

Minor Surgery Guidance

This guidance has been prepared by HSCB Probity Advisers and BSO Probity staff as a result of recent Probity queries raised when carrying out Post Payment Verification visits to GP practices. Please consider this in conjunction with past guidance issued to legacy Boards in 2007/2008.

The Minor Surgery enhanced service is designed to remunerate GPs with additional skills who undertake minor surgical procedures which would otherwise be performed in secondary care. Two different fees (Lower and Higher) are payable depending on whether the procedure complies with Level 1 or Level 2/3.

Level 1 – Injections (muscles, tendons and joints)- Lower Fee

- Injections include intra articular and peri articular
- More than one joint injection in one region at one time counts as one claim
- Aspirations can be claimed for joints, cysts, bursae and hydrocele.
- The withdrawal of fluid from a joint, bursa or haematoma can be claimed at Level 1. If at the same attendance the same joint is injected a second Level 1 fee **cannot** be claimed.

Please note that depo-steroid injections into muscle for systemic effect are not payable.

When read coding and claiming minor surgery procedures please distinguish between the aspiration of fluid (claimable at Level 1) and the incision and drainage of fluid (claimable at Level 2).

Level 2 – Invasive Procedures including incisions and excisions – Higher Fee

Excisions

- Lipomas
- Sebaceous cysts
- Skin lesions for histology (see below)
- Papillomas, Dermatofibromas and similar conditions
- Removal of toe nails (partial and complete)

Shave Biopsy, Dermal Curette, Punch Biopsy.

These procedures will involve careful execution*, with preservation of an appropriate sample for histological diagnosis (the visiting Probity Team would expect to see this documented in the patient record).

Good governance would require detailed documentation of the Procedure (*e.g. LA used, scalpel, electro-cautery for haemostasis, suturing etc) and scanning of written patient consent (including detail of procedure) onto patient record.

These procedures can be claimed at Level 2.

Skin tags.

The treatment of skin tags by ligation with thread, cryo-therapy with nitrogen, curettage or electro-cautery **is not claimable** under this enhanced service as the level of skill and time required is deemed to be part of core services.

Forwarding a sample for histology would not normally be expected in the case of skin tag removal.

Excision of Skin Tags

Where a GP makes the clinical decision to excise a skin tag he/she is advised to record an appropriate level of clinical detail to support any subsequent Level 2 claim. This detail should include the approximate size of the skin tag and number of skin tags, the site of the skin tag, the instrument used (e.g. scalpel), whether anaesthetic was used and how the wound was sealed (e.g. electro-cautery/sutures including number). This will both facilitate the payment verification checks and will also protect the practitioner from a medico-legal perspective in the event that a patient complaint is made.

Removal of multiple skin tags (through excision) from the same area in one session are payable as one Level 2 fee.

If a similar eligible procedure is required for another area of the body at the same appointment, it too can be claimed as a separate Level 2 claim.

Incisions

- Abscesses
- Cysts
- Thrombosed Piles

Level 3 – Injections of Varicose Veins and Piles – Higher Fee

- Varicose Veins
- Haemorrhoids

Practices are advised to review this guidance to ensure that only eligible procedures done by the practice are claimed.

Practices are reminded that it is important that for the Post Payment Verification visit the visiting Medical Adviser can view adequate details in the records of the patients selected.

Should the practice have a query in respect of any of the above please contact Mr Paddy McLaughlin, Head of Probity Services, BSO (Tel: 02895 362927 or paddy.mclaughlin@hscni.net) in the first instance.

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