$660 - \$1,200
Abdominal Cavity - Various Lesions, Laparotomy not classified elsewhere	\$2,750 - \$4,400	\$660 - \$1,200
Abdominal Wall - Exomphalos/Gastroschisis, Operating by Plastic Flap	\$2,750 - \$4,400	\$660 - \$1,200
Abdominal Wall - Inguinal Hernia (Bilateral), (Laparoscopic) Repair	\$2,750 - \$4,400	\$660 - \$1,200
Abdominal Wall - Strangulated/Obstructed Hernia, Repair with or without Bowel Resection	\$2,750 - \$4,400	\$660 - \$1,200
Abdominal Wall - Ventral/Incisional/Recurrent Hernia, (Large) Repair	\$2,750 - \$4,400	\$660 - \$1,200
Anus - Ano-Rectal Prolapse, Radical Operation with Resection	\$2,750 - \$4,400	\$660 - \$1,200
Appendix - Laparoscopic Appendicectomy	\$2,750 - \$4,400	\$660 - \$1,200
Bile Duct - Various Lesions Transduodenal Sphincteroplasty/Sphincterotomy	\$2,750 - \$4,400	\$660 - \$1,200
Bile Duct - Various Lesions, Choledcho-Duodenostomy/Choledcho-Gastrostomy/Choledoscopy	\$2,750 - \$4,400	\$660 - \$1,200
Bile Duct - Various Lesions, Choledochotomy (Exploration of Common Bile Duct Only)	\$2,750 - \$4,400	\$660 - \$1,200
Bile Duct - Various Lesions, Operation not classified elsewhere	\$2,750 - \$4,400	\$660 - \$1,200
Cleft (Parotid), Primary Repair	\$2,750 - \$4,400	\$660 - \$1,200
Colon - Colostomy, Resection and Reanastomosis	\$2,750 - \$4,400	\$660 - \$1,200

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Diaphragmatic/Hiatius Hernia, Laparoscopic/Thoracoscopic Repair	\$2,750 - \$4,400	\$660 - \$1,200
Duodenum - Ulcer, Vagotomy - all types	\$2,750 - \$4,400	\$660 - \$1,200
Duodenum - Various Lesions, (Laparoscopic) Gastroenterostomy	\$2,750 - \$4,400	\$660 - \$1,200
Gall Bladder - Various Lesions, Cholecystectomy & Exploration Common Bile Duct (Open)	\$2,750 - \$4,400	\$660 - \$1,200
Gall Bladder - Various Lesions, Cholecysto-Duodenostomy/Cholecysto-Gastrostomy/Cholecysto-Jejunostomy	\$2,750 - \$4,400	\$660 - \$1,200
Intestine - Intussusception, Resection	\$2,750 - \$4,400	\$660 - \$1,200
Intestine - Meckel's Diverticulum, (Laparoscopic) Resection	\$2,750 - \$4,400	\$660 - \$1,200
Lip - Various Lesions, Reconstruction using Full Thickness Flap	\$2,750 - \$4,400	\$660 - \$1,200
Liver - Tumor, Intra-operative Radio Frequency Ablation of Liver Tumor, (1 lesion)	\$2,750 - \$4,400	\$660 - \$1,200
Liver - Various Lesions, Wedge/Local Excision	\$2,750 - \$4,400	\$660 - \$1,200
Liver - Various Lesions, Wedge Resection Segmental Resection, (1 or 2 segments)	\$2,750 - \$4,400	\$660 - \$1,200
Mouth - Angular Cleft with Macrostomia (Unilateral) Repair	\$2,750 - \$4,400	\$660 - \$1,200
Mouth - Cleft Lip, Secondary Correction (Complete)	\$2,750 - \$4,400	\$660 - \$1,200
Mouth - Cleft Lip, Secondary Correction Nostril/Nasal Tip Palate	\$2,750 - \$4,400	\$660 - \$1,200
Mouth - Cleft Lip, Unilateral Primary Repair	\$2,750 - \$4,400	\$660 - \$1,200
Mouth - Various Lesions, Pharyngotomy (Lateral) with Excision of Tongue	\$2,750 - \$4,400	\$660 - \$1,200
Palate - Cleft (Complete), Primary Repair	\$2,750 - \$4,400	\$660 - \$1,200
Palate - Cleft, Secondary, Maxillary Osteotomy with Bone Graft	\$2,750 - \$4,400	\$660 - \$1,200
Palate - Uvulopalato-pharyngoplasty (UPPP)	\$2,750 - \$4,400	\$660 - \$1,200
Pancreas - Cyst/ Pseudocyst, Anastomosis to Stomach/ Intestine	\$2,750 - \$4,400	\$660 - \$1,200
Parapharyngeal Space - Tumour, Excision	\$2,750 - \$4,400	\$660 - \$1,200
Pharynx - Pouch Removal	\$2,750 - \$4,400	\$660 - \$1,200
Pharynx - Various Lesions, Flap/Uvulo-palatoplasty	\$2,750 - \$4,400	\$660 - \$1,200
Pharynx - Various Lesions, Pharyngotomy (Lateral) with Excision of Tongue	\$2,750 - \$4,400	\$660 - \$1,200
Pharynx - Various Lesions, partial Pharyngectomy with Primary Closure	\$2,750 - \$4,400	\$660 - \$1,200
Rectum - Hirschsprung's Disease, Recto-Sigmoidectomy	\$2,750 - \$4,400	\$660 - \$1,200
Rectum - Various Lesions, Hartmann's Procedure	\$2,750 - \$4,400	\$660 - \$1,200
Rectal Tumor - Transanal Excision (Larger than 2cm)	\$2,750 - \$4,400	\$660 - \$1,200

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Retro-Peritoneum, Tumour, Removal	\$2,750 - \$4,400	\$660 - \$1,200
Small Bowel - Various Lesions, Resection	\$2,750 - \$4,400	\$660 - \$1,200
Stomach - Obesity, Bypass only	\$2,750 - \$4,400	\$660 - \$1,200
Stomach - Obesity, Reduction & Bypass	\$2,750 - \$4,400	\$660 - \$1,200
Stomach - Pyloric Stenosis, Pyloroplasty	\$2,750 - \$4,400	\$660 - \$1,200
Stomach - Tumour/Ulcer, Gastrojejunostomy	\$2,750 - \$4,400	\$660 - \$1,200
Stomach - Ulcers, Vagotomy - all types	\$2,750 - \$4,400	\$660 - \$1,200
Stomach - Various Lesions, Wedge Resection	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Abdominal Cavity - Adhesions (Extensive), Lysis (Laparoscopic)	\$3,500 - \$5,500	\$870 - \$1,550
Abdominal Cavity - Multiple Ruptures, Major Repair/Removal	\$3,500 - \$5,500	\$870 - \$1,550
Abdominal Cavity - Lymphoma, Laparotomy for Grading Lymphoma with Splenectomy/Liver/Lymph Node Biopsy	\$3,500 - \$5,500	\$870 - \$1,550
Abdominal Wall - Ventral/Incisional/Recurrent Hernia, (Laparoscopic) Repair	\$3,500 - \$5,500	\$870 - \$1,550
Anus - Ano-Rectal Malformation, Rectoplasty Primary/Secondary Repair	\$3,500 - \$5,500	\$870 - \$1,550
Anus - Rectal Prolapse, (Laparoscopic) Rectopexy (without resection)	\$3,500 - \$5,500	\$870 - \$1,550
Appendix - Tumour, Right Hemicolectomy	\$3,500 - \$5,500	\$870 - \$1,550
Bile Duct - Biliary Atresia, Porto-Enterostomy	\$3,500 - \$5,500	\$870 - \$1,550
Bile Duct - Various Lesions, Choledocho-Jejunostomy	\$3,500 - \$5,500	\$870 - \$1,550
Bile Duct - Various Lesions, Hepatico-Jejunostomy	\$3,500 - \$5,500	\$870 - \$1,550
Colon - Ileostomy, Colostomy - Closure/Hartmann's Reversal (Requiring Laparotomy)	\$3,500 - \$5,500	\$870 - \$1,550
Colon - Various Lesions, Right Hemicolectomy	\$3,500 - \$5,500	\$870 - \$1,550
Colon - Various Lesions, Transverse, Sigmoid Colectomy	\$3,500 - \$5,500	\$870 - \$1,550
Duodenum - Trauma, Bypass Operation	\$3,500 - \$5,500	\$870 - \$1,550
Duodenum - Ulcer, Partial Gastrectomy	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Achalasia, Cardiomyotomy	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Atresia, Operation	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Congenital Stricture, Esophagectomy	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Tumour, Bypass with Stomach/Intestine	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Varices, Esophageal Transection	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Varices, Esophageal Transection with Splenectomy	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Varices, Subcardial Transection	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Varices, Transgastric Ligation	\$3,500 - \$5,500	\$870 - \$1,550

GROUP F	Surgeon's Fees	Anaesthetist's Fees
Gallbladder - Various Lesions, Cholecystectomy & Biliary Bypass	\$3,500 - \$5,500	\$870 - \$1,550
Gallbladder - Various Lesions, (Laparoscopic) Cholecystectomy	\$3,500 - \$5,500	\$870 - \$1,550
Intestine - Total Aganglionosis, Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Liver - Obstructive Jaundice, Longmire Operation/Choledocho-Jejunostomy	\$3,500 - \$5,500	\$870 - \$1,550
Liver - Trauma, Major Repair Laceration	\$3,500 - \$5,500	\$1,300 - \$1,850
Liver - Tumor, Intra-operative Radio Frequency Ablation of Liver Tumor, (2 or more lesions)	\$3,500 - \$5,500	\$870 - \$1,550
Mouth - Angular Cleft with Macrostomia (Bilateral) Repair	\$3,500 - \$5,500	\$870 - \$1,550
Mouth - Malignant Tumour, Wide Excision and Major Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Mouth - Various Lesions, Pharyngotomy (Lateral) with Excision of Tongue and Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Mouth - Cleft Lip, Complete, Bilateral, Primary Repair (one stage)	\$3,500 - \$5,500	\$870 - \$1,550
Mouth - Cleft Lip, Secondary Correction (Abbe Flap)	\$3,500 - \$5,500	\$870 - \$1,550
Palate - Cleft, Secondary Maxillary Osteotomy with Bone Graft (High)	\$3,500 - \$5,500	\$870 - \$1,550
Palate - Cleft, Secondary Repair (Lengthening Procedure)	\$3,500 - \$5,500	\$870 - \$1,550
Palate - Cleft, Uvulopharyngoplasty	\$3,500 - \$5,500	\$870 - \$1,550
Pancreas - Chronic Pancreatitis, Anastomosis of Pancreatic Duct to Bowel	\$3,500 - \$5,500	\$870 - \$1,550
Pancreas - Tumour, Triple Bypass	\$3,500 - \$5,500	\$870 - \$1,550
Pancreas - Various Lesions, Distal Pancreatectomy	\$3,500 - \$5,500	\$870 - \$1,550
Parotid - Tumour, Superficial Parotidectomy	\$3,500 - \$5,500	\$870 - \$1,550
Sacrum & Coccyx - Tumour, Excision	\$3,500 - \$5,500	\$870 - \$1,550
Stomach - Various Lesions, Partial/Subtotal Gastrectomy	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G	Surgeon's Fees	Anaesthetist's Fees
Abdominal Cavity - Recurrent Intra-Abdominal Tumor, (Simple) Resection	\$4,950 - \$6,600	\$1,300 - \$1,850
Anus - Tumour, Abdomino-Perineal Resection	\$4,950 - \$6,600	\$1,300 - \$1,850
Bile Duct - Various Lesions, Revision High Biliary Stricture	\$4,950 - \$6,600	\$1,300 - \$1,850
Colon - Various Lesions, Left Hemicolectomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Colon - Various Lesions, Sub-total/Total Colectomy with Ileostomy/Ileorectal Anastomosis	\$4,950 - \$6,600	\$1,300 - \$1,850
Colon - Various Lesions, Total Procto-Colectomy (Non-restorative) Ileostomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Esophagus - Tumour Allison/Ivor-Lewis Operation	\$4,950 - \$6,600	\$1,300 - \$1,850

GROUP G	Surgeon's Fees	Anaesthetist's Fees
Esophagus - Tumour, Cervical/Laryngopharyngectomy with Tracheostomy with/without Plastic Reconstruction	\$4,950 - \$6,600	\$1,300 - \$1,850
Esophagus - Tumour, Total Esophagectomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Esophagus - Varices, Gastro-Esophageal Devascularisation with Esophageal Transection	\$4,950 - \$6,600	\$1,300 - \$1,850
Gall Bladder - Laparoscopic Cholecystectomy with Cytology/Exploration of Common Bile Duct	\$4,950 - \$6,600	\$1,300 - \$1,850
Liver - Various Lesions, Hemi-Hepatectomy/3 or 4 segments	\$4,950 - \$6,600	\$1,300 - \$1,850
Rectum - Hirschsprung's Disease Soave/Duhamel Operation or Similar	\$4,950 - \$6,600	\$1,300 - \$1,850
Rectum - Tumour, Abdomino-Perineal (AP) Resection with end Colostomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Rectum - Various Lesions, Anterior Resection	\$4,950 - \$6,600	\$1,300 - \$1,850
Stomach - Cancer, Radical Partial/Subtotal Gastrectomy (with Lymph Node clearance)	\$4,950 - \$6,600	\$1,300 - \$1,850
Stomach - Post-Gastrectomy Complications, Revision Gastrectomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Stomach - Various Lesions, Total/Proximal Gastrectomy with/without Splenectomy	\$4,950 - \$6,600	\$1,300 - \$1,850

GROUP H	Surgeon's Fees	Anaesthetist's Fees
Colon - Various Lesions, Laparoscopic Colectomy	\$5,500 - \$8,800	\$1,400 - \$2,550
Colon - Various Lesions, Total Procto-Colectomy (Restorative, with ileal pouch)	\$5,500 - \$8,800	\$1,400 - \$2,550
Gallbladder - Cancer, Radical Cholecystectomy	\$5,500 - \$8,800	\$1,400 - \$2,550
Liver - Trauma/Tumour, Extended Lobectomy (5 segments or more)	\$5,500 - \$8,800	\$1,400 - \$2,550
Liver - Various Lesions, Extended Hepatectomy (5 segments or more)	\$5,500 - \$8,800	\$1,400 - \$2,550
Mouth - Intra-oral Tumour, Radical Excision with Resection of Mandible and Lymph Nodes and Reconstruction	\$5,500 - \$8,800	\$1,400 - \$2,550
Mouth - Tumour, Radical Excision with Resection of Mandible and Lymph Nodes and Reconstruction	\$5,500 - \$8,800	\$1,400 - \$2,550
Parotid - Tumour, Total Parotidectomy with Parapharyngeal Space Resection and Flap Reconstruction with/without Nerve Reconstruction	\$5,500 - \$8,800	\$1,400 - \$2,550
Parotid - Tumour, Total Parotidectomy with Preservation/Reconstruction Facial Nerve	\$5,500 - \$8,800	\$1,400 - \$2,550
Pharynx - Tumour, Partial Pharyngectomy with Radical Neck Dissection with Flap	\$5,500 - \$8,800	\$1,400 - \$2,550

GROUP H

	Surgeon's Fees	Anaesthetist's Fees
Pharynx – Various Lesions, Pharyngotomy (Lateral) with Excision of Tongue and Reconstruction	\$5,500 – \$8,800	\$1,400 – \$2,550
Rectum – Various Lesions, Abdominal-Perineal Pull-Through Resection with Colo-Anal Anastomosis	\$5,500 – \$8,800	\$1,400 – \$2,550
Rectum – Various Lesions, Low/Ultra-Low Anterior Resection, with/without Pouch Reconstruction	\$5,500 – \$8,800	\$1,400 – \$2,550
Stomach – Cancer, Radical Total Gastrectomy with Radical Lymph Node clearance, With/without Splenectomy	\$5,500 – \$8,800	\$1,400 – \$2,550
Tongue – Tumour, Total Glossectomy with/without Neck Dissection	\$5,500 – \$8,800	\$1,400 – \$2,550
Tongue – Tumour, Glossectomy with Radical Neck Dissection	\$5,500 – \$8,800	\$1,400 – \$2,550
Tonsils – Tumour, Resection with Reconstruction	\$5,500 – \$8,800	\$1,400 – \$2,550

GROUP I

	Surgeon's Fees	Anaesthetist's Fees
Abdominal Cavity – Recurrent Intra-Abdominal Tumor, (Complicated) Resection requiring major resection	\$7,700 – \$11,000	\$1,950 – \$3,050
Bile Duct – Radical Resection of Hilar Cholangiocarcinoma (including Hepatectomy)	\$7,700 – \$11,000	\$1,950 – \$3,050
Bile Duct – Revision of Hilar Biliary Stricture	\$7,700 – \$11,000	\$1,950 – \$3,050
Duodenum – Tumour, Pancreatico-Duodenectomy (Whipple's Operation)	\$7,700 – \$11,000	\$1,950 – \$3,050
Liver – Transplantation	\$7,700 – \$11,000	\$1,950 – \$3,050
Pancreas – Various Lesions, Whipple's Operation/ Total Pancreatectomy	\$7,700 – \$11,000	\$1,950 – \$3,050

SECTION 3 – EAR**GROUP A**

	Surgeon's Fees	Anaesthetist's Fees
Ear – Haematoma/Seroma, Evacuation	\$330 – \$550	\$200 – \$270
Tympanic Membrane – Perforation, Cauterisation/Diathermy	\$330 – \$550	\$200 – \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Ear – Deformity, Lobule Reconstruction (Unilateral)	\$500 – \$820	\$270 – \$380
Ear – External Auditory Meatal Abscess, Drainage	\$500 – \$820	\$270 – \$380
Ear – Foreign Body, Removal (Under General Anaesthesia)	\$500 – \$820	\$270 – \$380
Ear – Microtia, Repositioning of Lobule	\$500 – \$820	\$270 – \$380
Ear – Sebaceous Cyst, Excision	\$500 – \$820	\$270 – \$380
Ear – Various Lesions, Myringotomy (Simple)	\$500 – \$820	\$270 – \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Ear – Deformity, Lobule Reconstruction (Bilateral)	\$990 – \$1,650	\$330 – \$440
Ear (Middle) – Various Lesions, Exploration and Tympanotomy	\$990 – \$1,650	\$330 – \$440
Ear (Middle) – Various Lesions, Insertion of Tube for Drainage (including Myringotomy)	\$990 – \$1,650	\$330 – \$440
Ear – Cauliflower Ear, Correction	\$990 – \$1,650	\$330 – \$440
Ear – Keratosis Obturans, Removal	\$990 – \$1,650	\$330 – \$440
Ear – Laceration (Full Thickness), Repair	\$990 – \$1,650	\$330 – \$440
Ear – Microtia, Creation of Post-auricular Sulcus with Skin Graft	\$990 – \$1,650	\$330 – \$440
Ear – Polyp, Removal	\$990 – \$1,650	\$330 – \$440
Ear – Various Lesions, Meatoplasty	\$990 – \$1,650	\$330 – \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Auditory Meatus (External) – Tumour, Removal	\$1,750 – \$2,850	\$430 – \$770
Ear – Deformity, Composite Graft	\$1,750 – \$2,850	\$430 – \$770
Ear – Deformity, Correction (Unilateral)	\$1,750 – \$2,850	\$430 – \$770
Ear – Exostosis, Removal	\$1,750 – \$2,850	\$430 – \$770
Ear – Partial Amputation, Reconstruction	\$1,750 – \$2,850	\$430 – \$770
Ear – Pre-Auricular Sinus, Excision (Unilateral/Bilateral/ Infected)	\$1,750 – \$2,850	\$430 – \$770
Ear – Various Lesions, Fenestration Operation	\$1,750 – \$2,850	\$430 – \$770
Mastoid – Various Lesions, Obliteration of Cavity	\$1,750 – \$2,850	\$430 – \$770

SECTION 4 – ENDOCRINE SYSTEM

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Ear – Congenital Atresia, Reconstruction of External Auditory Canal and Middle Ear	\$2,750 – \$4,400	\$660 – \$1,200
Ear – Congenital Lesion, Meatoplasty	\$2,750 – \$4,400	\$660 – \$1,200
Ear – Deformity, Correction (Bilateral)	\$2,750 – \$4,400	\$660 – \$1,200
Ear – Tympanoplasty	\$2,750 – \$4,400	\$660 – \$1,200
Ear – Various Lesions, Ossicular Chain Reconstruction with/without Myringoplasty	\$2,750 – \$4,400	\$660 – \$1,200
Ear – Various Lesions, Myringoplasty	\$2,750 – \$4,400	\$660 – \$1,200
Ear (Middle) Round Window Perforation, Repair	\$2,750 – \$4,400	\$660 – \$1,200
Ear (Middle) Various Lesions, Stapedectomy	\$2,750 – \$4,400	\$660 – \$1,200
Endolymphatic Sac – Various Lesions, Transmastoid Decompression	\$2,750 – \$4,400	\$660 – \$1,200
Mastoid – Various Lesions, Mastoidectomy (Cortical)	\$2,750 – \$4,400	\$660 – \$1,200
Mastoid – Various Lesions, Mastoidectomy (Radical/Modified)	\$2,750 – \$4,400	\$660 – \$1,200
Mastoid – Various Lesions, Mastoidectomy (Radical/Modified) with Myringoplasty	\$2,750 – \$4,400	\$660 – \$1,200
Mastoid – Various Lesions, Revision Mastoidectomy	\$2,750 – \$4,400	\$660 – \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Ear – Congenital Atresia, Reconstruction of External Auditory Canal and Middle Ear	\$3,500 – \$5,500	\$870 – \$1,550
Mastoid – Various Lesions, Mastoidectomy (Radical/Modified Radical) with/without Myringoplasty	\$3,500 – \$5,500	\$870 – \$1,550
Endolymphatic Sac – Various Lesions, Transmastoid Shunt Procedure	\$3,500 – \$5,500	\$870 – \$1,550
Labyrinth – Various Lesions, Destruction/Labyrinthectomy	\$3,500 – \$5,500	\$870 – \$1,550
Mastoid – Various Lesions, Mastoidectomy (Radical/Modified Radical) with Myringoplasty and Ossicular Chain Reconstruction	\$3,500 – \$5,500	\$870 – \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Auditory Meatus (Internal) – Tumour, Removal, Translabyrinthine Approach/Middle Cranial Fossa Approach	\$4,950 – \$6,600	\$1,300 – \$1,850
Ear (Middle) and Mastoid – Malignant Tumour, Sub-total Resection of Temporal Bone	\$4,950 – \$6,600	\$1,300 – \$1,850
Ear – Total Amputation, Microvascular Reconstruction	\$4,950 – \$6,600	\$1,300 – \$1,850

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Thyroglossal Duct – Cyst/Fistula, Excision	\$1,750 – \$2,850	\$430 – \$770
Thyroid – Various Lesions, Partial Lobectomy/Excision of Nodule	\$1,750 – \$2,850	\$430 – \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Parathyroid – Various Lesions, Excision	\$2,750 – \$4,400	\$660 – \$1,200
Thyroid – Various Lesions, Hemithyroidectomy (including Endoscopic)	\$2,750 – \$4,400	\$660 – \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Adrenals – Various Lesions, Biopsy/Excision	\$3,500 – \$5,500	\$1,300 – \$1,850
Parathyroid – Various Lesions, Re-Exploration	\$3,500 – \$5,500	\$870 – \$1,550
Thyroid – Various Lesions, Subtotal Thyroidectomy	\$3,500 – \$5,500	\$870 – \$1,550
Thyroid – Various Lesions, Total Thyroidectomy without Block Dissection	\$3,500 – \$5,500	\$870 – \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Adrenals – Laparoscopic Adrenalectomy	\$4,950 – \$6,600	\$1,300 – \$1,850
Pituitary – Various Lesions, Transsphenoidal Hypophysectomy with Resection of Nasal Septum and Grafting	\$4,950 – \$6,600	\$1,300 – \$1,850
Thyroid – Various Lesions, Total Thyroidectomy with Block Dissection	\$4,950 – \$6,600	\$1,300 – \$1,850

SECTION 5 – ENDOSCOPIES

GROUP A

	Surgeon's Fees	Anaesthetist's Fees
Cystoscopy – with Controlled Hydrodilatation of the Bladder	\$330 – \$550	\$200 – \$270
Cystoscopy – with Ureteric Catheterisation	\$330 – \$550	\$200 – \$270
Cystoscopy – with Urethral Dilatation	\$330 – \$550	\$200 – \$270
Cystoscopy – with or without Biopsy	\$330 – \$550	\$200 – \$270
Nasendoscopy	\$330 – \$550	\$200 – \$270
Sigmoidoscopy with/without Biopsy	\$330 – \$550	\$200 – \$270
Sinoscopy	\$330 – \$550	\$200 – \$270
Urethroscopy – with Related Procedures	\$330 – \$550	\$200 – \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Bronchoscopy – with/without Biopsy	\$500 – \$820	\$330 – \$440
Bronchoscopy – Bronchoalveolar Lavage	\$500 – \$820	\$330 – \$440
Bronchoscopy – Transbronchial Lung	\$500 – \$820	\$330 – \$440
Bronchoscopy – with Dilatation of Tracheal Stricture	\$500 – \$820	\$430 – \$770
Choledochoscopy (Operative)	\$500 – \$820	\$270 – \$380
Cystoscopy and Insertion of Double J Stent	\$500 – \$820	\$270 – \$380
Cystoscopy – External Sphincterotomy for Neurogenic Bladder Neck Obstruction	\$500 – \$820	\$270 – \$380
Colonoscopy – Fiberoptic, Complete	\$500 – \$820	\$270 – \$380
Cystoscopy – Fulguration of Posterior Urethral Valves	\$500 – \$820	\$270 – \$380
Cystoscopy – Removal of Foreign Body/Ureteric Stent	\$500 – \$820	\$270 – \$380
Esophagoscopy – Gastroscopy, Duodenoscopy with Injection of Esophageal/Gastric, Various, Repeat Procedure	\$500 – \$820	\$430 – \$770
Esophagoscopy – Gastroscopy, Duodenoscopy, with/without Biopsy	\$500 – \$820	\$330 – \$440
Foetoscopy	\$500 – \$820	\$270 – \$380
Hysteroscopy – Diagnostic	\$500 – \$820	\$270 – \$380
Nasendoscopic Removal of Fishbone in Throat		
Sigmoidoscopy with Diathermy/Polypectomy/Thermal Coagulation/Resection of Colorectal Tumour	\$500 – \$820	\$270 – \$380
Thoracoscopy, with/without Division of Pleural Adhesions	\$500 – \$820	\$330 – \$440
Ureteroscopy	\$500 – \$820	\$270 – \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Arthroscopy – Diagnostic	\$990 – \$1,650	\$270 – \$380
Bladder – Litholapaxy	\$990 – \$1,650	\$330 – \$440
Colonoscopy – Fiberoptic with Removal of Polyps (4 polyps or less)	\$990 – \$1,650	\$330 – \$440

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Colonoscopy – Therapeutic Injection, Coagulation, Clipping of Bleeder	\$990 – \$1,650	\$330 – \$440
Cystoscopy – with Endoscopic Removal/Manipulation of Ureteric Calculus	\$990 – \$1,650	\$330 – \$440
Cystoscopy – with Endoscopic Resection/Incision of Bladder Neck	\$990 – \$1,650	\$330 – \$440
Esophagoscopy with Dilatation	\$990 – \$1,650	\$330 – \$440
Esophagoscopy with Insertion of Prosthesis	\$990 – \$1,650	\$430 – \$770
Esophagoscopy – Gastroscopy, Duodenoscopy with Injection of Esophageal/Gastric Varices, First Injection	\$990 – \$1,650	\$330 – \$440
Esophagoscopy – Gastroscopy, Duodenoscopy with Polypectomy/with or without Removal of Foreign Body/Diathermy or Laser Coagulation of Bleeding Lesions	\$990 – \$1,650	\$330 – \$440
Gastrointestinal Endoscopy (GI) – Laser Treatment of Tumours, Strictures	\$990 – \$1,650	\$330 – \$440
Laparoscopy – Diagnostic	\$990 – \$1,650	\$330 – \$440
Laparoscopy – Diagnostic with Hydrotubation	\$990 – \$1,650	\$330 – \$440
Pancreaticocholangiographic-Endoscopy ERCP	\$990 – \$1,650	\$330 – \$440
Percutaneous Nephroscopy	\$990 – \$1,650	\$330 – \$440
Small Bowel – Capsule Endoscopy (Interpretation)	\$990 – \$1,650	\$330 – \$440
Stomach – Percutaneous Endoscopic Gastrostomy (PEG)	\$990 – \$1,650	\$330 – \$440
Testis, Undescended, Laparoscopic Fowler-Stephens (1st or 2nd Stage)	\$990 – \$1,650	\$330 – \$440
Uretero-renaloscopy	\$990 – \$1,650	\$330 – \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Bronchoscopic Laser Treatment for Tumours/Strictures	\$1,750 – \$2,850	\$430 – \$770
Colonoscopy – Fiberoptic with Removal of Polyps (5 polyps or more)	\$1,750 – \$2,850	\$430 – \$770
Cystoscopy – with Resection of Bladder Tumour (less than 1.5 cm)	\$1,750 – \$2,850	\$430 – \$770
Endoscopic Dilatation of Biliary Stricture	\$1,750 – \$2,850	\$430 – \$770
Endoscopic Insertion of Biliary Stent	\$1,750 – \$2,850	\$430 – \$770
Endoscopy – Sphincterotomy with/ without Extraction of Stones from Common Bile Duct	\$1,750 – \$2,850	\$430 – \$770
Fallopian Tube – Ectopic Pregnancy, Videolaparoscopic Salpingotomy/Salpingectomy	\$1,750 – \$2,850	\$430 – \$770
Fallopian Tube – Hydrosalpinx, Salpingostomy	\$1,750 – \$2,850	\$430 – \$770
Fallopian Tube – Videolaparoscopic Adhesion Lysis	\$1,750 – \$2,850	\$430 – \$770
Fallopian Tube – Videolaparoscopic Laser Surgery	\$1,750 – \$2,850	\$430 – \$770
Fallopian Tube – Videolaparoscopic Tuboplasty	\$1,750 – \$2,850	\$430 – \$770

GROUP D	Surgeon's Fees	Anaesthetist's Fees
Gastrointestinal Endoscopy (GI) - Laser Treatment for Tumours/Strictures	\$1,750 - \$2,850	\$430 - \$770
Hysteroscopy - Endometrium, Transcervical Ablation/ Resection (Electrocautery, Balloon, Microwave)	\$1,750 - \$2,850	\$430 - \$770
Hysteroscopy - Fallopian Tube, Recanalisation	\$1,750 - \$2,850	\$430 - \$770
Hysteroscopy - Therapeutic (with or without Laser)	\$1,750 - \$2,850	\$430 - \$770
Hysteroscopy - Uterine Polyps, Removal	\$1,750 - \$2,850	\$430 - \$770
Hysteroscopy - Uterine Septum, Resection	\$1,750 - \$2,850	\$430 - \$770
Hysteroscopy - Uterine Synechiae, Resection	\$1,750 - \$2,850	\$430 - \$770
Kidney - Retrograde Balloon Dilatation of UPJ with Stenting	\$1,750 - \$2,850	\$430 - \$770
Laparoscopy - Therapeutic (with Laser or other Modalities)	\$1,750 - \$2,850	\$430 - \$770
Laparoscopic Adhesiolysis (Limited)	\$1,750 - \$2,850	\$430 - \$770
MicroLaryngoscopy with/without Removal of Tumour	\$1,750 - \$2,850	\$430 - \$770
Ovary - Laparoscopic Adhesion Lysis	\$1,750 - \$2,850	\$430 - \$770
Pelvis - Laparoscopic Endometriotic Clearance	\$1,750 - \$2,850	\$430 - \$770
Rigid Oesophagoscopy for Foreign Body	\$1,750 - \$2,850	\$430 - \$770
Small Bowel - Double Balloon Enteroscopy (Diagnostic)	\$1,750 - \$2,850	\$430 - \$770
Stomach - Insertion of Intra-Gastric Balloon for Obesity	\$1,750 - \$2,850	\$430 - \$770
Uterus - Hysteroscopic Myomectomy (Simple)	\$1,750 - \$2,850	\$430 - \$770
Uterus - Laparoscopic Myomectomy	\$1,750 - \$2,850	\$430 - \$770

GROUP E	Surgeon's Fees	Anaesthetist's Fees
Arthroscopic - Abrasion Arthroplasty	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic - Excision of Isolated Lesions, eg. Villonodular Synovitis Haemangioma	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic - Lateral Retinacular Release	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic - Lysis of Adhesions	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic - Partial or Total Meniscectomy	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic - Removal of Loose Bodies	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic - Synovectomy	\$2,750 - \$4,400	\$660 - \$1,200
Cystoscopy - with Resection of Bladder Tumour (more than 1.5 cm)	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Percutaneous Nephroscopy (PCN)	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Percutaneous Nephrolithotripsy (PCNL)	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Percutaneous Nephroscopy and Removal of Foreign Body	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Percutaneous Endopyelotomy	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Retrograde Endopyelotomy/Accusice Endopyelotomy Laparoscopic Adhesiolysis (Extensive)	\$2,750 - \$4,400	\$660 - \$1,200

GROUP E	Surgeon's Fees	Anaesthetist's Fees
Small Bowel - Double Balloon Enteroscopy (Therapeutic, involving Sclerotherapy, Clipping, Coagulation, Polypectomy, etc.)	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Fibroids, Laparoscopic Myomectomy (Complicated)	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Hysteroscopic Myomectomy (Complicated)	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Various Lesions, Laparoscopically Assisted Hysterectomy (LAVH)	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Various Lesions, Laparoscopically Assisted Vaginal Sub-Total Hysterectomy	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Various Lesions, Laparoscopically Assisted Total (Abdominal) Hysterectomy	\$2,750 - \$4,400	\$660 - \$1,200
Video Assisted Thoracoscopic Surgery (VATS) - Lung/ Mediastinal Biopsy	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F	Surgeon's Fees	Anaesthetist's Fees
Arthroscopic Meniscal Repair/Meniscectomy with Ligament Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Bladder - Laparoscopic Autoaugmentation	\$3,500 - \$5,500	\$870 - \$1,550
Esophagus - Laparoscopic Myomectomy for Achalasia	\$3,500 - \$5,500	\$870 - \$1,550
Fallopian Tube - Blocked Tubes, Laparoscopic Tuboplasty	\$3,500 - \$5,500	\$870 - \$1,550
Kidney - Laparoscopic Nephrectomy	\$3,500 - \$5,500	\$870 - \$1,550
Lung - Video Assisted Thoracoscopic Surgery (VATS) Lobectomy	\$3,500 - \$5,500	\$870 - \$1,550
Stomach - Laparoscopic Gastric Banding for Obesity	\$3,500 - \$5,500	\$870 - \$1,550
Thorax - Video Assisted Thoracoscopic Surgery (VATS) Decortication	\$3,500 - \$5,500	\$870 - \$1,550
Thorax - Video Assisted Thoracoscopic Surgery (VATS) Pleuridexis	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G	Surgeon's Fees	Anaesthetist's Fees
Kidney - Laparoscopic Adrenalectomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Kidney - Laparoscopic Partial Nephrectomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Kidney - Laparoscopic Dismembered Pyeloplasty	\$4,950 - \$6,600	\$1,300 - \$1,850
Spleen - Laparoscopic Splenectomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Stomach - Laparoscopic Fundoplication	\$4,950 - \$6,600	\$1,300 - \$1,850

GROUP H	Surgeon's Fees	Anaesthetist's Fees
Laparoscopic Colectomy	\$5,500 - \$8,800	\$1,400 - \$2,550
Laparoscopic Gastrectomy	\$5,500 - \$8,800	\$1,400 - \$2,550

SECTION 6 – EYE

GROUP A

	Surgeon's Fees	Anaesthetist's Fees
Conjunctiva – Naevus, Removal	\$330 – \$550	\$200 – \$270
Conjunctiva – Pinguecula, Removal	\$330 – \$550	\$200 – \$270
Conjunctiva – Pterygium, Removal	\$330 – \$550	\$200 – \$270
Electrolysis	\$330 – \$550	\$200 – \$270
Eye – Concretion, Removal	\$330 – \$550	\$200 – \$270
Eye – Various Lesions, Examination under General Anaesthesia	\$330 – \$550	\$200 – \$270
Incision & Drainage of Chalazion	\$330 – \$550	\$200 – \$270
Lacrimal Gland – Obstruction, Probing one/both Ducts	\$330 – \$550	\$200 – \$270
Naso Lacrimal Duct – Obstruction, Probing one/both ducts	\$330 – \$550	\$200 – \$270
Punctal Occlusion – One eye.	\$330 – \$550	\$200 – \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Anterior Chamber – Glaucoma, Paracentesis	\$500 – \$820	\$270 – \$380
Conjunctiva – Limbic Tumour, Removal	\$500 – \$820	\$270 – \$380
Conjunctiva – Pterygium, Removal with Application of Mitomycin or 5 FU	\$500 – \$820	\$270 – \$380
Cornea – Laceration, Conjunctival Peritomy/Repair of Conjunctival Flap	\$500 – \$820	\$270 – \$380
Eye – Perforating Wound (not involving Intraocular Structures) Repair	\$500 – \$820	\$270 – \$380
Squint – Botulin Injection into Extra-ocular Muscle (One Eye/Excluding Botulinum Cost)	\$500 – \$820	\$270 – \$380
Eye – Various Lesions, Resuturing of Wound following Intraocular Procedures	\$500 – \$820	\$270 – \$380
Eyelids – Tarsorrhaphy	\$500 – \$820	\$270 – \$380
Eyelids – Trichiasis, Cryotherapy	\$500 – \$820	\$270 – \$380
Eyelids – Tumour, Shaving Excision	\$500 – \$820	\$270 – \$380
Eyelids – Various Lesions, Canthoplasty	\$500 – \$820	\$270 – \$380
Iris – Various Lesions, Laser Iridotomy	\$500 – \$820	\$270 – \$380
Iris – Various Lesions, Surgical Iridectomy/Iridotomy	\$500 – \$820	\$270 – \$380
Lacrimal Gland (Canaliculus) – Various Lesions, Immediate Repair	\$500 – \$820	\$270 – \$380
Lacrimal Gland (Punctum) – Various Lesions, 3-Step Operation	\$500 – \$820	\$270 – \$380
Lacrimal Gland – Obstruction, Insertion of Silicon Tubes	\$500 – \$820	\$270 – \$380
Lens – Various Lesions, Removal of Intraocular Artificial Lens	\$500 – \$820	\$270 – \$380
Lens – Various Lesions, Yag Laser Capsulotomy	\$500 – \$820	\$270 – \$380
Retina – Detachment, Removal of Encircling Silicone Band	\$500 – \$820	\$270 – \$380
Retina – Fundal Fluorescein Angiography	\$500 – \$820	\$270 – \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Anterior Chamber – Hyphema, Irrigation	\$990 – \$1,650	\$330 – \$440
Anterior Chamber – Various Lesions, Vitreous Removal	\$990 – \$1,650	\$330 – \$440
Conjunctiva – Pterygium, Removal with Conjunctival Graft	\$990 – \$1,650	\$330 – \$440
Cornea – Myopia, Radial Keratotomy (one eye)	\$990 – \$1,650	\$330 – \$440
Eye – Glaucoma, Cyclotherapy/Cyclocryotherapy	\$990 – \$1,650	\$330 – \$440
Eye – Glaucoma, Filtering and Allied Operations, Laser Trabeculoplasty	\$990 – \$1,650	\$330 – \$440
Eye – Glaucoma, Goniotomy/Trabeculotomy	\$990 – \$1,650	\$330 – \$440
Eye – Intraocular Foreign Body, Removal from Anterior Segment	\$900 – \$1,650	\$430 – \$770
Eye – Intraocular Foreign Body, Removal from Posterior Segment	\$900 – \$1,650	\$430 – \$770
Eye – Perforating Wound (with Incarceration/Prolapse of Uveal Tissue/Lens/Vitreous), Repair	\$900 – \$1,650	\$430 – \$770
Eye – Squint, Operation (one/both eyes – 2 Muscles)	\$990 – \$1,650	\$330 – \$440
Eye – Various Lesions, Evisceration with/without Insertion of Implant Eyelids – Simple Laceration, Repair	\$990 – \$1,650	\$330 – \$440
Iris – Tumour, Excision	\$990 – \$1,650	\$330 – \$440
Lacrimal Gland (Lacrimal Sac) – Various Lesions, Excision	\$990 – \$1,650	\$330 – \$440
Lens – Various Lesions, Extraction	\$990 – \$1,650	\$330 – \$440
Orbit – Various Lesions, Anterior Orbitotomy	\$990 – \$1,650	\$330 – \$440
Retina – Tears, Diathermy/Cryotherapy	\$990 – \$1,650	\$330 – \$440
Retina – Tears, Photocoagulation (Laser)	\$990 – \$1,650	\$330 – \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Cornea – Photorefractive Keratectomy (PRK)	\$1,750 – \$2,850	\$430 – \$770
Cornea – Photorefractive Astigmatic Keratectomy	\$1,750 – \$2,850	\$430 – \$770
Eye – Exophthalmos due to Thyrotoxicosis, Retractor Recessions (Unilateral)	\$1,750 – \$2,850	\$430 – \$770
Eye – Squint, Operation (one/both eyes – 3 Muscles or more) both eyes	\$1,750 – \$2,850	\$660 – \$1,200
Eye – Squint, Operation (one/both eyes – Adjustable Sutures) both eyes	\$1,750 – \$2,850	\$660 – \$1,200
Eye – Squint, Operation (one/both eyes – Transposition) both eyes	\$1,750 – \$2,850	\$660 – \$1,200
Eye – Various Lesions, Enucleation with/without Insertion of Implant	\$1,750 – \$2,850	\$430 – \$770
Eyelids – Ectropion/Entropion Correction	\$1,750 – \$2,850	\$430 – \$770
Eyelids – Full, Thickness Laceration, Repair	\$1,750 – \$2,850	\$430 – \$770
Eyelids – Haemangioma, Intra-lesion Injections (full course)	\$1,750 – \$2,850	\$430 – \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Eyelids - Tumour, Excision and Repair with Full Thickness Skin Grafting	\$1,750 - \$2,850	\$430 - \$770
Eyelids - Various Lesions, Full Thickness Wedge Resection with Repair	\$1,750 - \$2,850	\$430 - \$770
Lens - Cataract (Juvenile), Removal with Anterior Vitrectomy	\$1,750 - \$2,850	\$430 - \$770
Lens - Cataract, Extracapsular Extraction with Intraocular Lens Implant (Excluding cost of Implant)	\$1,750 - \$2,850	\$430 - \$770
Lens - Cataract Extracapsular Extraction with Trabeculectomy	\$1,750 - \$2,850	\$430 - \$770
Lens - Various Lesions, Secondary Insertion of Intraocular Lens	\$1,750 - \$2,850	\$430 - \$770
Orbit - Contracture, Reconstruction including Mucous Membrane Grafting and Stent Mould	\$1,750 - \$2,850	\$430 - \$770
Orbit - Tumour/Foreign Body, Enucleation/Removal	\$1,750 - \$2,850	\$430 - \$770
Vitreous - Various Lesions, Vitrectomy (Pars Plana/Removal of Silicone Oil)	\$1,750 - \$2,850	\$430 - \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Blepharoplasty - Cosmetic	\$2,750 - \$4,400	\$660 - \$1,200
Cornea - Epikeratophakia, Operation	\$2,750 - \$4,400	\$660 - \$1,200
Cornea - Laser In-situ Keratomileusis (LASIK)	\$2,750 - \$4,400	\$660 - \$1,200
Cornea - Various Lesions, Transplantation (Superficial/Lamellar/Full Thickness)	\$2,750 - \$4,400	\$660 - \$1,200
Eye - Exophthalmos due to Thyrotoxicosis, Retractor Recessions (Bilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Eyelids - Ptosis, Correction	\$2,750 - \$4,400	\$660 - \$1,200
Eyelids - Tumour, Excision and Repair with Local Flap	\$2,750 - \$4,400	\$660 - \$1,200
Eyelids - Various Lesions, Blepharoplasty, Composite Graft (Chondro-cutaneous/Chondro-Mucosal)	\$2,750 - \$4,400	\$660 - \$1,200
Eyelids - Various Lesions, Whole Thickness Reconstruction (other than Direct Suture only)	\$2,750 - \$4,400	\$660 - \$1,200
Lacrimal Gland - Various Lesions, Dacryocystorhinostomy	\$2,750 - \$4,400	\$660 - \$1,200
Lacrimal Gland - Various Lesions, Dacryocystorhinostomy with Lester Jones Tube	\$2,750 - \$4,400	\$660 - \$1,200
Lens - Cataract, Extraction with Intraocular Lens Implant and Trabeculectomy	\$2,750 - \$4,400	\$660 - \$1,200
Lens - Cataract, Extraction, Phacoemulsification with lens implant	\$2,750 - \$4,400	\$660 - \$1,200
Orbit - Tumour, Exenteration/Flap Reconstruction	\$2,750 - \$4,400	\$660 - \$1,200
Orbit - Various Lesions, Decompression (Bilateral)	\$2,750 - \$4,400	\$660 - \$1,200

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Orbit - Various Lesions, Decompression (Unilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Orbit - Various Lesions, Exenteration	\$2,750 - \$4,400	\$660 - \$1,200
Orbit - Various Lesions, Lateral Orbitotomy	\$2,750 - \$4,400	\$660 - \$1,200
Orbit - Various Lesions, Reconstruction of Floor/Roof with Bone Graft or Silastic	\$2,750 - \$4,400	\$660 - \$1,200
Retina - Detachment, Resection/Buckling Operation/Revision Operation with Single Plomb	\$2,750 - \$4,400	\$660 - \$1,200
Retina - Laser Pan-Retinal Photocoagulation (Full Course)	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Eyelids - Various Lesions, Multiple Plastic Lid Procedures	\$3,500 - \$5,500	\$870 - \$1,550
Eyelids - Various Lesions, Reconstruction using Full Thickness Flap	\$3,500 - \$5,500	\$870 - \$1,550
Naso Lacrimal Duct - Laser Dacryocystorhinostomy	\$3,500 - \$5,500	\$870 - \$1,550
Orbit - Lateral Orbitotomy and Removal of Orbitotomy Tumours	\$3,500 - \$5,500	\$870 - \$1,550
Retina - Detachments (Complex), Operation (more than one Plomb/Encirclage)	\$3,500 - \$5,500	\$870 - \$1,550
Vitreous - Various Lesions, Simple Vitrectomy (Pars Plana)	\$3,500 - \$5,500	\$870 - \$1,550
Vitreous - Various Lesions, Vitrectomy (Pars Plana/Sclerotomy/Lensectomy/Endolaser)	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Bioptics - Phakic Intraocular Lens Implantation and LASIK (excluding cost of Implant and Laser Facility)	\$4,950 - \$6,600	\$1,300 - \$1,850
Combined Cataract and Posterior Vitrectomy Procedures	\$4,950 - \$6,600	\$1,300 - \$1,850
Cornea - Various Lesions, Transplantation with Cataract Extraction and Intraocular Lens Implantation	\$4,950 - \$6,600	\$1,300 - \$1,850
Lens - Various Lesions, Secondary Insertion of Implant with Two or More Points of Scleral Fixation	\$4,950 - \$6,600	\$1,300 - \$1,850
Lens - Removal of Implant from the Vitreous Cavity and Secondary Lens Implantation	\$4,950 - \$6,600	\$1,300 - \$1,850
Orbit - Various Lesions, Reconstruction including Orbital Shift and Soft Tissue (Craniofacial Approach)	\$4,950 - \$6,600	\$1,300 - \$1,850
Vitreous - Various Lesions, Vitrectomy (Pars Plana/Sclerotomy/Silicone Oil/Giant Tears)	\$4,950 - \$6,600	\$1,300 - \$1,850

SECTION 7 – FEMALE GENITAL SYSTEM

GROUP A

	Surgeon's Fees	Anaesthetist's Fees
Cervix – Stenosis, Dilatation	\$330 – \$550	\$200 – \$270
Cervix – Various Lesions, Punch Biopsy	\$330 – \$550	\$200 – \$270
Pelvis – Various Lesions, Examination under Anaesthesia	\$330 – \$550	\$200 – \$270
Urethra – Carbuncle/Polyp, Excision/Laser Vaporisation	\$330 – \$550	\$200 – \$270
Urethra – Stenosis, Dilatation	\$330 – \$550	\$200 – \$270
Uterus – Insertion of Intra-Uterine Contraceptive Device	\$330 – \$550	\$200 – \$270
Uterus – Retained Placenta, Manual Removal under Anaesthesia	\$330 – \$550	\$200 – \$270
Vagina – Atresia/Stenosis, Dilatation	\$330 – \$550	\$200 – \$270
Vagina – Foreign Body, Removal	\$330 – \$550	\$200 – \$270
Vagina – Incarcerated Pessary, Removal	\$330 – \$550	\$200 – \$270
Vagina – Lacerations (Simple), Debridement/Suture	\$330 – \$550	\$200 – \$270
Vagina – Various Lesions, Biopsy	\$330 – \$550	\$200 – \$270
Vulva – Abscess, Incision & Drainage	\$330 – \$550	\$200 – \$270
Vulva – Bartholin Cyst, Marsupialization (including use of Laser)	\$330 – \$550	\$200 – \$270
Vulva – Haematoma, Evacuation (Simple)	\$330 – \$550	\$200 – \$270
Vulva – Laceration, Debridement/Suture	\$330 – \$550	\$200 – \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Cervix – Cervical Incompetence, Cerclage/Removal of Suture	\$500 – \$820	\$270 – \$380
Cervix – Large Loop Excision of Transformation Zone (LLETZ)	\$500 – \$820	\$270 – \$380
Cervix – Polyp/Erosion/Cervical Intraepithelial Neoplasia, Colposcopy/ Biopsy/Diathermy/Cryosurgery/Laser Therapy	\$500 – \$820	\$270 – \$380
Cervix – Tear, Complicated Repair under Anaesthesia	\$500 – \$820	\$270 – \$380
Clitoris – Clitoromegaly, Amputation	\$500 – \$820	\$270 – \$380
Genital Tract – Cancer, Staging under General Anaesthesia (includes Cystoscopy Dilatation & Curettage/Biopsy)	\$500 – \$820	\$270 – \$380
Genital Tract – Pelvic Cyst, Ultrasound Guided Procedure-Aspiration	\$500 – \$820	\$270 – \$380
Implant – Sub-dermal Contraceptive, Insertion	\$500 – \$820	\$270 – \$380
Implant – Sub-dermal Contraceptive, Removal	\$500 – \$820	\$270 – \$380
Uterus – Displaced Intra-Uterine Contraceptive Device, Removal under General Anaesthesia	\$500 – \$820	\$270 – \$380
Uterus – Genetic Abnormality/Foetal Maturity, Ultrasound Guided Amniocentesis	\$500 – \$820	\$270 – \$380
Uterus – Genetic Abnormality, Ultrasound Guided Chorionic Biopsy	\$500 – \$820	\$270 – \$380
Uterus – Gravid, Evacuation	\$500 – \$820	\$270 – \$380
Uterus – Hysteroscopy, Diagnostic	\$500 – \$820	\$270 – \$380
Uterus – Various Lesions, Curettage with/without Dilatation	\$500 – \$820	\$270 – \$380

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Vagina – Lacerations (Complex), Examination under Anaesthesia and Debridement/Suture	\$500 – \$820	\$270 – \$380
Vagina – Simple Tumour/Gartner's Cyst, Removal	\$500 – \$820	\$270 – \$380
Vulva – Atresia/Absence, Detachment of Skin Pedicle after Vaginoplasty	\$500 – \$820	\$270 – \$380
Vulva – Bartholin Cyst, Excision (including use of Laser)	\$500 – \$820	\$270 – \$380
Vulva – Haematoma, Evacuation (Complicated)	\$500 – \$820	\$270 – \$380
Vulva – Imperforate Hymen, Hymenectomy	\$500 – \$820	\$270 – \$380
Vulva – Warts, Laser Vaporisation (Small Area)	\$500 – \$820	\$270 – \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Abdomen – Various Lesions, Exploratory Laparotomy	\$990 – \$1,650	\$330 – \$440
Cervix – Cone Biopsy (including use of Laser)	\$990 – \$1,650	\$330 – \$440
Cervix – Ectropion, Amputation/Repair of Cervix (Trachelorrhaphy)	\$990 – \$1,650	\$330 – \$440
Fallopian Tube – Completed Family, Division/Ligation	\$990 – \$1,650	\$330 – \$440
Ovary – Tumour/Cyst, Endoscopic Aspiration except for Ovum Retrieval	\$990 – \$1,650	\$330 – \$440
Ovary – Various Lesions, Biopsy	\$990 – \$1,650	\$330 – \$440
Ovary – Various Lesions, Ovariopexy	\$990 – \$1,650	\$330 – \$440
Pelvis – Abscess, Drainage	\$990 – \$1,650	\$330 – \$440
Uterus – Foetal Disorder, Ultrasound Guided Foetal Blood Sampling/Cordocentesis	\$990 – \$1,650	\$330 – \$440
Uterus – Gravid, Hysterotomy	\$990 – \$1,650	\$330 – \$440
Uterus – Inversion, Repositioning	\$990 – \$1,650	\$330 – \$440
Uterus – Retroversion, Ventrosuspension	\$990 – \$1,650	\$330 – \$440
Uterus – Termination of Pregnancy, Second Trimester	\$990 – \$1,650	\$330 – \$440
Vagina – Pelvic Abscess, Colpotomy and Drainage	\$990 – \$1,650	\$330 – \$440
Vagina – Prolapse, Obliteration	\$990 – \$1,650	\$330 – \$440
Vulva – Labial Abnormality, Labioplasty	\$990 – \$1,650	\$330 – \$440
Vulva – Tight Introitus, Fenton's Operation	\$990 – \$1,650	\$330 – \$440
Vulva – Warts, Laser Vaporisation (Large Area)	\$990 – \$1,650	\$330 – \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Fallopian Tube – Ectopic Pregnancy, Laparotomy	\$1,750 – \$2,850	\$430 – \$770
Fallopian Tube – Tubal Pathology other than Ectopic, Salpingectomy	\$1,750 – \$2,850	\$430 – \$770
Fallopian Tube – Blocked Tubes, Salpingostomy (Macrosurgery)	\$1,750 – \$2,850	\$430 – \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Fallopian Tube - Ectopic Pregnancy, Laparoscopic Salpingotomy/Salpingectomy	\$1,750 - \$2,850	\$430 - \$770
Fallopian Tube - Hydrosalpinx, Salpingostomy	\$1,750 - \$2,850	\$430 - \$770
Fallopian Tube - Laparoscopic Adhesion Lysis	\$1,750 - \$2,850	\$430 - \$770
Fallopian Tube - Peritubal Adhesions, Salpingolysis (Macrosurgery)	\$1,750 - \$2,850	\$430 - \$770
Fallopian Tube - Tubo-Ovarian Abscess, Drainage (Transabdominal)	\$1,750 - \$2,850	\$430 - \$770
Ovary - Laparoscopic Adhesion Lysis	\$1,750 - \$2,850	\$430 - \$770
Ovary - Polycystic Ovarian Syndrome, Puncture	\$1,750 - \$2,850	\$430 - \$770
Ovary - Tumour/Cyst, Oophorectomy/Salpingo-Oophorectomy	\$1,750 - \$2,850	\$430 - \$770
Ovary - Tumour/Cyst, Cystectomy (Simple)	\$1,750 - \$2,850	\$430 - \$770
Ovary - Various Lesions, Wedge Resection	\$1,750 - \$2,850	\$430 - \$770
Pelvis - Laparoscopy/Laparoscopy, Diagnostic, with/without Hydrotubation	\$1,750 - \$2,850	\$430 - \$770
Pelvis - Laparoscopic Endometriotic Clearance	\$1,750 - \$2,850	\$430 - \$770
Uterosacral Ligament - Laparoscopic Transection	\$1,750 - \$2,850	\$430 - \$770
Uterus - Endoscopic Endometrial Ablation/Resection (Electrocautery/Balloon/Microwave)	\$1,750 - \$2,850	\$430 - \$770
Uterus - Fibroids, Myomectomy (Simple)	\$1,750 - \$2,850	\$430 - \$770
Uterus - Foetal Disorder, Ultrasound Guided Foetal Therapy	\$1,750 - \$2,850	\$430 - \$770
Uterus - Hysteroscopy, Fallopian Tube, Recanatisation	\$1,750 - \$2,850	\$430 - \$770
Uterus - Hysteroscopy, Therapeutic (with or without Laser)	\$1,750 - \$2,850	\$430 - \$770
Uterus - Hysteroscopy, Uterine Polyps, Removal	\$1,750 - \$2,850	\$430 - \$770
Uterus - Hysteroscopy, Uterine Septum, Resection	\$1,750 - \$2,850	\$430 - \$770
Uterus - Hysteroscopy, Uterine Synechae, Resection	\$1,750 - \$2,850	\$430 - \$770
Uterus - Hysteroscopic Myomectomy (Simple)	\$1,750 - \$2,850	\$430 - \$770
Uterus - Laparoscopic Myomectomy (Simple)	\$1,750 - \$2,850	\$430 - \$770
Uterus - Perforation, Repair Uterus - Ruptured, Repair (Simple)	\$1,750 - \$2,850	\$430 - \$770
Uterus - Transcervical Endometrial Ablation (Balloon/Microwave)	\$1,750 - \$2,850	\$430 - \$770
Vagina - Atresia, Vaginoplasty	\$1,750 - \$2,850	\$430 - \$770
Vagina - Cystocele, Repair	\$1,750 - \$2,850	\$430 - \$770
Vagina - Enterocoele, Repair/Vaginal Vault Suspension (Abdominal)	\$1,750 - \$2,850	\$430 - \$770
Vagina - Fistula, Repair (Simple)	\$1,750 - \$2,850	\$430 - \$770
Vagina - Malignant Condition, Vaginectomy (Partial)	\$1,750 - \$2,850	\$430 - \$770
Vagina - Prolapse, Colporrhaphy with Repair of Pelvic Floor	\$1,750 - \$2,850	\$430 - \$770
Vagina - Rectocele, Repair	\$1,750 - \$2,850	\$430 - \$770
Vagina - Stress Incontinence, Kelly's Operation	\$1,750 - \$2,850	\$430 - \$770
Vagina - Tension-free Vaginal Tape (TVT), Operative Insertion	\$1,750 - \$2,850	\$430 - \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Ovary - Tumour/Complex Cyst/Dermoid Cyst/Endometrioma, Cystectomy (Complicated)	\$2,750 - \$4,400	\$660 - \$1,200
Ovary - Tumour/Complex Cyst/Dermoid Cyst/Endometrioma, Oophorectomy/Salpingo-Oophorectomy (Complicated)	\$2,750 - \$4,400	\$660 - \$1,200
Ovary - Tumour/Cyst, Hysterectomy with Salpingo-Oophorectomy	\$2,750 - \$4,400	\$660 - \$1,200
Ovary - Various Lesions, Ovarioplasty (Microsurgery)	\$2,750 - \$4,400	\$660 - \$1,200
Pelvis - Recto-vaginal Nodule/Deep Fibrotic Endometriosis, Cul-de-sac Dissection	\$2,750 - \$4,400	\$660 - \$1,200
Ureter - Endometriotic Involvement, Ureteral Dissection	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Broad Ligament Tumour, Hysterectomy	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Chronic Pelvic Inflammation, Hysterectomy	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Gravid, Hysterectomy, Total or Sub-Total	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Endometriosis, Hysterectomy with/without Salpingo-Oophorectomy	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Fibroids, Large/Multiple, Myomectomy (Complicated)	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Hysteroscopic Myomectomy (Complicated)	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Pregnancy, Caesarean Section with Hysterectomy	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Prolapse, Vaginal Hysterectomy with/without Pelvic Floor Repair	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Rupture, Repair (Complicated)	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Sub-Total Hysterectomy with/without Salpingo-Oophorectomy	\$2,750 - \$4,400	\$660 - \$1,200
Uterus - Total Hysterectomy with/without Salpingo-Oophorectomy	\$2,750 - \$4,400	\$660 - \$1,200
Vagina - Fistula, Repair (Complicated)	\$2,750 - \$4,400	\$660 - \$1,200
Vagina - Malignant Condition, Vaginectomy (Total)	\$2,750 - \$4,400	\$660 - \$1,200
Vagina - Prolapse, Colporrhaphy with Amputation of Cervix (Manchester Repair)	\$2,750 - \$4,400	\$660 - \$1,200
Vagina - Stress Incontinence, Sling/Combined Abdomino-Vaginal Operation/Wideolaparoscopic Colposuspension	\$2,750 - \$4,400	\$660 - \$1,200
Vulva - Malignant Condition, Vulvectomy (Slide) with or without use of Laser	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Fallopian Tube - Blocked Tubes Laparoscopic Tuboplasty	\$3,500 - \$5,500	\$870 - \$1,550
Fallopian Tube - Blocked Tubes, Plastic Repair (Microsurgery)/Cornual Reanastomosis	\$3,500 - \$5,500	\$870 - \$1,550
Fallopian Tube - Peritubal Adhesions, Salpingolysis (Microsurgery), Salpingostomy	\$3,500 - \$5,500	\$870 - \$1,550

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Ovary - Malignant Tumour/Cyst, Total Hysterectomy Bilateral Salpingo-Oophorectomy with Omentectomy	\$3,500 - \$5,500	\$870 - \$1,550
Uterus - Congenital Organ Abnormality, Plastic Repair Including Metroplasty	\$3,500 - \$5,500	\$870 - \$1,550
Uterus - Fibroids, Laparoscopic Myomectomy (Complicated)	\$3,500 - \$5,500	\$870 - \$1,550
Uterus - Malignant Condition, Extended Hysterectomy	\$3,500 - \$5,500	\$870 - \$1,550
Uterus - Various Lesions, Laparoscopically Assisted Sub-Total Hysterectomy	\$3,500 - \$5,500	\$870 - \$1,550
Uterus - Various Lesions, Laparoscopically Assisted Vaginal Hysterectomy (LAVH)	\$3,500 - \$5,500	\$870 - \$1,550
Uterus - Various Lesions, Laparoscopically Assisted Vaginal Total (Abdominal) Hysterectomy	\$3,500 - \$5,500	\$870 - \$1,550
Vulva - Malignant Condition, Radical Vulvectomy	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Sex Reassignment - Male to Female	\$4,950 - \$6,600	\$1,300 - \$1,850
Sex Reassignment - Female to Male	\$4,950 - \$6,600	\$1,300 - \$1,850
Uterus - Malignant Conditions, Anterior Pelvic Exenteration	\$4,950 - \$6,600	\$1,300 - \$1,850
Uterus - Malignant Conditions, Posterior Exenteration	\$4,950 - \$6,600	\$1,300 - \$1,850
Cervix - Malignant Conditions, Wertheim's Operation	\$4,950 - \$6,600	\$1,300 - \$1,850
Uterus - Malignant Conditions, Wertheim's Operation	\$4,950 - \$6,600	\$1,300 - \$1,850

GROUP H

	Surgeon's Fees	Anaesthetist's Fees
Uterus, Malignant Conditions, Total Pelvic Exenteration	\$5,500 - \$8,800	\$1,400 - \$2,550

SECTION 8 - HAEMIC & LYMPHATIC SYSTEM**GROUP A**

	Surgeon's Fees	Anaesthetist's Fees
Marrow - Various Lesions, Diagnostic Aspiration	\$330 - \$550	\$200 - \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Lymph Node (Single) - Superficial, Various Lesions, Excision Biopsy	\$500 - \$820	\$270 - \$380
Lymphatics - Lymphangiectasis, Limited Excision	\$500 - \$820	\$270 - \$380
Lymphatics - Lymphedema, Excision (Small)	\$500 - \$820	\$270 - \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Lymph Node (Deep, Multiple) - Various Lesions, Excision	\$990 - \$1,650	\$330 - \$440
Lymph Node (Axillary) - Various Lesions, Limited Excision	\$990 - \$1,650	\$330 - \$440
Lymph Node (Cervical) - Various Lesions, Limited Block Dissection	\$990 - \$1,650	\$330 - \$440
Lymph Node (Inguinal) - Various Lesions, Limited Excision	\$990 - \$1,650	\$330 - \$440
Lymphatics (Face & Neck) - Cystic Hygroma, Excision (Small)	\$990 - \$1,650	\$330 - \$440
Lymphatics - Lymphedema, Excision (Moderate)	\$990 - \$1,650	\$330 - \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Lymph Node (Axillary) - Various Lesions, Radical Excision	\$1,750 - \$2,850	\$430 - \$770
Lymph Node (Cervical) - Various Lesions, Excision Biopsy	\$1,750 - \$2,850	\$430 - \$770
Lymph Node (Inguinal) - Various Lesions, Radical Excision	\$1,750 - \$2,850	\$430 - \$770
Lymphatics (Face & Neck) - Cystic Hygroma, Excision (Moderate)	\$1,750 - \$2,850	\$430 - \$770
Lymphatics - Lymphangiectasis, Radical Excision	\$1,750 - \$2,850	\$430 - \$770
Lymphatics - Lymphedema, Excision (Large)	\$1,750 - \$2,850	\$430 - \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Lymph Node (Cervical) - Various Lesions, Radical Block Dissection	\$2,750 - \$4,400	\$660 - \$1,200
Lymph Node (Retroperitoneal) - Various Lesions, Radical Excision	\$2,750 - \$4,400	\$660 - \$1,200
Lymphatics (Face & Neck) - Cystic Hygroma, Excision (Large)	\$2,750 - \$4,400	\$660 - \$1,200
Lymphatics - Cystic Hygroma, Excision (Extensive) with/ without Thoracotomy	\$2,750 - \$4,400	\$660 - \$1,200
Lymphatics - Lymphedema, Excision (Large & Deep Seated)	\$2,750 - \$4,400	\$660 - \$1,200
Lymphatics - Lymphedema, Thomson's Procedure	\$2,750 - \$4,400	\$660 - \$1,200

SECTION 9 – INTEGUMENTARY SYSTEM

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Marrow – Various Lesions, Harvesting	\$2,750 – \$4,400	\$660 – \$1,200
Spleen – Trauma, Conservation	\$2,750 – \$4,400	\$660 – \$1,200
Spleen – Trauma, Splenectomy	\$2,750 – \$4,400	\$660 – \$1,200
Spleen – Various Non-Traumatic Lesions, Splenectomy	\$2,750 – \$4,400	\$660 – \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Lymphatics – Lymphedema, Major Excision & Grafting	\$3,500 – \$5,500	\$870 – \$1,550
Spleen – Hypersplenism/Massive Enlargement, Splenectomy	\$3,500 – \$5,500	\$870 – \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Lymphatics – Lymphedema, Excision (Extensive and Complex)	\$4,950 – \$6,600	\$1,300 – \$1,850
Lymphatics – Lymphedema, Lympho-Venous Anastomosis (Microsurgery)	\$4,950 – \$6,600	\$1,300 – \$1,850

GROUP A

	Surgeon's Fees	Anaesthetist's Fees
Breast Aspiration – Cystic Lesions, Fine Needle Aspiration Cytology	\$330 – \$550	\$200 – \$270
Breast – Various Lesions, Tru-cut Biopsy	\$330 – \$550	\$200 – \$270
Lip – Hair Removal by Laser Phototherapy (per treatment)	\$330 – \$550	\$200 – \$270
Skin and Subcutaneous Tissue – Abscess, Saucerisation	\$330 – \$550	\$200 – \$270
Skin and Subcutaneous Tissue – Burns, Escharotomy (Limited)	\$330 – \$550	\$200 – \$270
Skin and Subcutaneous Tissue – Wound (Large), Secondary Suture	\$330 – \$550	\$200 – \$270
Skin and Subcutaneous Tissue – Wound, Debridement	\$330 – \$550	\$200 – \$270
Skin – Angioma, Cauterisation/Injection	\$330 – \$550	\$200 – \$270
Skin – Burns (less than 2%), Excision	\$330 – \$550	\$200 – \$270
Skin – Burns (more than 10%), Dressing	\$330 – \$550	\$200 – \$270
Skin – Mucous Membrane, Superficial Laceration equal/less than 5cm, Repair	\$330 – \$550	\$200 – \$270
Skin – Plantar Wart, Excision	\$330 – \$550	\$200 – \$270
Skin – Tattoo (less than 1%), Laser Excision	\$330 – \$550	\$200 – \$270
Skin – Tattoo, Repeat Laser Excision	\$330 – \$550	\$200 – \$270
Skin – Various Lesions of Face (Single), Excision Biopsy	\$330 – \$550	\$200 – \$270
Skin – Various Lesions, Collagen Sensitivity Test	\$330 – \$550	\$200 – \$270
Skin – Various Lesions, Intralesional Steroid Injection	\$330 – \$550	\$200 – \$270
Skin – Various Lesions, Trial Dermabrasion	\$330 – \$550	\$200 – \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Breast Abscess – Small, Superficial	\$500 – \$820	\$270 – \$380
Carbuncle (Small) – Saucerisation	\$500 – \$820	\$270 – \$380
Face – Cosmetic Laser Phototherapy (Minor)	\$500 – \$820	\$270 – \$380
Mucous Membrane – Superficial Laceration equal/less than 3cm Repair	\$500 – \$820	\$270 – \$380
Mucous Membrane – Tumour/Cyst/Ulcer/Scar, Excision	\$500 – \$820	\$270 – \$380
Muscle and Deep Tissue – Foreign Body, Removal	\$500 – \$820	\$270 – \$380
Skin and Mucous Membrane – Laceration (less than or equal to 2.5 cm)	\$500 – \$820	\$270 – \$380
Skin and Mucous Membrane – Various Lesions, Excision Biopsy, Laser Ablation	\$500 – \$820	\$270 – \$380
Skin and Subcutaneous Tissue (Face and Neck) – Scar of less than 3cm, Revision	\$500 – \$820	\$270 – \$380
Skin and Subcutaneous Tissue – Defect, Free Graft (Split Skin Graft under 1/2%)	\$500 – \$820	\$270 – \$380
Skin and Subcutaneous Tissue – Defect, Staged Local Flap (Division)	\$500 – \$820	\$270 – \$380

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Skin and Subcutaneous Tissue – Foreign Body (Subcutaneous), Removal	\$500 – \$820	\$270 – \$380
Skin and Subcutaneous Tissue – Haematoma (Large Cellulitis/Similar Lesion, Incision with Drainage)	\$500 – \$820	\$270 – \$380
Skin and Subcutaneous Tissue – Haematoma, Abscess (Small)/Similar Lesion, Incision with Drainage	\$500 – \$820	\$270 – \$380
Skin and Subcutaneous Tissue – Laceration (Superficial) of more than 5cm, Repair	\$500 – \$820	\$270 – \$380
Skin and Subcutaneous Tissue – Sebaceous Cyst, Excision	\$500 – \$820	\$270 – \$380
Skin and Subcutaneous Tissue – Sinus (Superficial), Excision	\$500 – \$820	\$270 – \$380
Skin – Keratoses/Warts/Similar Lesions, Excision (1-2 lesions)	\$500 – \$820	\$270 – \$380
Underarm – Hair Removal by Laser Phototherapy (per treatment)	\$500 – \$820	\$270 – \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Abscess (Large, Deep) I & D + Saucerisation	\$990 – \$1,650	\$330 – \$440
Breast Abscess – Deep, Multiple and Drainage	\$990 – \$1,650	\$330 – \$440
Breast – Inverted/Hypertrophic Nipple, Surgical Eversion/Reduction (Unilateral)	\$990 – \$1,650	\$330 – \$440
Breast – Lump/Lesion (Single), Excision (Open/with hookwire localization/Mammotome)	\$990 – \$1,650	\$330 – \$440
Breast – Lump, Non-Palpable – Biopsy	\$990 – \$1,650	\$330 – \$440
Breast – Mammotome Biopsy (Single)	\$990 – \$1,650	\$330 – \$440
Breast – Sentinel Lymph Node (Unilateral) Biopsy (Axilla)	\$990 – \$1,650	\$330 – \$440
Carbuncle (Large) – Saucerisation	\$990 – \$1,650	\$330 – \$440
Face – Cosmetic Laser Phototherapy (Major)	\$990 – \$1,650	\$330 – \$440
Fascia (Deep) – Rupture with Herniated Muscle, Repair	\$990 – \$1,650	\$330 – \$440
Forearms – Hair Removal by Laser Phototherapy (per treatment)	\$990 – \$1,650	\$330 – \$440
Laser Drainage of Breast Abscess	\$990 – \$1,650	\$330 – \$440
Laser Drainage/Debridement of Deep Muscle Abscess	\$990 – \$1,650	\$330 – \$440
Laser Excision/Saucerisation of Breast and Deep Muscle Sinus	\$990 – \$1,650	\$330 – \$440
Mucous Membrane (Ear/Nose/ Eyelid) – Laceration, Full Thickness Repair	\$990 – \$1,650	\$330 – \$440
Mucous Membrane – Deep Laceration/Multiple Lacerations, Repair	\$990 – \$1,650	\$330 – \$440
Mucous Membrane – Superficial Laceration more than 3cm Repair	\$990 – \$1,650	\$330 – \$440

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Pilonidal Sinus	\$990 – \$1,650	\$330 – \$440
Pre-Auricular Sinus	\$990 – \$1,650	\$330 – \$440
Skin and Mucous Membrane – Laceration (> 2.5 cm)	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue (Ear/Nose/Eyelid) – Laceration, Full Thickness Repair	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue (Face and Neck) – Scar of more than 3cm, Revision	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue Defect (Deep) – Staged Distant Flap (Division)	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Haemangioma/Lymphangioma (Small), Excision	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Burns, Escharotomy (Extensive)	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Deep/Extensive Contaminated Wound, Debridement	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Defect (Multiple Digits), Staged Local Flap (Division)	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Defect (Single Digit), Free Full Thickness Graft	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Defect, Free Grafts (Split Skin Graft 1/2% to less than 2%)	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Laceration (Superficial) of more than 5cm Repair	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Neurofibromatosis of Face and Neck, Excision (Small)	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Periobital Dermoid, Excision	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Sinus (Deep, Single), Excision	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Tumour/Cyst/Ulcer/Scar, Excision	\$990 – \$1,650	\$330 – \$440
Skin and Subcutaneous Tissue – Tumour/Cyst/Ulcer (Deep), Lipoma Excision	\$990 – \$1,650	\$330 – \$440
Skin – Burns (2% to 5%) Excision	\$990 – \$1,650	\$330 – \$440
Skin – Keratoses/Warts/Similar Lesions, Excision (2 to 4 Lesions)	\$990 – \$1,650	\$330 – \$440
Skin – Mucous Membrane, Superficial Laceration more than 5cm, Repair	\$990 – \$1,650	\$330 – \$440
Skin Plantar Warts (Multiple), Excision	\$990 – \$1,650	\$330 – \$440
Skin Scar, Removal of Tissue Expander Prosthesis and Revision of Scar	\$990 – \$1,650	\$330 – \$440
Skin – Scar, Revision with Z-plasty	\$990 – \$1,650	\$330 – \$440

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Skin - Subcutaneous Tissue, Various Lesions, Implants (Chin, Nose) Removal	\$990 - \$1,650	\$330 - \$440
Skin - Tattoo (1% to 2%), Laser Excision	\$990 - \$1,650	\$330 - \$440
Skin - Various Lesions of Face (2 to 3), Excision Biopsy	\$990 - \$1,650	\$330 - \$440
Skin - Various Lesions, Abrasive Therapy (Limited)	\$990 - \$1,650	\$330 - \$440
Skin - Various Lesions, Insertion of Tissue Expander (Single)	\$990 - \$1,650	\$330 - \$440
Subcutaneous Tissue (Face) - Obesity, Liposuction	\$990 - \$1,650	\$330 - \$440
Sweat Gland - Axillary, Hyperhidrosis, Wedge Excision	\$990 - \$1,650	\$330 - \$440
Tendon Sheath and Subcutaneous Tissue - Ganglion/Small Bursa, Excision	\$990 - \$1,650	\$330 - \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Abdomen - Hair Removal by Laser Phototherapy (per treatment)	\$1,750 - \$2,850	\$430 - \$770
Breast (Nipple) - Various Lesions, Reconstruction (Unilateral)	\$1,750 - \$2,850	\$430 - \$770
Breast - Cystosarcoma Phyllodes, Excision	\$1,750 - \$2,850	\$430 - \$770
Breast - Excision of Accessory Breast (Axillary) (Unilateral)	\$1,750 - \$2,850	\$430 - \$770
Breast - Gynecomastia, Reduction (Unilateral)	\$1,750 - \$2,850	\$430 - \$770
Breast - Hypoplasia, Augmentation Mammoplasty (Prosthesis and Unilateral) excluding cost of Implant	\$1,750 - \$2,850	\$430 - \$770
Breast - Inverted/ Hypertrophic Nipple, Surgical Eversion/Reduction (Bilateral)	\$1,750 - \$2,850	\$430 - \$770
Breast - Lumps/Lesions (2 to 4), Excision (Open/with hookwire localization/Mammotome)	\$1,750 - \$2,850	\$430 - \$770
Breast - Mammotome Biopsies (2 to 4)	\$1,750 - \$2,850	\$430 - \$770
Breast - Microdochectomy (Unilateral)	\$1,750 - \$2,850	\$430 - \$770
Breast - Post Prosthetic Contraction, Capsulotomy (Unilateral)	\$1,750 - \$2,850	\$430 - \$770
Breast - Sentinel Lymph Nodes (Bilateral)	\$1,750 - \$2,850	\$430 - \$770
Breast - Sentinel Lymph Node (Unilateral) Biopsy (Axilla)	\$1,750 - \$2,850	\$430 - \$770
Breast - Sentinel Lymph Node (Unilateral) Biopsy (Internal Mammary)	\$1,750 - \$2,850	\$430 - \$770
Breast - Tumour (Malignant), Lumpectomy/Segmental Mastectomy (without Axilla Node Dissection)	\$1,750 - \$2,850	\$430 - \$770
Botox Injection (per area or treatment)	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Laceration (Deep)/Multiple Lacerations, Repair	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Defect (Deep) Free Graft (Split Skin Graft-Extensive/Inlay Graft using a Mould)	\$1,750 - \$2,850	\$430 - \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Skin and Subcutaneous Tissue - Defect (Deep), Dermofat/Fascia Graft (Including Transplant/Muscle Flap)	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Defect (Multiple Digits), Free Full Thickness Graft	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Defect, Free Grafts (Split Skin Graft 2 to less than 5%)	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Defect, Single Stage Local Flap (Simple/Small)	\$1,750 - \$2,850	\$430 - \$770
Skin and Mucous Membrane - Laceration (deep or multiple), Repair	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Haemangioma/Lymphangioma (Moderate), Excision	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Sinus (Deep) Excision (Multiple)	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Burns, Excision and Small Full Thickness Graft	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Tumour/Cyst/Ulcer/Lipoma Excision (Multiple)	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Neurofibromatosis of Face and Neck, Excision (Moderate)	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Tumour (Malignant), Excision and Reconstruction	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Various Lesions, Creation of Dimples (Unmarked)	\$1,750 - \$2,850	\$430 - \$770
Skin and Subcutaneous Tissue - Various Lesions, Fat/Dermal Fillers to Face per cc/treatment	\$1,750 - \$2,850	\$430 - \$770
Skin - Burns (more than 5% to 10%) Excision	\$1,750 - \$2,850	\$430 - \$770
Skin - Keratoses/Warts/Similar Lesions, Excision (more than 5 lesions)	\$1,750 - \$2,850	\$430 - \$770
Skin - Scar (Extension) Extensive, Revision	\$1,750 - \$2,850	\$430 - \$770
Skin - Scars (two) Removal of Tissue Expander Prosthesis and Revision of Scars	\$1,750 - \$2,850	\$430 - \$770
Skin - Superficial Nasal Dermoid, Excision	\$1,750 - \$2,850	\$430 - \$770
Skin - Tattoo (Multiple/more than 2%), Laser Excision	\$1,750 - \$2,850	\$430 - \$770
Skin - Various Lesions, Abrasive Therapy (Extensive)	\$1,750 - \$2,850	\$430 - \$770
Skin - Various Lesions, Insertion of Tissue Expander (Two)	\$1,750 - \$2,850	\$430 - \$770
Soft Tissue - Tumour, Wide Excision	\$1,750 - \$2,850	\$430 - \$770
Subcutaneous Tissue (Calves/ Knees/ Ankles) - Liposuction	\$1,750 - \$2,850	\$430 - \$770
Subcutaneous Tissue (Cheeks/ Neck) - Liposuction	\$1,750 - \$2,850	\$430 - \$770
Sweat Gland - Axillary, Hyperhidrosis Excision (Complete)	\$1,750 - \$2,850	\$430 - \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Breast - Diffuse Hypertrophy, Reduction Mammoplasty (Unilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Drooping Breast, Mastopexy (Unilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Excision of Accessory Breast (Axillary) (Bilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Lumps/Lesions (5 or more), Excision (Open/with hogwire localization/Mammotome)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Mammotome Biopsies (5 or more)	\$2,750 - \$4,400	\$660 - \$1,200
Breast (Nipple) - Various Lesions, Reconstruction (Bilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Post Contraction, Capsulotomy, (Bilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Post Mastectomy, Reconstruction (Unilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Radical Mastectomy with Skin Graft	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Sentinel Lymph Nodes (Bilateral) Biopsy (Internal Mammary)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Tumor (Malignant), Lumpectomy/Segmental Mastectomy with Sentinel Node Biopsy (Unilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Tumour (Malignant), Simple Mastectomy with Axillary Sampling	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Tumour (Malignant), Simple Mastectomy	\$2,750 - \$4,400	\$660 - \$1,200
Breast - Various Lesions, Unilateral/Subcutaneous Mastectomy	\$2,750 - \$4,400	\$660 - \$1,200
Hand - Burns (Major), Excision and Split Skin Graft	\$2,750 - \$4,400	\$660 - \$1,200
Legs - Hair Removal by Laser Phototherapy (per treatment)	\$2,750 - \$4,400	\$660 - \$1,200
Nerve - Facial Paralysis, Free Fascia and Nerve Graft (Microsurgical - Stage 1)	\$2,750 - \$4,400	\$660 - \$1,200
Nerve - Facial Paralysis, Free Fascia Graft	\$2,750 - \$4,400	\$660 - \$1,200
Nerve - Facial Paralysis, Muscle Transfer/Graft	\$2,750 - \$4,400	\$660 - \$1,200
Skin - Burns (more than 10%) Excision	\$2,750 - \$4,400	\$660 - \$1,200
Skin - Burns, Excision and Free Skin Graft less than 2%	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Mucous Membrane - Laceration (multiple & complex), Repair	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue - Burns, Excision and Major Full Thickness Graft	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue - Defect, Direct Flap (Cross Finger/Similar Flaps)	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue - Defect, Free Grafts (Split Skin Graft 5% to 10%)	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue - Haemangioma/Lymphangioma (Large), Excision	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue - Neurofibromatosis of Face and Neck, Excision (Large)	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue - Scalp Baldness, Hair Transplant (Per Session)	\$2,750 - \$4,400	\$660 - \$1,200

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Skin and Subcutaneous Tissue - Tumour (Malignant), Excision with Immediate Block Dissection	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue - Various Lesions, Fat Autologous Augmentation (Large Area) per session	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue - Various Tissues, Various Lesions, Creation of Dimples (Bilateral)	\$2,750 - \$4,400	\$660 - \$1,200
Skin and Subcutaneous Tissue/Baldness - Scalp Reduction (Hair Transplant)	\$2,750 - \$4,400	\$660 - \$1,200
Subcutaneous Tissue - Obesity, Lipectomy (Transverse Wedge Excision of Abdominal Apron/Lipectomy with Excision of Skin)	\$2,750 - \$4,400	\$660 - \$1,200
Subcutaneous Tissue (Abdomen) - Obesity Liposuction	\$2,750 - \$4,400	\$660 - \$1,200
Subcutaneous Tissue (Back) - Liposuction	\$2,750 - \$4,400	\$660 - \$1,200
Subcutaneous Tissue (Buttocks) - Obesity Liposuction	\$2,750 - \$4,400	\$660 - \$1,200
Subcutaneous Tissue (Thigh) - Obesity Liposuction	\$2,750 - \$4,400	\$660 - \$1,200
Subcutaneous Tissue (Upper Limbs) - Obesity Liposuction	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Breast - Drooping Breast, Mastopexy (Bilateral)	\$3,500 - \$5,500	\$870 - \$1,550
Breast - Gynaecomastia, Reduction (Bilateral) Major/Large	\$3,500 - \$5,500	\$870 - \$1,550
Breast - Hypoplasia, Augmentation Mammoplasty (Prosthetic and Bilateral), excluding cost of Implants	\$3,500 - \$5,500	\$870 - \$1,550
Breast - Tumour (Malignant), Radical Mastectomy	\$3,500 - \$5,500	\$870 - \$1,550
Breast - Various Lesions, Bilateral/Subcutaneous Mastectomy	\$3,500 - \$5,500	\$870 - \$1,550
Breast Malignancy - Wide Excision and Axillary Clearance	\$3,500 - \$5,500	\$870 - \$1,550
Breast - Malignant Tumour - Mastectomy and Axillary Clearance	\$3,500 - \$5,500	\$870 - \$1,550
Breast - Microdochoctomy (Bilateral/Multiple)	\$3,500 - \$5,500	\$870 - \$1,550
Breast - Post Contracture, Capsulectomy (Unilateral)	\$3,500 - \$5,500	\$870 - \$1,550
Breast - Post Mastectomy, Reconstruction (Bilateral)	\$3,500 - \$5,500	\$870 - \$1,550
Skin and Subcutaneous Tissue - Burns, Excision and Major Flap Repair	\$3,500 - \$5,500	\$870 - \$1,550
Skin and Subcutaneous Tissue - Defect (Deep), Direct Flap (Cross Arm/Radial Fore Arm/Abdominal/Similar)	\$3,500 - \$5,500	\$870 - \$1,550
Skin and Subcutaneous Tissue - Defect (Deep), Direct Flap Repair (Cross Leg)	\$3,500 - \$5,500	\$870 - \$1,550
Skin and Subcutaneous Tissue - Defect, Free Grafts (Split Skin Graft more than 10%)	\$3,500 - \$5,500	\$870 - \$1,550
Skin and Subcutaneous Tissue - Defect, Local Flap to Multiple Digits (Cross Finger/Thenar/Flag/Rotation Flap)	\$3,500 - \$5,500	\$870 - \$1,550

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Skin and Subcutaneous Tissue – Defect, Single Stage Local Flap (Complicated/ Large)	\$3,500 – \$5,500	\$870 – \$1,550
Skin and Subcutaneous Tissue – Haemangioma/ Lymphangioma (Large and Deep-Seated), Excision	\$3,500 – \$5,500	\$870 – \$1,550
Skin and Subcutaneous Tissue – Neurofibromatosis of Face and Neck Excision (Large and Complicated)	\$3,500 – \$5,500	\$870 – \$1,550
Soft Tissue, Tumour (Malignant) – Radical Excision	\$3,500 – \$5,500	\$870 – \$1,550
Subcutaneous Tissue, Obesity – Lipectomy (Excision with Undermining of Skin Edges and Strengthening of Abdominal Wall)	\$3,500 – \$5,500	\$870 – \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Breast – Post Mastectomy, Reconstruction using Distant Musculocutaneous Flap (Unilateral)	\$4,950 – \$6,600	\$1,300 – \$1,850
Breast – Tumor (Malignant), Lumpectomy/Segmental Mastectomy with Axillary Node Dissection/Sentinel Node Biopsy (Bilateral)	\$4,950 – \$6,600	\$1,300 – \$1,850
Breast – Tumor (Malignant), Simple Mastectomy (Bilateral)	\$4,950 – \$6,600	\$1,300 – \$1,850
Lymphatics and Subcutaneous Tissue – Lymphedema, Major Excision and Grafting Skin – Wrinkles, Partial Rhytidectomy	\$4,950 – \$6,600	\$1,300 – \$1,850

GROUP H

	Surgeon's Fees	Anaesthetist's Fees
Breast – Bilateral Mastectomy, with or without Axillary Clearance	\$5,500 – \$8,800	\$1,400 – \$2,550
Breast – Diffuse Hypertrophy, Reduction Mammoplasty (Bilateral)	\$5,500 – \$8,800	\$1,400 – \$2,550
Breast – Post-Contracture, Capsulectomy (Bilateral)	\$5,500 – \$8,800	\$1,400 – \$2,550
Breast – Post Mastectomy, Reconstruction using Distant Musculocutaneous Flap (Bilateral)	\$5,500 – \$8,800	\$1,400 – \$2,550
Breast – Post Mastectomy Reconstruction using Transverse Rectus Abdominis Musculocutaneous Flap (Unilateral)	\$5,500 – \$8,800	\$1,400 – \$2,550
Breast – Post Mastectomy, Reconstruction using Transverse Rectus Abdominis Musculocutaneous Flap (Bilateral)	\$5,500 – \$8,800	\$1,400 – \$2,550
Breast – Tumor (Malignant), Modified Radical Mastectomy/ Mastectomy with Axillary Clearance (Bilateral)	\$5,500 – \$8,800	\$1,400 – \$2,550
Nerve-Facial – Paralysis, Free Fascia and Nerve Graft (Microsurgical – Stage 2)	\$5,500 – \$8,800	\$1,400 – \$2,550

GROUP H

	Surgeon's Fees	Anaesthetist's Fees
Skin and Subcutaneous Tissue – Defect (Deep), Free Flaps	\$5,500 – \$8,800	\$1,400 – \$2,550
Skin and Subcutaneous Tissue – Haemangioma/ Lymphangioma (Extensive and Complex), (Excision)	\$5,500 – \$8,800	\$1,400 – \$2,550
Skin and Subcutaneous Tissue – Neurofibromatosis of Face and Neck, Excision (Extensive and Complex)	\$5,500 – \$8,800	\$1,400 – \$2,550
Skin – Wrinkles, Total Rhytidectomy	\$5,500 – \$8,800	\$1,400 – \$2,550
Subcutaneous Tissue – Obesity, Radical Abdominoplasty with Repair of Abdominal Wall and Transposition of Umbilicus	\$5,500 – \$8,800	\$1,400 – \$2,550
Skin and Subcutaneous Tissue – Tumour/Haemangioma/ Lymphangioma Excision (Extensive and Complex) and Free Flap Reconstruction	\$5,500 – \$8,800	\$1,400 – \$2,550

SECTION 10 – MALE GENITAL SYSTEM

GROUP A

	Surgeon's Fees	Anaesthetist's Fees
Penis – Paraphimosis/Phimosis/Reduction Prepuce, Circumcision	\$330 – \$550	\$200 – \$270
Penis – Penile Warts, Laser Vaporisation	\$330 – \$550	\$200 – \$270
Penis – Priapism, Decompression (Aspiration)	\$330 – \$550	\$200 – \$270
Penis – Various Lesions, Excision	\$330 – \$550	\$200 – \$270
Prostate – Cyst, Transurethral Ultrasound Guided Aspiration	\$330 – \$550	\$200 – \$270
Prostate – Various Lesions, Needle Biopsy	\$330 – \$550	\$200 – \$270
Seminal Vesicles – Various Lesions, Transurethral Ultrasound Guided Aspiration/Injection	\$330 – \$550	\$200 – \$270
Testis – Undescended/Ectopic, Secondary Detachment from Thigh	\$330 – \$550	\$200 – \$270
Testis – Various Lesions, Biopsy	\$330 – \$550	\$200 – \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Penis – Paraphimosis/Phimosis/Reduction Prepuce, Laser Circumcision	\$500 – \$800	\$270 – \$380
Penis – Hypospadias, Correction of Chordee	\$500 – \$820	\$270 – \$380
Penis – Hypospadias, Meatotomy & Hemicircumcision	\$500 – \$820	\$270 – \$380
Spermatic Cord – Hydrocele/Varicocele, Removal (Unilateral)	\$500 – \$820	\$270 – \$380
Spermatic Cord – Spermatocele/Epididymal Cyst, Excision	\$500 – \$820	\$270 – \$380
Spermatic Cord – Various Lesions, Epididymectomy	\$500 – \$820	\$270 – \$380
Testis – Various Lesions, Exploration/Repair	\$500 – \$820	\$270 – \$380
Testis – Various Lesions, Orchidectomy (Simple)	\$500 – \$820	\$270 – \$380
Testis – Various Lesions, Orchidoplasty	\$500 – \$820	\$270 – \$380
Vas Deferens – Various Lesions, Vasectomy	\$500 – \$820	\$270 – \$380
Vas Deferens – Various Lesions, Vasoepididymography & Vasovesiculography	\$500 – \$820	\$270 – \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Penis – Epispadias, Repair not involving Sphincter (each stage)	\$990 – \$1,650	\$330 – \$440
Penis – Hypospadias, Secondary Correction	\$990 – \$1,650	\$330 – \$440
Penis – Trauma, Repair of Laceration/Fracture Involving Cavernous Tissue	\$990 – \$1,650	\$330 – \$440
Penis – Tumour, Amputation (Partial)	\$990 – \$1,650	\$330 – \$440
Prostate Gland – Abscess, Retropublic/Endoscopic Drainage	\$990 – \$1,650	\$330 – \$440
Prostate Gland – Various Lesions, TUR Biopsy	\$990 – \$1,650	\$330 – \$440
Spermatic Cord – Hydrocele/Varicocele, Removal (Bilateral)	\$990 – \$1,650	\$330 – \$440

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Testis – Undescended/Ectopic (Unilateral), Orchiopexy/Transplantation with Hernia Repair	\$990 – \$1,650	\$330 – \$440
Testis – Various Lesions, Orchidectomy with Complete Excision of Spermatic Cord	\$990 – \$1,650	\$330 – \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Penis – Epispadias, Repair involving Bladder Neck Closure	\$1,750 – \$2,850	\$430 – \$770
Penis – Hypospadias, Correction of Chordee with Transposition of Prepuce	\$1,750 – \$2,850	\$430 – \$770
Penis – Hypospadias, Urethral Reconstruction	\$1,750 – \$2,850	\$430 – \$770
Penis – Peyronie's Disease, Operation	\$1,750 – \$2,850	\$430 – \$770
Penis – Priapism, Decompression (Shunt Operation)	\$1,750 – \$2,850	\$430 – \$770
Penis – Trauma, Repair of Avulsions	\$1,750 – \$2,850	\$430 – \$770
Penis – Tumour, Amputation (Total)	\$1,750 – \$2,850	\$430 – \$770
Prostate Gland – Various Lesions, Insertion of Stent	\$1,750 – \$2,850	\$430 – \$770
Prostate Gland – Various Lesions, Ablation (Microwave/Laser/Radiofrequency)	\$1,750 – \$2,850	\$430 – \$770
Prostate Gland – Various Lesions, Prostatectomy (Open)	\$1,750 – \$2,850	\$430 – \$770
Prostate Gland – Various Lesions, Transurethral Resection of Prostate (less than 30 gm)	\$1,750 – \$2,850	\$660 – \$1,200
Testis – Undescended/Ectopic (Bilateral), Orchiopexy/Transplantation with Hernia Repair	\$1,750 – \$2,850	\$660 – \$1,200
Varicocele – Various Lesions, Varicolectomy (Microsurgical)	\$1,750 – \$2,850	\$430 – \$770
Vas Deferens – Various Lesions, Reanastomosis	\$1,750 – \$2,850	\$430 – \$770
Vas Deferens – Various Lesions, Vasoepididymostomy	\$1,750 – \$2,850	\$430 – \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Penis – Hypospadias, Urethral Reconstruction & Correction of Chordee	\$2,750 – \$4,400	\$660 – \$1,200
Penis – Trauma Reconstruction (2nd Stage)	\$2,750 – \$4,400	\$660 – \$1,200
Penis – Various Lesions, Insertion of Penile Prosthesis	\$2,750 – \$4,400	\$660 – \$1,200
Prostate Gland – Various Lesions, Transurethral Resection of Prostate (more than 30 gm)	\$2,750 – \$4,400	\$660 – \$1,200
Testis – Undescended/Ectopic, Orchiopexy with Microvascular	\$2,750 – \$4,400	\$660 – \$1,200
Anastomosis Vas Deferens – Various Lesions, Exploration (Microsurgical) and Testicular Biopsy	\$2,750 – \$4,400	\$660 – \$1,200

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Vas Deferens - Various Lesions, Reanastomosis (Microsurgical)	\$2,750 - \$4,400	\$660 - \$1,200
Vas Deferens - Various Lesions, Vasopielidynostomy (Microsurgical)	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Penis - Trauma, Reconstruction (1st Stage)	\$3,500 - \$5,500	\$870 - \$1,550
Penis - Tumour, Amputation (Total) with Block Dissection	\$3,500 - \$5,500	\$870 - \$1,550
Prostate Gland - Various Lesions, Total Prostatectomy (Open)	\$3,500 - \$5,500	\$870 - \$1,550
Testis - Tumour, Retroperitoneal Lymph Node Dissection following Orchidectomy	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Penis - Trauma (Amputation), Microvascular Reattachment	\$4,950 - \$6,600	\$1,300 - \$1,850

SECTION I I - MUSCULOSKELETAL SYSTEM**GROUP A**

	Surgeon's Fees	Anaesthetist's Fees
UPPER LIMB		
Application of Full Plasters	\$330 - \$550	\$200 - \$270
Removal of Plaster Cast Under Anaesthesia	\$330 - \$550	\$200 - \$270

LOWER LIMB

Application of Full Plasters	\$330 - \$550	\$200 - \$270
Removal of Plaster Cast Under Anaesthesia	\$330 - \$550	\$200 - \$270
Simple Wedge Excision/Avulsion of Toe Nail	\$330 - \$550	\$200 - \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
UPPER LIMB		
Decompression of Tendon Sheath and Synovial Biopsies (eg. Trigger Finger)	\$500 - \$820	\$270 - \$380
Drainage of Abscesses (Superficial)	\$500 - \$820	\$270 - \$380
Manipulation and Reduction under General Anaesthesia for Greenstick Fractures and Simple Dislocations	\$500 - \$820	\$270 - \$380
Minor Skin Graft	\$500 - \$820	\$270 - \$380
Removal of Simple Implants	\$500 - \$820	\$270 - \$380
Zadik's Operation or Matrixectomy of Toe Nails	\$500 - \$820	\$270 - \$380

SPINE

Primary Application of Localiser Cast, Full Body Jacket and Minerva Jacket	\$500 - \$820	\$270 - \$380
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LOWER LIMB

Incision and Drainage of Superficial Abscesses	\$500 - \$820	\$270 - \$380
Manipulation and Reduction of Greenstick Fractures and Simple Dislocation	\$500 - \$820	\$270 - \$380
Removal of Simple Implants	\$500 - \$820	\$270 - \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
UPPER LIMB		
Amputation - Single Digit with Reconstruction/ Terminalisation	\$990 - \$1,650	\$330 - \$440
Decompression of Carpal Tunnel	\$990 - \$1,650	\$330 - \$440
Decompression of Trigger Thumb	\$990 - \$1,650	\$330 - \$440
Drainage of Deep Muscle Abscess	\$990 - \$1,650	\$330 - \$440
Excision - Arthroplasty of Small Joints	\$990 - \$1,650	\$330 - \$440

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Excision of Ganglion and Small Lumps	\$990 - \$1,650	\$330 - \$440
Excision of Lower End of Ulna	\$990 - \$1,650	\$330 - \$440
Excision of Olecranon Bursa	\$990 - \$1,650	\$330 - \$440
Excision of Radial Head	\$990 - \$1,650	\$330 - \$440
Local Skin Flaps	\$990 - \$1,650	\$330 - \$440
Major Debridement	\$990 - \$1,650	\$330 - \$440
Major Skin Grafts	\$990 - \$1,650	\$330 - \$440
Manipulation and Reduction under Local or Regional Anaesthesia for Fractures and Dislocations	\$990 - \$1,650	\$330 - \$440
Nail Bed Repair	\$990 - \$1,650	\$330 - \$440
Removal of Deep Implants	\$990 - \$1,650	\$330 - \$440
Repair of Single Extensor Tendon and Simple Tenotomy	\$990 - \$1,650	\$330 - \$440
Simple Drainage Procedure for Osteomyelitis and Septic Arthritis	\$990 - \$1,650	\$330 - \$440
Wound Debridement of Minor Crush Hand	\$990 - \$1,650	\$330 - \$440

SPINE

Application of Skull Calipers	\$990 - \$1,650	\$330 - \$440
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LOWER LIMB

Amputation of Single Digit	\$990 - \$1,650	\$330 - \$440
Excision of Ganglion and Small Lumps	\$990 - \$1,650	\$330 - \$440
Floating Osteotomy of One Metatarsal	\$990 - \$1,650	\$330 - \$440
Major Debridement	\$990 - \$1,650	\$330 - \$440
Primary Repair of Tendon (other than Tendo-Achilles) - Single	\$990 - \$1,650	\$330 - \$440
Removal of Deep Implants	\$990 - \$1,650	\$330 - \$440
Repair of Single Peripheral Nerve	\$990 - \$1,650	\$330 - \$440
Wound Debridement of Minor Crush Injury to the Foot	\$990 - \$1,650	\$330 - \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
HEAD-FACE		
Maxilla, Alveolar Cleft (Incomplete), Bone Graft	\$1,750 - \$2,850	\$430 - \$770
UPPER LIMB		
Complicated Removal of Implants	\$1,750 - \$2,850	\$430 - \$770
Decompression of Nerve Entrapment Syndromes, Cubital Tunnel, etc.	\$1,750 - \$2,850	\$430 - \$770
Excision of Benign Tumour in Hand	\$1,750 - \$2,850	\$430 - \$770
Fasciotomy for Vascular Insufficiency	\$1,750 - \$2,850	\$430 - \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Percutaneous Fixation of Supracondylar Fractures in children	\$1,750 - \$2,850	\$430 - \$770
Reduction and Internal Fixation of Phalangeal Fractures and Metacarpal Fractures	\$1,750 - \$2,850	\$430 - \$770
Reduction and Internal Fixation with Wires and Tension Bands of Olecranon Fracture, Condylar Fractures, etc.	\$1,750 - \$2,850	\$430 - \$770
Open Reduction, Wound Debridement for Compound Fractures and Dislocations	\$1,750 - \$2,850	\$430 - \$770
Percutaneous Wiring of Phalangeal or Metacarpal Fractures	\$1,750 - \$2,850	\$430 - \$770
Primary Repair of Flexor Tendon (Single)	\$1,750 - \$2,850	\$430 - \$770
Synovectomy of Digit	\$1,750 - \$2,850	\$430 - \$770
Synovectomy of Flexor and Extensor Tendons	\$1,750 - \$2,850	\$430 - \$770
Synovectomy of Small Joints	\$1,750 - \$2,850	\$430 - \$770
Wound Debridement for Major Crush Injuries of the Hand	\$1,750 - \$2,850	\$430 - \$770

SPINE

Release of Torticollis	\$1,750 - \$2,850	\$430 - \$770
Removal of Spinal Implant - Simple	\$1,750 - \$2,850	\$430 - \$770
Vertebroplasty - Single Level	\$1,750 - \$2,850	\$430 - \$770

LOWER LIMB

Arthrodesis of Single Small Joint	\$1,750 - \$2,850	\$430 - \$770
Arthrodesis of the Hip	\$1,750 - \$2,850	\$430 - \$770
Arthrodesis of the Knee	\$1,750 - \$2,850	\$430 - \$770
Complicated Removal of Implants	\$1,750 - \$2,850	\$430 - \$770
Corrective Surgery for Hallux Valgus - Simple	\$1,750 - \$2,850	\$430 - \$770
Decompression of Nerve Entrapment Syndromes	\$1,750 - \$2,850	\$430 - \$770
Excision of Popliteal Cyst	\$1,750 - \$2,850	\$430 - \$770
Floating Osteotomy of two or more Metatarsals	\$1,750 - \$2,850	\$430 - \$770
Manipulation and "K" Wire fixation of fractures/Dislocation of the Foot	\$1,750 - \$2,850	\$430 - \$770
Minor Procedures for Club Foot, eg. Elongation of Tendons	\$1,750 - \$2,850	\$430 - \$770
Open Reduction and Internal Fixation of Wires, Single Screw or Tension Bands, eg. Malleolar Fracture	\$1,750 - \$2,850	\$430 - \$770
Open Reduction and Wound Debridement of Compound Fracture and Dislocations	\$1,750 - \$2,850	\$430 - \$770
Patellectomy	\$1,750 - \$2,850	\$430 - \$770
Primary Repair of Tendon - Multiple	\$1,750 - \$2,850	\$430 - \$770
Secondary Repair of Tendon and Primary Repair of Tendo-Achilles	\$1,750 - \$2,850	\$430 - \$770
Simple Drainage Procedures for Osteomyelitis	\$1,750 - \$2,850	\$430 - \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Small Joint Arthroplasty, eg. Fowler's	\$1,750 - \$2,850	\$430 - \$770
Synovectomies of Small Joint	\$1,750 - \$2,850	\$430 - \$770
Wound Debridement of Major Crush Injuries to the Foot	\$1,750 - \$2,850	\$430 - \$770

GROUP E**HEAD-FACE**

	Surgeon's Fees	Anaesthetist's Fees
Maxilla, Alveolar Cleft (Complete), Bone Graft and Closure of Nasobuccal Fistula	\$2,750 - \$4,400	\$660 - \$1,200

UPPER LIMB

Amputation Proximal to Metacarpals or Multiple Digits	\$2,750 - \$4,400	\$660 - \$1,200
Amputation of the Arm or Forearm	\$2,750 - \$4,400	\$660 - \$1,200
Arthroplasty of Small Joints - Replacement, eg. Silastic Joints or Total Joints	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic Operations, eg. Removal of Loose Bodies, Shaving of Triangular Cartilage and Biopsy	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic Shoulder Procedure, eg. Sub-Acromio Decompression	\$2,750 - \$4,400	\$660 - \$1,200
Correction of Syndactyly or Polydactyly	\$2,750 - \$4,400	\$660 - \$1,200
Corrective Surgery for Bone and Joint Deformities and Contractures, eg. Osteotomies	\$2,750 - \$4,400	\$660 - \$1,200
Extensive Curettage, Debridement and Irrigation for Osteomyelitis or Septic Arthritis	\$2,750 - \$4,400	\$660 - \$1,200
Fasciotomy for Dupuytren's Contractures	\$2,750 - \$4,400	\$660 - \$1,200
Fixation of Scaphoid Fractures	\$2,750 - \$4,400	\$660 - \$1,200
Major Excision of Benign Tumours, Hamartoma, eg. Large Haemangiomas	\$2,750 - \$4,400	\$660 - \$1,200
Major Soft Tissues, Muscles and Tendon Release in Deformities and Contractures of Cerebral Palsy	\$2,750 - \$4,400	\$660 - \$1,200
Open Reduction and Internal Fixation of Fractures with Plates, Nails, Rods, etc. Operation on the Clavicle (Fractures and Dislocation)	\$2,750 - \$4,400	\$660 - \$1,200
Primary Repair of Multiple Flexor Tendons (2 to 4)	\$2,750 - \$4,400	\$660 - \$1,200
Repair of Multiple Extensor Tendons	\$2,750 - \$4,400	\$660 - \$1,200
Synovectomies of Large Joints	\$2,750 - \$4,400	\$660 - \$1,200
Transposition of Nerve with or without Condylectomy	\$2,750 - \$4,400	\$660 - \$1,200

SPINE

Removal of Spinal Implant - Complicated	\$2,750 - \$4,400	\$660 - \$1,200
Vertebroplasty - Multiple Level	\$2,750 - \$4,400	\$660 - \$1,200

GROUP E**LOWER LIMB**

	Surgeon's Fees	Anaesthetist's Fees
Amputation Proximal to Metatarsals	\$2,750 - \$4,400	\$660 - \$1,200
Ankle Fractures and Dislocations - Open Reduction and Internal Fixation	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopic or Open Synovectomies of Knees and Ankles	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopy - Therapeutic: Debridement	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopy - Therapeutic: Fixation of Osteochondritic Fragment	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopy - Therapeutic: Lateral Release	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopy - Therapeutic: Meniscectomy	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopy - Therapeutic: Removal of Loose Body	\$2,750 - \$4,400	\$660 - \$1,200
Arthroscopy - Therapeutic: Synovectomy	\$2,750 - \$4,400	\$660 - \$1,200
Corrective Surgery for Hallux Valgus - Complex	\$2,750 - \$4,400	\$660 - \$1,200
Epiphysiodesis and Epiphysiolysis	\$2,750 - \$4,400	\$660 - \$1,200
Extensive Drainage, Curettage with Irrigation for Osteomyelitis or Septic Arthritis	\$2,750 - \$4,400	\$660 - \$1,200
External Fixation, Intramedullary Nailing High Tibial Osteotomy	\$2,750 - \$4,400	\$660 - \$1,200
External Fixation, Intramedullary Nail without Interlocking	\$2,750 - \$4,400	\$660 - \$1,200
Major Excision of Benign Tumours	\$2,750 - \$4,400	\$660 - \$1,200
Major Soft Tissues, Muscle and Tendon Release, eg. Club Foot, Cerebral Palsy	\$2,750 - \$4,400	\$660 - \$1,200
Operations for Recurrent Dislocation of Patella and Chondromalacia Patella and Fixation of Patellar Fractures	\$2,750 - \$4,400	\$660 - \$1,200
Primary Reconstructive Procedures of Knee Ligaments	\$2,750 - \$4,400	\$660 - \$1,200
Reconstruction of Tendo-Achilles	\$2,750 - \$4,400	\$660 - \$1,200
Secondary Ligamentous Reconstructive Procedures around the Knee, eg. ACL Repairs	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F**HEAD-FACE**

	Surgeon's Fees	Anaesthetist's Fees
Maxilla, Alveolar Cleft (Bilateral) Bone Graft and Closure of Bilateral	\$3,500 - \$5,500	\$870 - \$1,550
Nasobuccal Fistula	\$3,500 - \$5,500	\$870 - \$1,550

UPPER LIMB

Arthrodesis of Large Joints	\$3,500 - \$5,500	\$870 - \$1,550
Arthroplasty of the Shoulder or Elbow Joints, eg. Skin Arthroplasty	\$3,500 - \$5,500	\$870 - \$1,550
Arthroscopic Shoulder Procedure, eg. Shoulder Stabilisation	\$3,500 - \$5,500	\$870 - \$1,550

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Corrective Surgery for Bone and Joint Deformities and Contractures - Osteotomy and Fixation	\$3,500 - \$5,500	\$870 - \$1,550
Major Excision of Malignant Tumours without Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Nerve Grafting, Interfascicular Repair and Neurovascular Transfer	\$3,500 - \$5,500	\$870 - \$1,550
Neurovascular Island Flaps	\$3,500 - \$5,500	\$870 - \$1,550
Open reduction of All Unreduced Dislocation and Fractures	\$3,500 - \$5,500	\$870 - \$1,550
Operation for Delayed or Non-union with Bone Grafting with or without Plating	\$3,500 - \$5,500	\$870 - \$1,550
Primary Repair of Multiple Flexor Tendons (5 and above)	\$3,500 - \$5,500	\$870 - \$1,550
Reconstructive Procedures of the Shoulder - Putti-Platt, Bankart's Bristow, etc.	\$3,500 - \$5,500	\$870 - \$1,550
Repair of Single Major Nerve, eg. Median, Ulnar or Multiple Digital Nerves	\$3,500 - \$5,500	\$870 - \$1,550
Secondary Repair of Tendons, Tendon Graft and Tendon Transfer	\$3,500 - \$5,500	\$870 - \$1,550
Wrist Ligament Reconstruction for Instability	\$3,500 - \$5,500	\$870 - \$1,550
LOWER LIMB		
Arthrodesis of Large Joints	\$3,500 - \$5,500	\$870 - \$1,550
Arthroplasty of Large Joints - Excision or Interposition	\$3,500 - \$5,500	\$870 - \$1,550
Arthroscopy - Meniscal Repair/Menisectomy with Ligament Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Corrective Surgery in Bone and Joint Deformities and Contractures, eg. Osteotomy and Fixation (other than High Tibial Osteotomy)	\$3,500 - \$5,500	\$870 - \$1,550
Disarticulation of the Hip	\$3,500 - \$5,500	\$870 - \$1,550
External Fixation, Intramedullary Nail with Interlocking Nail	\$3,500 - \$5,500	\$870 - \$1,550
Fixation with Plate and Pin and Screws of Intertrochanteric Fracture and other Bones	\$3,500 - \$5,500	\$870 - \$1,550
Hemi-Replacement Arthroplasty, eg. Moore's and Thomson Arthroplasty	\$3,500 - \$5,500	\$870 - \$1,550
Major Excision of Malignant Tumours without Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Operations for Delayed and Non-union of the Femur and Tibia	\$3,500 - \$5,500	\$870 - \$1,550
Repair of Major Nerves, eg. Sciatic, Lateral and Medial Popliteal	\$3,500 - \$5,500	\$870 - \$1,550
Triple Fusion Arthrodesis	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
HEAD-FACE		
Maxilla, LeForte III Fracture, Reduction and fixation (excluding Cost of Implants)	\$4,950 - \$6,600	\$1,300 - \$1,850
Trauma, Craniofacial Approach Reduction and Fixation with Bone Graft (excluding Cost of Implants)	\$4,950 - \$6,600	\$1,300 - \$1,850
SPINE		
Discectomy - One Level	\$4,950 - \$6,600	\$1,300 - \$1,850
Posterior Spinal Fusion	\$4,950 - \$6,600	\$1,300 - \$1,850
UPPER LIMB		
Combination of Various Procedures, eg. Wrist Arthrodesis and Tendon Transfer, Muscle Slide and Bone Shortening of the Forearm	\$4,950 - \$6,600	\$1,300 - \$1,850
Forequarter Amputation	\$4,950 - \$6,600	\$1,300 - \$1,850
Major Excision of Malignant Tumours	\$4,950 - \$6,600	\$1,300 - \$1,850
Major Reconstructive Procedures of Hand Deformities, eg. Pollicization, Syndactyly or Hansen's Disease	\$4,950 - \$6,600	\$1,300 - \$1,850
Open Reduction and Fixation of Major Fractures with or without Arterial Injury	\$4,950 - \$6,600	\$1,300 - \$1,850
Total Joint Replacement of the Wrist, Elbow or Shoulder	\$4,950 - \$6,600	\$1,300 - \$1,850
SPINE		
One Stage Operations for Scoliosis, Spina Bifida and Kyphosis without Instrumentation	\$4,950 - \$6,600	\$1,300 - \$1,850
LOWER LIMB		
Combination of Various Procedures, eg. in Major Crush Injuries of Lower Limbs Requiring Fixation of Bones, Arterial, Neural and Tendon Repair	\$4,950 - \$6,600	\$1,300 - \$1,850
Hindquarter Amputation	\$4,950 - \$6,600	\$1,300 - \$1,850
Leg Lengthening and Shortening Procedures	\$4,950 - \$6,600	\$1,300 - \$1,850
Major Excision of Malignant Tumours	\$4,950 - \$6,600	\$1,300 - \$1,850
Nerve Grafting, Interfascicular Repair and Neurovascular Transfer	\$4,950 - \$6,600	\$1,300 - \$1,850
Open Reduction and Fixation of Major Fractures with or without Arterial Injury	\$4,950 - \$6,600	\$1,300 - \$1,850
Open Reduction and Fixation of the Fractures and Vascular Injury	\$4,950 - \$6,600	\$1,300 - \$1,850
Open Reduction of Dislocated Major Joints - Hips and Knees	\$4,950 - \$6,600	\$1,300 - \$1,850
Total Joint Replacement	\$4,950 - \$6,600	\$1,300 - \$1,850

GROUP H

Surgeon's Fees

Anaesthetist's Fees

HEAD-FACE

Maxilla, LeFort III, Reduction and Fixation Using Craniofacial Approach	\$5,500 - \$8,800	\$1,400 - \$2,550
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LOWER LIMB

Acetabular Fracture Fixation - Posterior Column/Posterior Wall	\$5,500 - \$8,800	\$1,400 - \$2,550
Complicated Total Joint Replacement	\$5,500 - \$8,800	\$1,400 - \$2,550
Pelvic Ring - Screw Fixation	\$5,500 - \$8,800	\$1,400 - \$2,550
Revision Total Joint Replacement	\$5,500 - \$8,800	\$1,400 - \$2,550
Sacro-iliac Joint Fixation	\$5,500 - \$8,800	\$1,400 - \$2,550

SPINE

Anterior Drainage and Fusion	\$5,500 - \$8,800	\$1,400 - \$2,550
Anterior Spinal Fusion, Cervical or Lumbar	\$5,500 - \$8,800	\$1,400 - \$2,550
Artificial Disk Replacement	\$5,500 - \$8,800	\$1,400 - \$2,550
Decompression Laminectomy for Spinal Stenosis and Tumours	\$5,500 - \$8,800	\$1,400 - \$2,550
Discectomy - Two levels and above	\$5,500 - \$8,800	\$1,400 - \$2,550
Laminectomy and Fusion	\$5,500 - \$8,800	\$1,400 - \$2,550
Cervical Laminoplasty	\$5,500 - \$8,800	\$1,400 - \$2,550
Removal of Intraspinial Tumours	\$5,500 - \$8,800	\$1,400 - \$2,550
Revision Spinal Surgery	\$5,500 - \$8,800	\$1,400 - \$2,550
Spinal Instrumentation	\$5,500 - \$8,800	\$1,400 - \$2,550

UPPER LIMB

Complicated Total Joint Replacement	\$5,500 - \$8,800	\$1,400 - \$2,550
Replantation Surgery of Upper Limb - Single Digit Replantation	\$5,500 - \$8,800	\$1,400 - \$2,550
Revision Total Joint Replacement	\$5,500 - \$8,800	\$1,400 - \$2,550

GROUP I

Surgeon's Fees

Anaesthetist's Fees

HEAD-FACE

Tumour, Craniofacial Resection with Reconstruction	\$7,700 - \$11,000	\$1,950 - \$3,050
Various Lesions, Craniofacial Resection	\$7,700 - \$11,000	\$1,950 - \$3,050

UPPER LIMB

Complicated Total Joint Revision	\$7,700 - \$11,000	\$1,950 - \$3,050
Difficult Toe to Finger Transfer	\$7,700 - \$11,000	\$1,950 - \$3,050
Major Microsurgical Reconstruction	\$7,700 - \$11,000	\$1,950 - \$3,050

GROUP I

Surgeon's Fees

Anaesthetist's Fees

Major Replantation (Bone, Muscle, Skin Using Micro-surgical Technique)	\$7,700 - \$11,000	\$1,950 - \$3,050
Tumour (Malignant) Major Resection and Reconstruction	\$7,700 - \$11,000	\$1,950 - \$3,050

SPINE

Complicated Spinal Instrumentation	\$7,700 - \$11,000	\$1,950 - \$3,050
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SOFT TISSUE

Tumour (Malignant) Major Resection and Reconstruction	\$7,700 - \$11,000	\$1,950 - \$3,050
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LOWER LIMB

Acetabular Fracture Fixation - Anterior Column/ Both Column/T-Type	\$7,700 - \$11,000	\$1,950 - \$3,050
Complicated Total Joint Revision	\$7,700 - \$11,000	\$1,950 - \$3,050
Difficult Toe to Finger Transfer	\$7,700 - \$11,000	\$1,950 - \$3,050
Major Microsurgical Reconstruction	\$7,700 - \$11,000	\$1,950 - \$3,050
Major Replantation Surgery of the Lower Limb	\$7,700 - \$11,000	\$1,950 - \$3,050
Tumour (Malignant) Major Resection and Reconstruction	\$7,700 - \$11,000	\$1,950 - \$3,050

SECTION 12 - NERVOUS SYSTEM

GROUP A

Nerve - Various Lesions, Biopsy

Surgeon's Fees	Anaesthetist's Fees
\$330 - \$550	\$200 - \$270

GROUP C

Nerve - Cutaneous, Injury, Primary Suture
Nerve - Digital, Injury, Primary Repair
Nerve - Peripheral (Superficial), Tumour, Excision

Surgeon's Fees	Anaesthetist's Fees
\$990 - \$1,650	\$330 - \$440
\$990 - \$1,650	\$330 - \$440
\$990 - \$1,650	\$330 - \$440

GROUP D

Brain - Hydrocephalus, Revision/Removal of Shunt
Brain - Intracranial Abscess, Drainage via Burr-hole
Brain - Tumour, Ventricular Puncture through Burr-hole
Brain - Various Lesions, Insertion of Ominaya Reservoir
Nerve - Defect, Peripheral Graft
Nerve - Various Lesions, Primary/Secondary Suture
Nerve-Trigeminal - Ganglion, Injection with alcohol/
Radiotherapy Ganglionotomy
Nerve-Ulnar - Entrapment, Transposition
Skull - Intracranial Haemorrhage, Burr-hole Craniotomy
(Unilateral)
Spinal Cord - Intractable Pain, Injection of Alcohol/
Phenol

Surgeon's Fees	Anaesthetist's Fees
\$1,750 - \$2,850	\$430 - \$770
\$1,750 - \$2,850	\$430 - \$770
\$1,750 - \$2,850	\$430 - \$770
\$1,750 - \$2,850	\$430 - \$770
\$1,750 - \$2,850	\$430 - \$770
\$1,750 - \$2,850	\$430 - \$770
\$1,750 - \$2,850	\$430 - \$770
\$1,750 - \$2,850	\$660 - \$1,200
\$1,750 - \$2,850	\$430 - \$770

GROUP E

Artery-Carotid - Aneurysm/Arteriovenous Fistula, Ligation
Brain - Hydrocephalus and Other Lesions, Ventriculoatrial/
Ventriculoperitoneal Shunt
Brain - Hydrocephalus, Spino-peritoneal Shunt
Brain - Intracranial Abscess Craniectomy and Drainage
Brain - Intracranial Tumour/Intracranial Cyst, Biopsy/
Drainage via Burr-hole
Meninges - Myelomeningocele, Excision of Sac
Nerve-Facial (Mastoid Portion) - Entrapment, Decompression
Nerve-Peripheral (Deep) - Tumour, Excision
Nerve-Sympathetic - Various Lesions, Sympathectomy
(Unilateral)
Skull - Compound Fracture without Dural Penetration,
Operation
Skull - Defect, Cranioplasty (Large)

Surgeon's Fees	Anaesthetist's Fees
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200

GROUP E

Skull - Defect, Cranioplasty (Small)
Skull - Depressed/Comminuted Fracture, Elevation
Skull - Intracranial Haemorrhage, Burr-hole Craniotomy
(Bilateral)
Skull - Osteomyelitis, Craniectomy
Spinal Cord - Intractable Pain, Percutaneous Cordotomy

Surgeon's Fees	Anaesthetist's Fees
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200
\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

Brain and Spine - Arachnoidal Cyst, Operation
Brain - Hydrocephalus, Ventriculo-Gisternostomy
Brain - Intracranial Abscess, Excision
Brain - Intracranial Extracerebral Tumour, Craniotomy &
Removal/Hemispherectomy
Brain - Psychiatric Causes, Leucotomy/Lobotomy
Brain - Various Lesions, Chemopallidectomy/Other
Stereotactic Procedure
Meninges - Myelomeningocele, Extensive Repair with Skin
Flaps/Z-plasty
Nerve-Cranial - Various Lesions, Microvascular
Decompression/Neurectomy
Nerve - Sympathetic-Variou Lesions, Sympathectomy
(Bilateral)
Plexus-Brachial - Injury, Exploration
Skull - Compound Fracture with Dural Penetration and
Brain Damage, Operation
Skull - Craniostenosis (Multiple Suture), Operation
Skull - Craniostenosis (Single Suture), Operation
Skull - Fracture with Rhinorrhoea/Otorrhoea, Cranioplasty
and Repair
Skull - Intracranial Haemorrhage, Osteoplastic Craniotomy/
Extensive Craniectomy
Spinal Cord - Aneurysm/Arteriovenous Malformation
Clipping/Reinforcement of Sac
Spinal Nerve Roots - Various Lesions, Spinal Rhizolysis
involving Exposure of Spinal Nerve Roots

Surgeon's Fees	Anaesthetist's Fees
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
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\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550
\$3,500 - \$5,500	\$870 - \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Artery-Carotid - Atherosclerosis, Carotid Endarterectomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Brain - Carotico-Cavernous Fistula, Extracranial and Intracranial Trapping	\$4,950 - \$6,600	\$1,300 - \$1,850
Brain - Epilepsy, Craniotomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Brain - Intracerebral Tumour, Biopsy and Decompression/Removal via Craniotomy	\$4,950 - \$6,600	\$1,300 - \$1,850
Pituitary - Various Lesions, Transsphenoidal Hypophysectomy/Excision of Tumour	\$4,950 - \$6,600	\$1,300 - \$1,850

GROUP H

	Surgeon's Fees	Anaesthetist's Fees
Brain - Acoustic Tumour/Cerebello-Pontine Angle Tumour, Excision	\$5,500 - \$8,800	\$1,400 - \$2,550
Brain - Aneurysm/Arteriovenous Malformation, Clipping/Reinforcement of Sac	\$5,500 - \$8,800	\$1,400 - \$2,550
Brain - Arteriovenous Malformation, Craniotomy and Excision	\$5,500 - \$8,800	\$1,400 - \$2,550
Brain - Stereotactic Radiosurgery	\$5,500 - \$8,800	\$1,400 - \$2,550

GROUP I

	Surgeon's Fees	Anaesthetist's Fees
Artery-Carotid - Carotid Body Tumour, Excision	\$7,700 - \$11,000	\$1,950 - \$3,050
Artery-Carotid - External Carotid-Internal Carotid, Bypass	\$7,700 - \$11,000	\$1,950 - \$3,050
Brain - Frameless Stereotactic Image-guided Craniotomy	\$7,700 - \$11,000	\$1,950 - \$3,050
Brain - Tumours (Large) (excluding Biopsy) - Craniotomy, for Excision or Decompression	\$7,700 - \$11,000	\$1,950 - \$3,050
Brain - Posterior Giant Aneurysm/Large Arteriovenous Malformation, Clipping or Excision	\$7,700 - \$11,000	\$1,950 - \$3,050

SECTION 13 - RESPIRATORY SYSTEM**GROUP A**

	Surgeon's Fees	Anaesthetist's Fees
Nose - Foreign Body, Removal (Simple)	\$330 - \$550	\$200 - \$270
Nose - Polyp (Simple), Removal	\$330 - \$550	\$200 - \$270
Nose - Various Lesions (Postnasal Space), Direct Examination with Biopsy and Nasendoscopy	\$330 - \$550	\$200 - \$270
Nose - Various Lesions, Cauterisation/Diathermy	\$330 - \$550	\$200 - \$270
Sinuses - Nasal, Various Lesions of Antrum, Proof Puncture and/or Lavage	\$330 - \$550	\$200 - \$270
Thorax - Mediastinal Lesions, Cervical Exploration with/without Biopsy	\$330 - \$550	\$200 - \$270
Thorax - Pleural Effusion, Aspiration and/or Paracentesis	\$330 - \$550	\$200 - \$270
Thorax - Various Lesions, Intercostal Drain (Insertion without Resection of Rib)	\$330 - \$550	\$200 - \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Bronchus - Impaction by Secretions, Bronchoscopy with Bronchial Toilet	\$500 - \$820	\$330 - \$440
Bronchus - Various Lesions, Bronchoscopic Examination with/without Biopsy	\$500 - \$820	\$330 - \$440
Larynx - Various Lesions, Direct Examination without Biopsy	\$500 - \$820	\$330 - \$440
Lung - Various Lesions, Bronchoscopy with Bronchoalveolar Lavage	\$500 - \$820	\$330 - \$440
Lung - Various Lesions, Bronchoscopy with Transbronchial Lung Biopsy (without Screening)	\$500 - \$820	\$330 - \$440
Mouth - Various Lesions, Laser Application	\$500 - \$820	\$270 - \$380
Nose - Foreign Body, Removal (Complicated)	\$500 - \$820	\$270 - \$380
Nose - Haematoma/Abscess, Evacuation	\$500 - \$820	\$270 - \$380
Nose - Haemorrhage, Haemostasis (Packing)/Cryotherapy	\$500 - \$820	\$270 - \$380
Nose - Polyp (Complex), Removal	\$500 - \$820	\$270 - \$380
Nose - Simple Fracture, Manipulation	\$500 - \$820	\$270 - \$380
Nose - Various Lesions, Examination	\$500 - \$820	\$270 - \$380
Nose - Various Lesions, Cauterisation/ Diathermy (under General Anaesthesia)	\$500 - \$820	\$270 - \$380
Nose - Young's Operation (Unilateral)	\$500 - \$820	\$270 - \$380
Sinuses-Nasal - Foreign Body/Other Lesions, Intranasal Operation/Removal of Foreign Body	\$500 - \$820	\$330 - \$440
Sinuses-Nasal - Haematoma/Abscess, Antral Drainage	\$500 - \$820	\$270 - \$380
Sinuses-Nasal - Various Lesions of Antrum Proof Puncture and/or Lavage (under General Anaesthesia)	\$500 - \$820	\$270 - \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Bronchus - Foreign Body, Removal (Bronchoscopic)	\$990 - \$1,650	\$430 - \$770
Bronchus - Various Lesions, Laser Application, each stage	\$990 - \$1,650	\$430 - \$770
Larynx - Stripping of Vocal Cords	\$990 - \$1,650	\$330 - \$440
Larynx - Various Lesions, Direct Examination with Removal of Tumour	\$990 - \$1,650	\$430 - \$770
Lung - Various Lesions, Bronchoscopy with Transbronchial Lung Biopsy (with Screening)	\$990 - \$1,650	\$330 - \$440
Nose-Choanal Atresia, Repair by Puncture and Dilatation (Simple)	\$990 - \$1,650	\$330 - \$440
Nose - Laceration Full Thickness, Repair	\$990 - \$1,650	\$330 - \$440
Nose - Rhinophyma, Excision	\$990 - \$1,650	\$330 - \$440
Nose - Various Lesions (Turbinates), Turbinectomy	\$990 - \$1,650	\$330 - \$440
Sinuses-Frontal - Various Lesions, Trephine	\$990 - \$1,650	\$330 - \$440
Sinuses-Nasal - Oro-antral Fistula, Closure	\$990 - \$1,650	\$330 - \$440
Sinuses-Nasal - Various Lesions, Intranasal Operation	\$990 - \$1,650	\$330 - \$440
Thorax - Various Lesions, Endolaryngeal Microsurgical Procedure	\$990 - \$1,650	\$430 - \$770
Thorax - Various Lesions, Thoracotomy (Exploration) with/without Biopsy	\$990 - \$1,650	\$430 - \$770
Trachea - Foreign Body, Removal	\$990 - \$1,650	\$430 - \$770
Trachea - Various Lesions, Tracheostomy	\$990 - \$1,650	\$330 - \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Bronchus - Foreign Body, Removal via Bronchotomy	\$1,750 - \$2,850	\$430 - \$770
Larynx and Pharynx - Various Lesions, Laser Application	\$1,750 - \$2,850	\$430 - \$770
Lung - Various Lesions, Pneumectomy/Lobectomy/Segmental Resection	\$1,750 - \$2,850	\$660 - \$1,200
Lung - Various Lesions, Repeat/Multiple Resection	\$1,750 - \$2,850	\$660 - \$1,200
Lung - Various Lesions, Wedge Resection	\$1,750 - \$2,850	\$660 - \$1,200
Nose - Choanal Atresia, Plastic Repair	\$1,750 - \$2,850	\$430 - \$770
Nose - Post-Nasal Space, Laser Application	\$1,750 - \$2,850	\$430 - \$770
Nose - Various Lesions, Composite Graft (Chondro Cutaneous/Chondro-Mucosal)	\$1,750 - \$2,850	\$430 - \$770
Nose - Various Lesions, Rhinoplasty (Augmentation excluding Cost of Implants)	\$1,750 - \$2,850	\$430 - \$770
Nose - Various Lesions, Rhinoplasty (Correction of Bony Vault only)	\$1,750 - \$2,850	\$430 - \$770
Nose - Various Lesions, Rhinoplasty (Correction of Lateral and/or Alar Cartilages)	\$1,750 - \$2,850	\$430 - \$770
Nose - Various Lesions, Rhinoplasty (Secondary Revision)	\$1,750 - \$2,850	\$430 - \$770
Nose - Various Lesions, Septoplasty/Submucous Resection	\$1,750 - \$2,850	\$430 - \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Sinuses-Nasal - Various Lesions, Antrostomy (Radical) Unilateral/Bilateral	\$1,750 - \$2,850	\$430 - \$770
Sinuses-Nasal - Various Lesions, Antrostomy (Radical) with Transantral Ethmoidectomy/Transantral Vidian Neurectomy/Transantral Ligation Internal Maxillary Artery (Unilateral)	\$1,750 - \$2,850	\$430 - \$770
Thorax - Empyema, Resection of Rib and Open Drainage	\$1,750 - \$2,850	\$430 - \$770
Thorax - Mediastinoscopy and Biopsy	\$1,750 - \$2,850	\$430 - \$770
Thorax - Various Lesions, Thoracoplasty (in stages - each stage)	\$1,750 - \$2,850	\$430 - \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Larynx - Laryngofissure, External Operation	\$2,750 - \$4,400	\$660 - \$1,200
Laryngoplasty/Thyroplasty - Larynx, Open, Medialisation of Vocal Cord	\$2,750 - \$4,400	\$660 - \$1,200
Lung - Various Lesions, Repeat Multiple Resections	\$2,750 - \$4,400	\$660 - \$1,200
Nose - Various Lesions, Rhinoplasty (Secondary Revision)	\$2,750 - \$4,400	\$660 - \$1,200
Sinuses-Ethmoidal/Frontal - Various Lesions, External Operation	\$2,750 - \$4,400	\$660 - \$1,200
Sinuses-Frontal - Various Lesions, Radical Obliteration	\$2,750 - \$4,400	\$660 - \$1,200
Sinuses-Nasal - Functional Endoscopic Sinus Surgery	\$2,750 - \$4,400	\$660 - \$1,200
Sinuses-Nasal - Various Lesions, Fronto-Ethmoidectomy (Radical) with Osteoplastic Flap	\$2,750 - \$4,400	\$660 - \$1,200
Sinuses-Nasal - Various Lesions, Fronto-Ethmoidectomy with/without Sphenoidectomy	\$2,750 - \$4,400	\$660 - \$1,200
Sinuses-Sphenoidal - Various Lesions, Intranasal Operation	\$2,750 - \$4,400	\$660 - \$1,200
Thorax - Pectus Excavatum/ Pectus Carinatum, Radical Connection	\$2,750 - \$4,400	\$660 - \$1,200
Thorax - Tumour (Mediastinal), Resection	\$2,750 - \$4,400	\$660 - \$1,200
Thorax - Various Lesions, Chest Wall Resection and Major Reconstruction	\$2,750 - \$4,400	\$660 - \$1,200
Thorax - Various Lesions, Chest Wall Resection and Minor Reconstruction	\$2,750 - \$4,400	\$660 - \$1,200
Thorax - Various Lesions, Intrathoracic Operation on Lungs/ Bronchial Tree/Mediastinum	\$2,750 - \$4,400	\$660 - \$1,200
Thorax - Various Lesions, Thoracoplasty (Complete)	\$2,750 - \$4,400	\$660 - \$1,200
Thorax - Various Lesions, Thoracotomy for Pleurectomy/ Pleurodesis/Enucleation Hyatid Cysts	\$2,750 - \$4,400	\$660 - \$1,200
Thorax - Various Lesions, Thoracotomy with Pulmonary Decortication	\$2,750 - \$4,400	\$660 - \$1,200
Trachea - Tracheo-esophageal Fistula, Ligation and Division	\$2,750 - \$4,400	\$870 - \$1,550

SECTION 14 - URINARY SYSTEM

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Trachea - Various Lesions, Laser Application	\$2,750 - \$4,400	\$660 - \$1,200
Trachea - Various Lesions, Trachea Reconstruction	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Bronchus - Various Lesions, Bronchoplastic Procedure	\$3,500 - \$5,500	\$870 - \$1,550
Diaphragm - Tumour, Excision	\$3,500 - \$5,500	\$870 - \$1,550
Diaphragm - Tumour, Excision with Wedge Resection of Lung	\$3,500 - \$5,500	\$1,300 - \$1,850
Larynx and Trachea - Various Lesions, Major Microsurgery without Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Larynx and Trachea - Various Lesions, Major Plastic Operation	\$3,500 - \$5,500	\$1,300 - \$1,850
Larynx - Fractures, Operation	\$3,500 - \$5,500	\$1,300 - \$1,850
Larynx - Tumour, Laryngectomy (Total)	\$3,500 - \$5,500	\$1,300 - \$1,850
Larynx - Tumour, Partial Laryngectomy	\$3,500 - \$5,500	\$1,300 - \$1,850
Larynx - Various Lesions, Hemi/Partial Laryngectomy	\$3,500 - \$5,500	\$1,300 - \$1,850
Lung - Various Lesions, Pneumonectomy/Lobectomy/Segmental Resection	\$3,500 - \$5,500	\$870 - \$1,550
Nose - Rhinophyma, Total Reconstruction	\$3,500 - \$5,500	\$870 - \$1,550
Nose - Various Lesions, Rhinoplasty (Restoration of the Face Involving Auto-genous Bone or Costal Cartilage Graft)	\$3,500 - \$5,500	\$870 - \$1,550
Nose - Various Lesions, Rhinoplasty (Total) including Correction of all Bony and Cartilaginous Elements	\$3,500 - \$5,500	\$870 - \$1,550
Thorax - Decortication of Lung	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Larynx - Tumour, Laryngectomy with Radical Neck Dissection	\$4,950 - \$6,600	\$1,300 - \$1,850
Larynx - Tumour, Partial Laryngectomy with Block Dissection	\$4,950 - \$6,600	\$1,300 - \$1,850
Larynx - Various Lesions, Hemi/Partial Laryngectomy with Radical Neck Dissection	\$4,950 - \$6,600	\$1,300 - \$1,850

GROUP H

	Surgeon's Fees	Anaesthetist's Fees
Larynx and Esophagus - Tumour, Esophagectomy (Total)/Laryngopharyngectomy with Restoration of Alimentary Continuity	\$5,500 - \$8,800	\$1,400 - \$2,550
Trachea - Resection and Reconstruction	\$5,500 - \$8,800	\$1,400 - \$2,550

GROUP A

	Surgeon's Fees	Anaesthetist's Fees
Bladder - Retention of Urine, Suprapubic Cystostomy	\$330 - \$550	\$200 - \$270
Bladder - Various Lesions, Catheterisation	\$330 - \$550	\$200 - \$270
Kidney - Blocked Nephrostomy Tube, Change	\$330 - \$550	\$200 - \$270
Kidney - Various Lesions, Biopsy (Closed)	\$330 - \$550	\$200 - \$270
Urethra - Meatal Stenosis, Meatotomy	\$330 - \$550	\$200 - \$270
Urethra - Polyp/Caruncle, Excision	\$330 - \$550	\$200 - \$270
Urethra - Prolapse, Excision	\$330 - \$550	\$200 - \$270
Urethra - Stricture, Dilatation	\$330 - \$550	\$200 - \$270

GROUP B

	Surgeon's Fees	Anaesthetist's Fees
Bladder - Calculus, Vesicolithotomy	\$500 - \$820	\$270 - \$380
Bladder - Cutaneous Fistula, Closure	\$500 - \$820	\$270 - \$380
Bladder - Various Lesions, Cystoscopy and Retrograde	\$500 - \$820	\$270 - \$380
Bladder - Various Lesions, Cystoscopy with Controlled Hydrodilatation of the Bladder	\$500 - \$820	\$270 - \$380
Bladder - Various Lesions, Cystoscopy with or without Biopsy	\$500 - \$820	\$270 - \$380
Bladder - Various Lesions, Cystoscopy, Removal of Foreign Body/Ureteric Stent	\$500 - \$820	\$270 - \$380
Urethra - Various Lesions, Urethrotomy	\$500 - \$820	\$270 - \$380

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Bladder Neck - Obstruction Neurogenic Bladder, Cystoscopy, External Sphincterotomy	\$990 - \$1,650	\$330 - \$440
Bladder Neck - Various Lesions, Cystoscopy with Endoscopic Resection/Incision	\$990 - \$1,650	\$330 - \$440
Bladder - Bladder Neck Contracture, (Acquired/Congenital), Wedge Excision	\$990 - \$1,650	\$330 - \$440
Bladder - Calculus, Litholapaxy/Ultrasonic Lithotripsy/Electrohydraulic Lithotripsy/Laser	\$990 - \$1,650	\$330 - \$440
Bladder - Tumour Cystoscopy with Resection of Bladder Tumour (less than 1.5 cm)	\$990 - \$1,650	\$330 - \$440
Bladder - Tumour, TUR Biopsy	\$990 - \$1,650	\$330 - \$440
Bladder - Urachal Fistula, Excision	\$990 - \$1,650	\$330 - \$440
Cystoscopy & Insertion of Double J Stent	\$990 - \$1,650	\$330 - \$440
Cystoscopy & Push Up of Ureteric Stone	\$990 - \$1,650	\$330 - \$440
Kidney - Cyst, Excision	\$990 - \$1,650	\$330 - \$440
Kidney - Nephroptosis, Nephropexy	\$990 - \$1,650	\$330 - \$440
Kidney - Perinephric Abscess, Drainage	\$990 - \$1,650	\$330 - \$440

GROUP C

	Surgeon's Fees	Anaesthetist's Fees
Kidney - Pyonephrosis, Drainage	\$990 - \$1,650	\$330 - \$440
Kidney - Pyonephrosis, Percutaneous Drainage	\$990 - \$1,650	\$330 - \$440
Kidney - Various Lesions, Biopsy (Open)	\$990 - \$1,650	\$330 - \$440
Kidney - Various Lesions, Exploration	\$990 - \$1,650	\$330 - \$440
Ureter - Calculus, Cystoscopy with Endoscopic Removal/ Manipulation	\$990 - \$1,650	\$330 - \$440
Ureter - Cutaneous Ureterostomy, Closure	\$990 - \$1,650	\$330 - \$440
Ureter - Various Lesions, Ureterostomy	\$990 - \$1,650	\$330 - \$440
Ureter - Various Lesions, Ureterotomy/Insertion of Double J-Stent	\$990 - \$1,650	\$330 - \$440
Ureteroscopy	\$990 - \$1,650	\$330 - \$440
Urethra - Diverticulum, Excision	\$990 - \$1,650	\$330 - \$440
Urethra - Fistula, Closure	\$990 - \$1,650	\$330 - \$440
Urethra - Valves/Membrane, Resection (Endoscopic)	\$990 - \$1,650	\$330 - \$440
Urethra - Various Lesions, Excision	\$990 - \$1,650	\$330 - \$440
Urethra - Various Lesions, Staged Urethroplasty (each stage)	\$990 - \$1,650	\$330 - \$440

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Bladder - Tumour, Cystoscopy with Resection of Bladder Tumour (more than 1.5 cm)	\$1,750 - \$2,850	\$430 - \$770
Bladder - Diverticulum, Excision	\$1,750 - \$2,850	\$430 - \$770
Bladder - Various Lesions, Partial Excision	\$1,750 - \$2,850	\$430 - \$770
Bladder - Vesico-Vaginal Fistula, Closure by Vaginal Route	\$1,750 - \$2,850	\$430 - \$770
Kidney - Calculus, Nephrolithotomy/Pyelolithotomy	\$1,750 - \$2,850	\$430 - \$770
Kidney - Injury, Repair	\$1,750 - \$2,850	\$430 - \$770
Kidney - Pyonephrosis, Nephrostomy/Pyelostomy	\$1,750 - \$2,850	\$430 - \$770
Prostate Gland - Various Lesions, Insertion of Stent	\$1,750 - \$2,850	\$430 - \$770
Prostate Gland - Various Lesions, Ablation (Microwave/ Laser/Radiofrequency)	\$1,750 - \$2,850	\$430 - \$770
Prostate - Hyperplasia, Balloon Dilatation	\$1,750 - \$2,850	\$430 - \$770
Ureter - Calculus, Ultrasound Lithotripsy/Electrohydraulic & Laser Lithotripsy	\$1,750 - \$2,850	\$430 - \$770
Ureter - Calculus, Ureterolithotomy	\$1,750 - \$2,850	\$430 - \$770
Ureter - Various Lesions, Cystoscopy with Ureteric Meatotomy/with Resection of Ureterocele	\$1,750 - \$2,850	\$430 - \$770
Ureter - Various Lesions, Reimplantation (Single)	\$1,750 - \$2,850	\$430 - \$770
Ureter - Various Lesions, Repair	\$1,750 - \$2,850	\$430 - \$770
Urethra - Injury, Repair/Urethroplasty of Anterior Urethra	\$1,750 - \$2,850	\$430 - \$770
Urethra - Stress Incontinence, Endoscopic Suspension of Bladder Neck	\$1,750 - \$2,850	\$430 - \$770

GROUP D

	Surgeon's Fees	Anaesthetist's Fees
Urethra - Stricture, Insertion of Urethral Wall Stent	\$1,750 - \$2,850	\$430 - \$770
Urethra - Valves/Membrane, Resection (Open)	\$1,750 - \$2,850	\$430 - \$770
Urethra - Various Lesions, Anterior Urethroplasty	\$1,750 - \$2,850	\$430 - \$770

GROUP E

	Surgeon's Fees	Anaesthetist's Fees
Bladder - Incontinence, Artificial Sphincter Insertion	\$2,750 - \$4,400	\$660 - \$1,200
Bladder - Incontinence, Correction	\$2,750 - \$4,400	\$660 - \$1,200
Bladder - Vesico-Intestinal Fistula, Closure	\$2,750 - \$4,400	\$660 - \$1,200
Bladder - Vesico-Vaginal Fistula, Closure by Abdominal Route	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Calculus, Extra-Corporeal Shockwave Lithotripsy	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Calculus, Percutaneous Ultrasound Lithotripsy	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Pelvi-Ureteric Junction Obstruction, Pyeloplasty/ Ureterocalycostomy	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Staghorn Calculus, Nephrolithotomy	\$2,750 - \$4,400	\$660 - \$1,200
Kidney - Various Lesions, Nephrectomy	\$2,750 - \$4,400	\$660 - \$1,200
Ureter - Various Lesions, Bilateral Reimplantation	\$2,750 - \$4,400	\$660 - \$1,200
Ureter - Various Lesions, Boari Flap Reimplantation	\$2,750 - \$4,400	\$660 - \$1,200
Ureter - Various Lesions, Intestinal Conduit	\$2,750 - \$4,400	\$660 - \$1,200
Ureter - Various Lesions, Reduction Ureteroplasty	\$2,750 - \$4,400	\$660 - \$1,200
Ureter - Various Lesions, Replacement by Bowel	\$2,750 - \$4,400	\$660 - \$1,200
Ureter - Various Lesions, Ureterocalycostomy	\$2,750 - \$4,400	\$660 - \$1,200
Ureter - Various Lesions, Ureteroureterostomy	\$2,750 - \$4,400	\$660 - \$1,200
Urethra - Urethro-Rectal Fistula, Closure	\$2,750 - \$4,400	\$660 - \$1,200
Urethra - Urethro-Vaginal Fistula, Closure	\$2,750 - \$4,400	\$660 - \$1,200
Urethra - Various Lesions, Posterior Urethroplasty	\$2,750 - \$4,400	\$660 - \$1,200

GROUP F

	Surgeon's Fees	Anaesthetist's Fees
Bladder - Tumour, Anterior Exenteration (Female) or Posterior Exenteration (Male)	\$3,500 - \$5,500	\$870 - \$1,550
Bladder - Various Lesions, Enlargement Cystoplasty with Bowel	\$3,500 - \$5,500	\$870 - \$1,550
Bladder - Various Lesions, Total Cystectomy	\$3,500 - \$5,500	\$870 - \$1,550
Kidney and Ureter - Various Lesions, Nephroureterectomy	\$3,500 - \$5,500	\$870 - \$1,550
Kidney - Carcinoma, Radical Nephrectomy	\$3,500 - \$5,500	\$870 - \$1,550
Ureter - Previous Diversion, Revision or Undiversion	\$3,500 - \$5,500	\$870 - \$1,550
Urethra - Various Lesions, Transpubic Urethroplasty	\$3,500 - \$5,500	\$870 - \$1,550

GROUP G

	Surgeon's Fees	Anaesthetist's Fees
Bladder - Ectopia Vesicae/Ectopia Cloacae with Congenital Incontinence, Sphincter Reconstruction	\$4,950 - \$6,600	\$1,300 - \$1,850
Kidney - Renal Failure, Transplant	\$4,950 - \$6,600	\$1,300 - \$1,850

SECTION 15 - PAIN MANAGEMENT PROCEDURES**GROUP A \$330 - \$550**

Peripheral N Block - Anaesthetic up to 2 Levels
Intravenous - Anaesthetic

GROUP B \$500 - \$820

Epidural - Single Injection, Anaesthetic, Blood Transfusion, Therapeutic Substance (Lumbar), Simple
Facet Block - Anaesthetic 2 Joints
Sacroiliac Joint Injection - X-ray, Single
Brachial Plexus - Single
Cervical Plexus
Lumbar Plexus
Intercostal N Block - Anaesthetic up to 3 Levels
Paravertebral - Anaesthetic (without X-ray)
Trigeminal N Branches Block - Anaesthetic
Interpleural Block - Single
Stellate Ganglion Block - Anaesthetic
Intravenous - Sympathetic Block

GROUP C \$990 - \$1,650

Epidural - Single Injection, Anaesthetic, Therapeutic Substance (Lumbar), Complicated
Epidural - Single Injection, Anaesthetic, Therapeutic Substance (Thoracic)
Spinal/Epidural Catheter
Spinal/Epidural - Removal of Port, eg. Port-a-cath
Facet Block - Anaesthetic 4 Joints
Sacroiliac Joint Injection - X-ray, Bilateral
Brachial Plexus - Catheter
Intercostal N Block - Anaesthetic more than 3 Levels
Peripheral N Block - Anaesthetic up to 4 Levels
Peripheral N Block - Neurolytic, Cryo. RF, up to 2 Levels
Paravertebral - Anaesthetic with X-ray, up to 2 Levels
Sacral Root Block - Anaesthetic X-ray, up to 2 Levels
Interpleural Block - Catheter

GROUP D \$1,750 - \$2,850

Epidural Single Injection - Anaesthetic, Therapeutic Substance (Cervical)
Spinal/Epidural - Neurolytic
Spinal/Epidural Implant of Port, eg. Port-a-cath
Spinal/Epidural Implant of Reservoir Device, eg. PAR

GROUP D \$1,750 – \$2,850

Spinal/Epidural Removal of Implanted Reservoir Device, eg. PAK
 Removal of Spinal Cord Stimulator (Permanent)
 Replacement of Spinal Cord Stimulator Electrical Generator
 Facet Block – Anaesthetic 6 Joints
 Radio Frequency Denervation Facet Joint, 3 Joints
 Dorsal Root Ganglion – Anaesthetic
 Dorsal Root Ganglion – Neurolytic
 Intercostal N Block – RF, Cryo, Neurolytic, up to or more than 2 Levels
 Peripheral N Block – Neurolytic, Cryo, RF, up to 4 Levels
 Sacral Root Block – Neurolytic, RF, Single or Multiple
 Trigeminal N Branches Block – Neurolytic, RF, Cryo
 Trigeminal Ganglion Injection – Anaesthetic X-ray
 Stellate Ganglion Block – Neurolytic, X-ray
 Thoracic Sympathetic N – Anaesthetic
 Lumbar Sympathetic – Anaesthetic, Unilateral/Bilateral
 Lumbar Sympathetic – Anaesthetic, Catheter, Unilateral
 Lumbar Sympathetic – Neurolytic, Unilateral
 Coeliac Plexus – Anaesthetic

GROUP E \$2,750 – \$4,400

Spinal/Epidural – Removal of Implanted Computerised Reservoir Device
 Percutaneous Implant of Spinal Cord Stimulator (Trial)
 Radio Frequency Denervation Facet Joint, 6 Joints
 Dorsal Root Ganglion – RF Thoracic Sympathetic N – Neurolytic
 Lumbar Sympathetic – Anaesthetic, Catheter, Bilateral
 Lumbar Sympathetic – Neurolytic, Bilateral
 Coeliac Plexus – Neurolytic

GROUP F \$3,500 – \$5,500

Spinal/Epidural Implant of Computerised Reservoir Device, eg. Synchronised
 Percutaneous Implant of Spinal Cord Stimulator (Permanent) and Electrical Generator
 Trigeminal Ganglion RF – Neurolytic, X-ray

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Hoe Ah Leong	Look Chee Meng	Swaminathan I.	Yeo Khee Guan
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Jeyaraj Prema Raj	Low Sze Chuan	Tambyah Paul	Yong Chee Kong
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Anaesthesia Interest Group
Cardiology & Cardiothoracic Surgery
Interest Group
Ear, Nose & Throat (ENT) Interest Group
Gastroenterology Interest Group
Internal Medicine Interest Group
Obstetrics & Gynaecology (O&G) Interest Group
Ophthalmology Interest Group

Orthopaedic Surgery Interest Group
Orthopaedic, Spine and Hand Surgery
Interest Group
Paediatrics, Paediatric Surgery Interest Group
Plastic Surgeons Interest Group
Psychiatry, Neurology and Neurosurgery
Interest Group
Urology & Renal Medicine Interest Group

MEDICAL SOCIETIES

Academy of Medicine, Singapore
Clinical Neuroscience Society, Singapore
College of Family Physicians Singapore
Dermatological Society of Singapore
Endocrine and Metabolic Society of Singapore
Gastroenterological Society of Singapore
Obstetrical & Gynaecological Society of
Singapore
Occupational & Environmental Health Society
Singapore Association of Plastic Surgeons
Singapore Cardiac Society
Singapore Infectious Diseases Society
Singapore Orthopaedic Association
Singapore Paediatric Society
Singapore Psychiatric Association
Singapore Radiological Society
Singapore Society for Clinical Hypnosis

Singapore Society for Hand Surgery
Singapore Society of Anaesthesiologists
Singapore Society of Cosmetic (Aesthetic)
Surgeons
Singapore Society of Immunology, Allergy and
Rheumatology
Singapore Society of Nephrology
Singapore Society of Occupational Medicine
Singapore Society of Ophthalmology
Singapore Society of Otorhinolaryngology
Singapore Thoracic Society
Singapore Urological Association
Society for Emergency Medicine, Singapore
Society for Geriatric Medicine, Singapore
Society of Intensive Care Medicine, Singapore
Sports Medicine Association (Singapore)
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Annex 2: Overseas Case Studies

ANNEX 2: OVERSEAS CASE STUDIES

1. The section provides a summary of medical fee recommendations/schedules considered by overseas competition authorities. It is important to note that value of any foreign competition case law depends very much on the overall facts and context of the case before CCS, as well as the extent to which the facts of these foreign cases are applicable to the local context. Overseas cases which are relevant to assessment of the GOF are stated directly in the main body of the Statement of Decision.

2. Based on a review of 9 overseas jurisdictions¹ in the Market Study, guidelines on fees and recommended fee schedules of a prospective nature are generally considered to be anti-competitive regardless of whether compliance is mandatory or voluntary.

3. CCS notes that there are instances where competition authorities in other jurisdictions have permitted price schedules/recommendations on medical services. However, CCS notes that the facts of these cases may not be similar to the Application for Decision by the Singapore Medical Association. Some of these permitted price schedules/recommendations consist of (i) surveys on actual price information that are sufficiently historical and aggregated, (ii) price schedules that are deemed necessary for the provision of medical services under partnership/associate-ship/cooperative arrangements where there is a certain amount of risk sharing between medical practitioners and (iii) price schedules set by the government.

United Kingdom

4. British Medical Association (BMA) Guidelines – The UK CC found that, notwithstanding BMA’s claim that the BMA Guidelines consisted of only recommended fees, 50% or more of the medical practitioners charged at or within 2 percent of the recommended fees. The UK CC concluded that the BMA Guidelines had prevented, restricted or distorted competition in the supply of private medical services.

United States

5. The Statements of Antitrust Enforcement Policy in Health Care (Health Care Statements) issued jointly by the US Department of Justice (DOJ) and the Federal Trade Commission (FTC) set out the principles under which physician network ventures would be analysed by antitrust enforcement agencies:

“In accord with general antitrust principles, physician network joint ventures will be analysed under the rule of reason and will not be viewed as per se illegal, if the physicians’ integrating through the network is likely to produce significant efficiencies that benefit consumers, and any price agreements (or other agreements that would otherwise be per se illegal) by network physicians are reasonably

¹ The 9 selected jurisdictions are Australia, Finland, Germany, Hong Kong, Ireland, New Zealand, South Africa, United Kingdom and United States.

necessary to realise those efficiencies.2”

6. Five separate cases³ were deemed to be anticompetitive, mostly in the context of medical practitioners agreeing on prices for the purpose of negotiations with managed health care providers. In one case⁴, the Supreme Court clearly stated that it considered the fee arrangement to be *per-se* illegal. The others were likely to have been assessed and rejected under a rule of reason approach. However, in three instances, price schedules were allowed⁵.

Finland

7. Finnish Medical Association – the schedule of recommended maximum fees was prohibited as the Finnish Competition Authority’s (FCA) studies showed that the use of the maximum fee schedule had led to uniform pricing where the recommended maximum prices were being used as minimum fees. The FCA further found that medical fees had increased rapidly in the 1980s which led the FCA to conclude that the fee recommendations had a harmful effect on price competition.

Ireland

8. Irish Hospital Consultants Association (IHCA) – the IHCA has an agreement with the health insurers on a schedule of benefits to be paid out by health insurers to medical practitioners. This effectively sets the fees for the treatment of patients. The Irish Competition Authority (ICA) considered that the agreement has the *object and/or effect* to either directly or indirectly fix prices.

² DOJ and FTC, Statements of Antitrust Enforcement Policy in Health Care, Statement 8, B.1.

³ The five cases are

1. *US v Mountain Healthcare, P.A. Civil No. 1:02CV288-T, District Court of North Carolina, filed 13 December 2002*
2. *Arizona v Maricopa County Medical Society, 457 U.S. 332 (1982)*
3. *FTC, Advisory Opinion to Maine Medical Association, 14 May 1984.*
4. *Minnesota Medical Association, 90 F.T.C. 337 (1977).*
5. *US vs Woman’s Hospital Foundation and Woman’s Physician Health Organisation, 15 U.S.C. §§ 1,2, filed April 23 1996.*

⁴ *Arizona v Maricopa County Medical Society, 457 U.S. 332 (1982).*

⁵ The three cases are

1. *FTC, Advisory Opinion to Maryland Medical Associates (“MMEA”), P.A. May 15, 1987:* Specifically, the FTC believed that competition might be enhanced by offering a package of services to purchasers of eye care services that could not be offered by the medical practitioners individually. Further, FTC that the programme had only affected only a small percentage of medical practitioners’ total patients and MMEA did not appear to have sufficient market power to affect the market price for eye services in the Baltimore area, nor did the restriction of output appear to be in danger.
2. *FTC, Advisory Opinion to South East Managed Care Organisation (“SEMCO”)/ Jackson Medical Cooperative (“JMC”), July 5, 1994:* FTC did not consider the proposed cooperation between SEMCO & JMC as anti-competitive as it appeared to involve substantial financial risk sharing between the participants and was within the 20% limit within the relevant market.
3. *US vs The American Society of Anesthesiologists (“ASA”), INC, No 75 Civ. 4640 (KYD), June 21, 1979:* The considerations taken by the District Court include that there is no monetary conversion factor to convert the Relative Value Guide (“RVG”) to a schedule of prices. The RVG was developed for use to negotiate for acceptable fees with third party carriers. There was substantial evidence that the inputs of ASA were frequently sought from the third party carriers before the derivation of the RVG.

New Zealand

9. Fee surveys by New Zealand Dental Association (NZDA) – fee surveys of its members were conducted by NZDA on an annual basis and the results were distributed to participating members only. The NZCC considered this practice could influence dentistry prices by providing a yardstick for dentists to set prices. While NZCC did not have specific evidence that dentists were utilizing the NZDA survey to set prices, it considered that several characteristics of the surveys would give rise to anticompetitive concerns. Amendments were subsequently made to the survey to address the NZCC’s concerns, resulting in NZCC dropping the case.

10. Dunedin City Primary Health Organisation – a group of GPs collectively put in place a maximum fee for patients of 6 to 17 years old. NZCC found that 8 out of 31 practices had been charging at the maximum fee level while the rest were mostly charging less. Nevertheless, NZCC considered that the maximum fee policy had the potential to lead to higher prices than otherwise. NZCC therefore issued a warning to all the GPs advising them that they were likely to have engaged in price fixing if they attended the meeting to discuss the maximum fee policy.

11. New Zealand Medical Association (NZMA) – NZMA has an agreement with the Minister of Health to publish at six-monthly intervals, the range of usual total fees for paediatric consultations charged by medical practitioners in the region. NZCC considered that arrangement would not contravene the New Zealand Commerce Act as it was unlikely to have the purpose or effect of fixing, controlling or maintaining prices.

South Africa

12. Benchmark tariffs for medical services – three separate associations were found by the South African Competition Commission (SACC) to determine, recommend and publish benchmark tariffs for medical services on an annual basis. SACC found that the benchmark tariffs which were arrived at through collusion between members of the associations had the *effect* of fixing a selling price notwithstanding the fact that some medical practitioners might have priced slightly below or above the guidelines. SACC was also concerned that new entrants would be disincentivised to price below the guidelines. Ultimately, SACC was of the view that fee guidelines were not problematic *per se* if they were prepared by an independent person that was not a competitor and would not have a personal interest in the pricing of the market.

Australia

13. The ‘List of Fees’ of the Australian Medical Association (AMA) – The List of Fees for more than 5000 medical procedures has been in place since 1973 in response to the recommendation of the Commonwealth Committee of Inquiry into Health Insurance. The List of Fees appears to have originated on direction of the Australian government for the purposes of calculating the Medical Benefits Schedule, a legislated requirement under the Australian Health Insurance Act 1973. The List of Fees is

updated annually by an independent consultant through an “indexing” of fees from the previous year, based on a number of cost and wage indices, without any involvement of medical practitioners. The ACCC has not made a formal decision on AMA’s List of Fees.

14. Canberra After Hours Locum Medical Services – involving a fee cap (or ceiling) between the CALMS (a medical deputizing service owned and operated by a group of Canberra medical practitioners) and the Australian Capital Territories Health for the provision of after-hour medical services. The ACCC acknowledged that the arrangement was essentially a price fixing arrangement, but authorised the arrangement based on a number of mitigating factors.

15. Royal Australian College of General Practitioners (RACGP) – Authorisation was granted by ACCC to “GPs and other medical practitioners in general practice in associateships and partnerships, who operate as a team, where they share patient records, have common facilities, a common trading name and common policies and procedures”.⁶

Germany

16. In Germany, there are two sets of medical fee schedules, namely the Catalogue of Tariffs for Physicians (“GOÄ”) and Uniform Value Scale (“EBM”). The GOÄ is set by Germany’s Ministry of Health and refers to the fees charged by medical practitioners to patients outside the Statutory Health Insurance (“SHI”) system, while the EBM is set collectively through negotiations between the medical practitioners and the insurance plans involved in providing SHI-related services. They are not subject to competition law scrutiny because they were put in place statutorily by the German government which deemed such fee control to be necessary for patient protection

⁶ See: ACCC Determination, Application for Revocation and Substitution of Determination A90795, 23 May 2007,