



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 Standard](#).

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.

Table 1: Excluded Elective Procedures

Procedure	Procedure Description	ACHI Code (12 th edition)	Non-Exhaustive list* of Exceptions/Indications** where Medical Director (or their delegate) approval is required
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 Associated with functional problems e.g. prelude to hip replacement surgery or renal transplant
Breast reduction (not performed as part of cancer treatment)	Reduction mammoplasty, bilateral Reduction mammoplasty with nipple repositioning, bilateral	45522-01 45520-01	Non-gestational breast hypertrophy with: a. Clinically significant and persistent mobility & functional issues and/or b. 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	Congenital breast deformity e.g. Poland's syndrome, tubular breast or amazia

Procedure	Procedure Description	ACHI Code (12 th edition)	Non-Exhaustive list* of Exceptions/Indications** where Medical Director (or their delegate) approval is required
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	Unless significantly asymmetrical
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	Unilateral facelift for facial palsy
Gender reassignment procedures		N/A	Congenital abnormalities in children, where significant physiological impacts (such as impacting urination) are documented.
Hair transplant		45560-00	Major burns/trauma

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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
Lengthening of penis (phalloplasty)	Lengthening of penis by translocation of corpora	37423-00	Congenital abnormalities in children, where significant physiological impacts are documented
Liposuction		45584-00	As part of reconstructive pathway Debilitating lipoedema
Lipectomy (other), including Brachioplasty	Lipectomy, 1 excision Lipectomy, 2 or more excisions	30168-00 30171-00	Persistent infections in skin folds following significant weight loss Significant functional problems or impairment of activities of daily living (ADL).
Male circumcision		30653-00	Phimosis Paraphimosis Balanitis
Neck lift		45588-02	
Penile procedures for sex transformation		90405-00	Congenital abnormalities in children, where significant physiological impacts are documented

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Removal of benign moles		N/A	Requiring histology to exclude malignancy
Reversal of sterilisation	<p>Female</p> <p>Microsurgical salpingoplasty</p> <p>Laparoscopic anastomosis of fallopian tube</p> <p>Anastomosis of fallopian tube</p> <p>Male</p> <p>Vasovasostomy, unilateral</p> <p>Vasovasostomy, bilateral</p> <p>Vasoepididymostomy, unilateral</p> <p>Vasoepididymostomy, bilateral</p> <p>Microsurgical vasovasostomy, unilateral</p> <p>Microsurgical vasovasostomy, bilateral</p> <p>Microsurgical vasoepididymostomy, unilateral</p> <p>Microsurgical vasoepididymostomy, bilateral</p>	<p>35697-00</p> <p>35694-01</p> <p>35694-05</p> <p>37619-00</p> <p>37619-01</p> <p>37619-02</p> <p>37619-03</p> <p>37616-00</p> <p>37616-01</p> <p>37616-02</p> <p>37616-03</p>	

Procedure	Procedure Description	ACHI Code (12 th edition)	Non-Exhaustive list* of Exceptions/Indications** where Medical Director (or their delegate) approval is required
Rhinoplasty	Total rhinoplasty Rhinoplasty involving correction of cartilage Rhinoplasty involving correction of bony vault Rhinoplasty using nasal or septal cartilage graft Rhinoplasty using nasal bone graft Rhinoplasty using nasal bone and nasal/septal cartilage graft Rhinoplasty using cartilage graft from distant donor site Rhinoplasty using bone graft from distant donor site Rhinoplasty using bone and cartilage graft from distant donor site	45638-00 45632-00 45635-00 45641-00 45641-01 4564102 45644-00 45644-01 45644-02	Major facial trauma Congenital abnormality in children causing ongoing physiological issues Rhinoplasty deemed necessary for functional improvement to the airway, regardless of cause
Tattoo removal	Laser to tattoo	90662-00	
Vaginoplasty	Other repair of vagina	90449-00	
Varicose veins	Micro injections of venular flares Multiple injections of varicose veins Interruption of sapheno-femoral junctional varicose veins Interruption of varicose veins of multiple tributaries Subfascial interruption of perforator veins Endovenous interruption of veins (e.g. laser therapy) Reoperation for varicose veins	32500-00 32500-01 32508-00 32504-00 32507-01 32520-00 32514-00	CEAP Grade > C3 (refer Table 2)

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Vulvoplasty/Labiaplasty		35533-00	Functional labial hypertrophy causing persistent infections Significant functional problems Correction of female genital mutilation or congenital abnormality Impairment of ADL where the labium extends >8cm from vaginal introitus on standing
Any other procedure performed for cosmetic reasons (i.e. in the absence of significant functional impairment)			
*This is considered a non-exhaustive list of common examples of Exceptions/Indications which may be considered by the Medical Director (or their delegate) for approval.			
** The Royal Perth Bentley Group Excluded Procedures Standard Operational Procedure 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