

Code	Procedure
15	Adhesions division of by laparotomy or laparoscopy
35	Laparoscopy with or without biopsy (I.P.)
110	Appendicectomy (with or without complications) (I.P.)
111	Appendicectomy, laparoscopic approach (with or without complications) (I.P.)
132	Cholecystectomy with exploration of common bile duct
134	Laparoscopic cholecystectomy including per-operative cholangiogram
135	Cholecystectomy including per operative cholangiogram
241	Laparoscopic, surgical repair, epigastric/ventral hernia, (includes mesh insertion) initial or recurrent (I.P.)
243	Laparoscopic surgical repair, epigastric / ventral hernia (including mesh insertion when performed) initial or recurrent I.P.
244	Laparoscopic surgical repair, epigastric / ventral hernia (including mesh insertion when performed) incarcerated or strangulated I.P.
245	Epigastric/Ventral hernia, repair of (I.P.)
249	Laparoscopic, surgical repair, epigastric/ventral hernia, (includes mesh insertion) incarcerated or strangulated (I.P.)
250	Femoral hernia, repair of, bilateral
255	Femoral hernia, repair of, unilateral (I.P.)
271	Laparoscopic repair of hiatus hernia
276	Laparoscopic surgical repair of incisional hernia (includes mesh insertion) (initial or recurrent) (I.P.)
277	Laparoscopic surgical repair of incisional hernia (includes mesh insertion)); incarcerated or strangulated (I.P.)
278	Laparoscopic surgical repair of incisional hernia (includes mesh insertion, when performed) initial or recurrent I.P.
279	Laparoscopic surgical repair of incisional hernia (includes mesh insertion, when performed) incarcerated or strangulated I.P.
280	Incisional hernia, repair of (I.P.)
284	Inguinal hernia, laparoscopic repair of, bilateral (I.P.)
285	Inguinal hernia, repair of, bilateral (I.P.)
287	Inguinal hernia, laparoscopic repair of, unilateral (I.P.)
288	Strangulated inguinal hernia, laparoscopic repair of, unilateral (I.P.)
290	Inguinal hernia, repair of, unilateral (I.P.)
291	Strangulated inguinal hernia, unilateral (I.P.)
305	Recurrent hernia, repair of (I.P.)
310	Umbilical hernia, repair of (I.P.)
355	Ileostomy or laparoscopic loop ileostomy(I.P.)
360	Resection of small intestine; single resection and anastomosis
391	Laparoscopic, low anterior resection with coloanal anastomosis
392	Laparoscopic, mid/high anterior resection with coloanal anastomosis
410	Anus, excision of epithelioma of, with colostomy

Code	Procedure
430	Colectomy, partial
431	Laparoscopic colectomy, partial
432	Laparoscopic colectomy, total
433	Laparoscopic colectomy, total with ileal pouch reconstruction
435	Colectomy, total
437	Closure of ileostomy
460	Colostomy (I.P.)
500	Haemorrhoidectomy (internal) includes exploration of anal canal (I.P.)
501	Haemorrhoidopexy (e.g. for prolapsing internal haemorrhoids) by stapling (eg Stapled Haemorrhoidectomy)
565	Rectum, excision of (all forms including perineoabdominal, perineal anterior resection and laparoscopic approach)
570	Rectum, partial excision of
576	Revision/refashioning of ileostomy and duodenostomy, complicated reconstruction in-depth (I.P.)
577	Low anterior resection with coloanal anastomosis for cancer
582	Proctectomy for recurrent rectal cancer in a radiated and previously operated pelvis
605	Biopsy of liver (needle)
611	Major liver resection
616	Wedge resection of liver
618	Resection of hilar bile duct tumour
655	Hydrocelectomy, bilateral (I.P.)
660	Hydrocelectomy, unilateral (I.P.)
683	Circumcision
700	Transurethral prostatectomy
701	Radical retropubic nerve sparing prostatectomy (includes bilateral pelvic lymph adenectomy with bladder neck reconstruction and anastomosis to the urethra)
708	Open prostatectomy
709	Laparoscopic surgical prostatectomy, retropubic radical, including nerve sparing (includes robotic assisted prostatectomy with the De Vinci Prostatectomy Radical system)
715	Orchidopexy, inguinal approach with or without hernia repair, unilateral (I.P.)
716	Laser enucleation of the prostate with morcellation including control of postoperative bleeding, complete (vasectomy meatotomy, cystorethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
720	Orchidopexy, inguinal approach with or without hernia repair, bilateral (I.P.)
771	ERCP sphincterotomy and extraction of stones
772	ERCP sphincterotomy and insertion of endoprosthesis
775	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple - type procedure); with pancreatojejunostomy

Code	Procedure
780	Distal pancreatectomy including splenectomy
782	ERCP with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method
855	Primary transurethral resection of bladder tumour(s), one or more (for diathermy of, use 885)
887	Cystoscopy with insertion of JJ stent
907	Bladder neck, transurethral incision of
924	Litholapaxy
973	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
992	Pubovaginal sling urethropexy
994	Pubovaginal sling with cystocele repair or rectocele repair
1155	Total/revision thyroidectomy
1157	Partial/subtotal thyroidectomy
1206	Mastectomy, partial, axillary sampling or removal of sentinel node(s) and immediate flap reconstruction, with or without prosthetic implant
1207	Skin sparing mastectomy with free skin and/or muscle flap with microvascular anastomosis (IP)
1210	Gynaecomastia (excision for), unilateral.
1212	Mastectomy, simple, complete with removal of sentinel node(s) and immediate insertion of tissue expander, includes subsequent expansions (IP)
1213	Mastectomy, partial, with or without guidance with axillary clearance, or removal of sentinel node(s) (IP)
1214	Mastectomy, partial, guided excision, for ductal carcinoma insitu (IP)
1216	Mastectomy radical/ modified radical, with axillary clearance (IP)
1219	Mastectomy and axillary clearance, immediate breast reconstruction with latissimus dorsi pedicle flap, with or without prosthetic implant or expanding prosthesis (I.P.)
1221	Mastectomy and axillary clearance, immediate breast reconstruction with extended latissimus dorsi pedicle flap (IP)
1222	Mastectomy, complete with or without removal of sentinel nodes with immediate insetion of tissue e xpander, includes subsequent expansions
1223	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s), with immediate deep rotation flap reconstruction, with prosthetic implant
1315	Axillary lymph nodes, complete dissection of
1335	Inguinal or pelvic lymph node block dissection, unilateral (I.P.)
1336	Inguinal or pelvic lymph node block dissection, bilateral (I.P.)
1401	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta
1402	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric coeliac, renal)
1403	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric external)
1409	Aorto bi-iliac bypass for atherosclerosis or aneurysm; endovascular (I.P.)
1418	Transluminal dilation of aorta or iliac vessels
1419	Transluminal dilation of iliac vessels with or without stent or graft

Code	Procedure
1421	Transluminal dilation with or without stent of carotid vessels
1422	Transluminal dilation with or without stent or graft of femoral vessels
1423	Transluminal dilation with stent of distal vessels
1424	Transluminal dilation of distal vessels
1425	Tenotomy
1427	Supra-renal aneurysm repair
1428	Repair of supra-renal aortic aneurysm rupture
1429	Tube graft repair of abdominal aorta
1431	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; with or without the involvement of other vessels; for other vessels not specified in the above codes (IP)
1432	Aorto bi-iliac bypass for atherosclerosis or aneurysm (IP)
1433	Aorto-femoral or bifemoral bypass for atherosclerosis or aneurysm (IP)
1434	Endarterectomy of abdominal aorta and iliac vessels
1436	Repair of ruptured iliac artery aneurysm
1437	Endarterectomy of iliac vessels alone
1442	Removal of infected aortic prosthesis
1443	Obturator bypass from aorta or iliac to profunda or distal femoral bypass
1447	Endarterectomy of internal/external common carotid artery with or without patch graft with or without shunt
1467	Femoral to popliteal bypass, above knee vein
1468	Femoral to popliteal bypass, above knee synthetic
1469	Femoral to popliteal bypass, below knee vein
1471	Femoral to popliteal bypass, below knee synthetic
1472	Profundaplasty with or without patch or endarterectomy
1473	Common femoral artery endarterectomy
1478	Femoral tibial artery bypass, including tibial-peroneal and peroneal artery bypass, or other distal vessels
1481	Femoral/femoral bypass
1619	Initial consultation for a new patient or major reassessment of a patient commencing a new cycle of cytotoxic chemotherapy (day one, administration of cytotoxic chemotherapy)
1785	Myringotomy with insertion of grommet
1786	Myringotomy, bilateral, with insertion of grommets
1790	Tympanoplasty (I.P.)(hospital benefits apply for a maximum stay of one night only)
1875	Sinusotomy with or without biopsy, with mucosal stripping or removal of polyp(s)
1925	Ethmoidectomy, intranasal, bilateral (hospital benefits apply for a maximum stay of one night only)
1969	Plastic repair of nasal septum (hospital benefits apply for a maximum stay of one night only)

Code	Procedure
2130	Tonsils and/or adenoids (children under 12 years), removal of (hospital benefits apply for a maximum stay of one night only)
2250	Total abdominal hysterectomy
2253	Total vaginal hysterectomy combined with sacrospinous ligament fixation of vagina and both anterior and posterior pelvic floor repair
2255	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
2256	Total vaginal hysterectomy combined with anterior and posterior pelvic floor repair
2257	Total abdominal hysterectomy with unilateral or bilateral salpingo oophorectomy
2258	Resection of ovarian malignancy with total abdominal hysterectomy, complete procedure
2259	Debulking of ovarian carcinoma with or without omentectomy, complete procedure
2260	Sub total abdominal hysterectomy
2264	Total vaginal hysterectomy with urethropexy or urethroplasty
2265	Total vaginal hysterectomy
2267	Total vaginal hysterectomy and anterior or posterior pelvic floor repair
2268	Vaginal hysterectomy with bilateral salpingo-oophorectomy
2269	Total vaginal hysterectomy combined with sacrospinous ligament fixation of vagina and anterior or posterior pelvic floor repair
2281	Laparoscopy, Surgical, myomectomy (multiple) (I.P.)
2286	Laparoscopy, surgical, myomectomy (single) (I.P.)
2288	Laparoscopy, surgical; with partial or total oophorectomy and/or salpingectomy (include biopsy, and peritoneal wall sampling or brushings) unilateral or bilateral (I.P.)
2289	Oophorectomy, unilateral or bilateral (complete or partial) (I.P.)
2300	Ovarian cystectomy unilateral or bilateral (IP)
2319	Salpingectomy complete or partial, unilateral or bilateral (I.P.)
2365	Salpingo oophorectomy, complete or partial, unilateral or bilateral (I.P.)
2441	Partial vaginectomy (I.P.)
2480	Vulvectomy, simple, without glands
2481	Laparoscopy, surgical, with total hysterectomy, with or without removal of tube(s) and/or ovary(s) (I.P.)
2482	Laparoscopy, surgical, radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed (I.P.)
2483	Laparoscopy, surgical, vaginal hysterectomy, with or without removal of tube(s) and/or ovary(s) (I.P.)
2675	Repair of retinal detachment, retinopexy with scleral buckling, scleral resection or scleral implant, etc. (For diathermy, cryotherapy or photocoagulation, use code 2665) NOTE: procedure codes 2675 and 6276 cannot be combined for benefit payment purposes
2676	Vitrectomy NOTE: procedure codes 2675 and 6276 cannot be combined for benefit payment purposes
2677	Complex repair of retinal detachment, retinopexy with scleral buckling, scleral resection or scleral implant, includes vitrectomy, claimable only when membrane dissection involved
3560	Intervertebral disc, removal of

Code	Procedure
3571	Posterior spinal fusion with instrumentation for scoliosis
3586	Spinal fusion, simultaneous combined anterior and posterior fusion, one level, with instrumentation
3587	Spinal fusion, simultaneous combined anterior and posterior fusion, multiple level, with instrumentation
3588	Spinal fusion, simultaneous combined anterior and posterior fusion, one level, without instrumentation
3589	Spinal fusion, simultaneous combined anterior and posterior fusion, multiple level, without instrumentation
3593	Synthetic fusion (GRAF) one level
3594	Synthetic fusion (GRAF) two levels
3595	Spinal fusion
3596	Spinal fusion, in scoliosis spine, anterior and posterior
3597	Spinal fusion involving two or more levels
3598	Spinal fusion, multiple level, with internal fixation
3601	Spinal fusion, one level with instrumentation
3602	Removal of spinal instrumentation
3603	Spinal stenosis decompression, one level
3604	Spinal stenosis decompression, two levels
3608	Dynamic lumbar stabilisation with interspinous implant (I.P.)
3609	Percutaneous vertebral augmentation, including cavity creation, using mechanical device, e.g. kyphoplasty, one level (unilateral or bilateral), lumbar
3611	Percutaneous vertebral augmentation, including cavity creation, using mechanical device, e.g. kyphoplasty, one level (unilateral or bilateral), thoracic
3654	Arthroscopy, hip, surgical; with acetabuloplasty (i.e. treatment of pincer lesion) includes labral repair
3655	Arthroplasty of hip using prosthesis, bilateral (IP)
3656	Arthroscopy, hip, diagnostic; with or without synovial biopsy (separate procedure) (I.P.)
3657	Arthroscopy, hip, surgical; with synovectomy (I.P.)
3658	Arthroscopy, hip, surgical; with removal of loose body or foreign body with femoroplasty (i.e. treatment of CAM lesion)
3659	Arthroscopy, hip, surgical with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty and/or resection of labrum
3660	Arthroplasty of hip using prosthesis, unilateral (IP)
3661	Revision of total hip arthroplasty, acetabular and femoral components with or without autograft or allograft (IP)
3666	Metal on metal hip resurfacing arthroplasty (unilateral) (IP)
3909	Prosthetic replacement (total) of knee joints, bilateral (IP)
3910	Prosthetic replacement (total) of knee joint, unilateral (IP)
3911	Revision of arthroplasty of knee joint, with or without allograft, one or more components (IP)
4184	Chevron osteotomy, single

Code	Procedure
4477	Breast reconstruction with free flap, post-mastectomy
4478	Breast reconstruction with pedicled transverse rectus abdominis myocutaneous flap (TRAM)
4484	Mastopexy including full thickness graft from other areas post mastectomy
4485	Breast reconstruction, vertical rectus flap, post mastectomy
4486	Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy
4487	Breast reconstruction, other flap, with or without implant, post mastectomy
4488	"Mammoplasty, augmentation with prosthetic implant to restore symmetry (only for the approved indications or following Aviva approved breast surgery or for reconstruction following mastectomy ) NOTE: Benefit for corrective surgery for breast asymmetry will be provided in the following circumstances: 1. Poland's syndrome i.e. where there is absence or hypoplasia of one or both breasts, and an absence/underdevelopment of one of the major chest muscles or 2. restoration of symmetry following mastectomy"
4525	Rhinoplasty (I.P.) (hospital benefits apply for a maximum stay of one night only)
4554	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
4556	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
4557	Replacement of tissue expander with permanent prosthesis
4575	Protruding ears, correction with reconstruction of folds, bilateral (Benefit only payable for patients up to eighteen years of age)
4721	Dupuytren's contracture, palm and fingers
4925	Fracture of nose, instrumental closed reduction
4927	Fracture of nose, instrumental closed reduction with reduction of septum and plaster of Paris fixation
5048	Cardiac Catheterisation: This procedure code only applies if one of the following FPP procedure codes is performed between the hours of 10pm and 6am on an unplanned emergency basis in the out of hours cath lab: 5080, 5090 or 5061
5058	Cardiac catheterisation and coronary angiography with or without ventriculography with fractional flow reserve (FFR) intracoronary pressure measurements
5078	Cardiac catheterisation (left, right or both sides)
5080	Cardiac catheterisation (left, right or both sides)
5088	Cardiac catheterisation and coronary angiography with or without ventriculography
5090	Cardiac catheterisation and coronary angiography with or without ventriculography
5112	Post bypass cardiac catheterisation and coronary angiography with or without ventriculography (including opacification of coronary bypass grafts)
5295	Craniectomy or craniotomy for cerebellar haematoma
5320	Craniectomy for excision of brain tumour, supratentorial
5365	Craniectomy for meningioma, supratentorial
5420	Craniectomy or craniotomy for abscess
5470	Craniotomy for removal of pituitary tumour or to resection a portion of gland
5480	Posterior fossa tumours, removal of

Code	Procedure
5501	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters.
5502	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters.
5520	Shunt insertion
5525	Shunt revision
5555	Acoustic neuroma, removal of
5659	High Dose Radiation, Intercavity cylinder insertion non operative, insertion of a single applicator without the need for operative placement, all inclusive benefit for applicator placement and plan generated for each treatment. All inclusive benefit for multiple treatment fractions. The benefit includes one follow up outpatient consultation
5682	High dose radiation brachytherapy (HDR) gynaecological (no surgery case). Placement of treatment applicators, computerised planning, dosimetry and brachytherapy treatment session (code is claimable for the subsequent session)
5683	High dose radiation brachytherapy (HDR) Post hysterectomy, benefit includes insertion of treatment applicators, computerised planning, dosimetry and brachytherapy treatment sessions.
5684	High dose radiation brachytherapy (HDR) to prostate, all inclusive benefit for placement of treatment applicators for temporary implant, computerised planning, dosimetry and therapy sessions (also includes one follow up outpatient consultation after the course of treatment)
5686	High dose radiation brachytherapy(HDR) primary treatment for intact breast, all inclusive benefit for computerised planning, dosimetry , placement of treatment applicators and therapy sessions (also includes one follow up outpatient consultation after the course of treatment)
5687	High dose radiation brachytherapy(HDR) primary treatment post mastectomy, all inclusive benefit for computerised planning, dosimetry , placement of treatment applicators and therapy sessions
5689	High dose radiation brachytherapy interstitial,(eg head and neck) all inclusive benefit for placement of treatment applicators , computerised planning, dosimetry and therapy sessions. Benefit includes all brachytherapy treatment sessions and one follow up outpatient consultation after the course of treatment)
5696	High dose radiation brachytherapy (HDR), bronchus, benefit for placement of treatment applicators, computerised planning, dosimetry and treatment session
5698	High dose radiation oesophagus, all inclusive benefit for placement of treatment applicators , computerised planning, dosimetry and treatment session.
5721	Microneurosurgical subarticular fenestration and foraminal decompression including microdissectomy surgery using a microscope; with dynamic stabilisation interspinous implant; more than one level (unilateral or bilateral)
5722	Microneurosurgical subarticular fenestration and foraminal decompression including microdissectomy surgery using a microscope with dynamic stabilisation interspinous implant; re-exploration following previous surgery at the same interspace site(s), one or more levels (unilateral or bilateral)
5724	Microneurosurgical subarticular fenestration and foraminal decompression including microdissectomy surgery using a microscope with dynamic stabilisation interspinous implant; one level (unilateral or bilateral)
5726	"Detailed prostate volume study under ultrasound guidance with immediate transperineal placement of needles/catheters into prostate with multiple interstitial radioelement seed application with real time planning allowing dose/seed adjustment as necessary, with or without cystoscopy- Radiotherapists Benefit. Clinical indications for the prostate brachytherapy procedures are as follows: 1. PSA < 20ng per ml 2. Prostate mass < 50cc 3. Gleason score < 8"
5728	Microneurosurgical subarticular fenestration and foraminal decompression including microdissectomy surgery using a microscope; more than one level (unilateral or bilateral)
5729	Microneurosurgical subarticular fenestration and foraminal decompression including microdissectomy surgery using a microscope; re-exploration following previous surgery at the same interspace site(s), one or more levels (unilateral or bilateral)
5730	Cervical disc, partial excision of
5731	Cervical disc, excision of two or more levels

Code	Procedure
5732	Microneurosurgical subarticular fenestration and foraminal decompression including microdiscectomy surgery: on one or more levels, unilateral or bilateral
5736	Stereotactic Radiosurgery, course of treatment consisting up to and including 3 treatment delivery sessions, and including planning, simulation, treatment devices and image guidance
5737	Stereotactic Radiosurgery, per session, for additional treatment sessions in excess of those included in procedure code 5736
5751	Craniectomy for foramen magnum decompression (A-C; syringo)
5752	Craniectomy for nerve section/decompression
5753	Craniectomy for bone tumour, supratentorial
5754	Craniectomy for excision of brain tumour, infratentorial
5757	Craniectomy for meningioma, infratentorial
5758	Craniectomy for CP angle tumour (includes acoustic neuroma)
5768	Craniectomy for excision/fenestration cyst
5793	Percutaneous implantation of neurostimulator electrodes for faecal incontinence; trial phase (Hospital benefits apply for a maximum stay of one night only)
5794	Percutaneous implantation of neurostimulator electrodes for faecal incontinence; permanent implantation (Hospital benefits apply for a maximum stay of two nights only) Rate covers all consumables (eg Interstim Prog)
5875	Shoulder replacement prosthesis(IP)
5910	Extracorporeal shock wave lithotripsy (ESWL) - performed by a consultant urologist for urinary tract stone (s) NOTE; for procedure code 5910 where monitored anaesthesia is required, claims must be supported by a medical report from the consultant anaesthetist outlined in the necessity for monitored anaesthesia. see anaesthesia ground rule no.3 for monitored anaesthesia care.
5911	Ureterscopy & contact lithotripsy with placement/removal of J stent, one or more sessions per hospital stay (I.P.)
5941	Total pneumonectomy
5942	Lobectomy of lung (including excision of segment)
5943	Thoracoscopic lung resections
5944	Open excision of lesion of lung
5947	Removal of lung, with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
5969	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic
5976	Laminectomy for removal/biopsy extramedullary tumour
5982	Total pneumonectomy with lymphadenectomy
5983	Lobectomy of lung (including excision of segment) with lymphadenectomy
5984	Insertion of a spinal cord stimulator - trial stage NOTE: Please refer to Schedule of Benefits for criteria.
5998	Second stage transperineal placement of needles or catheters into prostate with permanent implantation of radioactive seeds; benefit includes one follow-up patient consultation - for two treatments each with a length of stay of 3 days
5999	Insertion of a spinal cord stimulator - implantation stage NOTE: Please refer to Schedule of Benefits for criteria.
6672	Bilateral carotid angiography study Day Case
6673	Bilateral carotid angiography & vertebralstudy Day Case

Code	Procedure
6675	Angiogram (direct puncture, single vessel study, branchial, femoral) includes introduction of needles or catheter injection of contrast media and necessary pre and post injection care specifically related to the injection procedure
6680	Angiogram (selective catheter, single or multiple vessel study, coeliac, mesenteric, renal etc), includes introduction of needle or catheter injection of contrast media and necessary pre and post injection care related to the injection procedure
6681	Single selective carotid angiography and/or vertebral study
6682	Bilateral carotid angiography study
6683	Bilateral carotid angiography and vertebral study

\* may be subject to an excess and/or co-payment. Please check your table of cover.