

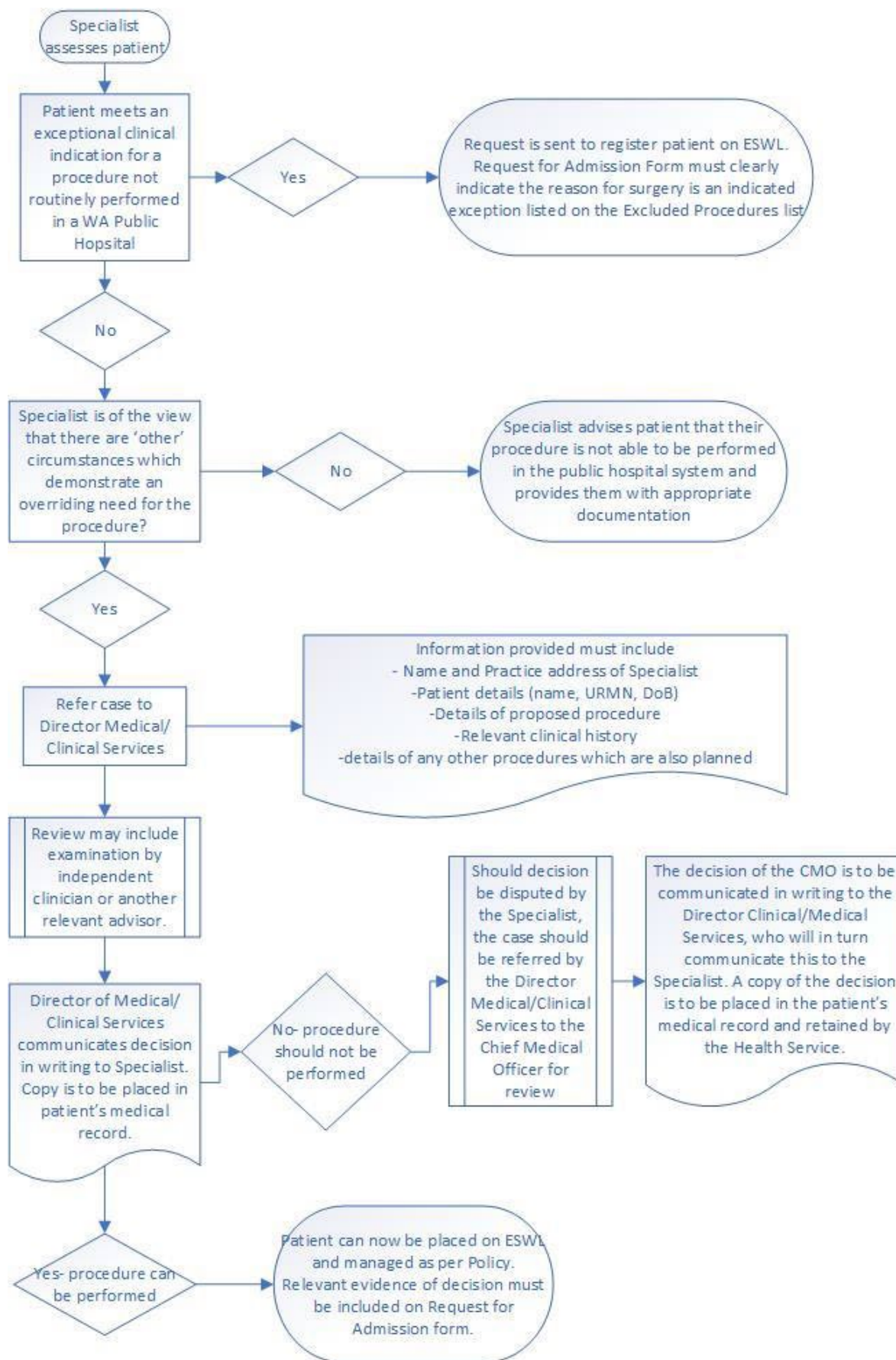


# Excluded Procedures Manual

This document must be read in conjunction with the [MP 0169/21 Elective Services Access and Management Policy](#) and the [Elective Services Access Handbook](#).

The procedures listed in Table 1 of this manual are Excluded Procedures, that is, they are not to be performed in public hospitals or private hospitals where elective services are provided as a public episode of care without the documented approval of the Director of Medical/Clinical Services (or their delegate) in the patient's medical record.

Flowchart 1



**Table 1: Excluded Elective Procedures**

Procedure	Procedure Description	ACHI Code (12 <sup>th</sup> edition)	Exceptions/Indications*
Abdominal lipectomy (Abdominoplasty)	Lipectomy of abdominal apron Lipectomy of abdominal apron, radical	30165-00 30177-00	Significant skin breach due to pannus, either with or without association with massive ventral hernia repair Persistent infections in skin folds following significant weight loss
Breast reduction (not performed as part of cancer treatment)	Reduction mammoplasty, bilateral Reduction mammoplasty with nipple repositioning, bilateral	45522-01 45520-01	Clinically significant and persistent mobility issues Clinically significant and persistent intertrigo
Breast augmentation (not performed following surgical management of breast cancer)	Augmentation mammoplasty bilateral Breast injection for augmentation, bilateral	45528-00 90723-01	
Removal or replacement of breast prosthesis	Removal of breast prosthesis Replacement of breast prosthesis	45548-00 45552-00	While failed breast implants can be removed to reduce health risks, replacement of prostheses implanted for cosmetic reasons shall not occur within the public health system. This will apply even where the patient seeks to supply the implants. Replacement prostheses for post cancer patients only
Breast lift	Mastopexy	45556-00	

<b>Procedure</b>	<b>Procedure Description</b>	<b>ACHI Code (12<sup>th</sup> edition)</b>	<b>Exceptions/Indications*</b>
Brow lift	Browlift, unilateral Browlift, bilateral	45587-01 45588-01	Significant vision loss following facial trauma or post-surgery complications
Blepharoplasty	Reduction of upper eyelid Reduction of lower eyelid	45617-00 45620-00	Clinically significant visual impairment
Correction of bat ear(s)		45659-00	Paediatric only where psychological impacts are noted
Excision of accessory nipple		31566-00	
Face lift	Meloplasty, unilateral Meloplasty, bilateral	45587-00 45588-00	
Gender reassignment procedures		N/A	Congenital abnormalities in children
Hair transplant		45560-00	Major burns/trauma
Insertion/revision of artificial erection device	Insertion of artificial erection device, non inflatable Insertion of artificial erection device, inflatable Insertion of pump and pressure regulating reservoir of artificial erection device Partial revision of artificial erection device Complete revision of artificial erection device	37426-00 37426-01 37429-00 37432-00 37432-01	Patients using uridomes Spinal patients with neurological erectile dysfunction

Procedure	Procedure Description	ACHI Code (12 <sup>th</sup> edition)	Exceptions/Indications*
Lengthening of penis (phalloplasty)	Lengthening of penis by translocation of corpora	37423-00	Congenital abnormalities in children
Liposuction		45584-00	
Lipectomy (other)	Lipectomy, 1 excision Lipectomy, 2 or more excisions	30168-00 30171-00	
Male circumcision		30653-00	Phimosis Paraphimosis Balanitis
Neck lift		45588-02	
Penile procedures for sex transformation		90405-00	Congenital abnormalities in children
Removal of benign moles		N/A	Requiring histology to exclude malignancy
Reversal of sterilisation	Female Microsurgical salpingoplasty Laparoscopic anastomosis of fallopian tube Anastomosis of fallopian tube  Male Vasovasostomy, unilateral Vasovasostomy, bilateral Vasoepididymostomy, unilateral Vasoepididymostomy, bilateral Microsurgical vasovasostomy, unilateral Microsurgical vasovasostomy, bilateral	35697-00 35694-01 35694-05  37619-00 37619-01 37619-02 37619-03 37616-00 37616-01	

Procedure	Procedure Description	ACHI Code (12 <sup>th</sup> edition)	Exceptions/Indications*
	Microsurgical vasoepididymostomy, unilateral	37616-02	
	Microsurgical vasoepididymostomy, bilateral	37616-03	
Rhinoplasty	Total rhinoplasty	45638-00	Major facial trauma Congenital abnormality in children causing ongoing clinical issues Rhinoplasty deemed necessary for functional improvement to the airway, regardless of cause
	Rhinoplasty involving correction of cartilage	45632-00	
	Rhinoplasty involving correction of bony vault	45635-00	
	Rhinoplasty using nasal or septal cartilage graft	45641-00	
	Rhinoplasty using nasal bone graft	45641-01	
	Rhinoplasty using nasal bone and nasal/septal cartilage graft	4564102	
	Rhinoplasty using cartilage graft from distant donor site	45644-00	
	Rhinoplasty using bone graft from distant donor site	45644-01	
	Rhinoplasty using bone and cartilage graft from distant donor site	45644-02	
Tattoo removal	Laser to tattoo	90662-00	
Vaginoplasty	Other repair of vagina	90449-00	
Varicose veins	Micro injections of venular flares	32500-00	CEAP Grade > C3 (refer Table 2)
	Multiple injections of varicose veins	32500-01	
	Interruption of sapheno-femoral junctional varicose veins	32508-00	
	Interruption of varicose veins of multiple tributaries	32504-00	

Procedure	Procedure Description	ACHI Code (12 <sup>th</sup> edition)	Exceptions/Indications*
	Subfascial interruption of perforator veins Endovenous interruption of veins (e.g. laser therapy) Reoperation for varicose veins	32507-01 32520-00 32514-00	
Vulvoplasty/Labiaplasty		35533-00	Functional labial hypertrophy causing persistent infections
Any other procedure performed for cosmetic reasons (i.e. in the absence of significant functional impairment)			
* <a href="#">The Royal Perth Bentley Group Excluded Procedures Standard Operational Procedure</a> provides further guidelines as to when an excluded procedure may be clinically indicated and may be used as a reference			

**Table 2: CEAP classification and severity descriptions**

The classification of venous disease is classified according to Clinical severity, Etiology or cause, Anatomy and Pathophysiology (CEAP). For the initial assessment of a patient, the clinical severity is the most important and can be made by simple observation and does not need special tests. There are seven grades of increasing clinical severity:

Grade	Description
C 0	No evidence of venous disease
C 1	Superficial spider veins (reticular veins)
C 2	Simple varicose veins
C 3	Ankle oedema of venous origin (not foot oedema)
C 4	Skin pigmentation in the gaiter area
C 5	A healed venous ulcer
C 6	An open venous ulcer