

Guide for clients

Basic Nomenclature

- + Services
- + Well-Being
- + Welfare

FasiOpen

Open Fund for
Supplementary Health Care

*Modern and efficient **Supplementary Health Care**
for your company's employees and their families*



WARNINGS

Dear Members, Companies and Healthcare Facilities,

Please remember that, to request a refund for healthcare expenditure from FasiOpen, you must submit the expenditure documentation via the member homepage and no longer by sending the originals/photocopies in printed form. For this purpose there is an ONLINE procedure on the Company website for submitting indirect provision refund requests, while for refund requests relating to direct provision services, healthcare facilities belonging to the network recognised by FasiOpen will be able to use a dedicated telematic app.

FasiOpen continues, though in limited cases, to allow refund requests for services to be sent by post, attaching only a copy of the required documentation. With regard to this we again remind you that requests should be sent in printed form only when it is impossible to send them electronically, and that any documentation sent to the Fund (regardless of whether it is a copy or the original) cannot be returned.

The information that follows, along with the specific branch introductions, provides further support (valid for both direct and indirect provision services) to help you correctly submit requests for services, and summarises additional information to that provided in the individual guides to the Fund's Health Plans.

This Nomenclature lists services only for Medicine, Surgery and Dentistry, which FasiOpen regards as its area of activity in contributing towards costs.

The Fund will refund the healthcare services listed if they are included in the cover provided by a member's individual Health Plan, within the limits of the provisions of the individual cover and within the limits of the expenditure incurred.

The Nomenclature is divided into 21 sections:

- ✓ **SECTION B.** - SPECIALIST CONSULTATIONS
- ✓ **SECTION C.** - HOSPITALISATION AND SUPPLEMENTARY SERVICES
- ✓ **SECTION D.** - MATERIALS AND MEDICINES
- ✓ **SECTION E.** - MEDICAL DEVICES AND PROSTHESES
- ✓ **SECTION F.** - PROFESSIONAL COSTS AND FEES FOR TRANSFUSION SERVICES DURING OVERNIGHT HOSPITALISATION
- ✓ **SECTION G.** - USE OF DEDICATED ROOMS - USE OF OPERATING THEATRE - USE OF SPECIAL EQUIPMENT IN THE OPERATING THEATRE - USE OF HIGH-COST INSTRUMENTS
- ✓ **SECTION H.** - MEDICAL TEAM ASSISTANCE DURING OVERNIGHT HOSPITALISATION IN MEDICAL WARDS
- ✓ **SECTION I.** - MEDICAL ONCOLOGY - CHEMOTHERAPY
- ✓ **SECTION L.** - HYPERBARIC MEDICINE
- ✓ **SECTION M.** - LITHOTRIPSY
- ✓ **SECTION N.** - THERAPIES
- ✓ **SECTION O.** - SURGICAL OPERATIONS DURING OVERNIGHT HOSPITALISATION, DURING DAYTIME HOSPITALISATION (DAY SURGERY)
- ✓ **SECTION P.** - DIAGNOSTIC TESTS

- ✓ **SECTION Q.** - PHYSIOKINESIS THERAPY
- ✓ **SECTION R.** - DENTISTRY SERVICES
- ✓ **SECTION T.** - SPA TREATMENTS
- ✓ **SECTION U.** - PUBLIC HEALTHCARE CHARGES
- ✓ **SECTION V.** - SURGICAL PACKAGES
- ✓ **SECTION Z.** - PREVENTION
- ✓ **OTHER SERVICES**
- ✓ **SERVICES AVAILABLE ONLY BY INDIRECT PROVISION**

Items not shown in the Basic Nomenclature should be considered not included in the Fund's area of activity and therefore non-refundable. The items included will be refunded only if included in the covers provided by the Health Plan and optioned by the client/member, within the limits of the regulation itself and always within the limits of the expenditure actually incurred.

Autonomous coding due to similarity of services/treatments is not allowed, regardless of whether these are provided by a directly affiliated professional/healthcare facility and/or by a professional offering indirect provision services.

Listed below are some of the specifications valid for all health plans provided by FasiOpen, which will be added to those provided for in the specific Section Introductions of the Basic Nomenclature and those subsequently specified in the individual guides identifying the different types of coverage.



Specialist consultations

The expenditure documentation must clearly show the doctor's academic qualification of specialisation (which must be relevant to the pathology that made the consultation necessary), his/her personal details and VAT number.

If a specialist consultation is invoiced by a healthcare facility, regardless of whether or not it has a direct affiliation with the Fund, as well as the facility's details and VAT number the physician's academic specialisation qualification must also be specified which, in this case also, must be relevant to the pathology that made the consultation necessary.

Excluded from refund are: consultations provided by a medical dentist other than those provided for and if provided for by the specific Dental Cover of the Health Plan; hygiene and preventive medicine specialists; breast health consultations; those pertaining to occupational medicine; legal medicine; radiological consultations; nuclear medicine; sports medicine; aerospace medicine; medical hydrology; general medicine services and/or consultations (injections, phlebotomy, vaccinations, medicines and/or substances used for allergy tests, sclerosing injections); consultations carried out by a psychologist; dietology and/or nutritionist consultations regardless of whether these are carried out by a physician specialising in food science; homeopathic and/or alternative medicine consultations and/or services; osteopathic consultations and/or services; physiotherapy (other than psychiatric consultations). Also not refundable are medical-surgical consultations for the purposes of personal aesthetics (and/or attributable to these) regardless of whether they are carried out by reconstructive plastic surgeons; medical examinations for the purpose of issuing certificates (driving licence, sports fitness, etc.). Consultations carried out by persons other than graduates in medicine and surgery who are duly registered with the Italian Board of Physicians (also indicating the professional's specialisation/s) are not refundable. Psychotherapy/psychological support sessions, on the other hand (not equatable to specialist consultations), are refundable within the limits specified by the Cover that includes them, solely if carried out by the professionals specified within the item itself.

Specialist oncological care is exclusively defined as that provided by specialists during infusional chemotherapy sessions regardless of the basis upon which these are carried out, or that provided by specialist oncologists only during night-time hospitalisation and without chemotherapy. Specialist oncology care cannot be summed with other medical care during hospitalisation and/or any type of specialist consultation. Please remember that the healthcare documentation must explicitly specify the type of therapy given and the basis upon which the therapy itself was carried out (where provided for by the Health Plan).

Medical care during hospitalisation means care provided on a daily basis by the entire medical team during hospitalisations without surgical operations. Medical care received during hospitalisation cannot be summed with another type of specialist care and/or specialist consultation, with the exception of consultations by a professional with a different specialisation to that for which the hospitalisation was requested.

Hospitalisation charges

If not otherwise provided for and regulated by the Covers in the individual Health Plan, the daily hospitalisation fee is refundable for a maximum of 90 days in the calendar year, the calendar year being the period of 365 days prior to each single day of hospitalisation.

The hospitalisation fee (any) applies within the limits of the expenditure effectively incurred for stays in medical or surgical wards of public health facilities, non-accredited private facilities or accredited nursing homes, for the resolution of events in the acute phase. Hospitalisation in intensive care units, sub-intensive care units and the use of a room equipped for radiometabolic therapies count towards the maximum number of 90 days per year.

Refunds for day hospitals/day surgeries are recognised only in the event of surgical operations, chemotherapy and pain therapy services documented in the medical records. Hospitalisation for diagnostic tests or other reasons is therefore strictly excluded. Refunds for day surgery fees are excluded for package-based operations (e.g. cataract package, gastroenterology packages, etc.).

Please note that, since some tests/check-ups/operations can be carried out on an outpatient basis regardless of whether performed with deep sedation, approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a request, for the hospitalisation basis (any) to be recognised, detailed medical documentation must be attached to the request in which the reasons for the choice of this type of hospitalisation basis is highlighted.

Hospitalisation fees for intensive care wards, coronary units and sub-intensive therapy are inclusive, in addition to ordinary hospitalisation fees, also of continuous medical and nursing care (24 hours) and the use of special equipment, and also count towards the total of 90 days of hospitalisation per year. In this case, therefore, the hospitalisation fee cannot be summed with the code/fee for any inpatient care.



Medicines - Healthcare Materials

Only eligible for refund, to the extent provided for in the individual Health Plans, are those medicines used during hospitalisation (night-time or daytime) and duly specified on the invoice issued by the healthcare facility, including blood and its derivatives which must be debited according to the current regulations regarding this specific matter.

All healthcare materials used during hospitalisation (night-time or daytime) in the healthcare facility and duly specified on the invoice are refundable to the extent specified in the individual Health Plans.

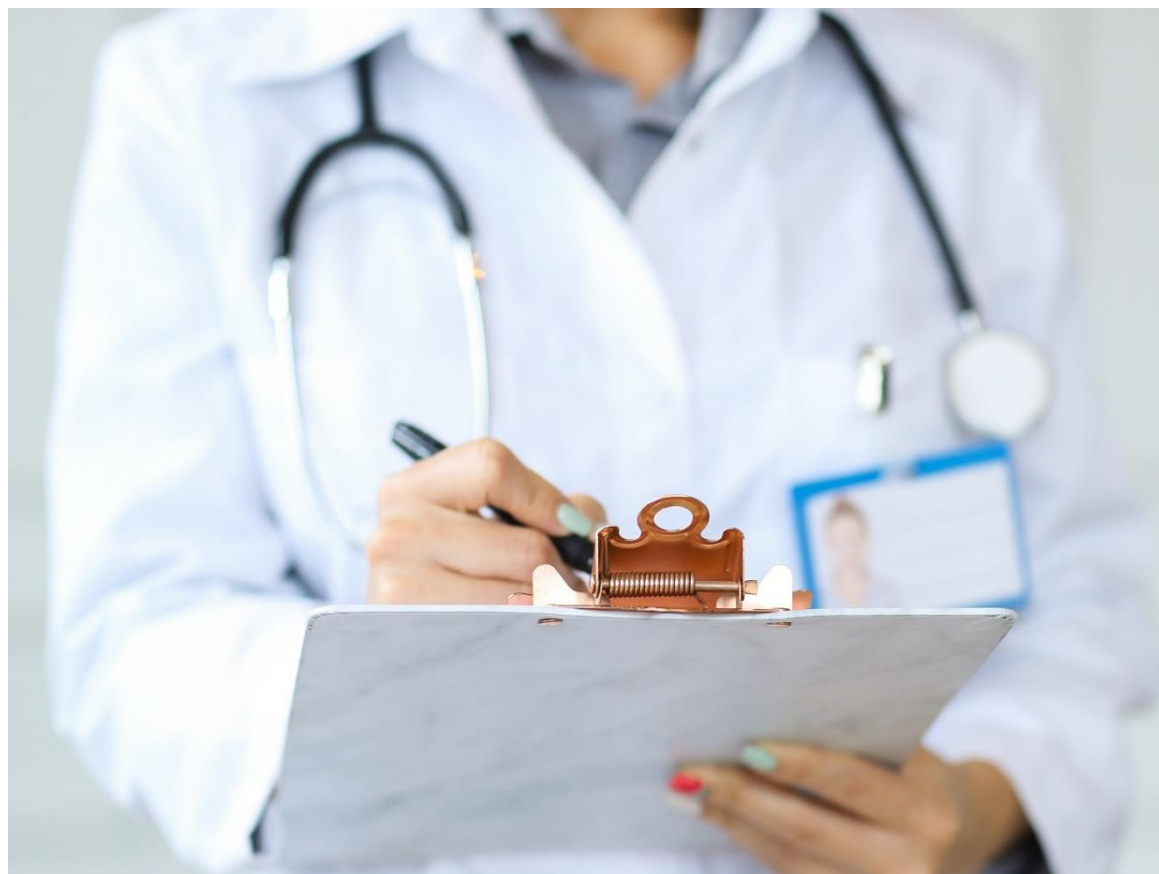
For operations and/or procedures carried out on an outpatient basis (outpatient operating theatre), materials, medicines and instruments are included in the fees for the operating theatres themselves.

Please note that, in the case of “packages” received by direct provision, the amount accepted by the healthcare facility in the signed affiliation is the maximum that can be invoiced for that specific procedure/surgical operation.

No type of device and/or prosthesis can be equated with the materials code.

As regards materials and medicines used during dental surgery, the costs involved are included in the maximum refund fees for the services themselves and are not payable even if specified on the invoice, regardless of whether they are related to the operating theatre and/or to any stay in hospital.

FasiOpen reserves the right to request details of the materials and/or medicines for which a refund request has been submitted.



Medical Devices and Prostheses

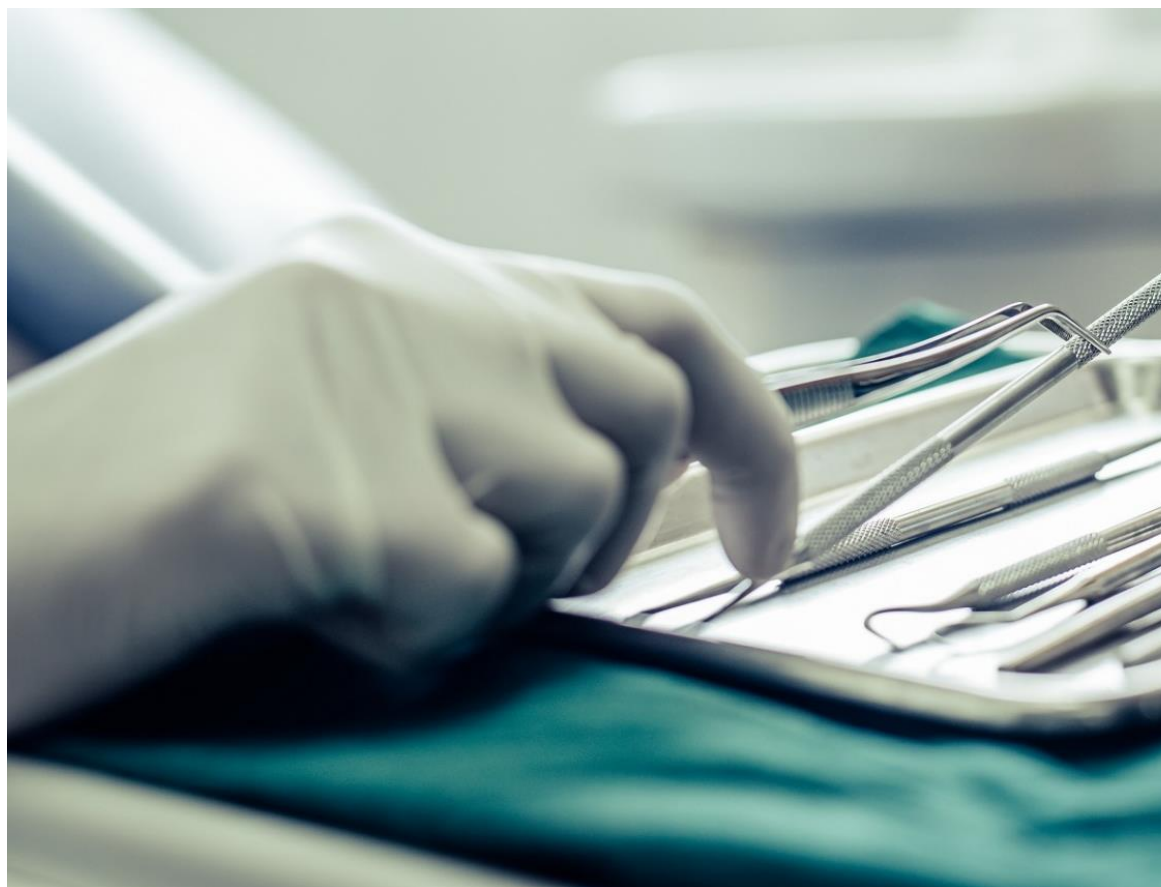
Medical devices and/or prostheses will be refunded only if duly provided for in your Health Plan (limited to the context of the Covers that include these), if prescribed by a physician specialised in the relevant pathology, or if used during hospitalisation with day or night stay as shown in detail in the medical records and the respective invoice issued by the healthcare facility.

Please note that refunds relate to the entire device and/or prosthesis, always within the terms of any time limits and to the maximum extent of the contribution towards costs indicated in your Health Plan; i.e. refunds are not recognised for the replacement and/or repair of parts that are damaged or subject to wear and tear.

The Fund will not contribute towards the cost of devices/prostheses/healing aids other than those listed in the relevant Section of the Basic Nomenclature in force at the time of the balance invoice.

No type of device and/or prosthesis can be equated with the materials code.

The Fund reserves the right to request further details of the items shown on the invoice and the certificate of conformity of the items as specified by EU regulations (European Regulation 2017/745 - former Directive 93/42/EEC).



Use of operating theatres

For Health Plans that provide for a case-by-case refund, the use of the operating theatre is recognised for refund according to the maximum fee shown for the code identified within the Basic Nomenclature. The operating theatre category is defined by the amount or sum of amount/s recognised for the operation/s carried out in the same operating session, without prejudice to the rules for approving surgical operations. Following identification the debit will be allowed, obviously again limited to the expenditure actually incurred; the refund is then added to that recognised for the operation itself.

The operating theatre fee (night/day hospitalisation) includes the use of any equipment, excepting that included in individual procedures (e.g. endoscopic procedures include use of the endoscope and related disposable materials connected with the instrument/equipment), and also excepting that specifically described under high-cost instruments.

Refunds for the outpatient room are inclusive of medication, medical materials and any equipment unless otherwise indicated.

Please note that refunds for the use of the operating theatre during hospitalisation (overnight or daytime), or for use of the outpatient room, are related to the request for a surgical and/or medical procedure; any refund request for use of the theatre/room only will therefore be at the sole discretion of the Fund. In such cases, therefore, we urge you to provide reports and/or documentation to give the Fund all the means necessary to make the above evaluation.

The Fund will not contribute towards the cost of outpatient room charges for dental procedures.



Medical Record

For refunds for hospitalisation with both night-time and daytime stay, with or without surgery, a complete copy of the relevant medical record must be sent, if possible in digital format.

The medical record must show documentation regarding specialist consultations other than those of the treating medical-surgical team, including the diagnostic issue for which they were requested and the relevant medical reports/references of the specialists consulted.

If the documentation is not legible, FasiOpen reserves the right to request a transcript of the medical record.

In the event of hospitalisation (any type) for the purpose of carrying out procedures/tests normally performed on an outpatient basis (regardless of whether carried out under deep sedation), for the service to be refunded a medical record must be submitted from which the client's clinical picture can be identified, with this needing to be compatible with the request to carry out the procedures on an inpatient basis. The Fund will assess its suitability for this, reserving the right to grant or not grant the refund corresponding to the type of hospitalisation requested.

In case of hospitalisation for surgery, the medical record must contain an operating theatre register and/or report showing the type of surgery carried out.



Surgical Operations

The provisions for individual items in the individual Health Plans, regardless of the type of operation and the basis on which it is carried out, is all-inclusive of the services performed by all those taking part in the surgical procedure/s (operator/s, aids, assistants, anaesthetists, technicians, etc.), as shown in the operating theatre report in the medical record, and of the assistance provided by the entire surgical team during hospitalisation until discharge.

For surgical operations carried out using special instruments/equipment, regardless of the type of instrumentation and/or equipment, everything applicable to traditionally performed operations is recognised as refundable except for anything specified in the “Use of high-cost instruments” section (e.g: endoscopic procedures include use of the endoscope and related disposable materials connected with the instrument/equipment), and exclusively for those indicated (again inclusive of disposable materials connected with the instrumentation/equipment) only if explicitly shown in the medical record/operating theatre report.

Where provided for by the Health Plan/its Covers, and in particular for direct provision services, in the case of concurrent and simultaneous surgical operations, regardless of the type of operation and the basis on which it is carried out (overnight/day/outpatient hospitalisation) and even if the access route is different but performed in the same operating session, the maximum fee for the main or most financially costly operation is recognised - obviously within the limits of the expenditure incurred - while for the other one or for the other operations the relevant maximum fee is reduced by 50%.

Thus the identification of the operating theatre category (for direct provision services and where a case-by-case refund is provided for) will take place based on the maximum fee for the operation or - in the case of concurrent operations - based on the sum of the main (or most costly) operation and that of 50% of the other operations (excepting concurrent fees for “package-based operations).

In all cases, the type of operation carried out must be unequivocally shown by the operating theatre record within the medical record (in cases of overnight/day hospitalisation) and/or in the operating theatre report (in cases of surgery carried out in an outpatient operating theatre, where refundable).

To clarify further, regardless of the applicable Health Plan for the individual member/client, please note that the actual recognition of refund for procedures, whether surgical (inpatient or outpatient where applicable) or relating to tests and/or other, especially for direct provision services and/or anything communicated in advance by operators at the request of the client him/herself for presumed refund, can be confirmed only and exclusively at the end of the process. Only, therefore, upon examination of the expenditure documentation, the medical records/operators' reports/medical reports/referrals, etc., will it be possible to ascertain the actual conformity of the procedures carried out with the items/services requested for refund (direct provision services) and/or anything communicated by telephone to the operators (member/client).

As regards minor surgical operations carried out on an outpatient basis (outpatient room), the physician's appropriate and detailed certification/report must be provided, on headed paper, regarding the type of operation carried out by him/her.

For operations for the removal of **malignant tumours**, carried out on an outpatient basis and where included in the Health Plan, since the nature of the neoplasm can only be

identified by histological examination **the relevant histological examination report and the pre- and post-operative photograph must also be sent** to obtain recognition of the refund, if provided for by the Health Plan.

For any type of intervention, FasiOpen reserves the right to request additional documentation to that specified.



The following items are strictly excluded from refund (except as and if explicitly appearing in the Nomenclature in force at the time of invoice and if included in the Covers of your Health Plan): surgical procedures and/or medical therapies connected with male or female infertility and/or sterility; surgical procedures for male impotence and female frigidity; all treatments and/or tests and/or operations of an aesthetic nature and all services and/or surgical operations connected to these or consequent to any previous surgical operations or treatments. Excluded from refund are any type of treatment or surgical operation for treating myopia, astigmatism, hypermetropia, presbyopia, corneal corrections using any method and equipment, and any other laser treatment in ophthalmology other than those indicated in the relevant branch in the “Laser treatments” paragraph.



Diagnostic Tests

Diagnostic tests are recognised as refundable within the limits of whatever is provided for (if anything) by the Covers of the individual Health Plans.

To obtain the specified refunds you must send, together with the relevant invoices, details of the services carried out as well as the **prescription of the specialist physician and/or treating general practitioner indicating the type of pathology (obligatory) that made the tests themselves essential.**

FasiOpen reserves the right, however, to request a copy of the diagnostic reports should the need arise for further inspection.

In view of the different Regional laws, in the event of the simultaneous payment of public healthcare charges and private services not recognised by the S.S.R. (Italian Regional Health Services), with both appearing on the same healthcare receipt, you must ask the healthcare facility to specify the amount (and therefore the services) relating solely to the public healthcare charges.

Since refunds for preventive medicine services are excluded (excepting FasiOpen Prevention Packages within the limits of what it provides for and the terms of the member's/client's Health Plan), the Fund reserves the right to assess the relevance of the tests to the stated pathology on a case-by-case basis.

All laboratory analyses contained in the Basic Nomenclature are refundable solely and exclusively if included in your Health Plan and if correctly invoiced by authorised analysis laboratories. Please remember that venous sampling is included in the services themselves. Requests for the taking of samples at home, if provided for by the Health Plan, as an additional amount to the service itself and limited to those expressly covered by the Basic Nomenclature at the time of invoicing, must be clearly mentioned in the medical prescription and must be in-line with the pathology indicated in it, i.e. the clinical picture that made taking samples at home necessary must be shown.

All tests are refunded, as set out and within the limits indicated in this Nomenclature if they are included in the Covers your Health Plan, including genetic analyses (only those indicated in the Nomenclature and included in the Health Plan) carried out solely for diagnostic-therapeutic purposes and according to the diagnostic protocols sanctioned by conventional medicine.



Preventive (predictive) medicine, experimental and/or research and/or alternative services are strictly ineligible for refund.

For radiological tests and diagnostic tests using nuclear medicine, the items relate to complete examinations of projections and the number of x-rays needed for an exhaustive test to be provided.

The items also include the professional fees of radiologists or nuclear medicine

specialists and other specialists/technicians, where involved, the contrast media, materials, medicines and other items except as expressly stated in the specific conditions of the branch displayed for each sub-section. Please note that, for Health Plans without refunds on a case-by-case basis, the contrast medium is considered to be a service in its own right; therefore any fixed and percentage excesses will also be applied to the “contrast medium” item, and this too will partly reduce the refund ceiling envisaged, if any, by the Cover.



Any anaesthesiological care for diagnostic and/or invasive tests, where necessary, is included in the item specified for the individual test, except as specifically described by FasiOpen.

For some diagnostic tests, if included in your Health Plan and in particular for direct provision services regardless of the Health Plan, there is a 50% reduction on the second test (or the financially less expensive one) carried out during the same session, as is explained in more detail in the respective “Specific Branch Introductions”.

Please note that the term “during the same session” means during the same access to the healthcare facility; thus, in the case of two tests carried out, the 50% reduction (where applicable) will be applied if a different moment of access is not unequivocally detectable (different day of the test being carried out).

Molecular genetic tests are included in the Diagnostic Tests section. With regard to this, please note that tests are refundable only and exclusively if included in your Health Plan within the individual Covers (and limited to the contents of these). Only Molecular Genetics tests explicitly mentioned in the Basic Nomenclature (and if provided for by your Health Plan) are refundable, and only if carried out for diagnostic-therapeutic purposes (thus excluding those relating to research and/or experimentation and/or prevention and/or prediction).

Molecular Genetics and/or cytogenetic tests pre- and post childbirth are refundable only if prescribed by a Physician-Surgeon specialising in Medical Genetics (clinical genetics) or specialising in Oncology. No other possibilities are available.

The tests, even if of considerable importance and included in the Covers of the individual Health Plans, will not be recognised as refundable if prescribed by professionals, regardless of specialisation, other than those expressly specified.

Finally, please note that, since the results of many Molecular Genetics tests do not change over time, these will be recognised as refundable only once; we therefore recommend that a copy of these results is retained (the Fund cannot provide copies of any that it is sent in relation to refund requests).

Physiokinesis therapy

For Health Plans that provide for case-by-case refunds, those relating to expenditure on physiokinesis therapy are limited to a total of 80 services (not sessions) per year (1 January - 31 December) per client for neurological, neuromotor and osteo-articular pathologies regardless of type, technique, instrumentation, and the anatomical district treated.

Items relating to the Rehabilitation section, for which the term “per session” is explicitly shown, cannot be combined with other services/items in the Physiokinesis therapy section since they are already included in Rehabilitation.

Anatomical district means the entire spinal column, or the upper or lower limbs.

The limits specified above are not applicable in a quantitative sense for acupuncture, spinal manipulation and focal shock waves, which have their own annual limits but count towards calculation of the maximum of 80 services per year.

If provided for in your Health Plan and within the limits stated therein, equipment hire - which is also subject to annual limits - does not count towards calculation of the maximum annual limits.

The items are all-inclusive of consumables and medications.

Therapies for aesthetic purposes and/or ascribable to these are not refundable.

To obtain the specified refunds you must send - as well as everything specified (if specified) in the individual Covers - together with photocopies of the relevant invoices, details of the therapies carried out (type and number) along with **the medical prescription with the corresponding definite diagnosis of the pathology (not to be confused with the symptomatology)** that made them necessary and essential.

For therapies carried out at centres authorised to provide rehabilitation services (with this authorisation issued by the competent authorities), the specialisation of the centre itself must also be clearly shown as well as, in all cases, the professional physiokinesis therapy qualification of the person who carried out and invoiced the services.



Please note that services with “manu medica” in their description will be recognised as refundable, if included in specific Covers in the Health Plan, only and exclusively if carried out by a specialised physician, in other words they cannot be recognised if carried out by a professional figure other than a physician with the respective specialisation (relevant to the pathology and the therapy given).

Please remember that the professional qualification of rehabilitation physiotherapist is not held, for example, by kinesiologists, aesthetic and/or sports masseurs, ISEF/IUSM graduates, shiatsu practitioners, chiropractic graduates, reflexologists, posturologists, naturopaths, etc.

The Fund does not refund services provided by masseurs and massage therapists at hydrotherapy/spa establishments.

The same rules, relevant maximum rates and limitations apply to home treatments as those specified in the Basic Nomenclature in force at the time of invoicing, i.e. no additional sharing of the cost is recognised for any fees charged for the provision of these services (any) at home. If shown in the expenditure/healthcare documentation, this additional charge will be separated out and will be non-refundable.

“Occupational therapy” is recognised as refundable by the Fund for clients/members suffering from pre-existing cognitive, physical or mental disabilities, while “Neuromotor rehabilitation for acute and chronic neurodegenerative pathologies” is recognised by the Fund in cases of disabling neurological damage and - therefore - therapy for the recovery of functional motor or neuromotor skills recently reduced and/or lost due to illness or trauma and/or chronic-degenerative pathologies (e.g. cerebral strokes, Parkinson's disease, multiple sclerosis, etc.). The above items are defined as being per session, regardless of the number of therapies/services carried out within the same session, i.e., the above items/services cannot be summed with other items/therapies/services in the same Physiokinesis therapy section. For refunds of “Occupational Therapy” to be recognised, the qualification of the practitioner who carried out the treatment/services must be clearly indicated.

Moreover, without prejudice to the above as regards the annual limits to refundability, in order to safeguard clients suffering from serious symptomatological pictures and/or pathologies, if provided for by their Health Plan (limited to the MOSAIC Health Plan), upon explicit request by the member/client and at the sole discretion of the Fund, **limitations to the number of refundable services** (with the exception of limitations for acupuncture, spinal manipulations, equipment hire and focal shock waves, which remain confirmed and cannot be exceeded) **will not apply if the relevant treatments are necessary and connected to the symptomatological pictures and/or pathologies described below.**

- ✓ complete paralysis, partial paralysis, paralysis of single nerves, progressive paralysis of the muscle/s;
- ✓ spasticity;
- ✓ traumatic (tetra, paraplegia) and non-traumatic myelopathies (amyotrophic lateral sclerosis, plaques, etc.);
- ✓ infantile cerebropathies (spastic, etc.);
- ✓ intrinsic neurological pathologies (Huntington's chorea, Parkinson's disease, etc.);
- ✓ rehabilitation of amputees;
- ✓ intrinsic muscular pathologies (progressive muscular dystrophy, etc.).

To this end all documentation for the expenditure incurred, dating from the first request of the year if included in the Health Plan (and at the conditions specified therein) and for each refund request for physiokinesis therapy services (regardless of how they are received) must be accompanied by an **up-to-date and detailed report from the specialist physician qualified to make the diagnosis highlighting the clinical picture and the therapeutic procedure, particularly in relation to the number and type of physiokinesis therapy services needed to maintain/stabilise the clinical picture itself.**

We underline that, solely for Health Plans with case-by-case refunds (MOSAIC), following surgical operations (excluding bloodless reductions) such as:

- ✓ knee replacement or tibiotarsal or humerus replacement;
- ✓ surgery for capsular ligament injuries of the knee, ankle or shoulder;
- ✓ cervical, dorsal or lumbar hernias or vertebral stabilisations (spondylolisthesis);

upon explicit request of the client (or the healthcare facility in agreement with the member/client), physiokinesis therapy treatments (limited to those that can be unequivocally linked to a surgical operation among those mentioned immediately above) received and invoiced in the 90 days following the day of surgery (the day of surgery itself, not the day of discharge from hospital) may be recognised as refundable regardless of the limit of 80 services per year (again with the exception of acupuncture, spinal manipulation, focal shock waves and equipment rental, for which the limits for services remain valid).



To temporarily waive the limit during the period mentioned above, and regardless of whether the services are received with direct or indirect provision, you must attach a copy of the medical record, even if previously sent with another refund request, supported by the hospital discharge letter and an up-to-date report from the physician-surgeon who carried out the operation confirming the actual number and type of physiokinesis therapy treatments needed to resolve the event.

A possible temporary waiver of the limit of 80 services per year may be granted by the Fund at its sole discretion, once only per pathology/operation/traumatic event.

FasiOpen reserves the right, both before and after the provision of the services, to make administrative and health checks also by means of consultations by doctors appointed by the Fund and/or checks on the academic/specialisation qualifications of the professional who carried out the services, including by consulting the lists registered with the Professional Boards and/or Registers.

Nursing Care

FasiOpen recognises refunds for Nursing Care during overnight hospitalisation if this is explicitly provided for in your Health Plan. By Nursing Care during overnight hospitalisation we mean private and individual assistance provided by nursing staff in addition to that regularly provided by the healthcare facility as a part of its nursing care in the ward (non-hospital activities).

For the refund to be recognised it must be clear that the aforementioned nursing care does not overlap with other hospital activities and that it is unequivocally restricted to the individual member/client. Any refund, if envisaged by the Health Plan, is understood to be daily (24h) for a minimum number of 6 hours of care (whether daytime or night-time).

Dentistry Services

The Fund does not refund hospitalisation (of any type) for dental services.

Dental services are recognised as refundable to the extent and within the limits provided for by individual Covers in the Health Plans.

Please note that dental services, regardless of the Health Plan, are subject to time limits for refund, and that for certain items there is a mandatory requirement to submit pre- and post-treatment documentation as well as a preventive treatment plan (using the specific indirect provision form where applicable). There is no need to wait for the outcome of the preventive treatment plan assessment to begin any treatment that you need; the Fund's assessment procedure is purely administrative, and in no way enters into the merits of the treatment decision made by your dentist and/or the healthcare facility.

The outcome of the treatment plan assessment is intended to highlight any medical-administrative incompatibilities between the service codes identified, particularly with regard to the contents of the "Specific branch and sub-branch introductions", "Services not included in the Fund", "time limits for refund" and "mandatory requirements" specified for the individual services.

To clarify further, please note that dental services are attributed to the individual teeth/sites/arches/hemiarches based on the invoice date for the balance of the services themselves. Thus, for example only, if a filling is refundable once every 3 years on a certain tooth and is refunded with an invoice dated 3/03/2021, this will not be recognised as refundable again before 04/03/2024.

The evaluation of time limits and/or compatibility between service codes/items is made based on services being requested simultaneously (those already settled at the time of examining the "Treatment Plan" sent), and clearly cannot consider requests still being prepared and/or those that have not yet arrived at the Fund and/or those that are not shown in any obligatory healthcare documentation.

For this reason, in limited cases, even if a service has a positive outcome from the medical assessment of the treatment plan, it may come up as non-payable when the

refund request is examined because it “exceeds the limits” or because the service shown on the treatment plan is different from that carried out or incompatible with the services paid for or those appearing in the medical documentation.

Please remember that refund requests must be fully completed and sent to FasiOpen within and no later than 3 months after the date of invoice for the balance of the services for which you wish to request a refund from the Fund.

While reminding you that expenditure documentation must always be in the name of the client for whom the treatment has been carried out (in the case of minors, even if the invoice is in the name of the FasiOpen membership holder, the name of the minor receiving treatment must be clearly indicated on the invoice since the main person must always be identifiable as required by the tax regulations), and that it is not possible to submit an expenditure receipt for expenses relating to services received by more than one family member/client, we underline that invoices for payments on account are not refundable:

- ✓ An invoice on account is an invoice with no particular correlation between payments and the treatments carried out and completed, and must be sent together with that for the partial balance or balance of the treatments themselves. Example: the dentist issues a quotation to the member/client for 2 fillings at € 100.00 each. Total treatments quoted at € 200.00. The member/client pays an invoice of € 150.00. This latter invoice is a payment on account for the treatment plan agreed with the dentist because it is higher than the value of one filling but less than the value of both the treatments planned. In this example, therefore, the invoice for € 150.00 is for a payment on account which must be submitted together with the balancing invoice (of € 50.00).
- ✓ A partial balance invoice is an invoice that specifically refers to part of the treatment already carried out and completed, although others are still under way. We therefore call your attention to the fact that, although an invoice has “on account” in its description, it is considered to be a “partial balance” if an exact correlation between the amount and the completed services can be identified. Example (based on the previous example): the member/client pays an invoice on account of € 100.00 and the invoice includes the words “on account”. This, according to the previous example, appears to be a payment on account in the context of the relationship between the member/client and the dentist, but is actually a partial balance invoice because it is strictly associable with a completed treatment (a filling costing € 100.00). This invoice must therefore be submitted within 3 months from the date of issue.
- ✓ A balance invoice is an invoice that closes the accounts for treatments carried out and completed. Continuing with the examples given previously: a balance invoice of € 50.00 to be associated with the invoice on account (first example) of € 150.00, to be sent within 3 months from the date of issue of the balance invoice. Or another example: invoice for € 200.00 (total value of the 2 fillings) to be sent within 3 months from the date of issue.

Additional information will be shown in the appropriate section of the Nomenclature and, if provided for by the Health Plan, in the dedicated Cover.

Spa Treatments

Refunds for spa treatments are recognised only if these are provided for by the member's/client's Health Plan and if they have been carried out at authorised establishments equipped for this purpose located in spa resorts.

Mud therapy and balneotherapy treatments are refundable for a maximum of 12 days per year per client.

Hydropinic and inhalation therapies are refundable for a **maximum of 10 days a year and for no more than 3 years per client.**

For simultaneous treatments with mud therapy or balneotherapy treatments and hydropinic or inhalation therapies, the higher fee only is applied.

To obtain a refund for spa treatments a specific medical prescription must be sent certifying the need for the treatment itself, specifying the pathology (not the symptomatology) currently suffered and including expenditure documentation for entry to the spa facility. Refunds strictly exclude any accommodation costs and/or other accessory costs

Public Healthcare Charges

Public Healthcare Charges, which must always display details of the services provided, are refundable - within the maximum limits specified by the individual Covers of the individual Health Plans - only if they relate to the specialist services expressly included in the member's/client's Health Plan, and are subject to the same quantity and/or time limitations as those envisaged for each service (as also specified in the Nomenclature).

Please note that Public Healthcare Charges are a different item of expenditure to the Fixed Fee introduced in the 2011 Budget and the Additional Fixed Prescription Fee Contribution.

In view of the different Regional laws, in the event of the simultaneous payment of public healthcare charges and private services not recognised by the S.S.R., with both appearing on the same healthcare receipt, you must ask the healthcare facility to indicate which amount refers only to the public healthcare charges and/or which amount refers to privately received services.

Surgery Packages

In order to streamline procedures for sending refund requests on the part of clients and healthcare structures belonging to the network recognised by FasiOpen, surgical packages have been introduced for some procedures already included in the Fund's area of activities. For Health Plans that provide for case-by-case refunds, please note that the Surgical Packages identify the maximum amount of the Fund's contribution towards the procedures since, within these, all the envisaged competences have been financially calculated - i.e. the packages are all-inclusive of: the medical team, the operating theatre, the client's stay in the facility, materials, medicines, any prostheses (for operations involving these), analyses and checks relating to the operation itself intra-hospitalisation, and initial post-surgery and intra-hospitalisation rehabilitation treatments where applicable.

For Cover-based Health Plans nothing changes with respect to the previous valuation, since Packages still operate according to and within the limits of what - if anything - is provided for by the Covers that include them.

The Package approach, for direct provision services, enables access to surgical procedures at more financially favourable rates for the member/client.

"Package-based" services are treated as being related to a surgical operation as a single stage, i.e. the hospitalisation/surgical procedure is the only procedure carried out during a hospital stay. If the operation/procedure is instead carried out during hospitalisation for another surgical operation (for which the package approach is not available), an additional item called a "concurrent operation" will be available in the Nomenclature that provides for a different monetary sum (ascribable if the operation is not the main phase of the surgical procedure). In this case, and only for this type of operation, the valuation for refund purposes will be 100%. The procedures for which the "Package" approach is available (if included in the member's/client's individual Health Plan and within the limits of the respective Covers) are:

- ✓ CATARACT PACKAGE, removal and implantation of artificial lens in anterior or posterior chamber (any technique - eye). Refund includes: medical team, operating theatre, time spent in the facility, materials, medicines, lens prosthesis;
- ✓ SURGICAL PACKAGE (Traditional Technique) total hip replacement (arthroprostheses: total hip - complete treatment). Refund includes: medical team, operating theatre, hospital stay, materials, medicines, joint prosthesis, diagnostic tests and in-patient physiotherapy;
- ✓ SURGICAL PACKAGE (Robotic Surgery - RAS) total hip prosthesis (arthroplasty: total hip - complete treatment). Refund includes: medical team, operating theatre, use of computer-assisted surgery equipment (any), hospital stay, materials, medicines, joint prosthesis, in-patient diagnostic tests and physiotherapy;
- ✓ SURGICAL PACKAGE (Traditional Technique) total hip revision prosthesis (arthroplasty: total hip revision - complete treatment) surgery for removal and replacement or repositioning carried out in the same hospital in which the first surgery was carried out. Refund includes: medical team, operating theatre, hospital stay, materials, medicines, joint prosthesis, diagnostic tests and in-patient physiotherapy;
- ✓ SURGICAL PACKAGE (Robotic Surgery - RAS) total hip revision prosthesis (arthroplasty: total hip revision - complete treatment) surgery for removal and replacement or repositioning carried out in the same hospital in which the first

- surgery was carried out. Refund includes: medical team, operating theatre, use of computer-assisted surgery equipment (any), hospital stay, materials, medicines, joint prosthesis, in-patient diagnostic tests and physiotherapy;
- ✓ SURGERY PACKAGE (Traditional Technique) hip prosthesis removal and repositioning carried out subsequently to the first hospitalisation (complete treatment). Refund includes: medical team, operating theatre, hospital stay, materials, medicines, joint prosthesis, diagnostic tests and in-patient physiotherapy;
 - ✓ SURGERY PACKAGE (Robotic Surgery - RAS) hip prosthesis removal and repositioning carried out subsequently to the first hospitalisation (complete treatment). Refund includes: medical team, operating theatre, use of computer-assisted surgery equipment (any), hospital stay, materials, medicines, joint prosthesis, in-patient diagnostic tests and physiotherapy.

The Package format is also available envisaged for gastroenterological procedures, for which the same information as for Surgical Packages remains valid:

- ✓ DIAGNOSTIC ESOFAGOGASTRODUODENOSCOPY PACKAGE (including outpatient room, medical team, any histological examinations)
- ✓ DIAGNOSTIC PANCOLONOSCOPY WITH FIBRE OPTICS PACKAGE (including outpatient room, medical team, any histological examinations)
- ✓ ESOFAGOGASTRODUODENOSCOPY AND PANCOLONOSCOPY - BOTH DIAGNOSTIC - PACKAGE (including outpatient room, medical team, any histological examinations)
- ✓ OPERATIVE ESOFAGOGASTRODUODENOSCOPY PACKAGE INCLUDING POLYPECTOMY, INSERTION OF PROSTHESES, REMOVAL OF EXTRANEIOUS BODIES, ARGON LASER, ETC. (including outpatient operating theatre, medical team, any histological examinations)
- ✓ OPERATIVE PANCOLONOSCOPY PACKAGE INCLUDING RECTAL-COLIC POLYPECTOMY, REMOVAL OF EXTRANEIOUS BODIES, HAEMOSTASIS OF NON-VARICOSE LESIONS (including outpatient operating theatre, medical team, any histological examinations)
- ✓ ESOFAGOGASTRODUODENOSCOPY AND PANCOLONOSCOPY - BOTH OPERATIVE - PACKAGE (including outpatient operating theatre, medical team, any histological examinations)
- ✓ OPERATIVE ESOFAGOGASTRODUODENOSCOPY AND DIAGNOSTIC PANCOLONOSCOPY PACKAGE (including outpatient operating theatre, medical team, any histological examinations)
- ✓ OPERATIVE PANCOLONOSCOPY AND DIAGNOSTIC ESOFAGOGASTRODUODENOSCOPY PACKAGE (including outpatient operating theatre, medical team, any histological examinations)

Please note that, for Health Plans providing for case-by-case refunds, the package-based formats fully replace the individual case-by-case items/codes (except for concurrent procedures). The documentation to enclose with the refund requests for Package procedures (where the services are foreseen by the Health Plans and Covers) is the same as that foreseen for surgical operations/procedures and/or investigations foreseen within the hospitalization and/or outpatient procedures.

Prevention

For Health Plans that have them, the Fund has expanded the range of Prevention Packages.

The member/client can freely choose 1 Prevention Package per year from those listed below (if included in his/her Health Plan), bearing in mind that 1 prevention package is refundable per year but that the same package is not refundable before another 2 years have elapsed.

The Prevention Packages are:

- ✓ Cardiovascular Prevention for Women - age 45 or over
- ✓ Cardiovascular Prevention for Men - age 45 or over
- ✓ Oncological Prevention for Women - age 45 or over
- ✓ Oncological Prevention for Men - age 45 or over
- ✓ Ophthalmic Prevention (Men/Women) - age 40 or older
- ✓ Thyroid Cancer Prevention (Men/Women) - age 45 or over
- ✓ Melanoma Prevention (Men/Women) - age 50 or over
- ✓ Dysmetabolic Syndrome Prevention (Men/Women) - age 50 or over
- ✓ Cancer of the Oral Cavity Prevention (only in the dental context, direct provision services - if envisaged by your Health Plan) - age 45 or over

For details of tests included in the individual packages, please refer to your Health Plan (if it envisages these).

Other Services

Where provided for by the individual Health Plan, FasiOpen recognises a contribution towards the cost of "Transport by Ambulance", limited to indirect provision services and exclusively within Italy. Transportation by Ambulance is recognised as refundable only for serious pathologies in which clients/patients cannot be transported, with own means, from their home to the chosen healthcare facility for hospitalisation and vice versa. Hospitalisation means an overnight stay in a nursing home or hospital. Therefore, without prejudice to the fact that the only means of transport recognised as refundable is an ambulance, no transport is recognised for ongoing therapies such as (but not limited to) chemotherapy, dialysis, physiokinesis therapy, etc.

Please also note that the service recognised as refundable does not refer to emergency transport, but only to planned hospitalisations.

No contribution to the cost of transport is recognised as refundable for transfers from one nursing home or hospital to another nursing home or hospital.

Services available only by Indirect Provision

In a way limited to specific Health Plans, and wherever and within the limits individually provided for by them, FasiOpen recognises refunds exclusively in relation to indirect provision services for:

- ✓ Childbirth Hospitalisation Allowance
- ✓ Allowance in lieu of overnight hospitalisation following Major Surgery

We underline that these refunds are recognised only when hospitalisation took place with the S.S.N (Italian National Health Service) and no refund is required and/or has not been requested from FasiOpen in relation to overnight hospitalisation and/or services connected with hospitalisation for major surgery (diagnostics, specialist consultations, therapies, pre- and post-operation tests, transport by ambulance, etc.). The above allowance items will not be recognised as refundable in cases of surgical hospitalisation that is not included in the major operations specified in the Cover of your Health Plan.

To clarify further, please remember that a refund for an allowance (whatever type) is recognised only for the client receiving treatment, i.e. only and exclusively for the person directly receiving the treatment/therapy, if he/she belongs to the family unit registered with the Fund when hospitalisation began, regardless of the “patient's” age, i.e., no additional allowance is recognised for any family member staying in hospital to assist the patient.

The refund request for the allowance, where provided for in the Health Plan and without prejudice to the requirements for recognition of the request, must be received within and no later than 3 months after the date of discharge. With regard to this please remember that you must also attach with the application a copy of the medical record relating to major surgery with overnight hospitalisation.

Again for indirect provision services and again if provided for by the individual Health Plan, FasiOpen recognises a contribution toward the cost of:

Lenses and Spectacles

With regard to this, please note that refunds are recognised only for lenses or spectacles fitted for the correction of visual disturbances or eye pathologies, upon presentation of a prescription issued by a physician specialising in ophthalmology, not later than 6 months from the date of purchase of the lenses themselves.

The refund request must be accompanied by fiscally valid expenditure documentation (with the buyer's data and detailed amounts for the individual items/services) and a certificate of conformity pursuant to EU regulations (European Regulation 2017/745 - former Directive 93/42/EEC).

Refunds for Lenses and Spectacles will not be refunded earlier than 12 months following the previous balance invoice, and only after a change in eyesight has been confirmed.

No refunds are available for frames, spectacles and/or contact lenses for cosmetic purposes, single-use (daily) contact lenses, accessory products for the care of lenses and/or spectacles, lenses and spectacles before expiry of the refund period, or if there has been no change in eyesight.

Exclusions

The Fund does not issue refunds for:

Invoices on account if not accompanied by the respective partial balance/balance invoices; services/treatments exceeding the limits specified for the services (with no exceptions); services/treatments for which the expenditure documentation (regardless of the amount of expenditure) is submitted erroneously and/or after the deadline for submission; diagnostic and/or surgical services/treatments/therapies/procedures not included in the individual Health Plan; diagnostic and/or surgical services/treatments/therapies/procedures not expressly included in the individual Covers (even if generically included in the Health Plan); expenditure that is in excess of that for services/treatments provided directly; services/treatments not included in the individual member's Health Plan/Covers even though they fall within the Fund's area of activity.

No refunds are available for: consultations carried out by a dentist beyond any included in the specific Dentistry Cover of the Health Plan; those carried out by a hygiene and preventive medicine specialist; those carried out for breast examinations; for occupational medicine; for forensic medicine; for radiology; for nuclear medicine; for sports medicine; for aerospace medicine; for applied pharmacology; for medical hydrology; general medicine services and/or consultations (injections, phlebotomies, vaccinations, medicines and/or substances used for allergy tests, sclerosing injections); consultations carried out by a psychologist; by a dietologist and/or nutritionist, regardless of whether this is a physician specialised in food science; biologist; homeopathic and/or alternative and/or experimental medicine consultations and/or services; osteopathic consultations and/or services; physiokinesis therapy (other than psychiatric consultations).

Also not refundable are: medical-surgical consultations for the purpose of personal aesthetics (and/or related to these), regardless of whether carried out by reconstructive plastic surgeons; surgical procedures and/or medical therapies and/or diagnostic tests connected with male or female infertility and/or sterility and therapies, surgical procedures and/or treatments/therapies for male impotence and female frigidity and/or related to all of these; services/treatments/therapies/procedures and all activities for the purpose of assisted reproduction and/or related to these; haemodialysis; thermographic examinations; occupational medicine services and/or related to these; check-ups regardless of type and/or reason; any type of treatment and/or surgery for myopia, astigmatism, hypermetropia, presbyopia, correction of the cornea carried out with any method and equipment; any other ophthalmology laser treatments beyond those indicated in the appropriate branch in the "laser treatments" paragraph; medical consultations for the purpose of issuing certificates (driver's license, sports fitness, etc.); secretarial fees, administrative fees, stamp duties, medicine storage costs, the issuing of copies of medical records, the issuing of copies of X-rays (any type, on any medium), copies of reports; travel expenses and expenses for accompanying persons if not included in the hospitalisation fee; for medicines, excepting those administered during stays in a nursing home and shown on the relevant invoice; stays in private nursing homes for self-sufficient elderly people; stays in extended care residences for non self-sufficient people (including elderly), in long-term care facilities; medical therapies carried out in Day Hospitals and on an outpatient basis with the exception of oncological therapies (chemotherapy, radiotherapy, pain therapy); stays in nursing homes dedicated to personal well-being; orthotics; devices and prostheses beyond those

explicitly included in the individual Covers and limited to major surgery.

Consultations carried out by persons other than graduates in medicine and surgery who are duly registered with the Italian Board of Physicians (also indicating the professional's specialisation/s) are not refundable.

Also excluded are diagnostic and/or surgical treatments/services/therapies/procedures for: the elimination or correction of physical defects or malformations pre-existing at the time of joining FasiOpen, except those included in "Newborn Protection" Cover; the treatment of mental illnesses and mental disorders in general, including neurotic behaviour, psychiatrist consultations; the treatment of illnesses resulting from the abuse of alcohol and psychotropic drugs, and the non-therapeutic use of narcotics or hallucinogens; the direct and/or indirect consequences of transmutation by the nucleus of the atom of radiation caused by the artificial acceleration of atomic particles and overexposure to ionizing radiation, apart from radiation caused by radiotherapy; the consequences of war, insurrections, political, football or sporting events, earthquakes and volcanic eruptions, pandemics, epidemics, tidal waves, electrical storms, floods and/or all related to these; injuries resulting from the practice of airborne sports in general or any extreme sports or any sport participated in professionally and/or related to these; injuries resulting from participation in motor races or competitions, motorcycle or speedboat competitions and related trials and/or training; injuries resulting from speleological activities; dentures (fixed and mobile), implants, dental surgery (any type), maxillofacial surgery, orthodontic therapy, conservative, endodontic, gnathological treatments, dental radiology, pedodontic treatments in addition to those explicitly provided for and/or if not explicitly provided for and included in a specific Cover within the Health Plan.



Fasiopen Basic Nomenclature

SECTION B. SPECIALIST CONSULTATIONS

Only specialist consultations for diagnostic purposes are eligible for refund, excluding those needed to resolve the pathological event (check-ups/follow-ups). Refunds for specialist consultations given by the entire medical-surgical-anaesthesiological team during hospitalisation with night-time or daytime stay (day hospitals-day surgeries) with or without surgery, are included in those recognised for each individual medical operation or care. SPECIALIST CONSULTATIONS DURING OVERNIGHT HOSPITALISATION WILL ONLY BE RECOGNISED AS REFUNDABLE IF CARRIED OUT BY A PROFESSIONAL WITH A DIFFERENT SPECIALISATION TO THAT FOR WHICH THE HOSPITALISATION WAS REQUESTED. They must be specified in the medical record showing the DIAGNOSTIC QUERY OF THE PRIMARY TEAM AND THE REPORT OF THE NEW CONSULTANT CALLED IN. In this case too, only the specialist consultation for diagnostic purposes is recognised as refundable. Excluded from refund are: consultations provided by a medical dentist other than those provided for and if provided for by the specific Dental Cover of the Health Plan; hygiene and preventive medicine specialists; breast health consultations; those pertaining to occupational medicine; legal medicine; radiological consultations; nuclear medicine; sports medicine; aerospace medicine; medical hydrology; those carried out by a psychologist; dietology consultations regardless of whether these are carried out by a physician specialising in food science; biologist. Also not refundable are medical-surgical consultations for the purposes of personal aesthetics (and/or attributable to these) and anything else specified in the "Exclusions" paragraph in the Guide and in the "Services not covered by FasiOpen" paragraph (within the individual healthcare plans). Consultations carried out by persons other than graduates in medicine and surgery who are duly registered with the Italian Board of Physicians (also indicating the professional's specialisation/s) are not refundable. Psychotherapy/psychological support sessions, on the other hand (not equatable to specialist consultations), are refundable within the limits specified by the Cover that includes them, solely if carried out by the professionals specified within the item itself.

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| 10017 | 1 | SPECIALIST OUTPATIENT OR IN-HOME VISITS, OR CONSULTATIONS PERFORMED DURING NIGHT-TIME HOSPITALISATION BY A SPECIALIST PHYSICIAN WHO IS NOT A MEMBER OF THE MEDICAL-SURGICAL-ANAESTHESIOLOGICAL TEAM TREATING THE PATIENT. | |
| 78024 | 6625 | PSYCHOTHERAPY SESSIONS (IF CARRIED OUT BY A PHYSICIAN SPECIALISING IN PSYCHIATRY OR CLINICAL PSYCHOLOGY OR IF CARRIED OUT BY PSYCHOLOGISTS OR PSYCHOTHERAPISTS DULY REGISTERED WITH THE BOARD. THESE THERAPIES MUST BE GIVEN IN A SPECIALIST CLINICAL FACILITY). | |

SECTION C. HOSPITALISATION AND SUPPLEMENTARY SERVICES

| Branch introductions | | Limitations |
|---|---|--|
| <p>If the Health Plan provides for the case-by-case refund of services/items, please note that: all hospitalisation fees count towards the calculation of the maximum limit of 90 days recognised. Hospitalisation fees for intensive care wards or coronary units are inclusive, in addition to ordinary hospitalisation fees, also of continuous medical and nursing care (24 hours) and the use of special equipment, in the same way as for sub-intensive care. The daily hospitalisation (day hospital) fee is limited to cancer treatments, pain therapy and chemotherapy, while day surgery is limited to surgical operations. It is therefore strictly excluded for hospitalisation for diagnostic tests and/or other reasons. Please note that refunds are not recognised for the delivery of medicines/chemotherapy drugs in the day hospital context or for package-based procedures (Cataract Package and Gastroenterological procedures). Please note that some procedures can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any type) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In these cases, therefore, for the hospitalisation to be recognised (if the service falls within the cover/guarantee), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.</p> | | |
| 30031 | 2 | OVERNIGHT HOSPITALISATION FEE WITH OR WITHOUT SURGERY IN A ROOM WITH SINGLE BED AND A SECOND BED OR SOFA BED FOR AN ACCOMPANYING PERSON - PER NIGHT. |
| 30049 | 3 | DAILY USE OF THE BED OR SOFA BED FOR THE ACCOMPANYING PERSON |

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|---|----|--|--|
| 30098 | 4 | OVERNIGHT HOSPITALISATION FEE WITH OR WITHOUT SURGERY APPLIED FOR THE DIFFERENCE IN CLASS (HOTEL COMFORT) SUPPLEMENTING THE ITALIAN NATIONAL HEALTH SERVICE PER SINGLE ROOM WITH BED OR SOFA BED FOR ACCOMPANYING PERSON - USE OF BED FOR THE ACCOMPANYING PERSON INCLUDED IN THE FEE SHOWN - PER NIGHT | |
| 30072 | 5 | DAILY DAYTIME HOSPITALISATION FEE (DAY HOSPITAL) FOR CHEMOTHERAPY, CANCER TREATMENTS AND PAIN THERAPY, OR FOR SURGERY (DAY SURGERY - WITH HOSPITALISATION OF NO LESS THAN 4 HOURS) | |
| 30106 | 7 | NIGHT HOSPITALISATION FEE FOR THE USE OF A ROOM EQUIPPED FOR RADIOMETABOLIC THERAPIES - PER NIGHT - EXCLUDING SERVICES LISTED IN THE SUB-SECTION: RADIONUCLIDE THERAPIES. EXCLUDES: MATERIALS – MEDICINES – DIAGNOSTIC TESTS. REPLACES THE NORMAL HOSPITALISATION FEE. | |
| 30056 | 8 | NIGHT HOSPITALISATION FEE IN INTENSIVE CARE/REANIMATION UNIT/CORONARY UNIT/ASEPTIC ROOM FOR TRANSPLANTS (INCLUDING 24 H ASSISTANCE FROM THE MEDICAL/NURSING TEAM WITH THE PATIENT USUALLY INTUBATED) - PER NIGHT - THE FEE IS ALL-INCLUSIVE WITH THE EXCEPTION OF MATERIALS, MEDICINES AND DIAGNOSTIC TESTS. REPLACES THE NORMAL HOSPITALISATION FEE. | |
| 30114 | 9 | OVERNIGHT HOSPITALISATION FEE IN SUB-INTENSIVE CARE UNIT - PER NIGHT (INCLUDING 24 H PARAMEDICAL ASSISTANCE, 24 H MONITORING/TELEMETRY, NON-CONTINUOUS ASSISTANCE BY THE MEDICAL TEAM WITH NON-INTUBATED PATIENTS). THE FEE IS ALL-INCLUSIVE WITH THE EXCEPTION OF MATERIALS, MEDICINES AND DIAGNOSTIC TESTS. REPLACES THE NORMAL HOSPITALISATION FEE. | |
| REANIMATION: PROFESSIONAL REANIMATION-RELATED SERVICES | | | |
| 30007 | 10 | MECHANICAL CIRCULATION ASSISTANCE (AS A SINGLE SERVICE) | |
| 40089 | 11 | EXTERNAL ELECTRICAL DEFIBRILLATION (AS A SINGLE SERVICE) | |
| 40097 | 12 | INTERNAL ELECTRICAL DEFIBRILLATION (AS A SINGLE SERVICE) | |
| 30028 | 13 | CVC REMOVAL (AS A SINGLE SERVICE) | |
| 30018 | 14 | REMOVAL OF IMPLANTABLE VENOUS SYSTEMS SUCH AS PORT-A-CATH, GROSHONG AND SIMILAR (AS A SINGLE SERVICE) | |
| 30023 | 15 | CVC IMPLANTATION (AS A SINGLE SERVICE) | |
| 30015 | 16 | IMPLANTATION OF VENOUS SYSTEMS SUCH AS PORT-A-CATH, GROSHONG AND SIMILAR (AS A SINGLE SERVICE) WITH POSSIBLE ULTRASOUND GUIDANCE | |
| 31021 | 17 | THERAPEUTIC HYPOTHERMIA (AS A SINGLE SERVICE) | |

SECTION D. MATERIALS AND MEDICINES

Recognised for refund, to the extent provided for in the individual Health Plans, are all materials and medicines used during hospitalisation (night-time or daytime) in healthcare facilities duly specified on the invoice (with the exception of materials and medicines used during dental procedures, the costs of which are already included in the amount payable for the services). For operations and carried out on an outpatient basis (where and if included in the Health Plan) materials, medicines and instruments are included in the fees for the operating theatres. For package-based procedures/surgery, materials and drugs are already included in the maximum amount recognised by the Fund (for Health Plans with case-by-case refunds). Please note that it is not possible to assimilate items attributable to devices and prostheses with materials.

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| 60020 | 18 | MATERIALS USED IN THE OPERATING THEATRE AND THE WARD DURING OVERNIGHT OR DAY HOSPITALISATION | |
| 60012 | 19 | MEDICINES USED IN THE OPERATING THEATRE AND THE WARD DURING OVERNIGHT OR DAY HOSPITAL STAYS | |

SECTION E. MEDICAL DEVICES AND PROSTHESES

For cover-based Health Plans, services are only recognised for refund in the event of hospitalisation for major surgery. For Health Plans with case-by-case refunds, services are recognised for refund if prescribed by a specialist physician or if used during day or overnight hospitalisation, clearly described in the medical file and duly shown in the expenditure documentation; for package-based procedures, prostheses are calculated within the package to the maximum extent recognised by the Fund. No refunds are available for additional types of prostheses or devices beyond those explicitly stated in the section. For the purposes of refund, the Fund reserves the right to request certification of conformity as governed by EU regulation 2017/745.

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| 85159 | 20 | LARYNGOPHONE | |
| 85027 | 21 | ORTHOAEDIC CORSET | |
| 85019 | 22 | ORTHOAEDIC CORSET FOR SCOLIOSIS | |
| 85209 | 23 | CARDIAC DEFIBRILLATOR | |
| 85191 | 24 | CONTINUOUS INFUSION OF ANTI-BLASTIC DRUGS | |
| 85118 | 25 | PACEMAKER COMPLETE WITH ACCESSORIES | |
| 85134 | 26 | UNILATERAL (RIGHT OR LEFT) HEARING AID FOR HEARING LOSS | Refundable once per body part every 3 years (ref. invoice). Cannot overlap (at the same time as and/or within the year and/or within a three-year period) with bilateral hearing prosthesis |
| 85217 | 27 | BILATERAL HEARING AID | Refundable once per body part every 3 years (ref. invoice). Cannot overlap (at the same time as and/or within the year and/or within a three-year period) with unilateral hearing prosthesis |
| 85092 | 28 | JOINT PROSTHESIS | |
| 85035 | 29 | LOWER LIMB PROSTHESIS | |
| 85043 | 30 | UPPER LIMB PROSTHESIS | |
| 85167 | 31 | PROSTHESIS OF THE CRYSTALLINE LENS | |
| 85100 | 32 | BREAST PROSTHESIS (EACH) | |
| 85142 | 33 | PROSTHETIC EYE (FALSE EYE) | |
| 85183 | 34 | TESTICULAR PROSTHESIS | |

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|-------|----|-----------------------------|--|
| 85175 | 35 | VASCULAR PROSTHESIS | |
| 85506 | 36 | VASCULAR STENTS | |
| 85514 | 37 | STENTS, OTHER TYPES OF | |
| 85050 | 38 | LOWER LIMB FUNCTION BRACE | |
| 85068 | 39 | UPPER LIMB FUNCTION BRACE | |
| 85076 | 40 | FUNCTION BRACE: TRUNK | |
| 85084 | 41 | RESTING OR POSITIONAL BRACE | |
| 85126 | 42 | HEART VALVE | |

SECTION F. PROFESSIONAL COSTS AND FEES FOR TRANSFUSION SERVICES DURING OVERNIGHT HOSPITALISATION

THERAPEUTIC APHERESIS

Services can be carried out with any technique, equipment and/or instrumentation.

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|-------|----|-------------------------------------|--|
| 56812 | 43 | ERYTHROAPHERESIS WITH MULTIPLE BAGS | |
| 56820 | 44 | THERAPEUTIC ERYTHROCYTEPHERESIS | |
| 56838 | 45 | THERAPEUTIC LEUKOPHERESIS | |
| 56846 | 46 | THERAPEUTIC PLATELETPHERESIS | |
| 56854 | 47 | THERAPEUTIC PLASMAPHERESIS | |

PROFESSIONAL SERVICES

Fees are per session for the entire medical team. Services can be carried out with any technique, equipment and/or instrumentation.

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|-------|----|---|--|
| 50187 | 48 | PROFESSIONAL SERVICES FOR INTRAOPERATIVE BLOOD RECOVERY | |
| 50005 | 49 | PROFESSIONAL SERVICES FOR TRANSFUSIONS | |
| 59006 | 50 | BLOOD, BLOOD PRODUCTS ACCORDING TO CURRENT REGULATIONS | |

SECTION G. - USE OF DEDICATED ROOMS - USE OF OPERATING THEATRE - USE OF SPECIAL EQUIPMENT IN THE OPERATING THEATRE - USE OF HIGH-COST INSTRUMENTS

USE OF DEDICATED ROOMS

The outpatient room is inclusive of medication, medical materials and any instruments and/or equipment, unless already included in the individual procedures. For services provided in outpatient clinics, a report of the procedure drawn up by the specialist physician (specifying the surgical procedure and diagnosis) must be submitted. Please note that outpatient rooms are already included in package-based procedures. Outpatient rooms are not recognised for refund, under any Health Plan, for dental services (even if carried out during any hospitalisation).

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| 56069 | 51 | USE OF A DEDICATED OUTPATIENT ROOM FOR MINOR SURGERY/ENDOSCOPIES (INCLUDING COMMONLY USED MATERIALS AND MEDICINES AND POSSIBLE USE OF LOCAL ANAESTHETICS/DEEP SEDATION), IF CARRIED OUT IN HOSPITALS, NURSING HOMES, DAY HOSPITALS, DAY SURGERIES | |
| 50195 | 52 | USE OF GESSI ROOM | |
| 50203 | 53 | USE OF DELIVERY ROOM FOR NATURAL CHILDBIRTH | |

USE OF THE OPERATING THEATRE DURING OVERNIGHT HOSPITALISATION FOR SURGERY AND INVASIVE OPERATIONS CARRIED OUT UNDER GENERAL, PERIPHERAL SPINAL (SUBDURAL OR PERIDURAL) OR PLEXIC, TRUNCULAR, INFILTRATION ANAESTHETIC, INCLUDING THE USE OF ANY EQUIPMENT NOT SPECIFICALLY DESCRIBED, IF CARRIED OUT IN HOSPITALS, NURSING HOMES, DAY HOSPITALS, DAY SURGERIES. THE COSTS OF MATERIALS AND MEDICINES ARE EXCLUDED FROM THE FEES SHOWN

For Health Plans with case-by-case refunds and for direct provision services, the operating theatre code is identified by the amount or sum of refunds specified for the procedure carried out in the same operating session. Following identification the amount will be recognised, again limited to the expenditure actually incurred and/or that provided for by the Health Plan. Therefore, in the case of analytical refunds, the maximum refund allowable for the operating theatre is that relating to the code identified and is therefore summed with that recognised for the operation itself. The fee for the operating theatre (night/day hospitalisation) includes the use of any equipment, excepting that included in individual procedures and also excepting that specifically described. The operating theatre is already included in Surgical Packages. Refunds for surgery during hospitalisation (night or day) are not recognised in the case of diagnostic procedures and/or minimally invasive procedures. Please note that refunds for the use of the operating theatre during hospitalisation (overnight or daytime) are related to the claim for a surgical procedure; any refund claim for use of the theatre/room only will therefore be at the sole discretion of the Fund. In such cases, therefore, we urge you to provide reports and documentation to give the Fund all the means necessary to make the above evaluation.

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| 59915 | 54 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION UP TO 550 EURO | |
| 59923 | 55 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 550 EURO TO 1,050 EURO | |
| 59931 | 56 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 1,051 EURO TO 1,550 EURO | |
| 59956 | 57 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 1,551 EURO TO 2,070 EURO | |
| 59964 | 58 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 2,071 EURO TO 2,590 EURO | |
| 59949 | 59 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 2,591 EURO TO 3,620 EURO | |
| 59972 | 60 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 3,621 EURO TO 4,650 EURO | |
| 59980 | 61 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION OVER 4,650 EURO | |
| 59998 | 62 | USE OF OPERATING THEATRE FOR INVASIVE EXAMINATIONS/PROCEDURES (HAEMODYNAMICS - ANGIOGRAPHY - INTERVENTIONAL RADIOLOGY - INTERVENTIONAL CARDIOLOGY) REQUIRING ITS USE. THE FEE IS IN LIEU OF AND NOT IN ADDITION TO THE NORMAL RELEVANT FEE FOR THE USE OF THE OPERATING THEATRE. | |

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| 43885 | 63 | USE OF OPERATING THEATRE FOR CARDIAC SURGERY IN C.E.C. (INCLUDING USE OF SPECIAL EQUIPMENT). THE FEE IS IN LIEU OF AND NOT IN ADDITION TO THE OTHER RELEVANT FEE FOR THE USE OF THE OPERATING THEATRE. | |
| <p>USE OF THE OPERATING THEATRE DURING DAY SURGERY FOR OPERATIONS OR INVASIVE PROCEDURES CARRIED OUT UNDER GENERAL, PERIPHERAL SPINAL (SUBDURAL OR PERIDURAL) OR PLEXIC, TRUNCULAR, INFILTRATION ANAESTHETIC, UNLESS OTHERWISE DESCRIBED, IF CARRIED OUT IN HOSPITALS, NURSING HOMES, DAY HOSPITALS, DAY SURGERIES. THE COSTS OF MATERIALS AND MEDICINES ARE EXCLUDED FROM THE FEES SET OUT IN THE INDIVIDUAL HEALTH PLANS.</p> | | | |
| <p>The operating theatre in Day Surgery is not recognised for refund if this is absent. Please note that some procedures can be carried out on an outpatient basis, so that any recognition for refund in Day Surgery using the relevant operating theatre will be subject to evaluation of the documented systemic pictures as set out in the Introduction to this Guide.</p> | | | |
| 59816 | 64 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION UP TO 550 EURO | |
| 59824 | 65 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 550 EURO TO 1,050 EURO | |
| 59832 | 66 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 1,051 EURO TO 1,550 EURO | |
| 59840 | 67 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION FROM 1,551 EURO TO 2,070 EURO | |
| 59857 | 68 | USE OF OPERATING THEATRE WITH RELEVANT FEE FOR THE OPERATION OVER 2,071 EURO | |
| <p>USE OF HIGH-COST INSTRUMENTS BELONGING TO THE HEALTHCARE FACILITY</p> | | | |
| <p>Refunds envisaged for high-cost instruments should be regarded as inclusive of whatever is necessary to carry out the procedure (disposable materials relating to the instrument/equipment). The use of a lithotripter, shock wave equipment, a phacoemulsifier, and endoscopic equipment are included in the fees for the relevant procedures.</p> | | | |
| 59717 | 69 | USE OF BRILLIANCE AMPLIFIER IN THE OPERATING THEATRE | |
| 59725 | 70 | USE OF SPECIAL EQUIPMENT FOR TRANSFUSIONS IN THE EVENT OF SURGERY | |
| 50500 | 71 | USE OF ARTHROSCOPE | |
| 59733 | 72 | USE OF HYSTEROSCOPE | |
| 59741 | 73 | USE OF LAPAROSCOPE | |
| 59758 | 74 | USE OF PORTABLE ELECTRONIC PUMP FOR CONTINUOUS OR CIRCADIAN INFUSION FOR MONO - POLYCHEMOTHERAPY (PER DAY) | |

SECTION H. MEDICAL TEAM ASSISTANCE DURING OVERNIGHT HOSPITALISATION IN MEDICAL WARDS

The fees set out in the individual Health Plans are inclusive of the professional services provided by the entire medical team during a overnight hospitalisation without surgery. Inpatient care is not equatable to specialist consultations, cannot be summed with the latter, and is not refundable in the case of surgery. No other possibilities are available. Refunds for in-patient care in cases of day hospitalisation for any type of pathology are excluded, with the exception of services for oncological chemotherapy and pain therapy, as described in section I, Medical Oncology. By Nursing Care during overnight hospitalisation we mean private and individual assistance provided by nursing staff in addition to that regularly provided by the healthcare facility as a part of its nursing care in the ward (non-hospital activities). For the refund to be recognised it must be clear that the aforementioned nursing care does not overlap with other hospital activities and that it is unequivocally restricted to the individual member/client. Any refund, if envisaged by the Health Plan, is understood to be daily (24h) for a minimum number of 6 hours of care (whether daytime or night-time).

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| 10066 | 75 | CARE BY THE MEDICAL TEAM DURING HOSPITALIZATION WITHOUT SURGERY WITH OVERNIGHT STAY: FROM THE FIRST TO THE TENTH DAY | |
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| 10082 | 77 | CARE BY THE MEDICAL TEAM DURING HOSPITALIZATION WITHOUT SURGERY WITH OVERNIGHT STAY: BEYOND THE TENTH DAY | |
| 7000 | 7000 | NURSING CARE DURING HOSPITALISATION (PRIVATE - EXTRA-HOSPITAL ACTIVITY) | |

SECTION I. MEDICAL ONCOLOGY - CHEMOTHERAPY

Specialist oncological care is defined as that provided by specialists during infusional chemotherapy sessions on an outpatient basis, at home, in day hospitals or with night-time hospitalisation; or that provided by specialist oncologists only during night-time hospitalisation and without chemotherapy. Specialist oncological care is not equatable to specialist consultations, cannot be summed with the latter, and is not recognised for refund in the event of delivery of chemotherapy drugs for home therapy only. The fees set out in the individual Health Plans are inclusive of the professional services provided by the entire medical-oncological team. All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described.

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| 31083 | 78 | CVC REMOVAL (AS A SINGLE SERVICE) | |
| 10128 | 79 | REMOVAL OF IMPLANTABLE VENOUS SYSTEMS SUCH AS PORT-A-CATH, GROSHONG AND SIMILAR (AS A SINGLE SERVICE) | |
| 31098 | 80 | CVC IMPLANTATION (AS A SINGLE SERVICE) | |
| 10124 | 81 | IMPLANTATION OF VENOUS SYSTEMS SUCH AS PORT-A-CATH, GROSHONG AND SIMILAR (AS A SINGLE SERVICE) WITH POSSIBLE ULTRASOUND GUIDANCE | |
| 10058 | 82 | SERVICES OF THE MEDICAL ONCOLOGY TEAM IN DAY HOSPITAL OR OUTPATIENT OR IN-HOME CARE FOR ANTIBLASTIC MONO-POLYCHEMOTHERAPY AND/OR HYPERTHERMIA, WITH CONTINUOUS OR CIRCADIAN INFUSION USING PORTABLE PROGRAMMABLE ELECTRONIC PUMPS AND POSSIBLE REFILLS OF DRUGS AND CLINICAL CONTROLS OR FOR ANTINEOPLASTIC THERAPIES OR CHEMOTHERAPY WITH RAPID OR PROLONGED INFUSION OF DRUGS: PER SESSION | |
| 10090 | 83 | SERVICES OF THE MEDICAL ONCOLOGY TEAM DURING HOSPITALISATION WITH OVERNIGHT STAY FOR ANTIBLASTIC MONO-POLYCHEMOTHERAPY, WITH PERFUSION THERAPY: PER DAY | |
| 10116 | 85 | SERVICES OF THE MEDICAL ONCOLOGY TEAM DURING HOSPITALISATION WITH OVERNIGHT STAY FOR DRUG INFUSION IN NATURAL CAVITIES WITH OR WITHOUT EVACUATION OF BIOLOGICAL/PATHOLOGICAL LIQUIDS OR ENDOVASCULAR THERAPY WITH CATHETERISATION, INCLUSIVE OF ANY MEDICAL PROCEDURE: SINGLE SESSION | |
| 10262 | 86 | SERVICES BY THE MEDICAL ONCOLOGY TEAM DURING HOSPITALIZATION WITHOUT CHEMOTHERAPY WITH OVERNIGHT STAY: FROM THE FIRST TO THE TENTH DAY | |
| 10284 | 88 | SERVICES BY THE MEDICAL ONCOLOGY TEAM DURING HOSPITALIZATION WITHOUT CHEMOTHERAPY WITH OVERNIGHT STAY: BEYOND THE TENTH DAY | |

SECTION L. HYPERBARIC MEDICINE

The item shown, where included in Health Plans, is all-inclusive of medical - surgical, nursing and/or technical assistance and is recognisable for refund upon presentation of a medical prescription with diagnosis showing the definite pathology that made the treatment necessary. Sessions are not recognised for experimental therapies or solely dental pathologies of the oral cavity, i.e. they are recognised for refund only in the context of the activities of the Cover that provides for them.

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| 80176 | 89 | HYPERBARIC MEDICINE - COST PER SINGLE OR GROUP SESSION FOR ANY PATHOLOGY (ANY DURATION) INCLUDING TECHNICAL, MEDICAL-SURGICAL AND NURSING ASSISTANCE. | Sessions are not recognised for experimental therapies or solely dental pathologies of the oral cavity, i.e. they are recognised for refund only in the context of the activities of individual Areas that provides for them. |
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SECTION M. LITHOTRIPSY

Kidney Lithotripsy

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| 49478 | 90 | EXTRACORPOREAL LITHOTRIPSY FOR UNILATERAL KIDNEY STONES - COMPLETE TREATMENT - INCLUDING PUSH-UP IF NECESSARY | |
| 55731 | 91 | EXTRACORPOREAL LITHOTRIPSY FOR BILATERAL KIDNEY STONES - COMPLETE TREATMENT - INCLUDING PUSH-UP IF NECESSARY | |
| 55749 | 92 | EXTRACORPOREAL LITHOTRIPSY FOR UNILATERAL KIDNEY AND URETERAL STONES - COMPLETE TREATMENT - INCLUDING PUSH-UP IF NECESSARY | |
| 55756 | 93 | EXTRACORPOREAL LITHOTRIPSY FOR BILATERAL KIDNEY AND URETERAL STONES - COMPLETE TREATMENT - INCLUDING PUSH-UP IF NECESSARY | |

Ureter Lithotripsy

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| 55798 | 94 | EXTRACORPOREAL LITHOTRIPSY FOR UNILATERAL URETERAL STONES (COMPLETE TREATMENT) | |
| 55806 | 95 | EXTRACORPOREAL LITHOTRIPSY FOR BILATERAL URETERAL STONES (COMPLETE TREATMENT) | |

Liver and Biliary Tract Lithotripsy

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| 42606 | 96 | EXTRACORPOREAL LITHOTRIPSY FOR MAIN AND ACCESSORY BILIARY TRACT STONES (COMPLETE TREATMENT) | |
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SECTION N. THERAPIES

Radiotherapy

The fees set out are for Health Plans with case-by-case refunds (if provided for in the Covers) per session, regardless of whether carried out on an outpatient basis or with hospitalisation (daytime or night-time). They include:

Use of equipment, preparation of the treatment plan, check-up consultations (not equatable to specialist consultations) and assessment systems during treatment, dosimetry in vivo, contrast mediums and anaesthesiological care, commonly-used materials, where necessary, except as specifically described.

All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described.

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| 85530 | 99 | HADRONTHERAPY (PER SESSION) | |
| 80580 | 100 | SURFACE BETATHERAPY WITH ARTIFICIAL RADIOISOTOPES (PER SESSION) | |
| 59022 | 101 | INTERSTITIAL BRACHYTHERAPY WITH PERMANENT IMPLANTATION OF RADIOACTIVE SEEDS IN THE PROSTATE (INCLUDING COST OF SEEDS) | |
| 80952 | 102 | INTERSTITIAL OR ENDOCAVITARY OR CORONARY BRACHYTHERAPY (COURIETHERAPY) (FIRST SESSION) | |
| 80572 | 103 | INTERSTITIAL OR ENDOCAVITARY OR CORONARY BRACHYTHERAPY (COURIETHERAPY) (SUBSEQUENT SESSIONS) | |
| 80945 | 104 | SUPERFICIAL BRACHYTHERAPY (COURIETHERAPY) (MOULDED APPLIANCES) | |
| 85568 | 105 | CONTOURING OF TARGET AND CRITICAL ORGANS FOR 3D PLANS, RADIOOTHERAPY ASSESSMENT OF 3 D PLANS AND VALIDATION (WHOLE TREATMENT) | |
| 85576 | 106 | CONTOURING OF TARGET AND CRITICAL ORGANS FOR IMRT PLANS, RADIOOTHERAPY ASSESSMENT OF IMRT PLANS AND VALIDATION (WHOLE TREATMENT) | |
| 85584 | 107 | VERIFICATION FILM DURING TREATMENT (MAXIMUM ONE PER WEEK) | |
| 85592 | 108 | IMMOBILISATION WITH STEREOTACTIC HELMET (INCLUDING ANAESTHETIST) | |
| 80960 | 109 | HYPERTHERMIA COMBINED WITH RADIOOTHERAPY (PER SESSION) | |
| 80978 | 110 | INTRAOPERATIVE IRRADIATION (IORT) | |
| 80531 | 111 | PLESIOROENTGENTHERAPY (PER SESSION) | |
| 85600 | 112 | PLACEMENT OF PLAQUES FOR RADIOOTHERAPY OF CHOROICAL MELANOMA INCLUDING OPHTHALMOLOGIST SERVICE | |
| 85618 | 113 | DYNAMIC CONFORMAL RADIOOTHERAPY WITH MICRO-MULTI-LEAF COLLIMATOR (PER SESSION) | |
| 81026 | 114 | RADIOOTHERAPY WITH SPECIAL TECHNIQUES (OVERALL TREATMENT): TOTAL SKIN IRRADIATION WITH ELECTRONS (TSEBI) | |
| 81018 | 115 | RADIOOTHERAPY WITH SPECIAL TECHNIQUES (OVERALL TREATMENT): HEMICORPOREAL IRRADIATION (HBI) | |
| 80994 | 116 | RADIOOTHERAPY WITH SPECIAL TECHNIQUES (OVERALL TREATMENT): PANIRRADIATION (TBI) FIRST OR SINGLE SESSION | |
| 81000 | 117 | RADIOOTHERAPY WITH SPECIAL TECHNIQUES (OVERALL TREATMENT): FRACTIONAL PAN-IRRADIATION (TBI), EACH SUBSEQUENT SESSION | |
| 85626 | 118 | RADIOOTHERAPY IMRT (PER SESSION) | |
| 80986 | 119 | STEREOTACTIC RADIOOTHERAPY (OVERALL TREATMENT, ALSO CYBER KNIFE) | |

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| 85634 | 120 | PLURIFRACTIONATED STEREOTACTIC RADIOTHERAPY: FIRST FRACTION (ALSO CYBER KNIFE) | |
| 85642 | 121 | PLURIFRACTIONATED STEREOTACTIC RADIOTHERAPY: SUBSEQUENT FRACTIONS (ALSO CYBER KNIFE) | |
| 80515 | 122 | NON-ONCOLOGICAL SUPERFICIAL ROENTGENTHERAPY (PER SESSION) | |
| 81463 | 123 | SHIELDING, BEAM MODIFIERS, CUSTOMIZED IMMOBILISATION SYSTEMS (SINGLE SERVICE) | Refundable once per case |
| 85650 | 124 | SIMULATION WITH FUSION OF TC AND RMN IMAGES | |
| 81059 | 125 | TREATMENT SIMULATION: THROUGH MRI | |
| 81042 | 126 | TREATMENT SIMULATION: THROUGH CAT | |
| 81034 | 127 | TREATMENT SIMULATION: TRADITIONAL RADIOLOGY | |
| 81067 | 128 | SIMULATION FOR STEREOTACTIC RADIOTHERAPY WITH ANGIOGRAPHY | |
| 81075 | 129 | SIMULATION FOR STEREOTACTIC RADIOTHERAPY WITH CAT | |
| 85668 | 130 | IMMOBILIZATION SYSTEM FOR 3D AND DYNAMIC RADIOTHERAPY | Refundable once per case |
| 81471 | 131 | DOSIMETRIC STUDY | |
| 80556 | 132 | KINETIC TELECOBALT THERAPY (PER SESSION) | |
| 80549 | 133 | TELECOBALT THERAPY OR OTHER GAMMA SOURCES - STATIC (PER SESSION) | |
| 80606 | 134 | THERAPY WITH LINEAR ACCELERATOR PHOTONS OR ELECTRONS (PER SESSION) | |
| 81489 | 135 | CONFORMAL THERAPY FOR THE PROSTATE OR OTHER ORGANS, WHERE NECESSARY (PER SESSION) | |
| 85676 | 136 | PET TOMOTHERAPY (PER SESSION) | |
| 81551 | 137 | TARGETED THERMOFREQUENCY TREATMENT (PER SESSION) | |

Antalgic therapy

Items are inclusive of care by the medical team (not equatable to specialist consultations) during hospitalisation. Services are refundable only if provided for in the individual Health Plans, at the conditions set out by the single Covers and only if carried out during day or night or outpatient hospitalisation. The need to carry the services set out below must be certified/prescribed by the specialist physician in Anaesthesia and Resuscitation (Intensive and Pain Therapy) or by the Neurosurgery specialist. No other possibilities are available. All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described.

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| 85850 | 1473 | UPPER LARYNGEAL NERVE ALCOHOLIZATION | Refundable once in a lifetime |
| 81083 | 138 | ANALGESIC AND PERIPHERAL NERVE BLOCKS: CONTINUOUS SACRAL EPIDURAL ANALGESIA (FOR THE FIRST DAY OF TREATMENT) | |
| 81091 | 139 | ANALGESIC AND PERIPHERAL NERVE BLOCKS: CONTINUOUS SACRAL EPIDURAL ANALGESIA (FOR EACH SUBSEQUENT DAY) | |
| 81109 | 140 | ANALGESIC AND PERIPHERAL NERVE BLOCKS: CONTINUOUS PERIDURAL ANALGESIA (FOR THE FIRST DAY OF TREATMENT) | |
| 81117 | 141 | ANALGESIC AND PERIPHERAL NERVE BLOCKS: CONTINUOUS PERIDURAL ANALGESIA (FOR EACH SUBSEQUENT DAY) | |
| 45112 | 142 | ANALGESIC AND PERIPHERAL NERVE BLOCKS: TRIGEMINAL BRANCHES | |
| 81125 | 143 | ANALGESIC AND PERIPHERAL NERVE BLOCKS: GASSER'S GANGLION, LUMBAR SYMPATHETIC GANGLION, CELIAC GANGLION | |

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| 81133 | 144 | ANALGESIC AND PERIPHERAL NERVE BLOCKS: SPHENOPALATINE GANGLION, STELLATE GANGLION | |
| 45104 | 145 | ANALGESIC PERIPHERAL NERVE BLOCKS: CERVICAL NERVES | |
| 81141 | 146 | ANALGESIC PERIPHERAL NERVE BLOCKS: CRANICAL NERVES | |
| 81158 | 147 | ANALGESIC PERIPHERAL NERVE BLOCKS: LUMBAR SYMPATHETIC NERVES | |
| 45138 | 148 | ANALGESIC AND PERIPHERAL NERVE BLOCKS: INTERCOSTAL NERVES | |
| 81166 | 149 | ANALGESIC PERIPHERAL NERVE BLOCKS: DORSAL SPINAL NERVES | |
| 81174 | 150 | ANALGESIC PERIPHERAL NERVE BLOCKS: OBTURATORY NERVE | |
| 81182 | 151 | PROLONGED NERVE BLOCKS (NEUROLYSIS): SUBARACHNOID BLOCK | |
| 81190 | 152 | PROLONGED NERVE BLOCKS (NEUROLYSIS): TRANS-SACRAL BLOCK | |
| 81208 | 153 | PROLONGED NERVE BLOCKS (NEUROLYSIS): VERTEBRAL FACET JOINT DENERVATION | |
| 81216 | 154 | PROLONGED NERVE BLOCKS (NEUROLYSIS): GASSER GANGLION | |
| 81224 | 155 | PROLONGED NERVE BLOCKS (NEUROLYSIS): IMPLANTATION OF SPINAL CORD ELECTRODES FOR ELECTROSTIMULATION | |
| 81232 | 156 | PROLONGED NERVE BLOCKS (NEUROLYSIS): IMPLANTATION OF ELECTRODES FOR PERCUTANEOUS ELECTROSTIMULATION IN PERIDURAL SPACE | |
| 81240 | 157 | PROLONGED NERVE BLOCKS (NEUROLYSIS): ANAESTHETIC INFILTRATION OF VERTEBRAL FACET JOINTS | |
| 81257 | 158 | PROLONGED NERVE BLOCKS (NEUROLYSIS): CERVICAL NERVES | |
| 81265 | 159 | PROLONGED NERVE BLOCKS (NEUROLYSIS): CRANICAL NERVES | |
| 81273 | 160 | PROLONGED NERVE BLOCKS (NEUROLYSIS): CELIAC PLEXUS | |
| 81281 | 161 | PROLONGED NERVE BLOCKS (NEUROLYSIS): SYMPATHETIC CERVICAL OR LUMBAR | |
| 45120 | 162 | PITUITARY BLOCKAGE | |
| 85684 | 163 | PLEXIC CATHETERISATION FOR CONTINUOUS BLOCKAGE | |
| 59030 | 164 | IMPLANTATION OF SPINAL CORD ELECTRO-STIMULATOR, SURGERY FOR | |
| 85692 | 165 | PERIDURAL LYSIS (PERIDUROLYSIS WITH RACZ CATHETER) | |
| 85700 | 166 | POSITIONING OF TOTALLY IMPLANTABLE DEVICE FOR INTRATHECAL/SUBARACHNOID DRUG DELIVERY | |
| 85718 | 167 | SUBARACHNOID/INTRATHECAL DRUG DELIVERY (TEST) | |
| 85726 | 168 | REPLACEMENT OF SPINAL CORD ELECTROSTIMULATOR | |
| 81299 | 169 | ANALGESIC THERAPY THROUGH INTRAVENOUS INFUSION (FOR EACH DAY OF TREATMENT DURING OVERNIGHT HOSPITALISATION) | |

Radionuclide therapies

The items for the therapies listed below, if and to the extent provided for by individual Health Plans, are inclusive of fees for professional services, scintigraphic examinations, specific materials and medicines. The fees do not include the daily overnight or day hospital fee or the use of a specific room equipped and dedicated to radiometabolic therapies.

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| 81497 | 170 | MALIGNANT PHEOCHROMOCYTOMAS AND NEUROBLASTOMAS - WITH 131I - MIBG - COMPLETE TREATMENT - DURING OVERNIGHT HOSPITALISATION | |
| 81505 | 171 | RADIOSYNOSYNTHESIS - COMPLETE TREATMENT FOR ONE JOINT DISTRICT - IN DAY HOSPITAL | |
| 81513 | 172 | RADIOSYNOSYNTHESIS - COMPLETE TREATMENT FOR SEVERAL JOINT DISTRICTS - IN DAY HOSPITAL | |
| 81521 | 173 | PAIN THERAPY FOR BONE METASTASES - COMPLETE TREATMENT - IN DAY HOSPITAL - SINGLE SESSION | |
| 81539 | 174 | RADIOMETABOLIC THERAPY OF THYROID NEOPLASMS - COMPLETE TREATMENT - DURING OVERNIGHT HOSPITALISATION | |
| 81547 | 175 | RADIOMETABOLIC THERAPY FOR THYROTOXIC THYROID PATHOLOGY (HYPERTHYROIDISM) - COMPLETE TREATMENT | |

SECTION O. SURGICAL OPERATIONS DURING OVERNIGHT HOSPITALISATION, DURING DAYTIME HOSPITALISATION (DAY SURGERY)

The provisions for the individual items in this Section, if included in the Cover of individual Health Plans and regardless of the type of operation/performance and the regime in which this is carried out, are all-inclusive of the services/competences: of all participants in the surgical/medical procedure (operator/s, aids, assistants, anaesthetists, technicians, etc.) recorded in the operating theatre report within the medical record and in the medical record itself; of care provided by the entire surgical team during hospitalisation until discharge (without exceptions) and, where envisaged by the procedure/item itself, also of any standby. It follows that anaesthesia (any type), sedation and/or conscious sedation are included in the services/care given (without exceptions). For services/procedures carried out outside the operating theatre/outpatient room, if included in the individual member's/client's cover, submission of a detailed medical report is obligatory.

Please note that operations/procedures included in this section are inclusive of instruments/equipment and everything needed for the execution of the procedures themselves (disposable materials related to the instruments/equipment), excepting anything included in the respective operating theatres and excepting anything stated in the "high-cost instruments" paragraph.

All operations/services are all-inclusive of all phases of the standard procedures involved in the surgical technique.

In any intraoperative switch from a "closed procedure" to an "open procedure", being the technique with which the operation is completed, only the "open technique" (i.e. only one procedure) is recognised as refundable.

A biopsy is defined as being regardless of the number of samples/fragments taken in the same session, i.e. it is refundable only once per session of surgery if carried out on the same organ, internal tissue or portion of skin.

For diagnostic/exploratory procedures carried out together with operative procedures with the same access route, if included in an individual member's/client's cover, only the operative procedure is deemed refundable, with the diagnostic procedure regarded as a preparatory act.

Please note that procedures involving the removal (using any instrument) of polyps up to 3 mm in size are also deemed to be diagnostic endoscopies.

For operations/services that "can be carried out on an outpatient basis", approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached to the claim, as well as that already specified, in which the reasons for receiving the services during hospitalisation is highlighted.

Strictly excluded from refund, regardless of Health Plan, are all treatments, surgical operations and/or medical therapies and/or tests connected with infertility, sterility, impotence, frigidity and/or related to these; and all treatments and/or surgical operations and/or medical therapies and/or tests of an aesthetic nature and/or related to these and/or consequent to any previous treatments/therapies.

Also excluded from refund are any type of treatment or surgical operation for treating myopia, astigmatism, hypermetropia, presbyopia, corneal corrections using any method and equipment, any other laser treatment in ophthalmology other than those specifically indicated in the relevant "laser treatments" section and/or anything explicitly provided for by the Nomenclature in force at the time of the invoice for the balance (if included in the Covers of the individual Health Plan).

Should the Fund perceive the need for further investigations in the context of the envisaged and normal checks, it reserves the right to request additional documentation even if this is not explicitly mentioned. We therefore urge you to arrange in advance for pre and post-operative photographs in the case of minor operations, with particular reference to general surgery, dermatology, reconstructive plastic surgery and ophthalmology.

Heart surgery

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| All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described. | | | |
| 56085 | 176 | STANDBY CARDIAC SURGERY (ATTENDED BY THE ENTIRE MEDICAL TEAM) FOR INTERVENTIONAL CARDIOLOGY OPERATIONS, EXCEPTING THE CASES DESCRIBED ABOVE IN WHICH THE REFUND IS ALREADY INCLUDED IN THE FEES SHOWN | |
| 43802 | 177 | MULTIPLE CORONARY ARTERY BYPASSES (C.E.C.) | |
| 43786 | 178 | SINGLE CORONARY ARTERY BYPASS (C.E.C.) | |
| 43836 | 179 | OPEN HEART SURGERY, WHETHER ADULT OR NEONATAL, INCLUDING ANEURYSMS OR MULTIPLE VALVE REPLACEMENTS OR AORTIC REPLACEMENT OR PLASTIC AORTIC VALVE (C.E.C.), EXCEPTING THOSE OPERATIONS DESCRIBED | |
| 43711 | 180 | CLOSED HEART SURGERY (WITHOUT C.E.C.) ADULT OR NEONATAL - OPERATIONS FOR, EXCEPTING THE OPERATIONS DESCRIBED | |
| 40006 | 181 | CYSTS OF THE HEART OR PERICARDIUM | |
| 43851 | 182 | COMMISSUROTOMY FOR MITRAL STENOSIS | |
| 40113 | 183 | AORTIC COUNTERPULSATION BY ARTERIAL CANNULATION | |
| 40121 | 184 | PERICARDIAL DRAINAGE | |
| 40139 | 185 | EMBOLECTOMY WITH FOGARTY | |
| 43729 | 186 | WOUNDS OR FOREIGN BODIES OR TUMOURS OF THE HEART OR TAMPONADE, SURGERY FOR | |
| 40147 | 187 | ARTERIOVENOUS FISTULAS OF THE LUNG, SURGERY FOR | |
| 40154 | 188 | INTERNAL HEART MASSAGE | |
| 43760 | 189 | PARTIAL PERICARDIECTOMY | |
| 43778 | 190 | TOTAL PERICARDIECTOMY | |
| 43901 | 191 | PERICARDIOCENTESIS | |
| 40162 | 192 | REINTERVENTION WITH RESTORATION OF CEC | |
| 43737 | 193 | SECTION OR LIGATION OF THE DUCTUS ARTERIOSUS OF BOTALLO | |
| 59860 | 194 | VALVE REPLACEMENT WITH MINIMALLY INVASIVE SURGERY (HEART PORT) | |
| 43810 | 195 | SINGLE VALVE REPLACEMENT (CEC) | |
| 40170 | 196 | VALVE REPLACEMENTS WITH CORONARY ARTERY BYPASS (CEC) | |
| 43968 | 197 | CARDIAC TRANSPLANTATION (INCLUSIVE OF ALL SERVICES AND MEDICAL EXPLANTATION AND IMPLANTATION OPERATIONS) | |
| 43844 | 198 | CARDIAC VALVULOPLASTY | |
| Cardiology Operations | | | |
| All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described. | | | |
| 44016 | 199 | TRANSCATHETER ABLATION | |

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| 40188 | 200 | SINGLE-VESSEL CORONARY ANGIOPLASTY WITH OR WITHOUT THROMBOLYSIS INCLUDING CORONARY STUDY, ANY CARDIAC SURGERY STANDBY AND APPLICATION OF STENTS | |
| 40196 | 201 | MULTIPLE VESSEL CORONARY ANGIOPLASTY WITH OR WITHOUT THROMBOLYSIS INCLUDING CORONARY STUDY, ANY CARDIAC SURGERY STANDBY AND APPLICATION OF STENTS | |
| 40444 | 202 | RIGHT ENDOMYOCARDIAL BIOPSY | |
| 40451 | 203 | LEFT ENDOMYOCARDIAL BIOPSY | |
| 40469 | 204 | RIGHT AND LEFT CATHETERISATION AND CALCULATION OF FLOW RATES AND GRADIENTS WITH CORONAROGRAPHY + RIGHT AND LEFT VENTRICULOGRAPHY | |
| 73833 | 205 | ELECTRONIC MONITORING OF THE IMPLANTED PACEMAKER AND/OR DEFIBRILLATOR (ICD) (INCLUDING CONSULTING ENGINEER) IN THE POST-IMPLANTATION PHASE | |
| 40477 | 206 | CORONAROGRAPHY + LEFT VENTRICULOGRAPHY + LEFT CATHETERISATION | |
| 40485 | 207 | NATIVE CIRCULATION CORONAROGRAPHY + SELECTIVE VENOUS AND ARTERIAL BYPASS STUDY + LEFT VENTRICULOGRAPHY + LEFT CATHETERISATION | |
| 56862 | 208 | DEFIBRILLATOR (ICD) WITH OR WITHOUT PACEMAKER, PERMANENT IMPLANTATION INCLUDING ANY IMPLANTATION/EXPLANTATION OF TEMPORARY DEVICE | |
| 78006 | 209 | THERAPEUTIC ELECTRIC DEFIBRILLATION TO INTERRUPT ARRHYTHMIAS (CARDIOVERSION) | |
| 56870 | 210 | ENDOCAVITARY ELECTROMECHANICAL MAPPING, INCLUDING REPOSITIONING AND/OR REMOVAL OF VENTRICULAR ELECTROCATETERS, ANY METHOD | |
| 43752 | 211 | PACEMAKER, PERMANENT IMPLANTATION INCLUDING ANY IMPLANTATION/EXPLANTATION OF TEMPORARY PACEMAKER + ANY REPOSITIONING OF ELECTROCATETERS AND ELECTRONIC PROGRAMMING OF THE PACEMAKER | |
| 43976 | 212 | PACEMAKER, TEMPORARY IMPLANTATION AND REMOVAL (AS A SINGLE OPERATION) | |
| 40493 | 213 | ELECTRONIC REPROGRAMMING OF PACEMAKER AND/OR DEFIBRILLATOR (ICD) WITH CARDIAC THRESHOLD MEASUREMENT USING A NON-INVASIVE METHOD | |
| 56888 | 214 | MYOCARDIAL REVASCULARIZATION, ANY METHOD | |
| 40501 | 215 | REPLACEMENT OF PERMANENT PACEMAKER GENERATOR | |
| 40790 | 216 | STANDBY CARDIAC SURGERY (ATTENDED BY THE ENTIRE MEDICAL TEAM), EXCEPTING THE CASES DESCRIBED IN WHICH THE REFUND IS INCLUDED IN THE FEES SHOWN | |
| 40808 | 217 | ENDOCAVITARY ELECTROPHYSIOLOGICAL STUDY | |
| 41046 | 218 | NON-CARDIAC VALVULOPLASTY | |

Breast Surgery

All refunds for demolitive surgery are inclusive of plastic breast reconstruction (excluding prostheses). Refunds for surgery to position or replace breast implants is recognised only following demolitive surgical operations for neoplasia. All services for aesthetic purposes and/or ascribable to these and/or resulting from these are excluded. All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described. Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

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| 43075 | 219 | MAMMARY ABSCESS, INCISION OF | |
| 59049 | 220 | STEREOTACTIC INCISIONAL/EXCISIONAL BIOPSY | |
| 56093 | 221 | TISSUE EXPANSION FOR POST-DEMOLITION SURGERY SCARRING FOR THE INTRODUCTION OF BREAST PROSTHESIS (COMPLETE TREATMENT) | |
| 56101 | 222 | AXILLARY LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 59057 | 223 | SENTINEL LYMPH NODE, REMOVAL OF (INCLUDING SERVICES OF NUCLEAR MEDICINE PHYSICIAN/RADIOLOGIST) (AS A SINGLE OPERATION) | |
| 43042 | 224 | RADICAL MASTECTOMY, ANY TECHNIQUE, WITH ASSOCIATED LYMPHADENECTOMIES | |
| 43034 | 225 | SIMPLE TOTAL MASTECTOMY WITH ANY LYMPHADENECTOMIES | |
| 43109 | 226 | SUBCUTANEOUS MASTECTOMY (COMPLETE TREATMENT) | |
| 43018 | 227 | BENIGN NEOPLASMS AND/OR CYSTS, REMOVAL OF (INCLUDING PLASTIC BREAST RECONSTRUCTION) | |
| 43091 | 228 | POSITIONING OF REPERE POINTS OR FIDUCIALS (AS A SINGLE SERVICE) | |
| 41053 | 229 | QUADRANCTOMY WITH SEARCH FOR AND REMOVAL OF THE SENTINEL LYMPH NODE AND ASSOCIATED LYMPHADENECTOMIES, ANY TECHNIQUE (INCLUDING SERVICES OF NUCLEAR MEDICINE PHYSICIAN/RADIOLOGIST) | |
| 59065 | 230 | QUADRANCTOMY WITH SEARCH FOR AND REMOVAL OF THE SENTINEL LYMPH NODE, ANY TECHNIQUE (INCLUDING SERVICES OF NUCLEAR MEDICINE PHYSICIAN/RADIOLOGIST), WITHOUT OTHER ASSOCIATED LYMPHADENECTOMIES | |
| 43026 | 231 | QUADRANCTOMY, INCLUDING "NIPPLE-SPARING" TECHNIQUE, WITHOUT ASSOCIATED LYMPHADENECTOMIES | |
| 56119 | 232 | BREAST RECONSTRUCTION AFTER RADICAL MASTECTOMY WITH INTRODUCTION OF PROSTHESIS, INCLUDING MUSCLE FLAP IF NEEDED | |
| 56127 | 233 | BREAST RECONSTRUCTION AFTER SIMPLE TOTAL MASTECTOMY WITH INTRODUCTION OF PROSTHESIS, INCLUDING MUSCLE FLAP IF NEEDED | |
| 56135 | 234 | BREAST RECONSTRUCTION AFTER SUBCUTANEOUS MASTECTOMY OR QUADRANCTOMY WITH INTRODUCTION OF PROSTHESIS, INCLUDING MUSCLE FLAP IF NEEDED | |
| 56143 | 235 | REMOVAL AND POSSIBLE REPLACEMENT OF BREAST PROSTHESIS IMPLANTED IN PREVIOUS MASTECTOMY OR QUADRANCTOMY SURGERY (AS A SINGLE OPERATION) | |
| 59073 | 236 | TUMOURECTOMY WITH SENTINEL NODE RESECTION (INCLUDING SERVICES OF NUCLEAR MEDICINE PHYSICIAN/RADIOLOGIST) | |
| 59081 | 237 | TUMOURECTOMY WITH SENTINEL NODE RESECTION AND ASSOCIATED LYMPHADENECTOMIES (INCLUDING SERVICES OF NUCLEAR MEDICINE PHYSICIAN/RADIOLOGIST) | |

Hand Surgery

Complete treatment also includes any arthrolysis, neurolysis and/or synovectomy and/or tenolysis within the context of the main operation. Missing items in Hand Surgery: see also Orthopaedics and Traumatology, and Reconstructive Plastic Surgery. All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described.

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| 41061 | 238 | CARPAL AMPUTATIONS | |
| 41079 | 239 | PHALANGEAL AMPUTATIONS | |

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| 41087 | 240 | METACARPAL AMPUTATIONS | |
| 48793 | 241 | APONEURECTOMY, DUPUYTREN'S DISEASE | |
| 41095 | 242 | CARPAL ARTHRODESIS | |
| 41103 | 243 | METACARPOPHALANGEAL AND/OR INTERPHALANGEAL ARTHRODESIS | |
| 41350 | 244 | ARTHROPLASTY | |
| 41368 | 245 | CARPAL ARTHROPLASTY | |
| 41376 | 246 | METACARPOPHALANGEAL AND/OR INTERPHALANGEAL ARTHROPLASTY | |
| 59878 | 247 | CYSTS OR TENDON AND/OR ARTHROGENIC GANGLIA, REMOVAL OF | |
| 59886 | 248 | SYNOVIAL CYSTS, REMOVAL OF | |
| 56150 | 249 | LOOP DEFORMITY OF THE HAND | |
| 56168 | 250 | HAMMERFINGER | |
| 41384 | 251 | FRACTURES AND DISLOCATIONS OF THE METACARPALS AND PHALANGES, INVASIVE TREATMENT | |
| 41392 | 252 | FRACTURES AND DISLOCATIONS OF THE METACARPALS AND PHALANGES, NON-INVASIVE TREATMENT | |
| 41400 | 253 | FRACTURES AND DISLOCATIONS OF THE WRIST, INVASIVE TREATMENT | |
| 41582 | 254 | FRACTURES AND DISLOCATIONS OF THE WRIST, NON-INVASIVE TREATMENT | |
| 56176 | 255 | MICROSURGICAL SKIN FLAPS | |
| 56184 | 256 | SKIN LESIONS, RECONSTRUCTIONS OF (V/Y, Y/V, Z PLASTY) | |
| 56192 | 257 | TRAUMATIC AND NON-TRAUMATIC NERVE DAMAGE OF THE HAND | |
| 41590 | 258 | TENDON INJURIES OF THE HAND, SURGERY FOR TENORRHAPHY | |
| 41608 | 259 | SPASTIC HAND - FLACCID PARALYSIS, SURGICAL TREATMENT FOR | |
| 48553 | 260 | NOTTA'S DISEASE (CLICKING FINGER), DE QUERVAIN'S DISEASE, TENOSYNOVITIS | |
| 41780 | 261 | OSTEOTOMIES (AS A SINGLE OPERATION) | |
| 41798 | 262 | PSEUDOARTHROSIS OF THE LONG BONES | |
| 41806 | 263 | PSEUDARTHROSIS OF THE CARPAL SCAPHOID | |
| 46813 | 264 | SECONDARY RECONSTRUCTION OF THE THUMB OR OTHER FINGERS BY MICROSURGERY | |
| 42093 | 265 | FINGER STIFFNESS | |
| 42101 | 266 | REVASCULARIZATION OF A LIMB OR SEGMENT (AS A SINGLE OPERATION) | |
| 56200 | 267 | RIZOARTROSI | |
| 48801 | 268 | CANALICULAR SYNDROMES COMPLETE TREATMENT (CARPAL TUNNEL, GUYON'S SYNDROME, COMPRESSION OF THE ULNAR NERVE AT THE EPITROCLEO-OLEOCRANIAL SHOWER, ETC.) | |
| 42192 | 269 | SYNOVECTOMY (AS A SINGLE OPERATION) | |
| 42200 | 270 | MICROSURGICAL TREATMENT OF BRACHIAL PLEXUS LESIONS | |

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| 56226 | 271 | TUMOURS OF ANY TYPE, EXERESIS OR EXCISION EN BLOC | |
| Foot Surgery | | | |
| Complete treatment also includes any arthrolysis, neurolysis and/or synovectomy and/or tenolysis within the context of the main operation. Missing items in Foot Surgery: see also Orthopaedics and Traumatology, and Reconstructive Plastic Surgery. All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described. | | | |
| 59573 | 272 | HALLUX RIGIDUS INCLUDING SURGICAL CORRECTION OF ASSOCIATED INTERPHALANGEAL DEFORMITIES INCLUDING POSSIBLE ARTHROPLASTY (COMPLETE TREATMENT) | |
| 48496 | 273 | HALLUX VALGUS INCLUDING SURGICAL CORRECTION OF ASSOCIATED INTERPHALANGEAL DEFORMITIES INCLUDING POSSIBLE ARTHROPLASTY (COMPLETE TREATMENT) | |
| 59994 | 274 | TARSAL AMPUTATION | |
| 59766 | 275 | PHALANGEAL AMPUTATIONS | |
| 59774 | 276 | METATARSAL AMPUTATIONS | |
| 59581 | 277 | PLANTAR APONEURECTOMY | |
| 59782 | 278 | METATARSOPHALANGEAL ARTHRODESIS | |
| 59790 | 279 | ARTHRODESIS OF TARSAL BONES (ISOLATED SUBASTRAGALIC; SUBASTRAGALIC AND ASTRAGALUS-SCAPHOID-CUNEIFORM; ASTRAGALUS-SCAPHOID AND ASTRAGALUS-SCAPHOID-CUNEIFORM, LISFRANC; ETC.) | |
| 59808 | 280 | TIBIO-TARSAL ARTHRODESIS (TIBIO-TARSAL AND SUBASTRAGALIC; TIBIO-TARSAL AND SUBASTRAGALIC AND CHEILOPLASTY; ETC.) | |
| 57139 | 281 | TIBIO-TARSAL ARTHROPLASTY (COMPLETE TREATMENT) | |
| 57147 | 282 | REMOVAL OF ACCESSORY SCAPHOID BONE | |
| 54627 | 283 | CALCANEOSTOP | |
| 57155 | 284 | SYNOVIAL CYSTS, REMOVAL OF | |
| 57163 | 285 | CYSTS OR TENDON AND/OR ARTHROGENIC GANGLIA, REMOVAL OF | |
| 59598 | 286 | CORRECTION OF FLAT FOOT, SOFT PARTS AND/OR BONES | |
| 48512 | 287 | CORRECTION OF CONGENITAL CLUBFOOT, SOFT AND/OR BONE PARTS | |
| 55228 | 288 | BOUTONNIERE DEFORMITY OF THE TOES | |
| 48504 | 289 | HAMMERTOE INCLUDING POSSIBLE ARTHROPLASTY (COMPLETE TREATMENT) | |
| 59606 | 290 | PLANTAR FASCIOTOMY WITH REMOVAL OF CALCANEAL SPUR | |
| 57171 | 291 | BIMALLEOLAR FRACTURE WITH OR WITHOUT TIBIO-ASTRAGALIC DISLOCATION INVASIVE TREATMENT AND POSSIBLE CAPSULAR LIGAMENT SUTURE | |
| 57180 | 292 | HEEL FRACTURE INVASIVE TREATMENT WITH OR WITHOUT GRAFT | |
| 57198 | 293 | ISOLATED TIBIAL MALLEOLUS FRACTURE INVASIVE TREATMENT | |
| 57206 | 294 | ISOLATED FRACTURE OF PERONEAL MALLEOLUS INVASIVE TREATMENT | |
| 57214 | 295 | TRIMALLEOLAR FRACTURE WITH OR WITHOUT TIBIO ASTRAGALIC DISLOCATION INVASIVE TREATMENT | |

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| 57222 | 296 | TALUS FRACTURES INVASIVE TREATMENT | |
| 48314 | 297 | NECK-FOOT JOINT LIGAMENTS (ANY TECHNIQUE), RECONSTRUCTION OF | |
| 57230 | 298 | LYSIS OF DISTAL TIBIAL PERONEAL SYNDESMOSIS | |
| 56622 | 299 | MORTON'S NEUROMA, SURGERY FOR | |
| 54866 | 300 | METATARSAL REALIGNMENT WITH MULTIPLE METATARSAL OSTEOTOMIES | |
| 56630 | 301 | CANALICULAR SYNDROMES OF THE FOOT | |
| 57249 | 302 | RETINACULUM LESION, SUTURE OR RECONSTRUCTION SURGERY | |
| 57257 | 303 | TENOPLASTY | |
| 57265 | 304 | TENO-VAGINOLYSIS (AS A PHASE OF THE MAIN SURGERY) | |
| 57273 | 305 | TENO-VAGINOLYSIS (AS A SINGLE OPERATION) | |
| 57281 | 306 | TENDON TRANSPOSITIONS AND TRANSPLANTS | |
| 57298 | 307 | SURGICAL TREATMENT OF FRACTURES AND DISLOCATIONS IN THE TARSUS AND METATARSUS BONES | |
| 57306 | 308 | SURGICAL TREATMENT OF FRACTURES AND DISLOCATIONS OF THE PHALANGES | |
| <i>Dermatological surgery - Cryotherapy - Laser therapy</i> | | | |
| <p>Nerve mapping is included in specialist consultations and/or treatments. All aesthetic treatments (peelings, dermabrasion, fillers and others) and/or anything related to these and/or resulting from previous aesthetic treatments are excluded, even if the items are referred to in this section. Superficial tumours are defined as suprafascial neoplasms; deep tumours are defined as subfascial neoplasms. In the case of outpatient operations for the removal of malignant tumours, if included in the Cover of the individual Health Plan and regardless of the surgical technique used, submission of the histological examination report is also mandatory for the refund to be recognised. FasiOpen nonetheless reserves the right to request pre and post-surgery photographic documentation also for the removal of benign tumours; as set out under Warnings and in the introductions to this section, we therefore urge you to arrange in advance for these to be taken. The items apply to surgical operations carried out using any technique instrumentation instrumentation/equipment. Please note that the term "single session" is meant regardless of the location (body part) and number of removals. Please also note that dermabrasion is equatable solely with the code/service of diathermocoagulation and/or cryotherapy.</p> <p>Laser and/or surgical treatments for telangiectasia, cherry angiomas, spider angiomas and similar are not deemed to be refundable services regardless of location and Health Plan (with no exceptions). Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted. For missing items in Dermatological Surgery: also see Reconstructive Plastic Surgery (for which the same specifications apply).</p> | | | |
| 49999 | 309 | LASER REMOVAL OF BENIGN TUMOURS OF THE SKIN OR MUCOUS MEMBRANES OF THE TRUNK/HEAD, EXCLUDING ANGIOMAS, SPIDER ANGIOMAS AND BLEMISHES (SINGLE SESSION) | Refundable maximum 5 sessions per year (1 January - 31 December) |
| 55178 | 311 | DIATHERMOCOAGULATION OR CRYOTHERAPY FOR ONE OR MORE LESIONS, ALTERATIONS, NON-VIRAL NEOFORMATIONS EXCEPT FOR THE CASES DESCRIBED (PER SESSION) | Refundable maximum 5 sessions per year (1 January - 31 December) |
| 58331 | 6011 | DIGITAL EPILUMINESCENCE, ANY EQUIPMENT INCLUDING DERMATOLOGICAL EXAMINATION | Refundable once a year (1 January - 31 December). Not refundable in the same year as Melanoma Prevention (where included in the Health Plan) |
| 57314 | 313 | REPAIR OF LOSS OF CUTANEOUS SUBSTANCE WITH SMALL ROTATIONAL OR SLIDING SKIN FLAP | |
| 57322 | 314 | REPAIR OF LOSS OF CUTANEOUS SUBSTANCE WITH LARGE ROTATIONAL OR SLIDING SKIN FLAP | |

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| 51060 | 315 | LASER TREATMENT OF VIRAL SKIN ALTERATIONS (WARTS, CONDYLOMAS, ETC.) - PER SESSION REGARDLESS OF THE TYPE OF VIRAL SKIN ALTERATION AND/OR THE NUMBER OF ALTERATIONS TREATED PER SESSION | Refundable maximum 5 sessions per year (1 January - 31 December) |
| 57330 | 317 | SUPERFICIAL MALIGNANT CUTANEOUS TUMOUR OF THE TRUNK/LIMBS, SURGERY FOR | |
| 57349 | 318 | SUPERFICIAL OR SUBCUTANEOUS BENIGN TUMOUR OR CYST OR LIPOMA OF THE TRUNK/LIMBS, WARTS, REMOVAL OF | |
| 55095 | 319 | LASER TREATMENT FOR CUTANEOUS MALIGNANCIES (COMPLETE TREATMENT, INCLUDING ALL SESSIONS) | |
| 57357 | 320 | DEEP CUTANEOUS MALIGNANT TUMOUR OF THE HEAD, REMOVAL OF | |
| 57365 | 321 | DEEP CUTANEOUS MALIGNANT TUMOUR OF THE TRUNK/LIMBS, REMOVAL OF | |
| 57373 | 322 | SUPERFICIAL MALIGNANT CUTANEOUS TUMOUR OF THE HEAD, SURGERY FOR | |
| 57381 | 323 | SUPERFICIAL TUMOUR OR BENIGN CYST OF THE HEAD, SURGERY FOR | |

General Surgery

Minor surgical operations

Superficial tumours are defined as suprafascial neoformations; deep tumours are defined as subfascial neoformations; deep extracavitary tumours are defined as: tumour of the skeletal muscle, tumour or fibrous tumour-like lesion. Therapeutic injection treatments are defined as: treatment using botulinum toxin for anal fissures and treatment using sclerosing agents for haemorrhoids (no other types are included). In the case of outpatient operations for the removal of malignant tumours, if included in the Cover of the individual Health Plan and regardless of the surgical technique used, submission of the histological examination report is also mandatory for the refund to be recognised. FasiOpen nonetheless reserves the right to request pre and post-surgery photographic documentation also for the removal of benign tumours; as set out under Warnings and in the introductions to this section, we therefore urge you to arrange in advance for these to be taken. The items relate to surgical operations carried out using any technique (traditional, endoscopic or with other instruments/equipment).

Dressings (simple and/or advanced) for any type of wound or skin ulcer are not refundable if provided on an out-patient basis regardless of the Health Plan, while during hospitalisation (any) they are included within the relevant procedures.

Please note that some tests, set out in the sub-sections, can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

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| 42390 | 324 | PERIPHERAL ACCESS FOR POSITIONING OF VENOUS CATHETER | |
| 40816 | 325 | NEEDLE ASPIRATION/AGOBIOPSIES, OF ANY ANATOMICAL PART, EXCEPTING THE CASES DESCRIBED IN THE RESPECTIVE SECTIONS | |
| 40295 | 326 | DIFFUSE ABSCESS OR PHLEGMON, INCISION OF | |
| 40303 | 327 | SUBAPONEUROTIC ABSCESS OR PHLEGMON, RADICAL SURGICAL TREATMENT OF | |
| 40287 | 328 | SUPERFICIAL AND CIRCUMSCRIBED ABSCESS OR PHLEGMON, INCISION OF | |
| 40329 | 329 | BIOPSY AS A SINGLE SURGICAL PROCEDURE, ANY ANATOMICAL PART, EXCEPTING THE CASES DESCRIBED IN THE RESPECTIVE SECTIONS | |
| 40246 | 330 | SYNOVIAL CYSTS, REMOVAL OF | |
| 40279 | 331 | DEEP EXTRACAVITARY FOREIGN BODY, EXTRACTION OF | |
| 40261 | 332 | SUPERFICIAL FOREIGN BODY, EXTRACTION OF | |

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| 40402 | 333 | SCALP, LARGE WOUND AND REMOVAL OF | |
| 40352 | 334 | SUPERFICIAL HAEMATOMA, EMPTYING OF | |
| 42408 | 335 | EXTRACAVITARY DEEP HEMATOMAS, EMPTYING OF | |
| 42598 | 336 | EXPLANTATION OF PERITONEAL CATHETER | |
| 59106 | 337 | CVC REMOVAL (AS A SINGLE SERVICE) | |
| 59114 | 338 | REMOVAL OF IMPLANTABLE VENOUS SYSTEMS SUCH AS PORT-A-CATH, GROSHONG AND SIMILAR (AS A SINGLE SERVICE) | |
| 40428 | 339 | DEEP WOUND OF THE FACE, SUTURING OF | |
| 40360 | 340 | DEEP WOUND, SUTURING OF | |
| 40410 | 341 | SUPERFICIAL WOUND OF THE FACE, SUTURING OF (EXCLUDING THOSE OF OPHTHALMIC RELEVANCE) | |
| 40378 | 342 | SUPERFICIAL WOUND, SUTURE OF (EXCLUDING THOSE OF RELEVANT TO OPHTHALMOLOGY) | |
| 45443 | 343 | PERIPHERAL ARTERIOVENOUS FISTULA, PREPARATION OF | |
| 42978 | 344 | SURGICAL IMPLANTATION OF PERITONEAL CATHETER | |
| 42986 | 345 | CVC IMPLANTATION (AS A SINGLE SERVICE) | |
| 57398 | 346 | IMPLANTATION OF VENOUS SYSTEMS SUCH AS PORT-A-CATH, GROSHONG AND SIMILAR (AS A SINGLE SERVICE) WITH POSSIBLE ULTRASOUND GUIDANCE | |
| 40345 | 347 | DEEP AND BONE WHITLOW, SURGERY FOR | |
| 40337 | 349 | SUPERFICIAL WHITLOW, SURGERY FOR | |
| 40238 | 350 | EXTRACAVITARY DEEP TUMOUR, REMOVAL OF | |
| 59122 | 351 | DEEP CUTANEOUS MALIGNANT TUMOUR OF THE TRUNK/LIMBS, REMOVAL OF | |
| 40220 | 352 | SUPERFICIAL CUTANEOUS MALIGNANT TUMOUR OF THE TRUNK/LIMBS, REMOVAL OF | |
| 40212 | 353 | SUPERFICIAL OR SUBCUTANEOUS BENIGN TUMOUR OR CYST OR LIPOMA OF THE TRUNK/LIMBS, WARTS, REMOVAL OF | |
| 40386 | 354 | INGROWN TOENAIL, REMOVAL OF (INCLUDING PLASTIC - COMPLETE TREATMENT) | |
| Neck | | | |
| 40832 | 356 | ABSCESSES, FAVI, PHLEGMONAE, INCISION AND DRAINAGE OF | |
| 40824 | 357 | PRESCALENIC BIOPSY | |
| 40873 | 358 | CONGENITAL CYST OR FISTULA, REMOVAL OF | |
| 42994 | 359 | OESOPHAGO-TRACHEAL FISTULA, SURGERY FOR | |
| 40923 | 360 | UNILATERAL CERVICAL LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 41038 | 361 | BILATERAL CERVICAL LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 40931 | 362 | SUPRACLAVICULAR LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 41012 | 363 | LYMPH NODES, SURGICAL REMOVAL OF FOR DIAGNOSTIC PURPOSES (AS A SINGLE OPERATION) | |

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| 40949 | 364 | PARATHYROIDS - COMPLETE TREATMENT, OPERATION ON | |
| 43000 | 365 | PARATHYROIDS, REINTERVENTIONS | |
| 40881 | 366 | THYROID, ENUCLEATION OF CYSTIC TUMOURS OR SOLITARY ADENOMAS | |
| 43463 | 367 | THYROID, LOBECTOMIES | |
| 40956 | 368 | SUBTOTAL THYROIDECTOMY | |
| 56234 | 369 | TOTAL THYROIDECTOMY, OR TOTAL THYROIDECTOMY, ANY ROUTE OF ACCESS, WITHOUT LATEROCERVICAL EMPTYING | |
| 59130 | 370 | TOTAL THYROIDECTOMY FOR MEDIASTINAL GOITER, SURGERY FOR | |
| 43497 | 371 | TOTAL THYROIDECTOMY FOR MALIGNANT NEOPLASMS WITH UNILATERAL LATEROCERVICAL EMPTYING | |
| 40980 | 372 | TOTAL THYROIDECTOMY FOR MALIGNANT NEOPLASMS WITH BILATERAL LATEROCERVICAL EMPTYING | |
| 43646 | 373 | TRACHEOSTOMY, CLOSURE AND PLASTIC | |
| 40105 | 374 | TRACHEOTOMY WITH EMERGENCY TRACHEOSTOMY | |
| 43653 | 375 | TRACHEOTOMY WITH ELECTIVE TRACHEOSTOMY | |
| 40840 | 376 | LARYNGO-TRACHEAL AND PHARYNGO-OESOPHAGEAL TUBE, SURGERY FOR WOUNDS OF | |
| 40899 | 377 | MALIGNANT TUMOUR OF THE NECK, REMOVAL OF (EXCLUDING DESCRIBED CASES) | |
| Oesophagus | | | |
| 41137 | 378 | CERVICAL OESOPHAGEAL DIVERTICULA (INCLUDING MYOTOMY), SURGERY FOR | |
| 41145 | 379 | DIVERTICULA OF THE THORACIC OESOPHAGUS, SURGERY FOR | |
| 41210 | 380 | TOTAL OESOPHAGECTOMY WITH OESOPHAGOPLASTY, IN ONE SESSION, INCLUDING LYMPHADENECTOMY | |
| 41129 | 381 | OESOPHAGITIS, OESOPHAGEAL ULCER (INCLUDING ANTIREFLUX PLASTIC AND/OR VAGOTOMY), SURGERY FOR | |
| 41202 | 382 | CERVICAL OESOPHAGUS, RESECTION OF, WITH OESOPHAGOSTOMY | |
| 41186 | 383 | OESOPHAGUS, PARTIAL RESECTION OF, WITH OESOPHAGOSTOMY | |
| 41509 | 384 | TOTAL OESOPHAGUS-GASTRECTOMY, VIA THORACIC-LAPAROTOMY AND POSSIBLE LYMPHADENECTOMY | |
| 56242 | 385 | OESOPHAGOMYOTOMY (ALSO ENDOSCOPIC - AS A SINGLE OPERATION) | |
| 41194 | 386 | OESOPHAGOSTOMY (AS A SINGLE OPERATION) | |
| 41111 | 387 | TRAUMATIC OR SPONTANEOUS LESIONS, FOREIGN BODIES, BENIGN TUMOURS, BIOPSY AND NON-ENDOSCOPIC CAUTERISATION | |
| 41244 | 388 | MEGAOESOPHAGUS, SURGERY FOR | |
| 41251 | 389 | MEGAOESOPHAGUS, REINTERVENTION FOR | |
| 41269 | 390 | ENDO-OESOPHAGEAL PROSTHESES, PLACEMENT OF | |
| 41335 | 391 | OESOPHAGEAL PROBING FOR GRADUAL DILATATION - FIRST SESSION | |
| 41343 | 392 | OESOPHAGEAL PROBING FOR GRADUAL DILATATION - SUBSEQUENT SESSIONS | |

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| 43661 | 393 | BENIGN STENOSIS OF THE OESOPHAGUS, SURGERY FOR | |
| 43679 | 394 | OESOPHAGEAL STENOSIS, ENDOSCOPIC LASER TREATMENT | |
| 41160 | 395 | OESOPHAGEAL VARICES: TRANSTHORACIC OR ABDOMINAL SURGERY | |
| <i>Stomach - Duodenum</i> | | | |
| 59149 | 396 | GASTRIC BANDING FOR THE TREATMENT OF MORBID OBESITY, ANY TECHNIQUE | |
| 43695 | 397 | DUMPING SYNDROME, RECONVERSION SURGERY FOR | |
| 42333 | 398 | HIATAL HERNIA, SURGERY FOR (INCLUDING ANTI-REFLUX PLASTIC AND/OR DIAPHRAGMATIC PILLAR PLASTIC) | |
| 41533 | 399 | GASTRO-DIGIUNAL-COLIC FISTULA, SURGERY FOR | |
| 56259 | 400 | PARTIAL OR SUBTOTAL GASTRECTOMY (INCLUDING POSSIBLE LYMPHADENECTOMY) | |
| 41491 | 401 | TOTAL GASTRECTOMY WITH LYMPHADENECTOMY, INCLUDING EXTENDED | |
| 57414 | 402 | TOTAL GASTRECTOMY WITH EXTENDED LYMPHADENECTOMY WITH ASSOCIATED LEFT SPLENOPANCREASECTOMY | |
| 41483 | 403 | TOTAL GASTRECTOMY FOR BENIGN PATHOLOGY | |
| 41566 | 404 | PYLOROPLASTY (AS A SINGLE OPERATION) | |
| 59165 | 405 | POSITIONING OF BIB (BIOENTERYCS INTRAGASTRIC BALLON) FOR MORBID OBESITY | |
| 43703 | 406 | GASTRO DUODENAL RESECTION | |
| 41525 | 407 | GASTRO-DIGIUNAL RESECTION FOR ANASTOMOTIC PEPTIC ULCER | |
| 59173 | 408 | REMOVAL OF BIB (BIOENTERYCS INTRAGASTRIC BALLON) FOR MORBID OBESITY | |
| 41574 | 409 | SELECTIVE AND/OR SUPERSELECTIVE VAGOTOMY WITH POSSIBLE PYLOROPLASTY | |
| 57422 | 410 | SELECTIVE AND/OR SUPERSELECTIVE VAGOTOMY WITH POSSIBLE PYLOROPLASTY (AS MAIN PHASE OF SURGERY) | |
| 56267 | 411 | GASTRIC VARICES (SURGICAL HAEMOSTASIS) | |
| <i>Intestine: Jejunum - Ileum - Colon - Rectum - Anus</i> | | | |
| 41988 | 412 | MILES ABDOMINAL-PERINEAL RESECTION, COMPLETE TREATMENT | |
| 41715 | 413 | PRETERNATURAL ANUS, CLOSURE, CONTINUITY RECONSTRUCTION | |
| 56283 | 414 | ANOPLASTY AND PERINEOPLASTY (AS A SINGLE OPERATION) | |
| 41624 | 415 | APPENDECTOMY WITH DIFFUSE PERITONITIS | |
| 41616 | 416 | SIMPLE COLD APPENDECTOMY (ANY TECHNIQUE) | |
| 41913 | 417 | ABSCESS OR FISTULA OF THE ISCHIO-RECTAL CAVITY, SURGERY FOR | |
| 41905 | 418 | PERIANAL ABSCESS, SURGERY FOR | |
| 44024 | 419 | GASTROINTESTINAL OR INTESTINAL BYPASS FOR MALIGNANT DISEASES | |
| 44032 | 420 | INTESTINAL BYPASS FOR THE TREATMENT OF MORBID OBESITY | |

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| 41954 | 421 | DERMOID CYST, SACRO-COCCYGEAL FISTULA (INCLUDING RECURRENT), SURGERY FOR | |
| 41632 | 422 | SEGMENTAL COLECTOMY (INCLUDING POSSIBLE OSTOMY) | |
| 41640 | 423 | SEGMENTAL COLECTOMY WITH LYMPHADENECTOMY AND POSSIBLE COLOSTOMY | |
| 41657 | 424 | TOTAL COLECTOMY (INCLUDING POSSIBLE OSTOMY) | |
| 41665 | 425 | TOTAL COLECTOMY WITH LYMPHADENECTOMY (INCLUDING POSSIBLE OSTOMY) | |
| 44040 | 426 | COLOTOMY WITH COLORRAPHY (AS A SINGLE OPERATION) | |
| 56291 | 427 | PERINEAL-ANAL CONDYLOMA ACUMINATA, SURGERY FOR (ANY TECHNIQUE, COMPLETE TREATMENT) | |
| 44057 | 428 | CONSTRUCTION OF ARTIFICIAL ANUS (AS A SINGLE OPERATION) | |
| 44065 | 429 | CONSTRUCTION OF CONTINENT ILEOSTOMY (AS A SINGLE OPERATION) | |
| 41871 | 430 | FOREIGN BODIES IN THE RECTUM, SIMPLE NATURAL EXTRACTION OF | |
| 41897 | 431 | FOREIGN BODIES IN THE RECTUM, ABDOMINAL EXTRACTION OF | |
| 41889 | 432 | FOREIGN BODIES IN THE RECTUM, EXTRACTION WITH SPHINCTEROTOMY OF (INCLUDING ANOPLASTY) | |
| 44073 | 433 | DIJUNOSTOMY (AS A SINGLE OPERATION) | |
| 44081 | 434 | MECKEL'S DIVERTICULA, RESECTION OF | |
| 44099 | 435 | DUODENAL JEJUNOSTOMY (AS A SINGLE OPERATION) | |
| 41731 | 436 | RIGHT HEMICOLECTOMY WITH LYMPHADENECTOMIES | |
| 41749 | 437 | LEFT HEMICOLECTOMY WITH LYMPHADENECTOMIES AND POSSIBLE COLOSTOMY (HARTMANN AND OTHERS) | |
| 55079 | 438 | HAEMORRHOIDS (CRYOSURGERY OR DIATHERMOCOAGULATION COMPLETE TREATMENT) | |
| 44685 | 439 | HAEMORRHOIDS (LASER SURGERY COMPLETE TREATMENT) | |
| 44107 | 440 | HAEMORRHOIDS AND FISSURES (CRYOSURGERY COMPLETE TREATMENT) | |
| 44669 | 441 | HAEMORRHOIDS AND FISSURES (LASER SURGERY COMPLETE TREATMENT) | |
| 44651 | 442 | HAEMORRHOIDS AND RHAGADES, RADICAL SURGERY FOR (INCLUDING MUCOUS PROLAPSE TREATMENT - ALSO RECTAL, SPHINCTEROTOMY - ANOPLASTY) - ANY METHOD, ANY EQUIPMENT / INSTRUMENTATION | |
| 44677 | 443 | HAEMORRHOIDS: THERAPEUTIC INJECTION TREATMENTS AND/OR ELASTIC LIGATION - PER SESSION | |
| 41962 | 444 | HAEMORRHOIDS, RADICAL SURGERY (INCLUDING MUCOUS PROLAPSE TREATMENT - ALSO RECTAL, SPHINCTEROTOMY - ANOPLASTY) - ANY METHOD, ANY EQUIPMENT / INSTRUMENTATION | |
| 41699 | 446 | ENTEROSTOMY (AS A SINGLE OPERATION) | |
| 41939 | 447 | EXTRASPHINCTERIC ANAL FISTULA | |
| 41921 | 448 | INTRASPHINCTERIC ANAL FISTULA | |
| 44701 | 449 | ANAL FISTULAS (LASER SURGERY, COMPLETE TREATMENT) | |
| 42077 | 450 | ANAL INCONTINENCE, SURGERY FOR (COMPLETE TREATMENT) | |
| 41764 | 451 | INVAGINATION, VOLVULUS, INTERNAL HERNIAS, SURGERY FOR | |

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| 41772 | 452 | MEGACOLON, SURGERY FOR | |
| 46219 | 453 | MEGACOLON: COLOSTOMY | |
| 44727 | 454 | MIKULICZ, EXTRINSIC SEC. | |
| 44735 | 455 | RECTO-COLON POLYPECTOMY VIA LAPAROTOMY | |
| 57430 | 456 | TRANSANAL RECTAL POLYP, REMOVAL OF (AS A SINGLE OPERATION) - ANY TECHNIQUE, ANY INSTRUMENTATION/EQUIPMENT | |
| 59181 | 457 | POSITIONING OF COLON PROSTHESIS | |
| 59198 | 458 | POSITIONING OF RECTAL PROSTHESIS | |
| 44743 | 459 | TOTAL PROCTO-COLECTOMY WITH ILEAL POUCH | |
| 42002 | 460 | RECTAL PROLAPSE INCLUDING TREATMENT OF HAEMORRHOIDS, TRANSANAL SURGERY FOR (AS A SINGLE OPERATION) - ANY TECHNIQUE - ANY INSTRUMENTATION/EQUIPMENT | |
| 44750 | 461 | RECTAL PROLAPSE INCLUDING TREATMENT OF HAEMORRHOIDS, LAPAROTOMY SURGERY FOR | |
| 41970 | 462 | ANAL RHAGADE, SURGICAL TREATMENT WITH SPHINCTEROTOMY | |
| 44768 | 463 | RHAGADES, CRYOSURGERY FOR (COMPLETE TREATMENT) | |
| 44776 | 464 | RHAGADES, LASER SURGERY FOR (COMPLETE TREATMENT) | |
| 59206 | 465 | RESECTION OF THE SIGMA-RECTUM FOR BENIGN PATHOLOGY | |
| 59214 | 466 | RESECTION OF THE SIGMA-RECTUM FOR MALIGNANT PATHOLOGY WITH POSSIBLE ASSOCIATED LYMPHADENECTOMIES | |
| 59222 | 467 | ANTERIOR RECTO-COLIC RESECTION (ALSO ULTRA-LOW) INCLUDING LYMPHADENECTOMY AND POSSIBLE COLOSTOMY | |
| 59230 | 468 | RECTUM, AMPUTATION OF, FOR NEOPLASM OF THE ANUS, INCLUDING POSSIBLE BILATERAL INGUINAL LYMPHADENECTOMY | |
| 41996 | 469 | SPHINCTEROTOMY (AS A SINGLE OPERATION) | |
| 56309 | 470 | MALIGNANT TUMOUR OF THE RECTUM, VIA TRANSANAL OR TRANSANAL ENDOSCOPIC MICROSURGERY (TEM), REMOVAL OF | |
| 41756 | 471 | EXTENDED VISCEROLYSIS (ENTEROPLICATION), SURGERY FOR (AS A SINGLE OPERATION) | |
| 57449 | 472 | EXTENDED VISCEROLYSIS (ENTEROPLICATION), SURGERY FOR (AS THE MAIN OPERATION STAGE) | |
| <i>Abdominal wall</i> | | | |
| 44800 | 473 | CYSTS, HAEMATOMAS, ABSCESSSES, PHLEGMON ABDOMINAL WALL | |
| 42374 | 474 | DIASTASIS RECTI (AS A SINGLE OPERATION), SURGERY FOR | |
| 42275 | 475 | RECURRENT CRURAL HERNIA (INCLUDING MESH REMOVAL) | |
| 42259 | 476 | SIMPLE CRURAL HERNIA | |
| 42267 | 477 | STRANGULATED CRURAL HERNIA | |
| 42309 | 478 | EPIGASTRIC HERNIA | |

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| 42317 | 479 | STRANGULATED OR RECURRENT EPIGASTRIC HERNIA (INCLUDING MESH REMOVAL) | |
| 42234 | 480 | INGUINAL HERNIA WITH TESTICULAR ECTOPIA | |
| 42242 | 481 | RECURRENT INGUINAL HERNIA (INCLUDING MESH REMOVAL) | |
| 42218 | 482 | SIMPLE INGUINAL HERNIA | |
| 42226 | 483 | STRANGULATED INGUINAL HERNIA | |
| 42283 | 484 | UMBILICAL HERNIA | |
| 44966 | 485 | RECURRENT INGUINAL HERNIA (INCLUDING MESH REMOVAL) | |
| 42358 | 486 | RARE HERNIAS (ISCHIAL, OBTURATOR, LUMBAR, PERINEAL) | Refundable once per surgical operation |
| 42366 | 487 | LAPAROCELE, SURGERY FOR | |
| 42143 | 488 | UNILATERAL INGUINAL OR CRURAL LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 42184 | 489 | BILATERAL INGUINAL OR CRURAL LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 56317 | 490 | LAPAROTOMIC LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 59249 | 491 | SENTINEL LYMPH NODE, REMOVAL OF (INCLUDING SERVICES OF NUCLEAR MEDICINE PHYSICIAN/RADIOLOGIST) (AS A SINGLE OPERATION) | |
| 42325 | 492 | DIAPHRAGMATIC PROLAPSE, SURGERY FOR | |
| Peritoneum | | | |
| 42424 | 493 | DOUGLAS ABSCESS, DRAINAGE | |
| 42416 | 494 | SUBPHRENIC ABSCESS, DRAINAGE | |
| 42432 | 495 | EXPLORATORY/DIAGNOSTIC LAPAROSCOPY (INCLUDING BIOPSIES) | |
| 42499 | 496 | LAPAROTOMY WITH LESION TO INTERNAL PARENCHYMAL ORGANS REQUIRING HAEMOSTASIS | |
| 42515 | 497 | LAPAROTOMY WITH INTESTINAL RESECTION (INCLUDING OSTOMY) | |
| 42457 | 498 | EXPLORATORY LAPAROTOMY AND/OR LYSIS OF ADHESIONS (AS A SINGLE OPERATION) | |
| 44974 | 499 | EXPLORATORY LAPAROTOMY AS MAIN OPERATION FOR UNRESECTABLE NEOPLASMS OR FOR STAGING OF LYMPHADENOPATHIES | |
| 42481 | 500 | LAPAROTOMY FOR CONTUSIONS AND WOUNDS TO THE ABDOMEN WITHOUT LESIONS TO INTERNAL ORGANS | |
| 44982 | 501 | LAPAROTOMY FOR LESIONS OF INTERNAL PARENCHYMAL ORGANS REQUIRING EXCISION | |
| 42507 | 502 | LAPAROTOMY FOR GASTRO-INTESTINAL LESIONS REQUIRING SUTURING | |
| 42465 | 503 | LAPAROTOMY FOR DIFFUSE PERITONITIS | |
| 42473 | 504 | LAPAROTOMY FOR SACCATE PERITONITIS | |
| 44990 | 505 | DIAGNOSTIC PERITONEAL LAVAGE | |
| 56325 | 506 | LAPAROSCOPIC LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 42549 | 507 | INTESTINAL OBSTRUCTION WITH RESECTION | |

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| 42531 | 508 | INTESTINAL OBSTRUCTION WITHOUT RESECTION | |
| 56896 | 509 | OMENECTOMY AND/OR PERITONECTOMY (AS THE MAIN PHASE OF SURGERY) | |
| 42580 | 510 | PARACENTESIS (WITH OR WITHOUT ENDOCAVITARY DRUG ADMINISTRATION) | |
| 42523 | 511 | RETROPERITONEAL TUMOUR OR FIBROSIS (INCLUDING URETEROLYSIS AND EXTENSIVE VISCEROLYSIS), SURGERY FOR (COMPLETE TREATMENT) | |
| <i>Liver and Biliary Tract</i> | | | |
| 42804 | 512 | NEEDLE BIOPSY/NEEDLE ASPIRATION (ANY NUMBER OF SAMPLES) | |
| 42895 | 513 | PORTOCAVAL OR SPLENIC-RENAL OR MESENTERIC-CAVA ANASTOMOSIS | |
| 42614 | 514 | ABSCESSSES, CYSTS (OF ANY KIND), CAVERNOUS ANGIOMAS, SURGERY FOR | |
| 45005 | 515 | LIVER BIOPSY (AS A SINGLE OPERATION) | |
| 45153 | 516 | INTRAHEPATIC STONES, SURGERY FOR | |
| 42648 | 517 | SIMPLE LAPAROSCOPIC CHOLECYSTECTOMY (INCLUDING LYSIS OF ADHESIONS) | |
| 57457 | 518 | LAPAROSCOPIC CHOLECYSTECTOMY WITH INTRAOPERATIVE CHOLANGIOGRAPHY AND EXPLORATION OF THE BILIARY TRACT AND POSSIBLE STONE EXTRACTION (INCLUDING RADIOLOGIST ASSISTANCE) (INCLUDING LYSIS OF ADHESIONS) | |
| 57465 | 519 | LAPAROSCOPIC CHOLECYSTECTOMY WITH CHOLEDOCHOLITHOTOMY AND STONE EXTRACTION (INCLUDING CHOLANGIOGRAPHY AND RADIOLOGIST ASSISTANCE) (INCLUDING LYSIS OF ADHESIONS) | |
| 56333 | 520 | LAPAROTOMIC CHOLECYSTECTOMY (INCLUDING LYSIS OF ADHESIONS) | |
| 42663 | 521 | CHOLECYSTOGASTROSTOMY OR CHOLECYSTENTEROSTOMY | |
| 42705 | 522 | CHOLECYSTOSTOMY FOR UNRESECTABLE NEOPLASMS | |
| 42697 | 523 | CHOLEDOCAL/HEPATIC/DIGIUNAL/DUODENOSTOMY WITH OR WITHOUT CHOLECYSTECTOMY | |
| 42689 | 524 | CHOLEDOCAL-HEPATIC JEJUNOSTOMY WITH OR WITHOUT CHOLECYSTECTOMY | |
| 42671 | 525 | CHOLEDOCAL-HEPATIC DUODENOSTOMY WITH OR WITHOUT CHOLECYSTECTOMY | |
| 42655 | 526 | CHOLEDOCHOTOMY AND CHOLEDOCHOLITHOTOMY (AS A SINGLE OPERATION) | |
| 45179 | 527 | HEPATIC DEARTERIALISATION, WITH OR WITHOUT CHEMOTHERAPY | |
| 42911 | 528 | AZYGOS-PORTAL DECONNECTION BY ABDOMINAL ROUTE | |
| 45187 | 529 | INTRA-HEPATIC DIGESTIVE BILE DRAINAGE | |
| 42747 | 530 | HEPATIC ARTERY CANNULATION FOR ANTIBLASTIC PERFUSION | |
| 45195 | 531 | PAPILLA OF VATER, EXERESIS | |
| 57473 | 532 | PAPILLA OF VATER, AMPULLECTOMY FOR CANCER WITH RE-IMPLANTATION OF WIRSUNG DUCT AND COMMON BILE DUCT | |
| 42713 | 533 | PAPILLOSTOMY, VIA TRANSDUODENAL ROUTE AND POSSIBLE REMOVAL OF STONES (AS A SINGLE OPERATION) | |
| 42721 | 534 | PAPILLOTOMY, ENDOSCOPIC (AS A SINGLE OPERATION) | |

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| 42630 | 535 | MAJOR HEPATIC RESECTIONS | |
| 45203 | 536 | MINOR HEPATIC RESECTIONS | |
| 56341 | 537 | SURGICAL REPAIR FOR LACERATION OF THE HEPATIC PARENCHYMA | |
| 59257 | 538 | RADIOFREQUENCY THERMOABLATION OF PRIMARY HEPATIC TUMOURS, ANY ACCESS ROUTE | |
| 45260 | 539 | LIVER TRANSPLANT (ALL-INCLUSIVE OF SERVICES AND MEDICAL EXPLANTATION AND IMPLANTATION OPERATIONS) | |
| 45708 | 540 | BILIARY TRACT, PALLIATIVE INTERVENTIONS | |
| 42739 | 541 | BILIARY TRACT, REINTERVENTIONS | |
| <i>Pancreas - Spleen</i> | | | |
| 42960 | 542 | NEEDLE BIOPSY/ PANCREATIC ASPIRATION | |
| 45716 | 543 | PANCREATIC ABSCESSSES AND/OR CYSTS, DRAINAGE OF | |
| 45724 | 544 | BIOPSY OF THE PANCREAS (AS A SINGLE OPERATION) | |
| 45740 | 545 | CEPHALODUODENUM PANCREASECTOMY INCLUDING POSSIBLE LYMPHADENECTOMY | |
| 45732 | 546 | PANCREATIC DENERVATION (AS A SINGLE OPERATION) | |
| 42812 | 547 | PANCREATIC-WIRSUNG DIGESTIVE DERIVATIVES | |
| 42853 | 548 | PANCREATIC FISTULA, SURGERY FOR | |
| 56358 | 549 | INTERNAL OR EXTERNAL MARSUPIALIZATION OF PANCREATIC CYSTS | |
| 42945 | 550 | SPLEEN, CONSERVATIVE SURGERY (SPLENORRHAPHY, SPLENIC RESECTIONS) | |
| 45757 | 551 | ENDOCRINE PANCREATIC NEOPLASMS, SURGERY FOR | |
| 45765 | 552 | LEFT PANCREATECTOMY INCLUDING SPLENECTOMY AND POSSIBLE LYMPHADENECTOMY | |
| 42861 | 553 | TOTAL PANCREATECTOMY (INCLUDING POSSIBLE LYMPHADENECTOMY) | |
| 45773 | 554 | ACUTE PANCREATITIS, CONSERVATIVE SURGERY | |
| 45781 | 555 | ACUTE PANCREATITIS, DEMOLITION SURGERY | |
| 42838 | 556 | PSEUDOCYST WITH DIJUNOSTOMY OR OTHER SHUNT, SURGERY FOR | |
| 42929 | 557 | SPLENECTOMY | |
| 45799 | 558 | TRANSPLANTATION OF PANCREAS (INCLUSIVE OF ALL SERVICES AND MEDICAL EXPLANTATION AND IMPLANTATION OPERATIONS) | |
| <i>Oral - maxillo - facial surgery</i> | | | |

All services/operations listed below are understood as being carried out by a specialist in maxillofacial surgery using any technique, equipment/instrumentation (inclusive), at an authorised healthcare facility for day surgery or overnight hospitalisation. For certain surgical procedures carried out on an outpatient basis at a clinic/surgery/medical facility/authorised dental service for dentistry and dental prostheses (for the MOSAIC Plan limited to those with direct affiliation), even if carried out by a surgeon specialising in oral-maxillofacial surgery, reference should be made to the provisions of the Dentistry section if these are included in the services provided by the Fund and/or your Health Plan.

Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

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| 56366 | 559 | BIOPSY OF THE SALIVARY GLANDS | |
| 57481 | 560 | TEMPORO MANDIBULAR ARTHROCENTESIS WITH OR WITHOUT INTRODUCTION OF MEDICATION, REGARDLESS OF WHETHER UNILATERAL OR BILATERAL | Refundable maximum 3 sessions per year (1 January - 31 December). |
| 57498 | 561 | REMOVAL OF SOLID AND/OR CYSTIC BENIGN SUPERFICIAL OR DEEP NEOFORMATIONS OF THE TONGUE OR ORAL CAVITY | |
| 57506 | 562 | BIOPSY OR REMOVAL OF SUPERFICIAL NON-CUTANEOUS TUMOURS | |
| 40774 | 563 | SALIVARY CALCULUS, REMOVAL OF | |
| 57514 | 564 | CATHETERISATION OF SALIVARY DUCT | |
| 40675 | 565 | CYSTS OF THE JAW, OPERATION FOR | |
| 56374 | 566 | CYSTS AND FISTULAS OF THE SALIVARY GLANDS, INCISION AND/OR DRAINAGE | |
| 40527 | 567 | CONDYLECTOMY WITH CONDYLOPLASTY FOR ANKYLOSIS OF THE TEMPOROMANDIBULAR JOINT, UNILATERAL | |
| 46334 | 568 | CONDYLECTOMY WITH CONDYLOPLASTY FOR ANKYLOSIS OF THE TEMPOROMANDIBULAR JOINT, BILATERAL | |
| 46342 | 569 | DEEP FOREIGN BODIES OF SOFT TISSUE, ORAL CAVITY AND/OR FACE, REMOVAL OF | |
| 46359 | 570 | SUPERFICIAL FOREIGN BODIES OF THE SOFT TISSUES OF THE ORAL CAVITY AND/OR FACE, REMOVAL OF | |
| 57522 | 571 | DACRYOCYSTORHINOSTOMY OR INTUBATION | |
| 57530 | 572 | TEMPOROMANDIBULAR DYSFUNCTION, SURGICAL THERAPY FOR | |
| 46367 | 573 | LABIAL OUTCOMES OF CLEFT LIP AND PALATE | |
| 46375 | 574 | NASAL OUTCOMES OF CLEFT LIP AND PALATE | |
| 57549 | 575 | EXENTERATIO ORBITAE | |
| 40717 | 576 | STENONE DUCT FISTULA, SURGERY FOR | |
| 46391 | 577 | ORO-NASAL AND/OR MAXILLARY FISTULA | |
| 56382 | 578 | ZYGOMATIC FRACTURE, ORBIT, SURGICAL THERAPY FOR | |
| 40543 | 579 | MAXILLARY FRACTURES, SURGICAL THERAPY FOR | |
| 57557 | 580 | FRONTAL SINUS FRACTURES, SURGICAL THERAPY FOR | |
| 46672 | 581 | FRACTURES OF THE MANDIBLE AND CONDYLE, SURGICAL THERAPY FOR (INCLUDING POSSIBLE FIXATION WITH FERRULES) | |
| 40519 | 582 | MANDIBULAR FRACTURES, REDUCTION WITH FERRULES | |
| 40626 | 583 | FRENULOTOMY WITH UPPER AND LOWER FRENULOPLASTY | |
| 40857 | 584 | SUBMAXILLARY GLAND, REMOVAL FOR CHRONIC INFLAMMATION OR BENIGN NEOPLASMS | |

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| 57565 | 585 | SUBMAXILLARY GLAND, REMOVAL FOR MALIGNANT NEOPLASMS, INCLUDING POSSIBLE LYMPHADENECTOMY | |
| 57606 | 586 | OPERATION FOR THE HORIZONTAL AND/OR VERTICAL ENLARGEMENT OF THE ALVEOLAR RIDGE OF THE MANDIBLE OR UPPER JAW WITH REMOVAL OF EXTRAORAL AUTOLOGOUS BONE AND GRAFTING, INCLUDING POSSIBLE INSERTION OF GRAFT MATERIAL, INCLUDING POSSIBLE OTHER SURGICAL TEAM. COMPLETE TREATMENT IN AN AUTHORIZED HEALTHCARE FACILITY BY DAY SURGERY OR WITH OVERNIGHT HOSPITALISATION, CARRIED OUT BY A SPECIALIST IN MAXILLOFACIAL SURGERY - PER HEMIARCH. | |
| 57614 | 587 | OPERATION FOR SMALL OR LARGE MAXILLARY SINUS LIFT (COMPLETE TREATMENT) WITH EXTRAORAL AUTOLOGOUS BONE HARVESTING AND GRAFTING, INCLUDING ANY GRAFT MATERIAL; INCLUDING POSSIBLE OTHER SURGICAL TEAM. COMPLETE TREATMENT IN AN AUTHORIZED HEALTHCARE FACILITY BY DAY SURGERY OR WITH OVERNIGHT HOSPITALISATION, CARRIED OUT BY A SPECIALIST IN MAXILLOFACIAL SURGERY - PER HEMIARCH. | |
| 46680 | 588 | UNILATERAL CLEFT LIP AND PALATE | |
| 46698 | 589 | BILATERAL CLEFT LIP AND PALATE | |
| 46789 | 590 | CYSTIC LYMPHANGIOMA OF THE NECK, REMOVAL FOR | |
| 46854 | 591 | TONGUE AND ORAL FLOOR, SURGERY FOR MALIGNANT TUMOURS WITH FUNCTIONAL OR RADICAL LATERO-CERVICAL DRAINAGE | |
| 46797 | 592 | TONGUE AND ORAL FLOOR, SURGERY FOR MALIGNANT TUMOURS WITHOUT DRAINAGE OF THE SUBMAXILLARY LOGGIA | |
| 40576 | 593 | TONGUE, PARTIAL AMPUTATION FOR BENIGN TUMOURS, ANGIOMAS, MACROGLOSSIA | |
| 57573 | 594 | MANDIBULAR DISLOCATION, MANUAL REDUCTION OF | |
| 40535 | 595 | MANDIBULAR DISLOCATION, SURGICAL THERAPY FOR | |
| 46862 | 596 | DENTO-MAXILLOFACIAL MALFORMATIONS OF THE MANDIBLE AND MAXILLA (PROGENISM, MICROGENIA, PROGNATHISM, MICROGNATHIA, MANDIBULAR LATERODEVIATIONS, ETC.), INCLUDING MENTOPLASTY ON THE UPPER JAW OR MANDIBLE (COMPLETE TREATMENT) | |
| 40691 | 597 | MANDIBLE, PARTIAL RESECTION FOR NEOPLASIA OF THE, INCLUDING POSSIBLE UNILATERAL RADICAL OR FUNCTIONAL LATERO-CERVICAL EMPTYING | |
| 56390 | 598 | MANDIBLE, PARTIAL RESECTION FOR NEOPLASIA OF THE, INCLUDING POSSIBLE BILATERAL RADICAL OR FUNCTIONAL LATERO-CERVICAL EMPTYING | |
| 40667 | 599 | UPPER MAXILLARY FOR NEOPLASMS, INCLUDING POSSIBLE UNILATERAL RADICAL OR FUNCTIONAL LATERO-CERVICAL EMPTYING, RESECTION OF THE | |
| 56408 | 600 | UPPER MAXILLARY FOR NEOPLASMS, INCLUDING POSSIBLE BILATERAL RADICAL OR FUNCTIONAL LATERO-CERVICAL EMPTYING, RESECTION OF THE | |
| 40709 | 601 | FACIAL SKELETON, TUMOUR DEMOLITION SURGERY WITH ORBITAL EMPTYING | |
| 46888 | 602 | LARGE ENDOSSEOUS NEOPLASMS, EXERESIS OF | |
| 46896 | 603 | SMALL ENDOSSEOUS NEOPLASMS (OSTEOMAS, CEMENTOMAS, ODONTOMAS, PALATINE AND MANDIBULAR TORUS), EXCISIONS OF | |
| 40600 | 604 | MALIGNANT NEOPLASMS OF THE LIP/CHEEK WITH EMPTYING OF THE SUBMAXILLARY LOGGIA, REMOVAL OF | |
| 46904 | 605 | MALIGNANT NEOPLASMS OF THE LIP/CHEEK WITHOUT EMPTYING OF THE SUBMAXILLARY LOGGIA, REMOVAL OF | |

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| 46912 | 606 | LIMITED MALIGNANT NEOPLASMS OF THE LIP OR SOFT TISSUES OF THE ORAL CAVITY, REMOVAL OF | |
| 57581 | 607 | ORBIT, UNILATERAL INFERIOR DECOMPRESSION SURGERY | |
| 57598 | 608 | ORBIT, BILATERAL INFERIOR DECOMPRESSION SURGERY | |
| 20248 | 609 | CIRCUMSCRIBED OSTEITIS OF THE JAWS, TREATMENT OF | |
| 46920 | 610 | ANTERIOR, POSTERIOR CLEFT PALATE OF THE SOFT PALATE | |
| 46615 | 611 | TOTAL CLEFT PALATE | |
| 46938 | 612 | DYNAMIC OR STATIC FACIAL NERVE PALSY, PLASTIC SURGERY FOR | |
| 40733 | 613 | PARTIAL PAROTIDECTOMY WITH POSSIBLE SPARING OF THE FACIAL NERVE | |
| 40741 | 614 | TOTAL OR SUBTOTAL PAROTIDECTOMY | |
| 46961 | 615 | RECONSTRUCTION WITH BONE GRAFTS OF THE MAXILLA WITH EXTRAORAL BONE HARVESTING | |
| 46979 | 616 | RECONSTRUCTION WITH ALLOPLASTIC MATERIALS OR PROSTHESES OF THE JAWS | |
| 56416 | 617 | RECONSTRUCTIONS WITH MUCOSAL FLAPS | |
| 56424 | 618 | RECONSTRUCTIONS WITH MUSCLE FLAPS | |
| 56432 | 619 | RECONSTRUCTIONS WITH OSTEOMUSCULAR FLAPS | |
| 56440 | 620 | RECONSTRUCTIONS WITH REVASCULARIZED FLAPS | |
| 59265 | 621 | SIALECTOMY (AS THE MAIN OPERATION PHASE) | |
| 59273 | 622 | SIALECTOMY (AS A SINGLE OPERATION) | |
| 40683 | 623 | MAXILLARY SINUS, OPENING FOR ALVEOLAR PROCESS (COMPLETE TREATMENT) OR REMOVAL OF MAXILLARY SYNTHESIS MEDIA | |

Paediatric Surgery

For missing items in Paediatric Surgery: refer also to the other surgical branches. All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described. PLEASE REMEMBER ONCE AGAIN, AS FOR ALL THE SERVICES LISTED IN THE BASIC NOMENCLATURE, THAT SERVICES ARE RECOGNISED AS REFUNDABLE BY FASIOPEN ONLY AND EXCLUSIVELY IF THEY ARE INCLUDED IN YOUR HEALTH PLAN UNDER THE FINANCIAL CONDITIONS AND LIMITS SPECIFIED WITHIN IT.

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| 46185 | 624 | WILMS TUMOUR REMOVAL | |
| 46102 | 625 | ATRESIA OF THE ANUS WITH RECTO-URETHRAL, RECTO-VULVAR FISTULA: ABDOMINAL PERINEAL DESCENT | |
| 46086 | 626 | SIMPLE ATRESIA OF THE ANUS: ABDOMINO-PERINEAL DESCENT | |
| 46094 | 627 | ATRESIA OF THE ANUS: PERINEAL SURGERY | |
| 46995 | 628 | BILIARY TRACT ATRESIA, EXPLORATIONS | |
| 45815 | 629 | CEPHALOHEMATOMA, ASPIRATION OF | |
| 47001 | 630 | ANTERIOR BOWEL CYSTS (ENTEROGENIC AND BRONCHOGENIC), SURGERY FOR | |
| 45823 | 631 | CRANIUM BIFIDUM WITH MENINGOCELE | |
| 45831 | 632 | CRANIUM BIFIDUM WITH MENINGOENCEPHALOCELE | |
| 45849 | 633 | CRANIOSTENOSIS | |

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| 46136 | 634 | DILATATION DUE TO CONGENITAL STENOSIS OF THE ANUS | |
| 45997 | 635 | BOCHDALEK DIAPHRAGMATIC HERNIA | |
| 46003 | 636 | MORGAGNI DIAPHRAGMATIC HERNIA | |
| 45955 | 637 | OESOPHAGUS (COMPLETE TREATMENT), ATRESIA OR CONGENITAL FISTULAS OF THE | |
| 46243 | 638 | ESONPHALON OR GASTROSCHISIS | |
| 46276 | 639 | UMBILICAL FISTULA AND CYST: FROM THE OMPHALOMESENTERIC CANAL WITH INTESTINAL RESECTION | |
| 46284 | 640 | UMBILICAL GRANULOMA, CAUTERISATION | |
| 47126 | 641 | ABDOMINAL NEUROBLASTOMA | |
| 47134 | 642 | ENDOTHORACIC NEUROBLASTOMA | |
| 47142 | 643 | PELVIC NEUROBLASTOMA | |
| 47159 | 644 | NEWBORN INTESTINAL OBSTRUCTION, ATRESIA (NEED FOR ANASTOMOSIS) | |
| 47167 | 645 | NEWBORN INTESTINAL OBSTRUCTION WITH INTESTINAL RESECTION | |
| 47175 | 646 | NEWBORN INTESTINAL OBSTRUCTION WITHOUT INTESTINAL RESECTION | |
| 46045 | 647 | NEWBORN INTESTINAL OBSTRUCTION-ILEOMEONEAL: SIMPLE ILEOSTOMY | |
| 46060 | 648 | NEWBORN INTESTINAL OBSTRUCTION-ILEOMEONEAL: RESECTION WITH PRIMARY ANASTOMOSIS | |
| 46052 | 649 | NEWBORN INTESTINAL OBSTRUCTION-ILEOMEONEAL: RESECTION ACCORDING TO MICKULICZ | |
| 45989 | 650 | PYLORUS, CONGENITAL STENOSIS OF THE | |
| 46144 | 651 | ANAL PLASTIC SURGERY FOR CONGENITAL STENOSIS | |
| 45914 | 652 | BRACHIAL PLEXUS, NEUROLYSIS FOR OBSTETRICAL PARALYSIS OF THE | |
| 46318 | 653 | VEIN PREPARATION FOR IV THERAPY AND TRANSFUSION | |
| 46110 | 654 | RECTUM, PROLAPSE WITH ANAL CERCLAGE OF THE | |
| 46128 | 655 | RECTUM, PROLAPSE WITH ABDOMINAL OPERATION OF THE | |
| 46193 | 656 | SPINA BIFIDA: MENINGOCELE | |
| 46201 | 657 | SPINA BIFIDA: MYELOMENINGOCELE | |
| 46151 | 658 | SACROCOCCYGEAL TERATOMA | |
| <i>Reconstructive plastic surgery</i> | | | |

Regardless of Health Plan, no treatments carried out for aesthetic purposes and/or anything related to these and/or resulting from previous aesthetic treatments can be refunded, even if the items are referred to in this section.

Superficial tumours are defined as suprafascial neoplasms; deep tumours are defined as subfascial neoplasms. In the case of outpatient operations for the removal of malignant tumours, if included in the Cover of the individual Health Plan and regardless of the surgical technique used, submission of the histological examination report is also mandatory for the refund to be recognised. As regards to the surgical removal of keloids or scars you must, for the purposes of a refund, submit an Accident and Emergency (first aid) report if the service is a consequence of prior traumatic events, or an operative report if it is a consequence of surgical procedures causing a functional limitation. FasiOpen nonetheless reserves the right to request pre and post-surgery photographic documentation also for any removal of benign tumours; as set out under Warnings and in the introductions to this section, we therefore urge you to arrange in advance for these to be taken.

Laser and/or surgical treatments for telangiectasia, cherry angiomas, spider angiomas and similar are not deemed to be refundable services regardless of location and Health Plan (with no exceptions).

The above applies to surgical operations carried out using any technique (any instrumentation/equipment).

Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

For missing items in reconstructive plastic surgery also see dermatological surgery (for which the same specifications apply).

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| 46417 | 659 | PREPARATION OF PEDICLED FLAP | |
| 47191 | 660 | SMALL INFANTILE HEMANGIOMAS OF THE FACE (LESS THAN 4 CM.), SURGERY FOR | |
| 47183 | 661 | LARGE INFANTILE HEMANGIOMAS OF THE FACE (FROM 4 CM. UPWARDS), SURGERY FOR | |
| 47209 | 662 | SMALL/MEDIUM INFANTILE HEMANGIOMAS OF TRUNK AND LIMBS (LESS THAN 7 CM.), SURGERY FOR | |
| 46524 | 663 | LARGE INFANTILE HEMANGIOMAS OF TRUNK AND LIMBS (FROM 7 CM. UPWARDS), SURGERY FOR | |
| 46755 | 664 | VAGINAL APLASIA, RECONSTRUCTION FOR | |
| 47399 | 665 | SMALL KELOIDS, SURGICAL REMOVAL OF | A pre and post treatment photo must be submitted |
| 46490 | 666 | LARGE KELOIDS, SURGICAL REMOVAL OF | A pre and post treatment photo must be submitted |
| 47407 | 667 | SMALL SCARS OF THE TRUNK OR LIMBS, SURGICAL CORRECTION OF | A pre and post treatment photo must be submitted |
| 46771 | 668 | LARGE SCARS OF THE TRUNK OR LIMBS, SURGICAL CORRECTION OF | A pre and post treatment photo must be submitted |
| 47597 | 669 | SMALL FACIAL SCARS, SURGICAL CORRECTION OF | A pre and post treatment photo must be submitted |
| 46516 | 670 | LARGE FACIAL SCARS, SURGICAL CORRECTION OF | A pre and post treatment photo must be submitted |
| 56457 | 671 | TISSUE EXPANSION FOR POST-DEMOLITION SURGERY SCARRING FOR THE INTRODUCTION OF BREAST PROSTHESIS (COMPLETE TREATMENT) | |
| 46722 | 672 | UNILATERAL GYNECOMASTIA | |
| 47605 | 673 | BILATERAL GYNECOMASTIA | |
| 47613 | 674 | INTRACHELOID INJECTION OF DRUGS (CORTISONE, ANTIBIOTICS, ANTI-INFLAMMATORIES ONLY) | |
| 47621 | 675 | COMPOSITE GRAFTS | |
| 46441 | 676 | EPIDERMAL OR ADIPOSE DERMAL OR FREE CUTANEOUS OR MUCOUS MEMBRANE GRAFT | |
| 46466 | 677 | FASCIA LATA OR MUSCLE GRAFT | |
| 47639 | 678 | NERVE OR TENDON GRAFT | |
| 46458 | 679 | BONE OR CARTILAGE GRAFT | |

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| 47647 | 680 | PUSH-BACK SURGERY AND PHARYNGOPLASTY | |
| 46573 | 681 | MALFORMATIONS OF THE LIPS (COMPLETE TREATMENT), RECONSTRUCTIVE PLASTIC SURGERY OF | |
| 46714 | 682 | AREOLA AND NIPPLE MALFORMATION, SURGERY FOR OR RECONSTRUCTION OF THE NIPPLE AFTER CANCER SURGERY | |
| 46805 | 683 | SIMPLE MALFORMATION OF THE HANDS OR FEET (SYNDACTYLY, POLYDACTYLY) | |
| 47654 | 684 | COMPLEX MALFORMATIONS OF THE HANDS OR FEET (COMPLETE TREATMENT) | |
| 47662 | 685 | IN SITU FLAP SHAPING | |
| 46623 | 686 | AURICLE, RECONSTRUCTIVE PLASTIC SURGERY OF THE | |
| 47670 | 687 | V-Y, Y-V PLASTY (EXCEPT IN THE CASES DESCRIBED) | |
| 46433 | 688 | Z PLASTY OF THE FACE | |
| 47688 | 689 | Z PLASTY IN OTHER LOCATION (EXCEPT IN THE CASES DESCRIBED) | |
| 46839 | 690 | CICATRICAL RETRACTION OF FINGERS WITHOUT GRAFT | |
| 46847 | 691 | CICATRICAL RETRACTION OF THE FINGERS WITH GRAFT | |
| 47696 | 692 | BREAST RECONSTRUCTION AFTER SIMPLE TOTAL MASTECTOMY WITH INTRODUCTION OF PROSTHESIS, INCLUDING MUSCLE FLAP IF NEEDED | |
| 46730 | 693 | BREAST RECONSTRUCTION AFTER SUBCUTANEOUS MASTECTOMY OR QUADRANTECTOMY WITH INTRODUCTION OF PROSTHESIS, INCLUDING MUSCLE FLAP IF NEEDED | |
| 46748 | 694 | BREAST RECONSTRUCTION AFTER RADICAL MASTECTOMY WITH INTRODUCTION OF PROSTHESIS, INCLUDING MUSCLE FLAP IF NEEDED | |
| 56465 | 695 | REMOVAL AND POSSIBLE REPLACEMENT OF BREAST PROSTHESIS IMPLANTED IN PREVIOUS MASTECTOMY OR QUADRANTECTOMY SURGERY (AS A SINGLE OPERATION) | |
| 46482 | 696 | REPAIR OF LOSS OF CUTANEOUS SUBSTANCE WITH SMALL ROTATIONAL OR SLIDING SKIN FLAP | |
| 47704 | 697 | REPAIR OF LOSS OF CUTANEOUS SUBSTANCE WITH LARGE ROTATIONAL OR SLIDING SKIN FLAP | |
| 47837 | 698 | REPAIR OF LOSS OF CUTANEOUS SUBSTANCE WITH FASCIOCUTANEOUS FLAP | |
| 47845 | 699 | REPAIR OF LOSS OF CUTANEOUS SUBSTANCE WITH MYOFASCIAL CUTANEOUS FLAP | |
| 46508 | 700 | REPAIR OF LOSS OF CUTANEOUS SUBSTANCE OR SCARRING OUTCOMES BY TISSUE EXPANSION (ANY ANATOMICAL PART) | |
| 46763 | 701 | Intersexual states, surgery for | |
| 48587 | 702 | CLEANING OF SMALL BURNS | |
| 48579 | 703 | CLEANING OF LARGE BURNS | |
| 48595 | 704 | MICROVASCULAR FREE FLAP TRANSFER | |
| 46425 | 705 | PEDICLE FLAP TRANSFER | |
| 57622 | 706 | SUPERFICIAL MALIGNANT CUTANEOUS TUMOUR OF THE TRUNK/LIMBS, SURGERY FOR | |
| 57630 | 707 | SUPERFICIAL OR SUBCUTANEOUS BENIGN TUMOUR OR CYST OR LIPOMA OF THE TRUNK/LIMBS, WARTS, SURGERY OF | |
| 48603 | 708 | DEEP MALIGNANT CUTANEOUS TUMOUR OF THE HEAD, SURGERY FOR | |

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| 57649 | 709 | DEEP MALIGNANT CUTANEOUS TUMOUR OF THE TRUNK/LIMBS, SURGERY FOR | |
| 40550 | 710 | SUPERFICIAL MALIGNANT CUTANEOUS TUMOUR OF THE HEAD, SURGERY FOR | |
| 48660 | 711 | SUPERFICIAL TUMOUR OR BENIGN CYST OF THE HEAD, SURGERY FOR | |
| <i>Thoracic - pulmonary surgery</i> | | | |
| <p>All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described. Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.</p> | | | |
| 43117 | 712 | PLEURAL NEEDLE BIOPSY/EXPLORATORY PUNCTURE | |
| 43208 | 713 | ABSCESSSES, SURGERY FOR | |
| 48678 | 714 | BILOBECTOMY SURGERY (INCLUDING POSSIBLE LYMPHADENECTOMY AND/OR BIOPSY) | |
| 48686 | 715 | LATEROCERVICAL BIOPSY | |
| 59281 | 716 | LUNG BIOPSY | |
| 48694 | 717 | SUPRACLAVICULAR BIOPSY | |
| 43414 | 718 | ENDOSCOPIC BRONCHOINSTILLATION | |
| 43281 | 719 | CYSTS (ECHINOCOCCUS OR OTHERS OF ANY KIND), REMOVAL OF | |
| 43323 | 720 | PULMONARY PLEURAL DECORTICATION, SURGERY FOR | |
| 48702 | 721 | DRAINAGE OF ACUTE OR CHRONIC MEDIASTITIS OR ABSCESSSES | |
| 48827 | 722 | PLEURAL DRAINAGE FOR ANY EFFUSION INCLUDING THORACENTESIS | |
| 43638 | 723 | PLEURAL DRAINAGE FOR TRAUMATIC PNEUMOTHORAX | |
| 43620 | 724 | PLEURAL DRAINAGE FOR SPONTANEOUS PNEUMOTHORAX | |
| 48835 | 725 | BULLOUS EMPHYSEMA, SURGERY FOR (ANY TECHNIQUE - ANY EQUIPMENT/INSTRUMENTATION) | |
| 59298 | 726 | PERICARDIAL FENESTRATION | |
| 48843 | 727 | TRAUMATIC DIAPHRAGMATIC HERNIAS | |
| 43448 | 728 | THORACO-ABDOMINAL WOUND WITH VISCERAL LESIONS | |
| 43430 | 729 | THORACO-ABDOMINAL WOUND WITHOUT VISCERAL LESIONS | |
| 43265 | 730 | WOUNDS WITH VISCERAL DAMAGE TO THE CHEST | |
| 43356 | 731 | BRONCHIAL STUMP FISTULAS AFTER EXERESIS OR SIMILAR SURGERY, SURGERY FOR | |
| 48850 | 732 | BRONCHIOESOPHAGEAL AND/OR TRACHEOESOPHAGEAL FISTULAS, OPERATIONS FOR | |
| 48868 | 733 | RIB OR STERNAL FRACTURES, SURGICAL TREATMENT | |
| 48876 | 734 | RIB OR STERNAL FRACTURES, CONSERVATIVE TREATMENT | |
| 43133 | 735 | ISOLATED ENDOPLEURAL MEDICATIVE INSTILLATION | |
| 48884 | 736 | ENDOSCOPIC BRONCHOALVEOLAR LAVAGE | |

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| 43125 | 737 | PLEURAL LAVAGE | |
| 59306 | 738 | THORACIC DUCT LIGATION | |
| 48892 | 739 | MOBILE CHEST FLAP, SURGICAL TREATMENT OF (FLYIN CHEST) | |
| 43224 | 740 | MEDIASTINAL LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 43190 | 741 | DIAGNOSTIC MEDIASTINOSCOPY | |
| 48918 | 742 | OPERATIVE MEDIASTINOSCOPY | |
| 48926 | 743 | LOCALISED BENIGN NEOFORMATIONS OF THE RIBS | |
| 43422 | 744 | BENIGN NEOFORMATIONS OF THE DIAPHRAGM | |
| 48934 | 745 | BENIGN NEOFORMATIONS OF THE TRACHEA | |
| 48942 | 746 | MALIGNANT NEOPLASMS OF THE RIBS AND/OR STERNUM (INCLUDING POSSIBLE LYMPHADENECTOMY AND/OR BIOPSY) | |
| 59314 | 747 | MALIGNANT NEOPLASMS OF THE DIAPHRAGM (AS MAIN OPERATION PHASE) | |
| 48959 | 748 | MALIGNANT NEOPLASMS OF THE TRACHEA (INCLUDING PLASTIC SURGERY AND POSSIBLE LYMPHADENECTOMY AND/OR BIOPSY) | |
| 43216 | 749 | MALIGNANT NEOPLASMS AND/OR CYSTS OF THE MEDIASTINUM (INCLUDING POSSIBLE LYMPHADENECTOMY AND/OR BIOPSY) | |
| 43174 | 750 | PLEURECTOMIES (INCLUDING POSSIBLE LYMPHADENECTOMY AND/OR BIOPSY) | |
| 43331 | 751 | PLEUROPNEUMECTOMY (INCLUDING POSSIBLE LYMPHADENECTOMY AND/OR BIOPSY) | |
| 43166 | 752 | PLEUROTOMY AND DRAINAGE (WITH RESECTION OF ONE OR MORE RIBS), SURGERY FOR | |
| 43315 | 753 | PNEUMECTOMY SURGERY (INCLUDING LYMPHADENECTOMY AND/OR BIOPSY) | |
| 57657 | 754 | PNEUMECTOMY WITH RESECTION OF TRACHEA AND TRACHEO-BRONCHIAL ANASTOMOSIS | |
| 43240 | 755 | STERNAL OR MEDULLARY PUNCTATE | |
| 43257 | 756 | EXPLORATORY PUNCTURE OF THE LUNG | |
| 48967 | 757 | RELAXATIO DIAPHRAGMATICA | |
| 43364 | 758 | BRONCHIAL RESECTION WITH REIMPLANTATION | |
| 43158 | 759 | SUPERNUMERARY RIB RESECTION | |
| 43307 | 760 | SEGMENTAL RESECTION OR LOBECTOMY (INCLUDING POSSIBLE LYMPHADENECTOMIES) | |
| 48975 | 761 | SINGLE OR MULTIPLE ATYPICAL SEGMENTAL LUNG RESECTIONS (INCLUDING POSSIBLE LYMPHADENECTOMIES) | |
| 48983 | 762 | TYPICAL SEGMENTAL RESECTIONS (INCLUDING POSSIBLE LYMPHADENECTOMIES) | |
| 59322 | 763 | RETHORACOTOMY FOR HAEMOSTASIS | |
| 48991 | 764 | UPPER THORACIC STRAIT SYNDROMES | |
| 56904 | 765 | PLEURAL TALC, ANY METHOD | |
| 43455 | 766 | TIMECTOMY | |

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| 43182 | 767 | PECTUS CARINATUM OR EXCAVATUM, CORRECTIVE SURGICAL TREATMENT | |
| 43141 | 768 | THORACENTESIS (WITH OR WITHOUT ENDOCAVITARY DRUG ADMINISTRATION) | |
| 43596 | 769 | THORACOPLASTY, FIRST STAGE | |
| 43604 | 770 | THORACOPLASTY, SECOND STAGE | |
| 43513 | 771 | DIAGNOSTIC THORACOSCOPY (AS A SINGLE OPERATION) | |
| 59330 | 772 | OPERATIVE THORACOSCOPY INCLUDING ANY BIOPSIES AND PLEURODESIS | |
| 43299 | 773 | EXPLORATORY THORACOTOMY INCLUDING BIOPSIES (AS A SINGLE OPERATION) | |
| 43398 | 774 | DIAGNOSTIC TRACHEO-BRONCHOSCOPY WITH POSSIBLE AUTOFLUORESCENCE | |
| 43406 | 775 | OPERATIVE TRACHEO-BRONCHOSCOPY | |
| 49007 | 776 | LUNG TRANSPLANT (INCLUSIVE OF ALL SERVICES AND MEDICAL EXPLANTATION AND IMPLANTATION OPERATIONS) | |

Vascular Surgery

The above applies to surgical operations carried out using any technique, method, instrumentation/equipment.

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| 45385 | 777 | ABDOMINAL OR THORACIC AORTA ANEURYSMS PLUS DISSECTION: RESECTION AND PROSTHETIC GRAFTING (OPEN) | |
| 45229 | 778 | DISTAL LIMB ARTERY ANEURYSMS, RESECTION AND/OR PROSTHETIC GRAFT (OPEN) | |
| 59349 | 779 | VISCERAL ARTERY ANEURYSMS, EMBOLIZATION | |
| 45278 | 780 | ANEURYSMS, RESECTION AND PROSTHETIC GRAFTING: ILIAC, FEMORAL, POPLITEAL, HUMERAL, AXILLARY AND GLUTEAL ARTERIES, VISCERAL ARTERIES AND SUPRA-AORTIC TRUNKS (OPEN SURGERY) | |
| 49072 | 781 | ANGIOPLASTY OF VISCERAL ARTERIES (AS A SINGLE OPERATION) | |
| 40204 | 782 | APPLICATION OF STENTS, ANY ANATOMICAL DISTRICT, ANY NUMBER EXCEPT IN THE CASES DESCRIBED WHERE IT IS ALREADY INCLUDED IN THE ITEM ITSELF | |
| 40436 | 783 | SECOND APPLICATION OF STENT ON THE SAME ARTERY | |
| 49098 | 785 | AORTO-ANONIMAL, AORTO-CAROTID, CAROTID-SUCCLAVICULAR BYPASS | |
| 45351 | 786 | AORTO-ILIAC OR AORTO-FEMORAL BYPASS | |
| 45369 | 787 | AORTO-RENAL OR AORTO-MESENTERIC OR CELIAC BYPASS AND POSSIBLE TEA AND VASCULAR PLASTY | |
| 45336 | 788 | PERIPHERAL ARTERY BYPASS: FEMORO-TIBIAL, AXILLO-FEMORAL, FEMORO-FEMORAL, FEMORO-POPLITEAL | |
| 59357 | 789 | LOWER LIMB VENOUS BYPASS (AUTOLOGOUS OR HETEROLOGOUS) FOR CHRONIC DEEP VENOUS OBSTRUCTION | |
| 45534 | 790 | ELEPHANTIASIS OF THE LIMBS (LYMPHATIC-VENOUS ANASTOMOSIS) | |
| 45393 | 791 | ARTERIAL OR DEEP VEIN EMBOLECTOMY AND/OR THROMBECTOMY, EXCEPT IN THE CASES DESCRIBED | |
| 49106 | 792 | DECOMPRESSIVE FASCIOTOMY | |
| 45476 | 793 | LIGATION OF COMMUNICATING VEINS (AS A SINGLE OPERATION) | |

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| 45435 | 794 | LIGATION AND/OR SUTURING OF LARGE VESSELS: AORTA-CAVA-ILIAC-CAROTID-VERTEBRAL-SUCCLAVIAN-ANONYMOUS | |
| 45245 | 795 | LIGATION AND/OR SUTURING OF MEDIUM VESSELS: FEMORAL-POPLITEAL-HUMERAL-INNER MAMMARY-BRACHIAL-AXILLARY-GLUTEAL | |
| 45211 | 796 | LIGATION AND/OR SUTURING OF SMALL VESSELS: TIBIAL-LINGUAL-THYROID-JAW-TEMPORAL-FACIAL-RADIAL-CUBITAL-LIMB PALMAR/PEDIDIAL- INGUINAL-PERINEAL | |
| 45302 | 797 | POST-TRAUMATIC OR IATROGENIC PSEUDOANEURYSMS | |
| 56473 | 798 | REVASCLARIZATION OF A LIMB OR SEGMENT (AS A SINGLE OPERATION) | |
| 58668 | 6200 | TOTAL OR PARTIAL LARGE AND/OR SMALL SAPHENECTOMY AND VARICECTOMY AND THROMBECTOMY AND POSSIBLE LIGATION OF BILATERAL COMMUNICATING VEINS (AS A SINGLE OPERATION) | |
| 58684 | 6202 | TOTAL OR PARTIAL SAPHENECTOMY OF THE GREAT AND/OR SMALL SAPHENOUS VEIN AND VARICECTOMY AND THROMBECTOMY AND POSSIBLE LIGATION OF BILATERAL COMMUNICATING VEINS (AS A SINGLE OPERATION) | |
| 49874 | 801 | NEUROVASCULAR SYNDROMES OF THE LOWER LIMBS | |
| 57665 | 802 | VEIN REPLACEMENT WITH HOMOLOGOUS OR HETEROLOGOUS DEEP VEIN PROSTHESIS OF LOWER LIMB | |
| 59365 | 803 | STANDBY CARDIAC SURGERY (PRESENCE OF WHOLE MEDICAL TEAM), EXCEPT FOR THE CASES DESCRIBED WHERE REMUNERATION IS INCLUDED IN THE FEE SHOWN | |
| 59373 | 804 | TREATMENT WITH VASCULAR ENDOPROSTHESIS OF ABDOMINAL AORTIC ANEURYSMS | |
| 59381 | 805 | ENDOVASCULAR TREATMENT OF ANEURYSMS OR DISSECTING ANEURYSMS OF THE THORACIC AORTA | |
| 57673 | 806 | ENDOVASCULAR TREATMENT OF ILIAC ARTERY ANEURYSMS | |
| 57681 | 807 | ENDOVASCULAR TREATMENT OF COMMON ILIAC ARTERY ANEURYSMS AND HYPOGASTRIC ARTERY EMBOLIZATION | |
| 45401 | 808 | SUPERFICIAL VENOUS THROMBECTOMY (AS A SINGLE OPERATION) | |
| 45682 | 809 | AORTO-ILIAC THROMBOENDARTERIECTOMY AND POSSIBLE VASCULAR PLASTY | |
| 45328 | 810 | THROMBOENDARTERECTOMY AND BYPASS AND/OR EMBOLECTOMY OF SUPRA-AORTIC TRUNKS | |
| 49882 | 811 | THROMBOENDARTERECTOMY AND PATCHING AND/OR EMBOLECTOMY OF SUPRA-AORTIC TRUNKS | |
| 49890 | 812 | THROMBOENDARTERECTOMY WITH FEMORAL ARTERY PATCHING | |
| 49908 | 813 | THROMBOENDARTERECTOMY AND PROSTHETIC GRAFTING AND/OR EMBOLECTOMY OF SUPRA-AORTIC TRUNKS (ANY TECHNIQUE) | |
| 57698 | 814 | CROSS SAPHENOUS-FEMORAL VALVULOPLASTY WITH OR WITHOUT PATCHING INCLUDING INTRAOPERATIVE DOPPLER | |
| 57706 | 815 | VALVULOPLASTY FOR UNILATERAL CHRONIC DEEP VENOUS INSUFFICIENCY OF THE LOWER LIMBS | |
| 57714 | 816 | VALVULOPLASTY FOR BILATERAL CHRONIC DEEP VENOUS INSUFFICIENCY OF THE LOWER LIMBS | |
| 49973 | 817 | VARICECTOMY (AS A SINGLE OPERATION) | |
| 49981 | 818 | VARICECTOMY WITH LIGATION OF COMMUNICATING VEINS (AS A SINGLE OPERATION) | |
| 45526 | 819 | RECURRENT VARICES | |

Gastroenterology (diagnostics, invasive activities)

All services/operations listed below, if included in the Cover of the individual Health Plan, can be carried out with any technique, equipment/instrumentation, except in the cases described.

Anoscopy and proctoscopy are included in the consultation.

For diagnostic/exploratory procedures carried out together with operative procedures with the same access route, only the operative procedure is deemed refundable, with the diagnostic procedure regarded as a preparatory act.

Please note that procedures involving the removal (using any instrument) of polyps up to 3 mm in size are also deemed to be diagnostic endoscopies.

Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

If provided for in the Cover of the individual Health Plan and within the limits and conditions specified, oesophagogastroduodenoscopy (diagnostic and operative) and pancolonoscopy (diagnostic and operative) procedures are only recognised as refundable within the "package" format, which fully replaces the items/codes listed in previous editions of the Nomenclature. For the above-mentioned procedures carried out at the same time as, and therefore concurrently with, other main operations/procedures, their respective "concurrent" items are available for which, in an exception to the regulations for operations, the valuation for refund purposes is 100%.

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| 51102 | 820 | JEJUNAL BIOPSY WITH DIAGNOSTIC EQUIPMENT WITH SUCTION CAPSULE | |
| 59157 | 821 | ENDOSCOPIC CYSTOGASTROSTOMY OR CYSTODUODENOSTOMY | |
| 59398 | 822 | GRADUAL DILATION OF THE COLON (COMPLETE TREATMENT) | |
| 42069 | 823 | GRADUAL DILATION OF THE RECTUM (PER SESSION) | |
| 57722 | 824 | JEJUNAL ILEOSCOPY | |
| 57730 | 825 | GRADUAL DILATION OF THE ANUS (PER SESSION) | |
| 59406 | 826 | ESOPHAGOGASTRODUODENAL ECHO-ENDOSCOPY | |
| 59414 | 827 | ECHO-ENDOSCOPY OF THE RECTUM | |
| 59422 | 828 | BILIO-PANCREATIC ECHO-ENDOSCOPY (INCLUDING BIOPSIES IF NECESSARY) | |
| 57749 | 829 | ENDOSCOPIC HAEMOSTASIS OF NON-VARICOSE OESOPHAGOGASTRIC LESIONS | |
| 57757 | 830 | HAEMOSTASIS AND/OR ENDOSCOPIC SCLEROSIS OF OESOPHAGOGASTRIC VARICOSE LESIONS (ANY TECHNIQUE, ANY EQUIPMENT/INSTRUMENTATION) | |
| 57765 | 831 | ENTEROSCOPY WITH VIDEO CAPSULE | |
| 41319 | 832 | ESOPHAGOGASTRODUODENOSCOPY INCLUDING USE OF DILATION PROBE (FIRST SESSION) | |
| 41327 | 833 | ESOPHAGOGASTRODUODENOSCOPY INCLUDING USE OF DILATION PROBE (SUBSEQUENT SESSIONS) | |
| 56499 | 836 | HYDRO COLON THERAPY PER SESSION | Maximum 4 sessions per year (1 January - 31 December) |
| 51433 | 837 | ANORECTAL MANOMETRY | |
| 51441 | 838 | COLONIC MANOMETRY | |
| 51458 | 839 | OESOPHAGEAL OR GASTROESOPHAGEAL MANOMETRY | |
| 51466 | 840 | GASTRIC MANOMETRY | |
| 51474 | 843 | PH OUTPATIENT MANOMETRY WITH 24-HOUR RECORDING | |
| 51482 | 844 | OESOPHAGEAL PHMETRY | |
| 57773 | 845 | POSITIONING OF PEG (PERCUTANEOUS ENDOSCOPIC GASTROSTOMY) | |
| 42028 | 846 | DIAGNOSTIC RECTOSCOPY WITH RIGID INSTRUMENT | |

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| 42036 | 847 | OPERATIVE RECTOSIGMOIDOSCOPY (INCLUDING POLYPECTOMIES) OR LASER PHOTOCOAGULATION | |
| 42044 | 848 | DIAGNOSTIC FIBRE-OPTIC RECTOSIGMOIDOSCOPY (INCLUDING BIOPSIES) | |
| 57781 | 849 | REMOVAL AND/OR REPLACEMENT OF PEGS (PERCUTANEOUS ENDOSCOPIC GASTROSTOMY) | |
| 72942 | 850 | DUODENAL PROBING | |
| 72959 | 851 | GASTRIC PROBING | |
| 51508 | 852 | FRACTIONATED GASTRIC PROBING WITH STIMULATION TESTS | |
| 57798 | 855 | ENDOSCOPIC TREATMENT FOR GASTROESOPHAGEAL REFLUX DISEASE | |
| 59430 | 856 | OESOPHAGEAL OR GASTRIC OESOPHAGEAL VARICES, ENDOSCOPIC LIGATION | |
| 56275 | 857 | GASTRIC VARICES (ENDOSCOPIC HAEMOSTASIS) | |
| 46533 | 6587 | DIAGNOSTIC OESOPHAGOGASTRODUODENOSCOPY (INCLUDING BIOPSIES) AND POSSIBLE RAPID H. PYLORI TEST (PROCEDURE CONCURRENT WITH ANOTHER MAIN ONE) | Code payable only if carried out in the same operation session as another main operation. |
| 46534 | 6588 | OPERATIVE OESOPHAGOGASTRODUODENOSCOPY (PROCEDURE CONCURRENT WITH ANOTHER MAIN ONE) FOR: POLYPECTOMIES, INTRODUCTION OF PROSTHESES, REMOVAL OF FOREIGN BODIES, ARGON LASER, ETC. | Code payable only if carried out in the same operation session as another main operation. |
| 46535 | 6589 | FIBRE-OPTIC DIAGNOSTIC PANCOLONOSCOPY (INCLUDING BIOPSIES) AND POSSIBLE ILEOSCOPY (PROCEDURE CONCURRENT WITH ANOTHER MAIN PROCEDURE) | Code payable only if carried out in the same operation session as another main operation. |
| 46536 | 6590 | OPERATIVE PANCOLONOSCOPY PACKAGE INCLUDING RECTAL-COLIC POLYPECTOMY, REMOVAL OF FOREIGN BODIES, HAEMOSTASIS OF NON-VARICOSE LESIONS (PROCEDURE CONCURRENT WITH ANOTHER MAIN ONE) | Code payable only if carried out in the same operation session as another main operation. |

Gynaecology

All surgical operations listed below, if included in the Cover of the individual Health Plan, can be carried out with any access route, technique, equipment/instrumentation, except in the cases described.

Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

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| 51680 | 858 | ADHESIOLYSIS (AS A SINGLE OPERATION) | |
| 56912 | 859 | ADHESIOLYSIS (AS MAIN OPERATION PHASE) | |
| 51698 | 860 | NEEDLE BIOPSY/NEEDLE ASPIRATION DEEP ANATOMICAL PARTS | |
| 51706 | 861 | UNILATERAL ADNEXA, CONSERVATIVE SURGERY ON | |
| 51870 | 862 | BILATERAL ADNEXA, CONSERVATIVE SURGERY ON | |
| 50757 | 863 | UNILATERAL ADNEXA, DEMOLITION SURGERY ON | |
| 50765 | 864 | BILATERAL ADNEXA, DEMOLITION SURGERY ON | |
| 50518 | 865 | VULVAR GLAND ABSCESES OR BARTHOLIN GLAND CYSTS, INCISION AND DRAINAGE OF | |
| 51888 | 866 | ABSCESES OR DIVERTICULA OR PARAURETHRAL CYSTS (INCLUDING BARTHOLIN GLAND), SURGICAL TREATMENT FOR | |
| 51896 | 867 | PELVIC ABSCESS, SURGICAL TREATMENT FOR | |

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| 56920 | 868 | BIOPSY OF THE PORTIO, ENDOMETRIUM (AS A SINGLE OPERATION) | |
| 51003 | 869 | BIOPSY OF VULVA, VAGINA | |
| 50831 | 870 | INTRAMEDULLARY OVARIAN CYST, REMOVAL OF | |
| 51904 | 871 | VAGINAL CYSTS, REMOVAL OF | |
| 50609 | 872 | COLPOPERINEORRHAPHY FOR PERINEAL TEARS (AS A SINGLE OPERATION) | |
| 50617 | 873 | COLPOPERINEORRHAPHY FOR PERINEAL TEARS INVOLVING THE RECTUM | |
| 51029 | 874 | COLPOSCOPY INCLUDING VULVOSCOPY (FULL EXAMINATION) | |
| 50898 | 875 | COLPOTOMY AND EMPTYING OF HAEMATIC AND PURULENT DRAINAGE | |
| 59449 | 876 | PERINEAL-ANAL AND/OR VAGINAL CONDYLOMATA ACUMINATA, SURGERY FOR (ANY TECHNIQUE, COMPLETE TREATMENT) | |
| 50534 | 877 | CONIZATION AND TRACHELOPLASTY | |
| 50930 | 878 | DIATHERMOCOAGULATION OF THE UTERINE PORTIO OR VULVA | |
| 50815 | 879 | PELVIC EVISCERATION | |
| 50674 | 880 | URETEROVAGINAL FISTULAS, SURGERY FOR (ANY TECHNIQUE) | |
| 59457 | 881 | URETHROVAGINAL FISTULAS, SURGERY FOR (ANY TECHNIQUE) | |
| 56507 | 882 | VESICOVAGINAL OR RECTOVAGINAL FISTULAS, SURGERY FOR | |
| 50641 | 883 | HYMENOTOMY-IMENECTOMY (AS A SINGLE OPERATION) | |
| 50625 | 884 | URINARY INCONTINENCE IN WOMEN, VAGINAL OR ABDOMINAL SURGERY | |
| 50807 | 885 | RADICAL LAPAROTOMIC OR VAGINAL HYSTERECTOMY WITH PELVIC AND/OR LUMBAR/AORTIC LYMPHADENECTOMY, INCLUDING ANTERIOR AND/OR POSTERIOR VAGINAL PLASTIC SURGERY | |
| 50708 | 886 | RADICAL HYSTERECTOMY VIA LAPAROTOMIC OR VAGINAL ROUTE WITHOUT LYMPHADENECTOMY, INCLUDING ANTERIOR AND/OR POSTERIOR VAGINAL PLASTIC SURGERY | |
| 50724 | 887 | SIMPLE TOTAL HYSTERECTOMY WITH OR WITHOUT MONO/BILATERAL ADNEXIECTOMY VIA LAPAROTOMIC OR VAGINAL ROUTE, INCLUDING ANTERIOR AND/OR POSTERIOR VAGINAL PLASTIC SURGERY | |
| 50906 | 888 | HYSTEROPEXES | |
| 51045 | 889 | DIAGNOSTIC HYSTEROSCOPY AND POSSIBLE BIOPSIES (AS A SINGLE EXAMINATION) | |
| 52050 | 890 | OPERATIVE HYSTEROSCOPY: ENDOMETRIAL ABLATION, SURGERY FOR | |
| 52068 | 891 | OPERATIVE HYSTEROSCOPY: FOREIGN BODIES, REMOVAL OF | |
| 50880 | 892 | OPERATIVE HYSTEROSCOPY: SYNECHIAE-SEPTUM-FIBROIDS-POLYPS, SURGERY FOR | |
| 52076 | 893 | DIAGNOSTIC LAPAROSCOPY AND/OR SALPINGOCROMOSCOPY INCLUDING BIOPSIES IF NECESSARY (AS A SINGLE OPERATION) | |
| 57806 | 894 | OPERATIVE LAPAROSCOPY WITH ABLATION OF ENDOMETRIOSIS CYSTS OR OTHER, LASERVAPORIZATION OF ENDOMETRIOSIS FOCI, LYSIS, SYNECHIAE ETC. | |

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| 52092 | 895 | EXPLORATORY LAPAROTOMY WITH SELECTIVE PELVIC LUMBAR AORTIC LYMPHADENECTOMY AND BIOPSY (AS A SINGLE OPERATION) | |
| 52084 | 896 | EXPLORATORY LAPAROTOMY AND/OR LYSIS OF ADHESIONS (AS A SINGLE OPERATION) | |
| 51276 | 897 | LAPAROTOMY FOR UTERINE WOUNDS AND RUPTURES | |
| 52134 | 898 | VAGINAL OR VULVAR OR PORTIO LASER THERAPY - PER SESSION | Refundable maximum 3 sessions per year (1 January - 31 December). |
| 57814 | 899 | LEEP (LOOP ELECTROSURGICAL EXCISION PROCEDURE) INCLUDING COLPOSCOPY | |
| 52142 | 900 | LAPAROTOMIC LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 52159 | 901 | METROPLASTY (AS A SINGLE OPERATION) | |
| 50849 | 902 | MYOMECTOMIES WITH OR WITHOUT PLASTIC RECONSTRUCTION OF THE UTERUS (AS A SINGLE OPERATION) | |
| 52175 | 903 | NEOFORMATIONS OF THE VULVA, REMOVAL | |
| 50583 | 904 | PLASTIC SURGERY WITH WIDENING OF THE INTROITUS (INCLUDING VAGINISMUS SURGERY) | |
| 50567 | 905 | ANTERIOR AND POSTERIOR VAGINAL PLASTIC SURGERY, (AS A SINGLE OPERATION) | |
| 50542 | 906 | ANTERIOR VAGINAL PLASTIC SURGERY (AS A SINGLE OPERATION) | |
| 50559 | 907 | POSTERIOR VAGINAL PLASTIC SURGERY (AS A SINGLE OPERATION) | |
| 50914 | 908 | CERVICAL POLYPS, REMOVAL OF | |
| 52191 | 909 | EXTERNAL URETHRAL ORIFICE POLYPS | |
| 52209 | 910 | VAGINAL DOME PROLAPSE OR COLPOPEXY, ABDOMINAL OR VAGINAL SURGERY | |
| 52290 | 911 | MUCOUS PROLAPSE EXTERNAL URETHRAL ORIFICE, SURGICAL TREATMENT OF | |
| 50682 | 912 | EXPLORATORY PUNCTURE OF THE DOUGLAS CAVITY | |
| 50922 | 913 | DIAGNOSTIC OR THERAPEUTIC ENDOUTERINE SCRAPING | |
| 50781 | 914 | UNILATERAL OVARIAN RESECTION FOR DYSFUNCTIONAL PATHOLOGY | |
| 50799 | 915 | BILATERAL OVARIAN RESECTION FOR DYSFUNCTIONAL PATHOLOGY | |
| 52308 | 916 | UNILATERAL SALPINGECTOMY | |
| 52381 | 917 | BILATERAL SALPINGECTOMY | |
| 50989 | 918 | SALPINGOPLASTY | |
| 52399 | 919 | VAGINAL SEPTUM, SURGICAL REMOVAL | |
| 52407 | 920 | TRACHELOPLASTY (AS A SINGLE OPERATION) | |
| 52530 | 921 | BILATERAL CONSERVATIVE SURGICAL TREATMENT OF ABDOMINAL-PELVIC-ANNEXAL ENDOMETRIOTIC LOCALIZATIONS | |
| 52647 | 922 | CONSERVATIVE SURGICAL TREATMENT FOR EXTRAUTERINE PREGNANCY | |
| 52522 | 923 | UNILATERAL CONSERVATIVE SURGICAL TREATMENT OF ABDOMINAL-PELVIC-ANNEXAL ENDOMETRIOTIC LOCALIZATIONS | |
| 52555 | 924 | BILATERAL SURGICAL TREATMENT OF ABDOMINAL-PELVIC-ANNEXAL ENDOMETRIOTIC LOCALIZATIONS | |

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| 51268 | 925 | DEMOLITION SURGERY FOR EXTRAUTERINE PREGNANCY | |
| 52548 | 926 | UNILATERAL SURGICAL TREATMENT OF ABDOMINAL-PELVIC-ANNEXAL ENDOMETRIOTIC LOCALIZATIONS | |
| 50690 | 927 | MALIGNANT VAGINAL TUMOURS WITH LYMPHADENECTOMY, RADICAL SURGERY FOR | |
| 52654 | 928 | MALIGNANT VAGINAL TUMOURS WITHOUT LYMPHADENECTOMY, RADICAL SURGERY FOR | |
| 52712 | 929 | V.A.B.R.A. FOR DIAGNOSTIC PURPOSES | |
| 50856 | 930 | PARTIAL VULVECTOMY | |
| 52720 | 931 | PARTIAL VULVECTOMY WITH BILATERAL DIAGNOSTIC LYMPHADENECTOMY OF SUPERFICIAL INGUINAL LYMPH NODES, SURGERY FOR | |
| 50872 | 932 | EXTENSIVE RADICAL VULVECTOMY WITH INGUINAL AND PELVIC LYMPHADENECTOMY, SURGERY FOR | |
| 52738 | 933 | SIMPLE VULVECTOMY (LOCAL OR CUTANEOUS), SURGERY FOR | |
| 50864 | 934 | TOTAL VULVECTOMY | |

Neurosurgery

All surgical operations listed below, if included in the Cover of individual Health Plans, can be carried out with any access route, technique, equipment/instrumentation, except in the cases described. Tract is defined as: cervical column or dorsal column or lumbo-sacral column. For refund purposes, therefore, the valuation of the operation/s will be equal to 1 if the procedure itself involves the same tract (example: in the case of an intervention on 2 vertebrae in the same tract, the refund value is 1 in relation to the corresponding operation code). Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

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| 45088 | 935 | SPINO-FACIAL ANASTOMOSIS AND SIMILAR | |
| 44479 | 936 | INTRA-EXTRA CRANIAL VESSEL ANASTOMOSIS | |
| 59465 | 937 | ANTERIOR VERTEBRAL ARTHRODESIS ALSO FOR SPONDYLOLISTHESIS INCLUDING POSSIBLE LUMBAR STENOSIS, UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (AS A SINGLE OPERATION) | |
| 59473 | 938 | POSTERIOR VERTEBRAL ARTHRODESIS ALSO FOR SPONDYLOLISTHESIS INCLUDING POSSIBLE LUMBAR STENOSIS, UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (AS A SINGLE OPERATION) | |
| 59481 | 939 | ANTERIOR AND POSTERIOR VERTEBRAL ARTHRODESIS ALSO FOR SPONDYLOLISTHESIS INCLUDING POSSIBLE LUMBAR STENOSIS, UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (AS A SINGLE OPERATION) | |
| 44248 | 940 | INTRACRANIAL ABSCESS OR HAEMATOMA, SURGERY FOR | |
| 59498 | 941 | OPEN VERTEBRAL BIOPSY | |
| 44297 | 942 | ENDOCRANIAL CAROTID, LIGATION OF | |
| 56938 | 943 | EPIDURAL AND/OR DURAL CATHETER, IMPLANTATION OF | |
| 44206 | 944 | ATLANTO-OCCIPITAL JOINT, SURGERY FOR ANTERIOR OR POSTERIOR MALFORMATIONS | |
| 44636 | 945 | CHORDOTOMY, RHIZOTOMY AND VARIOUS MYELORADICULAR AFFECTIONS, SURGERY ON | |
| 44131 | 946 | INTRACRANIAL FOREIGN BODY, REMOVAL OF | |
| 44180 | 947 | CRANIOPLASTY - INCLUDING POSSIBLE REMOVAL OF SYNTHETIC MATERIAL | |

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| 44172 | 948 | CRANIOTOMY FOR DECOMPRESSIVE/EXPLORATORY PURPOSES (INCLUDING BIOPSIES) | |
| 44156 | 949 | CRANIOTOMY FOR EXTRADURAL HAEMATOMA | |
| 44164 | 950 | CRANIOTOMY FOR TRAUMATIC INTRACEREBRAL LESIONS | |
| 52746 | 951 | CRANIOTOMY FOR CEREBELLAR TUMOURS, INCLUDING BASAL | |
| 44289 | 952 | DIRECT AND INDIRECT CSF DERIVATION, SURGERY FOR | |
| 59506 | 953 | DIRECT AND INDIRECT CSF DERIVATION, REVISION SURGERY FOR | |
| 59514 | 954 | CHRONIC UNILATERAL SUBDURAL HAEMATOMA, SURGERY FOR | |
| 59522 | 955 | CHRONIC BILATERAL SUBDURAL HAEMATOMA, SURGERY FOR | |
| 44305 | 956 | ENCEPHALOMENINGOCELE, SURGERY FOR | |
| 44230 | 957 | FOCAL EPILEPSY, SURGERY FOR | |
| 44503 | 958 | HERNIATED DORSAL OR LUMBAR DISC INCLUDING POSSIBLE DECOMPRESSIVE LAMINECTOMY INCLUDING POSSIBLE LUMBAR STENOSIS, UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (AS A SINGLE OPERATION) | |
| 57822 | 959 | HERNIATED DORSAL OR LUMBAR DISC, SURGERY FOR RECURRENCE (LEVEL AND LATERAL) INCLUDING POSSIBLE LUMBAR STENOSIS, UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (AS A SINGLE OPERATION) | |
| 44511 | 960 | TRANS-THORACIC HERNIATION OF THE DORSAL DISC, INCLUDING UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (COMPLETE TREATMENT) - (AS A SINGLE OPERATION) | |
| 52753 | 961 | CERVICAL INTERVERTEBRAL DISC HERNIATION, MYELOPATHIES, RADICULOPATHIES INCLUDING UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES | |
| 44529 | 962 | HERNIATED DISC WITH INTERBODY ARTHRODESIS, ALSO FOR SPONDYLOLISTHESIS INCLUDING POSSIBLE LUMBAR STENOSIS, UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (AS A SINGLE OPERATION) | |
| 52803 | 963 | CEREBROSPINAL FLUID FISTULA | |
| 44461 | 964 | ARTERIOVENOUS FISTULAS, SURGICAL THERAPY WITH LIGATION OF EXTRA-CRANIAL AFFERENT VESSELS | |
| 44453 | 965 | ARTERIOVENOUS FISTULAS, SURGICAL THERAPY WITH LIGATION OF INTRA-CRANIAL AFFERENT VESSELS | |
| 44446 | 966 | ARTERIOVENOUS FISTULAS, DIRECT ATTACK SURGICAL THERAPY | |
| 52852 | 967 | LUMBAR GANGLIECTOMY AND SPLANCHNICECTOMY | |
| 56946 | 968 | SPINAL CORD STIMULATOR IMPLANT | |
| 44412 | 969 | PITUITARY GLAND, TRANSSPHENOIDAL ADENOMA SURGERY | |
| 44347 | 970 | EXPLORATORY, DECOMPRESSIVE AND EXTRADURAL LAMINECTOMY (AS A SINGLE OPERATION) | |
| 44354 | 971 | LAMINECTOMY FOR EXTRAMEDULLARY INTRA-DURAL TUMOURS | |
| 44362 | 972 | LAMINECTOMY FOR INTRAMEDULLARY TUMOURS | |
| 44438 | 973 | INTRACRANIAL ANEURYSMAL MALFORMATION (SACULAR | |

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| | | ANEURYSMS, CAROTID ANEURYSMS, OTHER ANEURYSMS) | |
| 56515 | 974 | ANEURYSMAL OR ANGIOMATOUS MALFORMATION WITH ROOT AND/OR SPINAL CORD COMPRESSION | |
| 44313 | 975 | MYELOMENINGOCELE, SURGERY FOR | |
| 44115 | 976 | ENDOCRANIAL NEOPLASMS, REMOVAL OF | |
| 44370 | 977 | NEOPLASMS, CHORDOTOMIES, RADICOTOMIES AND MENINGOMIDEAL AFFECTIONS, ENDORACHID SURGERY | |
| 59530 | 978 | NEUROLYSIS (AS MAIN OPERATION PHASE) | |
| 45047 | 979 | NEUROLYSIS (AS A SINGLE OPERATION) | |
| 45013 | 980 | PRIMARY NEURORRHAPHY (AS A SINGLE OPERATION) | |
| 45054 | 981 | SIMPLE NEUROTOMY (AS A SINGLE OPERATION) | |
| 44388 | 982 | RETROGASSERIAN NEUROTOMY, INTRACRANIAL SECTION OF OTHER NERVES (AS A SINGLE OPERATION) | |
| 45096 | 983 | BRACHIAL PLEXUS, SURGERY ON | |
| 52878 | 984 | EPIDURAL PUNCTURE (UNLESS OTHERWISE DESCRIBED OR WHERE NOT INCLUDED) | |
| 44602 | 985 | SUB-OCCIPITAL PUNCTURE FOR CSF COLLECTION OR INTRODUCTION OF DRUGS OR CONTRAST MEDIUM | |
| 44560 | 986 | RACHYCENTESIS FOR ANY INDICATION | |
| 44537 | 987 | CONTINUOUS RECORDING OF INTRACRANIAL PRESSURE | |
| 44545 | 988 | RHIZOTOMIES AND ENDOCRANIAL ROOT MICRODECOMPRESSION | |
| 44263 | 989 | SCHEGGECTOMY AND CRANIECTOMY FOR SKULL VAULT FRACTURE | |
| 52886 | 990 | SCHEGGECTOMY AND CRANIECTOMY FOR SKULL VAULT FRACTURE WITH PLASTIC SURGERY | |
| 44842 | 991 | SYMPATHETIC CERVICAL: ENERVATION OR REMOVAL OF THE CAROTID SINUS, OPERATION ON | |
| 44818 | 992 | SYMPATHETIC CERVICAL: GANGLIECTOMY, SURGERY ON | |
| 44834 | 993 | SYMPATHETIC CERVICAL: STELLECTOMY, SURGERY ON | |
| 44867 | 994 | SYMPATHETIC DORSAL: THORACIC GANGLIECTOMY, SURGERY ON THE | |
| 44875 | 995 | SYMPATHETIC DORSAL: ASSOCIATED OPERATION ON THE SYMPATHETIC THORACIC AND SPLANCHNIC NERVES | |
| 44891 | 996 | SYMPATHETIC LUMBAR: LUMBAR GANGLIECTOMY, SURGERY ON | |
| 44958 | 997 | SYMPATHETIC LUMBAR: PRESACRAL NERVE RESECTION, SURGERY ON | |
| 44925 | 998 | SYMPATHETIC LUMBAR: PERIARTERIAL SYMPATHECTOMY, SURGERY ON | |
| 44933 | 999 | SYMPATHETIC LUMBAR: POSTGANGLIONIC SYMPATHECTOMY, SURGERY ON | |
| 44941 | 1000 | SYMPATHETIC LUMBAR: SYMPATHETIC PELVIC, SURGERY ON | |
| 44917 | 1001 | SYMPATHETIC LUMBAR: SPLANCHNICECTOMY, SURGERY ON | |
| 57830 | 1002 | REPLACEMENT OR REMOVAL OF SPINAL CORD STIMULATOR | |
| 52894 | 1003 | LEVEL 1 LUMBAR VERTEBRAL STENOSIS INCLUDING POSSIBLE UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (EXCEPT FOR DESCRIBED CASES) AS A SINGLE OPERATION | |

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| 57849 | 1004 | MULTI-LEVEL LUMBAR VERTEBRAL STENOSIS INCLUDING POSSIBLE UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (EXCEPT AS DESCRIBED) AS A SINGLE OPERATION | |
| 44644 | 1005 | STEREOTAXY, INTERVENTION BY | |
| 59549 | 1006 | BRAIN STIMULATOR FOR PARKINSON'S DISEASE AND MOVEMENT DISORDERS, IMPLANTATION SURGERY | |
| 59557 | 1007 | BRAIN STIMULATOR FOR PARKINSON'S DISEASE AND MOVEMENT DISORDERS, REPLACEMENT SURGERY | |
| 52902 | 1008 | TEARS AND BLOCKS OF PERIPHERAL TRUNKS OF THE TRIGEMINAL AND OTHER CRANIAL NERVES | |
| 44339 | 1009 | THALAMOTOMY, PALLIDOTOMY AND OTHER SIMILAR OPERATIONS | |
| 44552 | 1010 | THERMO-THORACOTOMY OF THE TRIGEMINAL OR OTHER CRANIAL NERVES | |
| 44271 | 1011 | CRANIAL DRILLING FOR VENTRICULAR PUNCTURE AND DRAINAGE | |
| 45039 | 1012 | TRANSPLANTS, GRAFTS AND OTHER PLASTIC SURGERY OPERATIONS (AS A SINGLE OPERATION) | |
| 56954 | 1013 | SURGICAL TREATMENT OF HERNIATED DISCS ENDOSCOPICALLY AND/OR PERCUTANEOUSLY, ANY TECHNIQUE - ANY EQUIPMENT/INSTRUMENTATION (OZONE, I.D.E.T, CHEMONUCLEOLYSIS, LASERDISCECTOMY ETC.) | |
| 44495 | 1014 | ANTERIOR VERTEBRO-MEDULLARY TRAUMA, SURGERY FOR | |
| 52910 | 1015 | POSTERIOR VERTEBRO-MEDULLARY TRAUMA, SURGERY FOR | |
| 44123 | 1016 | ORBITAL TUMOUR, ENDOCRANIAL EXCISION | |
| 45146 | 1017 | PERIPHERAL NERVE TUMOURS, REMOVAL OF (EXCLUDING TRAUMATIC AND NON-TRAUMATIC NERVE LESIONS OF THE HAND AND FOOT) | |
| 44214 | 1018 | CRANIAL BASE TUMOURS, TRANS-ORAL SURGERY | |
| 44222 | 1019 | ORBITAL TUMOURS, SURGERY FOR | |

Ophthalmology

Fees are for surgery performed with any technique, method and instrument/equipment, excluding laser (not refundable by FasiOpen).

Ophthalmologic operations performed with lasers recognised as refundable, if they are included in the Covers of the individual Health Plans, are only described in the "Laser treatments" paragraph.

No type of treatment or surgery for myopia, astigmatism, hypermetropia, presbyopia, corneal correction, performed with any method or equipment, is refundable unless explicitly listed in the Nomenclature and included in the Cover of your Health Plan.

Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

Should the Fund perceive the need for further investigations in the context of the envisaged and normal checks, it reserves the right to request additional documentation even if this is not explicitly mentioned. We therefore urge you to arrange in advance for pre and post-operative photographs in the case of minor operations (pre and post-procedure photographs are obligatory for eyelid ptosis operations).

Orbit

| | | | |
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| 52928 | 1020 | ORBITAL BIOPSY | |
| 46565 | 1021 | ORBITAL CAVITY, PLASTIC SURGERY FOR (AS A SINGLE OPERATION) | |

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| 52027 | 1022 | DEEP CYSTS OR NEOPLASMS AROUND THE ORBIT, REMOVAL OF | |
| 52936 | 1023 | INTRAORBITAL FOREIGN BODIES, REMOVAL OF | |
| 52035 | 1024 | EXENTERATIO ORBITAE | |
| 52019 | 1025 | ENDORBITAL INJECTION EXCLUDING INTRAVITREAL INJECTION FOR WET MACULAR DEGENERATION (SEE RETINA) | |
| 52043 | 1026 | KRONLEIN'S OPERATION OR ORBITOTOMY | |
| 52944 | 1027 | ORBIT, UNILATERAL INFERIOR DECOMPRESSION SURGERY | |
| 57857 | 1028 | ORBIT, BILATERAL INFERIOR DECOMPRESSION SURGERY | |
| <i>Eyebrow</i> | | | |
| 52951 | 1029 | CYSTS, REMOVAL OF | |
| 56523 | 1030 | FOREIGN BODIES, REMOVAL OF | |
| 46540 | 1031 | PLASTIC SURGERY BY GRAFTING | |
| 52977 | 1032 | PLASTIC SURGERY BY SLIDING | |
| 52985 | 1033 | WOUND SUTURE | |
| <i>Eyelids</i> | | | |
| To be able to access refunds for the services indicated below, pre- and post-operative photographic documentation must be submitted as an integral part of the medical certification. | | | |
| 51813 | 1034 | EYELID ABSCESS, INCISION OF | |
| 51714 | 1035 | CHALAZION | |
| 51789 | 1036 | CANTHOPLASTY | |
| 51763 | 1037 | ENTROPION-ECTROPION | |
| 51771 | 1038 | EPICANTHIC FOLD-COLOBOMA | |
| 51805 | 1039 | SMALL TUMOURS OR CYSTS, REMOVAL OF | |
| 53348 | 1040 | REOPENING OF ANKYLOBLEPHARON | |
| 51722 | 1041 | EYELID SKIN SUTURE (AS A SINGLE OPERATION) | |
| 51730 | 1042 | SUTURE FOR FULL-THICKNESS WOUNDS (AS A SINGLE OPERATION) | |
| 51862 | 1043 | TARSORRHAPHY (AS A SINGLE OPERATION) | |
| 51755 | 1044 | TUMOURS, REMOVAL WITH PLASTIC SURGERY BY GRAFTING | |
| 51748 | 1045 | TUMOURS, REMOVAL WITH PLASTIC SURGERY BY SLIDING | |
| 51854 | 1046 | SIMPLE XANTHELASMA, REMOVAL OF | |
| 53355 | 1047 | XANTHELASMA, EXCISION WITH PLASTIC SURGERY BY SLIDING | |
| <i>Tear Ducts</i> | | | |
| 51664 | 1048 | TEAR DUCT CLOSURE | |

| | | | |
|---|------|---|--|
| 53363 | 1049 | TEAR DUCT CLOSURE WITH PROSTHESIS | |
| 51656 | 1050 | DACRYOCYSTORHINOSTOMY OR INTUBATION | |
| 59565 | 1051 | OPERATIVE TEAR ENDOSCOPY WITH FIBRE OPTICS | |
| 53371 | 1052 | FISTULA, REMOVAL | |
| 51623 | 1053 | PHLEGMON, INCISION OF (AS A SINGLE OPERATION) | |
| 51672 | 1054 | SILICONE TUBE IMPLANTATION IN TEAR DUCT STENOSIS | |
| 51649 | 1055 | LACRIMAL SAC OR LACRIMAL GLAND, REMOVAL OF THE | |
| 53389 | 1056 | LACRIMAL SAC, INCISION OF (AS A SINGLE OPERATION) | |
| 51615 | 1057 | LACHRYMAL PROBING OR WASHING (PER SESSION) | Refundable once a year (ref. invoice) |
| 51631 | 1058 | STRICTUROTOMY (AS A SINGLE OPERATION) | |
| 53397 | 1059 | TEAR DUCTS, RECONSTRUCTION | |
| Conjunctiva | | | |
| To be able to access refunds for the services indicated below, pre- and post-operative photographic documentation must be submitted as an integral part of the medical certification. | | | |
| 51516 | 1060 | FOREIGN BODIES, REMOVAL OF | Pre and post-operation photographs must be submitted (as well as everything already specified) |
| 51532 | 1061 | SUBCONJUNCTIVAL INJECTION | |
| 51581 | 1062 | CONJUNCTIVAL NEOPLASMS, REMOVAL WITH GRAFTING | Pre and post-operation photographs must be submitted (as well as everything already specified) |
| 51573 | 1063 | CONJUNCTIVAL NEOPLASMS, REMOVAL WITH PLASTIC SURGERY BY SLIDING | Pre and post-operation photographs must be submitted (as well as everything already specified) |
| 51524 | 1064 | SMALL CYSTS, SUTURE WITH PLACENTAL GRAFT | Pre and post-operation photographs must be submitted (as well as everything already specified) |
| 51565 | 1065 | CONJUNCTIVAL PLASTIC SURGERY BY GRAFTING | Pre and post-operation photographs must be submitted (as well as everything already specified) |
| 51557 | 1066 | CONJUNCTIVAL PLASTIC SURGERY BY SLIDING | Pre and post-operation photographs must be submitted (as well as everything already specified) |
| 51540 | 1067 | PTERYGIUM OR PINGUECULA | Pre and post-operation photographs must be submitted (as well as everything already specified) |
| 53405 | 1068 | CONJUNCTIVAL WOUND SUTURE | Pre and post-operation photographs must be |

| | | | submitted (as well as everything already specified) |
|---|------|---|---|
| Cornea | | | |
| Any endothelial cell counts are included in the relevant services. Excluded from refund, regardless of the Health Plan, is any type of treatment or surgery for myopia, astigmatism, hypermetropia, presbyopia or corneal correction, performed using any method or equipment | | | |
| 53785 | 1070 | FULL THICKNESS KERATOPLASTY | |
| 53793 | 1071 | LAMELLAR KERATOPLASTY | |
| 51912 | 1073 | FOREIGN BODIES IN THE CORNEA, EXTRACTION OF | |
| 51953 | 1074 | FOREIGN BODIES IN THE ANTERIOR CHAMBER, EXTRACTION OF | |
| 53801 | 1075 | CORNEAL CRYOAPPLICATIONS | |
| 53991 | 1076 | EPIKERATOPLASTY | |
| 57865 | 1077 | IMPLANTATION OF INTRASTROMAL RINGS IN KERATOCONUS | |
| 57873 | 1078 | AMNIOTIC MEMBRANE GRAFT/APPOSITION | |
| 54007 | 1079 | BIOLOGICAL LENTICULE, APPOSITION FOR THERAPEUTIC PURPOSES | |
| 54262 | 1080 | ODONTOKERATOPROSTHESIS | |
| 51920 | 1081 | ANTERIOR CHAMBER PARACENTESIS (AS A SINGLE OPERATION) | |
| 51946 | 1082 | CORNEAL SUTURE (AS A SINGLE OPERATION) | |
| 51938 | 1083 | CORNEAL TATTOO | |
| 51979 | 1084 | FULL THICKNESS CORNEAL TRANSPLANT | |
| 51961 | 1085 | LAMELLAR CORNEAL TRANSPLANT | |
| 57881 | 1086 | LIMBAL STEM CELL TRANSPLANT | |
| 57898 | 1087 | LIMBAL STEM CELL TRANSPLANT COMBINED WITH AMNIOTIC MEMBRANE APPOSITION | |
| Crystalline lens | | | |
| Operations can be carried out with any technique, equipment or instrumentation, except in the cases described. Any endothelial cell counts are included in the relevant services. Concurrent cataract surgery (if provided for by the Health Plan) can be associated with the Cataract Package code (again if provided for by the Health Plan) only and exclusively if it is carried out at the same time as the Package itself (in which case the calculation for refund purposes will be the same as the value of the Package, to which only the concurrent cataract surgery and the lens prosthesis relating to the concurrent cataract may be added. There are no other possibilities). | | | |
| 52472 | 1088 | ASPIRATION OF CATARACT MASSES (AS A SINGLE OPERATION) | |
| 52423 | 1093 | SECONDARY CATARACTS, DISCISSION OF | |
| 52514 | 1095 | ARTIFICIAL LENS, SECONDARY IMPLANT IN ANTERIOR CHAMBER | |
| 54288 | 1096 | ARTIFICIAL LENS, SECONDARY IMPLANT IN POSTERIOR CHAMBER | |
| 54296 | 1097 | ARTIFICIAL LENS, REMOVAL FROM ANTERIOR CHAMBER (AS A SINGLE OPERATION) | |
| 54304 | 1098 | ARTIFICIAL LENS, REMOVAL FROM THE POSTERIOR CHAMBER (AS A SINGLE OPERATION) | |

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| 52449 | 1099 | DISLOCATED LENS, EXTRACTION OF | |
| 52464 | 1100 | LENS, EXTRACTION IN HIGH MYOPIA (FUKALA) | |
| 54312 | 1102 | FUKALA SURGERY AND ARTIFICIAL LENS IMPLANTATION IN ANTERIOR OR POSTERIOR CHAMBER | |
| 10089 | 3248 | CATARACT, REMOVAL AND IMPLANTATION OF ARTIFICIAL LENS IN ANTERIOR OR POSTERIOR CHAMBER (ANY TECHNIQUE) (OPERATION CONCURRENT TO ANOTHER MAIN OPERATION PERFORMED IN THE SAME OPERATING SESSION OR HOSPITALISATION) | Code payable only if carried out in the same operation session as another main operation. |
| Sclera | | | |
| 52126 | 1103 | SCLERECTOMY | |
| 52118 | 1104 | SCLEROTOMY (AS A SINGLE OPERATION) | |
| 52100 | 1105 | SCLERAL SUTURE | |
| Operation for glaucoma | | | |
| 54320 | 1106 | CILIARY NERVE ALCOHOLIZATION, SURGERY FOR | |
| 52282 | 1107 | CYCLODIALYSIS | |
| 52225 | 1108 | PERFORATING CYCLO-DIATHERMY | |
| 54338 | 1109 | ANTI-GLAUCOMATOUS CRYO-APPLICATION, AS A SINGLE OPERATION | |
| 52266 | 1110 | GONIOTOMY | |
| 52233 | 1111 | IRIDOCYCLORETRACTION (AS A SINGLE OPERATION) | |
| 52217 | 1112 | MICROSURGERY OF THE CAMERULAR ANGLE (AS A SINGLE OPERATION) | |
| 52274 | 1113 | FISTULIZING OPERATION (AS A SINGLE OPERATION) | |
| 57914 | 1114 | DEEP SCLERECTOMY WITH OR WITHOUT IMPLANTS (AS A SINGLE OPERATION) | |
| 52258 | 1115 | TRABECULECTOMY (AS A SINGLE OPERATION) | |
| 54346 | 1116 | TRABECULECTOMY + CATARACT REMOVAL, COMBINED OPERATION | |
| 54353 | 1117 | TRABECULECTOMY + CATARACT REMOVAL + ARTIFICIAL LENS IMPLANTATION, COMBINED OPERATION | |
| 52241 | 1118 | TRABECULOTOMY (AS A SINGLE OPERATION) | |
| 57922 | 1119 | VISCOCANALOSTOMY (AS A SINGLE OPERATION) | |
| 57930 | 1120 | VISCOCANALOSTOMY + CATARACT REMOVAL, COMBINED OPERATION | |
| 57949 | 1121 | VISCOCANALOSTOMY + CATARACT REMOVAL + ARTIFICIAL LENS IMPLANTATION, COMBINED OPERATION | |
| Iris | | | |
| 52332 | 1122 | IRIS CYSTS, REMOVAL AND PLASTY OF | |
| 52316 | 1123 | IRIDECTOMY | |
| 52340 | 1124 | IRIDO-DIALYSIS, SURGERY FOR | |

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|-------------------------|------|---|--|
| 54361 | 1125 | IRIDOPLASTY | |
| 52324 | 1126 | IRIDOTOMY (AS A SINGLE OPERATION) | |
| 54379 | 1127 | IRIS PROLAPSE, REDUCTION | |
| 52357 | 1128 | SYNECHIOTOMY | |
| 52365 | 1129 | IRIS SUTURE | |
| Retina | | | |
| 52639 | 1130 | REMOVAL, CERCLAGE, REMOVAL AND/OR REPLACEMENT OF MATERIALS USED DURING THE DETACHMENT OPERATION | |
| 52605 | 1131 | CRYOTREATMENT (AS A SINGLE OPERATION) | |
| 52563 | 1132 | RETINAL DIATHERMOCOAGULATION FOR DETACHMENT (AS A SINGLE OPERATION) | |
| 56531 | 1133 | UPPER TEMPORAL ARTERY LIGATION (AS A SINGLE OPERATION) | |
| 56549 | 1134 | RETINA, OPERATION FOR DETACHMENT, CRYO + CERCLAGE (AS A SINGLE OPERATION) | |
| 52597 | 1135 | RETINA, DETACHMENT SURGERY, INCLUDING ALL PHASES | |
| 57957 | 1136 | TRANSPUPILLARY THERMOTHERAPY | |
| 52506 | 1137 | ANTERIOR OR POSTERIOR VITRECTOMY, INCLUDING REMOVAL OF THE EPIRETINAL MEMBRANES | |
| Muscles | | | |
| 52662 | 1138 | EXTERNAL RECTUS OR INTERNAL RECTUS MUSCLES, ADVANCEMENT | |
| 52670 | 1139 | UPPER OR LOWER OR OBLIQUE MUSCLES, ADVANCEMENT | |
| 52696 | 1140 | EYELID PTOSIS, SURGERY FOR (EXCLUDING AESTHETIC PURPOSES) | Refundable maximum once per body part - eye (per case) per year (1 January - 31 December). Pre- and post-operation photography and pre-operation campimetry must be submitted. |
| 52704 | 1141 | RECESSION-RESECTION-KINKING, TREATMENT OF | |
| 52688 | 1142 | PARALYTIC STRABISMUS, SURGERY FOR | |
| Eyeball | | | |
| 52787 | 1143 | MAGNETISABLE INTRABULBAR FOREIGN BODY, EXTRACTION OF | |
| 52795 | 1144 | NON-MAGNETISABLE INTRABULBAR FOREIGN BODY, EXTRACTION OF | |
| 52761 | 1145 | ENUCLEATION OR EXENTERATION | |
| 52779 | 1146 | ENUCLEATION WITH MOBILE PROSTHESIS GRAFT | |
| 54387 | 1147 | EVISCKERATION WITH INTRAOCULAR IMPLANT | |
| Laser Treatments | | | |

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| 54403 | 1148 | LASER THERAPY OF THE ADNEXA, CONJUNCTIVA, NEOVASES OR CORNEAL NUBULES (PER SESSION) | |
| 54411 | 1149 | LASER THERAPY OF GLAUCOMA AND ITS COMPLICATIONS (PER SESSION) | |
| 54429 | 1150 | LASER THERAPY OF VASCULOPATHIES AND/OR RETINAL MALFORMATIONS (PER SESSION) | |
| 52373 | 1151 | IRIS LASER THERAPY (PER SESSION) | |
| 52621 | 1152 | RETINAL LESIONS LASER THERAPY (PER SESSION) | |
| 54437 | 1153 | LASER THERAPY IN DIABETIC RETINOPATHY (PER SESSION) | |
| 56962 | 1154 | PHOTODYNAMIC THERAPY INCLUDING ANY TYPE OF MEDICATION (PER TREATMENT) | Refundable once a year (1 January - 31 December). |
| 54445 | 1155 | LASER TREATMENTS FOR SECONDARY CATARACTS (PER SESSION) | |

Orthopaedics and traumatology

Joints are defined as: large (hip, knee, shoulder); medium (elbow, wrist, tibial-peroneal-astragalic); small (the remainder).
 Bone segments are defined as: large (femur, humerus, tibia); medium (clavicle, sternum, patella, radius, ulna, fibula); small (the remainder).
 Section is defined as: cervical column or dorsal column or lumbo-sacral column. For refund purposes, therefore, the valuation of the operation/s will be equal to 1 if the procedure itself involves the same tract (example: in the case of an intervention on 2 vertebrae in the same tract, the refund value is 1 in relation to the corresponding operation code).
 For surgical operations involving articular ligaments, any harvesting for autologous ligament grafting must be regarded as included (considered as a phase of the reconstruction).
 The items, if included in the Covers of the individual Health Plans, are for surgical operations carried out with any technique and instrumentation/equipment.
 Complete treatment also includes any arthrolysis, neurolysis and/or synovectomy and/or tenolysis within the context of the main operation, except as specifically described.
 Total hip replacement/revision total hip replacement operations (any type shown in the Basic Nomenclature and if included in the Health Plans) are only refundable within the "package" format, which fully replaces the individual case-by-case items/codes listed in previous editions of the Nomenclature. For the above-mentioned procedures carried out at the same time as, and therefore concurrently with, other main operations/procedures, their respective "concurrent" items are available for which, in an exception to the regulations for operations, the valuation for refund purposes is 100%.
 Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

Bandages

| | | | |
|-------|------|---|--|
| 47076 | 1156 | ZINC GLUE BANDAGE: THIGH, LEG AND FOOT | |
| 47084 | 1157 | ZINC GLUE BANDAGE: LEG AND FOOT | |
| 47035 | 1158 | SCHANZ COLLAR BANDAGE | |
| 47050 | 1159 | BANDAGE WITH CAST IMMOBILISATION: ELBOW AND WRIST | |
| 47043 | 1160 | BANDAGE WITH CAST IMMOBILISATION: FOR UPPER LIMB | |
| 47068 | 1161 | BANDAGE WITH CAST IMMOBILISATION: FOR LOWER LIMB | |
| 54452 | 1162 | BANDAGE WITH DRESSING (FOLLOWING SURGERY) | |
| 56970 | 1163 | ELASTOCOMPRESSIVE OR FUNCTIONAL BANDAGES | |
| 47100 | 1164 | DESSAULT BANDAGE: STARCHED OR PLASTERED | |
| 47092 | 1165 | DESSAULT BANDAGE: SIMPLE | |

| | | | |
|-----------------------------------|------|--|--|
| 47019 | 1166 | SIMPLE BANDAGE WITH COTTON WOOL AND GAUZE | |
| 47027 | 1167 | CHEST BANDAGE WITHOUT UPPER LIMB | |
| 56988 | 1168 | SPLINT | |
| 47118 | 1169 | ZIMMER SPLINT FOR FINGER, APPLICATION OF | |
| Plastered appliances | | | |
| 47332 | 1170 | LOWER LIMB: THIGH, LEG AND FOOT | |
| 47340 | 1171 | LOWER LIMB: LEG AND FOOT | |
| 47324 | 1172 | LOWER LIMB: KNEE BAND | |
| 47274 | 1173 | UPPER LIMB: FOREARM AND HAND | |
| 47266 | 1174 | UPPER LIMB: ARM, FOREARM AND HAND | |
| 47258 | 1175 | UPPER LIMB: CHEST AND UPPER LIMB | |
| 54460 | 1176 | PLASTER CAST FOR PROSTHETIC LIMBS | |
| 47225 | 1177 | CORSET WITH SHOULDERS | |
| 47233 | 1178 | CORSET WITHOUT SHOULDERS | |
| 47365 | 1179 | SPECIAL CORSET FOR SCOLIOSIS AND/OR KYPHOSIS | |
| 47217 | 1180 | MINERVA-TYPE CORSET | |
| 54478 | 1181 | DELBET | |
| 47381 | 1182 | GYPSOTOMY | |
| 47316 | 1183 | PELVI-CONDYLOID | |
| 54486 | 1184 | BILATERAL PELVI-CONDYLOID | |
| 47308 | 1185 | PELVI-MALLEOLAR | |
| 54494 | 1186 | BILATERAL PELVI-MALLEOLAR | |
| 47290 | 1187 | PELVI-PEDIDIUM | |
| 54502 | 1188 | BILATERAL PELVI-PEDIDIUM | |
| 47282 | 1189 | FINGER SPLINT | |
| Dislocations and fractures | | | |
| 47571 | 1190 | APPLICATION OF TRANSKELETAL WIRE OR NAIL | |
| 54510 | 1191 | APPLICATION OF SKIN TRACTION | |
| 47480 | 1192 | NON-INVASIVE REDUCTION OF FRACTURES - DISLOCATIONS: SPINAL COLUMN | |
| 47472 | 1193 | NON-INVASIVE REDUCTION OF FRACTURES - DISLOCATIONS: LARGE JOINTS | |
| 47464 | 1194 | NON-INVASIVE REDUCTION OF FRACTURES - DISLOCATIONS: MEDIUM JOINTS | |
| 47456 | 1195 | NON-INVASIVE REDUCTION OF FRACTURES - DISLOCATIONS: SMALL JOINTS | |

| | | | |
|-------|------|--|--|
| 47522 | 1196 | NON-INVASIVE REDUCTION OF FRACTURES: SPINAL COLUMN | |
| 47514 | 1197 | NON-INVASIVE REDUCTION OF FRACTURES: LARGE SEGMENTS | |
| 47506 | 1198 | NON-INVASIVE REDUCTION OF FRACTURES: MEDIUM SEGMENTS | |
| 47498 | 1199 | NON-INVASIVE REDUCTION OF FRACTURES: SMALL SEGMENTS | |
| 47449 | 1200 | NON-INVASIVE REDUCTION OF TRAUMATIC DISLOCATION: SPINAL COLUMN | |
| 47431 | 1201 | NON-INVASIVE REDUCTION OF TRAUMATIC DISLOCATION: LARGE JOINTS | |
| 47423 | 1202 | NON-INVASIVE REDUCTION OF TRAUMATIC DISLOCATION: MEDIUM JOINTS | |
| 47415 | 1203 | NON-INVASIVE REDUCTION OF TRAUMATIC DISLOCATION: SMALL JOINTS | |

Non-invasive surgery

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|-------|------|---|--|
| 47795 | 1204 | NON-INVASIVE MOBILISATION OF STIFFNESS: LARGE JOINTS | |
| 47829 | 1205 | NON-INVASIVE MOBILISATION OF STIFFNESS: MEDIUM JOINTS | |
| 47787 | 1206 | NON-INVASIVE MOBILISATION OF STIFFNESS: SMALL JOINTS | |
| 47753 | 1208 | CONGENITAL CLUBFOOT, MANUAL CORRECTION OF | |
| 47738 | 1209 | REDUCTION OF PAINFUL PRONATION IN CHILDREN | |
| 47712 | 1210 | NON-INVASIVE REDUCTION OF CONGENITAL HIP DISLOCATION: UNILATERAL | |
| 47720 | 1211 | NON-INVASIVE REDUCTION OF CONGENITAL HIP DISLOCATION: BILATERAL | |
| 54528 | 1212 | NON-INVASIVE REDUCTION OF CONGENITAL HIP DISLOCATION: UNI AND BILATERAL, SUBSEQUENT OCCASIONS | |
| 47761 | 1213 | TORTICOLLIS AND SCOLIOSIS ON SPECIAL BED, CORRECTION OF | |
| 47555 | 1214 | OBSTETRIC LOWER LIMB TRAUMA, TREATMENT OF | |
| 47548 | 1215 | OBSTETRIC UPPER LIMB TRAUMA, TREATMENT OF | |

Invasive Surgery

Joints are defined as: large (hip, knee, shoulder); medium (elbow, wrist, tibial-peroneal-astragalic); small (the remainder).

Bone segments are defined as: large (femur, humerus, tibia); medium (clavicle, sternum, patella, radius, ulna, fibula); small (the remainder).

Section is defined as: cervical column or dorsal column or lumbo-sacral column.

Total hip replacement/revision total hip replacement operations (any type shown in the Basic Nomenclature and if included in the Health Plans) are only refundable within the "package" format, which fully replaces the individual case-by-case items/codes listed in previous editions of the Nomenclature. For the above-mentioned procedures carried out at the same time as, and therefore concurrently with, other main operations/procedures, their respective "concurrent" items are available for which, in an exception to the regulations for operations, the valuation for refund purposes is 100%.

The fees apply to surgical operations carried out using any technique and instrumentation/equipment.

Complete treatment also includes any arthrolysis, neurolysis and/or synovectomy and/or tenolysis within the context of the main operation, except as specifically described.

Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

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| 54536 | 1216 | ANTERIOR ACROMIOPLASTY (COMPLETE TREATMENT) | |
| 54544 | 1217 | BONE NEEDLE ASPIRATION | |
| 54551 | 1218 | UPPER AND/OR LOWER LIMB STRETCHING (PER SEGMENT, COMPLETE TREATMENT) | |
| 47944 | 1219 | LARGE SEGMENT AMPUTATION (FULL TREATMENT) | |
| 48140 | 1220 | MEDIUM SEGMENT AMPUTATION (FULL TREATMENT) | |
| 48165 | 1221 | ARTHRODESIS | |
| 48173 | 1222 | ARTHRODESIS WITH INTRODUCTION OF MEDICATION | |
| 54569 | 1223 | ANTERIOR VERTEBRAL ARTHRODESIS ALSO FOR SPONDYLOLISTHESIS INCLUDING POSSIBLE LUMBAR STENOSIS (AS A SINGLE OPERATION) | |
| 54577 | 1224 | POSTERIOR VERTEBRAL ARTHRODESIS ALSO FOR SPONDYLOLISTHESIS INCLUDING POSSIBLE LUMBAR STENOSIS (AS A SINGLE OPERATION) | |
| 48645 | 1225 | ANTERIOR AND POSTERIOR VERTEBRAL ARTHRODESIS ALSO FOR SPONDYLOLISTHESIS INCLUDING POSSIBLE LUMBAR STENOSIS (AS A SINGLE OPERATION) | |
| 48348 | 1226 | ARTHRODESIS: LARGE JOINTS | |
| 48330 | 1227 | ARTHRODESIS: MEDIUM JOINTS | |
| 48363 | 1228 | ARTHROLYSIS: LARGE | |
| 48355 | 1229 | ARTHROLYSIS: MEDIUM | |
| 48371 | 1230 | ARTHROLYSIS: SMALL | |
| 48256 | 1231 | ARTHROPLASTY: LARGE (ANY MATERIAL) | |
| 48264 | 1232 | ARTHROPLASTY: MEDIUM (ANY MATERIAL) | |
| 48272 | 1233 | ARTHROPLASTY: SMALL (ANY MATERIAL) | |
| 48462 | 1234 | ARTHROPROSTHESIS: SHOULDER, PARTIAL | |
| 54585 | 1235 | ARTHROPROSTHESIS; SHOULDER, TOTAL | |
| 48421 | 1236 | ARTHROPROSTHESIS: PARTIAL HIP (COMPLETE TREATMENT) | |
| 48447 | 1240 | ARTHROPROSTHESIS: KNEE | |
| 48454 | 1241 | ARTHROPROSTHESIS: ELBOW | |
| 56580 | 1242 | ARTHROPROSTHESIS: REMOVAL AND REPLACEMENT OF SEPTIC ARTHROPROSTHESIS SUBSEQUENTLY TO THE FIRST OPERATION (PARTIAL OR TOTAL) AS A SINGLE OPERATION, EXCEPT IN THE CASES DESCRIBED | |
| 48520 | 1243 | DIAGNOSTIC ARTHROSCOPY UNSPECIFIED SITE (AS A SINGLE OPERATION) | |
| 54593 | 1244 | COLD ABSCESS, DRAINAGE OF | |
| 48199 | 1245 | JOINT BIOPSY | |
| 47860 | 1246 | BONE BIOPSY | |
| 54601 | 1247 | TRANSPEDUNCULAR VERTEBRAL SOMA BIOPSY | |
| 54619 | 1248 | OPEN VERTEBRAL BIOPSY | |

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| 56598 | 1249 | BURSECTOMY (AS PHASE OF MAIN OPERATION) | |
| 48157 | 1250 | BURSECTOMY (AS SINGLE OPERATION) | |
| 56996 | 1251 | BAKER'S CYST, REMOVAL OF | |
| 54643 | 1252 | MENISCAL OR PARAMENISCAL CYSTS, REMOVAL OF | |
| 57965 | 1253 | SYNOVIAL CYSTS, REMOVAL OF | |
| 57004 | 1254 | CHONDRECTOMY - CHONDROABRASION AND/OR JOINT DEBRIDEMENT (AS PHASE OF MAIN OPERATION) | |
| 54650 | 1255 | CHONDRECTOMY - CHONDROABRASION AND/OR JOINT DEBRIDEMENT (AS SINGLE OPERATION) | |
| 48413 | 1256 | INTRA-ARTICULAR FOREIGN AND MOBILE BODIES (AS SINGLE OPERATION), REMOVAL OF | |
| 48041 | 1257 | CERVICAL RIB AND "OUTLET SYNDROME", SURGERY FOR | |
| 48223 | 1258 | THORACIC INTERSCAPULAR DISARTICULATION | |
| 54668 | 1259 | DISARTICULATIONS, LARGE | |
| 48215 | 1260 | DISARTICULATIONS, MEDIUM | |
| 54676 | 1261 | DISARTICULATIONS, SMALL | |
| 54684 | 1262 | ELSMIE-TRILLAT PROCEDURE | |
| 48231 | 1263 | HEMIPELVECTOMY | |
| 54692 | 1264 | INTERNAL HEMIPELVECTOMIES WITH LIMB SALVAGE | |
| 54700 | 1265 | EPIPHYSIODESIS | |
| 48611 | 1266 | HERNIATED DORSAL OR LUMBAR DISC INCLUDING POSSIBLE DECOMPRESSIVE LAMINECTOMY INCLUDING POSSIBLE LUMBAR STENOSIS, UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (AS A SINGLE OPERATION) | |
| 47878 | 1267 | SIMPLE EXOSTOSIS, REMOVAL OF | |
| 47563 | 1268 | EXPOSED FRACTURE, SURGICAL CLEANING OF | |
| 56606 | 1269 | DEEP JOINT, MUSCLE AND BONE INFECTIONS (SURGICAL TREATMENT - SINGLE OPERATION) | |
| 48561 | 1270 | ECHO-X RAY GUIDED JOINT INFILTRATIONS (SHOULDER-KNEE-HIP-ELBOW-WRIST-ANKLE) INCLUDING ECHO-X RAY REGARDLESS OF THE NUMBER OF JOINTS TREATED | Refundable maximum 5 sessions per year (1 January - 31 December) |
| 59614 | 1271 | GRAFTING OF AUTOLOGOUS CULTURED CARTILAGE MATERIAL, INCLUDING JOINT DEBRIDEMENT IF NECESSARY | |
| 54742 | 1272 | LATERAL RELEASE | |
| 54759 | 1273 | LIGAMENTS AND RETINACULAE OF THE KNEE, RECONSTRUCTION OF (AS A SINGLE OPERATION) | |
| 54767 | 1274 | LIGAMENTS AND RETINACULAE OF THE KNEE WITH MENISCECTOMY (AS A SINGLE OPERATION), RECONSTRUCTION OF | |
| 48306 | 1275 | RECURRENT DISLOCATIONS OF THE SHOULDER OR KNEE (ALSO ARTHROSCOPIC), PLASTIC SURGERY FOR (COMPLETE TREATMENT) | |
| 54775 | 1276 | MENISCECTOMY (ARTHROSCOPIC) (COMPLETE TREATMENT - INCLUDING POSSIBLE REMOVAL OF MOBILE BODIES) | |
| 54783 | 1277 | MENISCECTOMY (ARTHROSCOPIC) + POSSIBLE CHONDROABRASION + POSSIBLE MOSAICOPLASTY (COMPLETE TREATMENT - INCLUDING POSSIBLE REMOVAL | |

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| | | OF MOBILE BODIES) | |
| 48405 | 1278 | MENISCECTOMY (TRADITIONAL TECHNIQUE) (COMPLETE TREATMENT) | |
| 48124 | 1279 | BONE MARROW, EXPLANTATION OF | |
| 47910 | 1280 | OSTEOMYELITIS (COMPLETE TREATMENT), SURGERY FOR | |
| 58947 | 1207 | OSTEOCLASIA | |
| 48629 | 1281 | VERTEBRAL OSTEOSYNTHESIS | |
| 47993 | 1282 | OSTEOSYNTHESIS: LARGE SEGMENTS | |
| 47985 | 1283 | OSTEOSYNTHESIS: MEDIUM SEGMENTS | |
| 48017 | 1284 | OSTEOSYNTHESIS: SMALL SEGMENTS | |
| 47894 | 1285 | COMPLEX OSTEOTOMY (PELVIS, VERTEBRAL) INCLUDING ABLATION OF SPINAL OSTEOPHYTES (BY SECTION) | |
| 47886 | 1286 | SIMPLE OSTEOTOMY OF ANY SEGMENT (AS PHASE OF MAIN OPERATION) | |
| 47928 | 1287 | BOECK PERFORATION | |
| 56614 | 1288 | POTT, FOCAL SURGERY WITH OR WITHOUT VERTEBRAL ARTHRODESIS | |
| 59622 | 1289 | REMOVAL OF CARTILAGE FROM THE KNEE ARTHROSCOPICALLY, SURGERY FOR (AS A SINGLE OPERATION) | |
| 48116 | 1290 | BONE GRAFT HARVESTING WITH GRAFT | |
| 47977 | 1291 | LARGE SEGMENT OR CONGENITAL PSEUDOARTHROSIS OF THE TIBIA (COMPLETE TREATMENT) | |
| 54825 | 1292 | PSEUDOARTHROSIS OF MEDIUM SEGMENTS (COMPLETE TREATMENT) | |
| 47969 | 1293 | PSEUDOARTHROSIS OF SMALL SEGMENTS (COMPLETE TREATMENT) | |
| 48132 | 1294 | TIBIAL OR ILIAC PUNCTATE | |
| 54833 | 1295 | RADIODISTAL, RESECTION WITH FIBULA JOINT GRAFT, PRO-RADIO | |
| 54841 | 1296 | RE-IMPLANTATION OF A LIMB OR ITS SEGMENT | |
| 48207 | 1297 | JOINT RESECTION (AS A SINGLE OPERATION) | |
| 54858 | 1298 | RESECTION OF THE SACRUM (AS A SINGLE OPERATION) | |
| 47902 | 1299 | BONE RESECTION (AS A SINGLE OPERATION) | |
| 54874 | 1300 | SURGICAL REDUCTION AND CONSTRICTION OF TRAUMATIC SPINAL DISLOCATION | |
| 54882 | 1301 | SURGICAL REDUCTION AND CONTAINMENT OF TRAUMATIC DISLOCATION OF LARGE JOINTS | |
| 54890 | 1302 | SURGICAL REDUCTION AND CONTAINMENT OF TRAUMATIC DISLOCATION OF MEDIUM/SMALL JOINTS | |
| 48389 | 1303 | SURGICAL REDUCTION OF CONGENITAL HIP DISLOCATION | |
| 48108 | 1304 | REMOVAL OF SYNTHETIC MATERIAL: LARGE SEGMENTS | |
| 57973 | 1305 | REMOVAL OF SYNTHETIC MATERIAL: MEDIUM SEGMENTS | |

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| 57981 | 1306 | REMOVAL OF SYNTHETIC MATERIAL: SMALL SEGMENTS | |
| 54908 | 1307 | TORN SHOULDER ROTATOR CUFF, REPAIR OF (INCLUDING TREATMENT OF THE LONG HEAD OF THE BICEPS BRACHII) (COMPLETE TREATMENT) | |
| 48652 | 1308 | SCOLIOSIS, SURGERY FOR (COMPLETE TREATMENT) | |
| 57012 | 1309 | SYNOVECTOMY OF LARGE OR MEDIUM-SIZED JOINTS (AS MAIN OPERATION PHASE) | |
| 48249 | 1310 | SYNOVECTOMY OF LARGE OR MEDIUM-SIZED JOINTS (AS A SINGLE OPERATION) | |
| 57020 | 1311 | SYNOVECTOMY OF SMALL JOINTS (AS MAIN OPERATION PHASE) | |
| 54916 | 1312 | SYNOVECTOMY OF SMALL JOINTS (AS A SINGLE OPERATION) | |
| 54924 | 1313 | SHOULDER, COMPLETE RESECTIONS TICKHOR-LIMBERG | |
| 54932 | 1314 | LEVEL 1 LUMBAR VERTEBRAL STENOSIS INCLUDING POSSIBLE UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (EXCEPT FOR DESCRIBED CASES) AS A SINGLE OPERATION | |
| 57990 | 1315 | MULTI-LEVEL LUMBAR VERTEBRAL STENOSIS INCLUDING POSSIBLE UNCOFORAMINOTOMY, VERTEBROTOMY AND REMOVAL OF OSTEOPHYTES (EXCEPT AS DESCRIBED) AS A SINGLE OPERATION | |
| 54940 | 1316 | EMPTYING OF METASTATIC FOCI AND REINFORCEMENT WITH SYNTHETIC MATERIAL PLUS CEMENT | |
| 48397 | 1317 | COTYLOID ROOF, RECONSTRUCTION OF | |
| 54957 | 1318 | SURGICAL CLEANING AND SMALL SUTURES | |
| 57038 | 1319 | BONE MARROW TRANSPLANT (ALL-INCLUSIVE OF SERVICES AND MEDICAL EXPLANTATION AND IMPLANTATION OPERATIONS) | |
| 54965 | 1320 | TRANSLATION OF SHOULDER CUFF AND ROTATOR MUSCLES | |
| 48066 | 1321 | BONE TUMOURS AND PSEUDO-TUMOURS, LARGE SEGMENTS OR JOINTS, REMOVAL OF | |
| 54973 | 1322 | BONE TUMOURS AND PSEUDO-TUMOURS, MEDIUM-SIZED SEGMENTS OR JOINTS, REMOVAL OF | |
| 54981 | 1323 | BONE TUMOURS AND PSEUDO-TUMOURS, SMALL SEGMENTS OR JOINTS, REMOVAL OF | |
| 47852 | 1324 | BONE TUMOURS AND PSEUDO-TUMOURS, VERTEBRAL TUMOURS, REMOVAL OF | |
| 54999 | 1325 | UNCOFORAMINOTOMY OR VERTEBROTOMY (COMPLETE TREATMENT) | |
| 55004 | 1326 | VOKMANN, SURGERY FOR ISCHEMIC RETRACTIONS | |
| 3249 | 3249 | TOTAL HIP ARTHROPROSTHESIS (TOTAL HIP ARTHROPROSTHESIS - ANY TECHNIQUE - CONCURRENT OPERATION) REFUNDABLE IN THE SAME OPERATING SESSION OR HOSPITALISATION NOT CONNECTED WITH THE TOTAL HIP PROSTHESIS PACKAGE) | Refundable only once per body part (hip). Code payable only if carried out in the same operation session as another main operation. |
| 3250 | 3250 | ARTHROPROSTHESIS: TOTAL HIP REVISION CARRIED OUT IN THE SAME HOSPITAL IN WHICH THE FIRST OPERATION WAS CARRIED OUT (TOTAL HIP REVISION ARTHROPLASTY - ANY TECHNIQUE - CONCURRENT OPERATION, REFUNDABLE IN THE SAME OPERATING SESSION OR HOSPITALISATION NOT CONNECTED WITH THE TOTAL HIP REVISION PACKAGE) | Refundable only once per body part (hip). Code payable only if carried out in the same operation session as another main operation. |
| 53301 | 6599 | TOTAL HIP ARTHROPROSTHESIS (COMPLETE TREATMENT - OPERATION CONCURRENT TO ANOTHER MAIN ONE): FOR REMOVAL AND REPOSITIONING PERFORMED SUBSEQUENTLY TO THE FIRST HOSPITALISATION | Code payable only if carried out in the same operation session as another main operation. |

| Tendons - Muscles - Aponeuroses - Peripheral Nerves | | | |
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| <p>“Neurolysis” and “tenolysis” procedures cannot be combined with all procedures defined as a “complete treatment”, since they are already included in them.</p> | | | |
| 48819 | 1327 | MUSCLE BIOPSY | |
| 48777 | 1328 | CYSTS OR TENDON AND/OR ARTHROGENIC GANGLIA, REMOVAL OF | |
| 54809 | 1329 | NEURINOMAS, SURGICAL REMOVAL OF | |
| 59649 | 1331 | NEUROLYSIS (AS MAIN OPERATION PHASE) | |
| 59630 | 1330 | NEUROLYSIS (AS A SINGLE OPERATION) | |
| 56648 | 1332 | TENOLYSIS (AS MAIN OPERATION PHASE) | |
| 48785 | 1333 | TENOLYSIS (AS A SINGLE OPERATION) | |
| 48736 | 1334 | TENOPLASTY, MYOPLASTY, MYORRHAPHY | |
| 48728 | 1335 | COMPLEX TENORRHAPHY - SUTURING OF MULTIPLE TENDONS (EXCEPT IN THE CASES DESCRIBED) | |
| 48710 | 1336 | SIMPLE TENORRHAPHY - SUTURE OF ONE TENDON (EXCEPT IN THE CASES DESCRIBED) | |
| 48744 | 1337 | TENOTOMY INCLUDING POSSIBLE TENORRHAPHY, MYOTOMY, APONEUROTOMY (AS A SINGLE OPERATION) | |
| 48769 | 1338 | CONGENITAL MYOGENIC TORTICOLLIS, PLASTIC SURGERY FOR | |
| 48751 | 1339 | TENDON AND MUSCLE OR NERVE TRANSPLANTS (COMPLETE TREATMENT) | |
| Obstetrics | | | |
| <p>Items include the cost of the obstetrician and neonatological care during the entire duration of the mother's hospitalisation. All services/operations listed below, if included specific in the Cover of the individual Health Plans, can be carried out with any technique, equipment/instrumentation, except in the cases described. Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.</p> | | | |
| 51243 | 1340 | THERAPEUTIC ABORTION | |
| 51151 | 1341 | AMNIOCENTESIS, INCLUDING ANY PROFESSIONAL AND INSTRUMENTAL SERVICE, ANY NUMBER OF SAMPLES TAKEN | |
| 51169 | 1342 | AMNIOSCOPY | |
| 51425 | 1343 | ASSISTED DELIVERY BY CONSERVATIVE OR DEMOLITION CAESAREAN SECTION - INCLUDING ANY MYOMECTOMIES PERFORMED DURING THE OPERATION (INCLUDING ASSISTANCE TO THE MOTHER DURING HOSPITALISATION, ASSISTANCE OF THE MIDWIFE AND NEONATAL ASSISTANCE). | |
| 51417 | 1344 | ASSISTED EUTOCTIC, DYSTOCTIC, MULTIPLE, BREECH, PREMATURE, PILOTED DELIVERY (INCLUDING ANY MANUAL/INSTRUMENTAL AFTERBIRTH ASSISTANCE, ANY SURGICAL OPERATION, NORMAL ASSISTANCE TO THE MOTHER DURING HOSPITALISATION, ASSISTANCE OF THE MIDWIFE AND NEONATAL ASSISTANCE) | |
| 51409 | 1345 | CHORIONIC VILLUS BIOPSY | |
| 56655 | 1346 | CARDIOTOCOGRAPHY (AS SINGLE EXAMINATION) | Examination performed not as part of specialist consultation (cannot be |

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| | | | combined with another cardiotocography) |
| 56663 | 1347 | CARDIOTOCOGRAPHY (DURING CONSULTATION) | Examination performed during a specialist consultation (cannot be combined with another cardiotocography) |
| 51193 | 1348 | CERVICAL CERCLAGE | |
| 51219 | 1349 | COLPOPERINEORRHAPHY FOR SUTURE DEHISCENCE, SURGERY | |
| 55236 | 1350 | CORDOCENTESIS | |
| 55244 | 1351 | FETOSCOPY | |
| 55251 | 1352 | FETAL FLOWMETRY | |
| 51334 | 1353 | CERVICAL LACERATION, SUTURE OF | |
| 55269 | 1354 | EXPLORATORY LAPAROTOMY AND/OR LYSIS OF ADHESIONS (AS A SINGLE OPERATION) | |
| 55277 | 1355 | EXPLORATORY LAPAROTOMY WITH DEMOLITION SURGERY | |
| 55285 | 1356 | PUERPERAL MASTITIS, SURGICAL TREATMENT | |
| 51300 | 1357 | REVISION OF DELIVERY ROUTES, SURGERY FOR | |
| 55293 | 1358 | REVISION OF THE UTERINE CAVITY FOR MISCARRIAGE-POST-ABORTION-IN-PUERPERIUM, SURGERY FOR | |
| 51326 | 1359 | MANUAL REDUCTION FOR UTERINE INVERSION BY LAPAROTOMY, SURGERY | |
| 51318 | 1360 | MANUAL REDUCTION FOR VAGINAL INVERSION OF THE UTERUS, SURGERY | |

Otolaryngology

The items apply to surgical operations carried out using any technique, method and instrumentation/equipment. Some of the services listed in this branch (and related sub-branches), if included in the Covers of the Health Plan, are refundable by the Fund - at the conditions set out in the Health Plan - exclusively during the relevant specialist consultation (which must also be included in the relevant Health Plan Cover), i.e. they are not refundable if carried out in separate sessions and/or by different operators. Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

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| 53181 | 1362 | ANTHROACTICOTOMY WITH LABYRINTHECTOMY | |
| 53231 | 1363 | BRAIN ABSCESS, OPENING VIA TRANSMASTOID | |
| 53041 | 1364 | DUCT ABSCESS, INCISION OF | |
| 53223 | 1365 | EXTRADURAL ABSCESS, TRANSMASTOID OPENING | |
| 53108 | 1366 | COMPLETE CONGENITAL AURIS ATRESIA | |
| 55301 | 1367 | INCOMPLETE CONGENITAL AURIS ATRESIA | |
| 53132 | 1368 | TUBAL CATHETERISATION (PER SESSION) | |
| 53017 | 1369 | FOREIGN BODIES FROM DUCT, REMOVAL BY NATURAL MEANS WITH FLUSHING | |

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| 53025 | 1370 | FOREIGN BODIES FROM DUCT, INSTRUMENTAL REMOVAL WITH MICROSCOPE (OTOMICROSCOPY) | |
| 53033 | 1371 | FOREIGN BODIES, SURGICAL REMOVAL RETROAURICULARLY | |
| 55319 | 1372 | TRANSTYMPANIC DRAINAGE | |
| 53058 | 1373 | PAVILION HAEMATOMA, INCISION OF | |
| 53199 | 1374 | MASTOIDECTOMY | |
| 53314 | 1375 | RADICAL MASTOIDECTOMY | |
| 55327 | 1376 | INTRA-AURICULAR MYRINGOPLASTY | |
| 55335 | 1377 | RETRO-AURICULAR MYRINGOPLASTY | |
| 53140 | 1378 | MYRINGOTOMY (AS SINGLE OPERATION) | |
| 53090 | 1379 | PAVILION NEOPLASM, EXERESIS OF | |
| 55343 | 1380 | DUCT NEOPLASMS, EXERESIS | |
| 53280 | 1381 | VESTIBULAR NERVE, SECTION OF | |
| 53298 | 1382 | EIGHTH NERVE NEUROMA | |
| 53082 | 1383 | OSTEOMAS OF THE DUCT, REMOVAL OF | |
| 55350 | 1384 | PETROSECTOMY | |
| 53215 | 1385 | SUPPURATED PETROSITES, TREATMENT OF | |
| 53066 | 1386 | AURICULAR OR RETROAURICULAR POLYPS OR CYSTS, REMOVAL OF | |
| 53207 | 1387 | REVISION OF RADICAL MASTOIDECTOMY, SURGERY OF | |
| 53264 | 1388 | ENDOLYMPHATIC SAC, SURGERY OF | |
| 53256 | 1389 | STAPEDECTOMY | |
| 55368 | 1390 | STAPEDOTOMY | |
| 53330 | 1391 | EARWAX PLUGS, EXTRACTION OF | Refundable once per year (1 January - 31 December) regardless of number |
| 53157 | 1392 | TYMPANOPLASTY WITH MASTOIDECTOMY | |
| 53249 | 1393 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY | |
| 55376 | 1394 | TYMPANOPLASTY, SECOND TIME OF | |
| 53124 | 1395 | EXPLORATORY TYMPANOTOMY | |
| 53306 | 1396 | TUMOURS OF THE MIDDLE EAR, REMOVAL OF | |

Nose and Paranasal Sinuses

Rhinoseptoplasty and septoplasty operations for aesthetic purposes, or following surgical aesthetic corrections or attributable to these, regardless of Health Plan, are never refundable even if they are described case-by-case in the Nomenclature and even when they are concurrent with other refundable operations provided for in the Plan itself. For rhinoseptoplasty and septoplasty operations, if provided for in your Health Plan and regardless of Health Plan, submission of pre- and post-operation photographs and pre-operation rhinomanometry (or pre-operation CT scan) is obligatory in order to exclude their being for aesthetic purposes.

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| 53835 | 1397 | ADENOIDECTOMY | |
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| 53843 | 1398 | ADENOTONSILLECTOMY | |
| 53579 | 1399 | CHOANAL ATRESIA, SURGERY FOR | |
| 53728 | 1400 | FRONTAL SINUS CATHETERISATION | |
| 53512 | 1401 | CYSTS AND SMALL BENIGN TUMOURS OF THE NASAL CAVITIES, REMOVAL OF | |
| 53447 | 1402 | FOREIGN BODIES, REMOVAL OF | |
| 53686 | 1403 | CHOANAL BONE DIAPHRAGM, REMOVAL BY TRANSPALATINE ROUTE | |
| 53439 | 1404 | HAEMATOMA, SEPTAL ABSCESS, DRAINAGE | |
| 53595 | 1405 | ETHMOID, UNILATERAL RADICAL DRAINAGE (AS A SINGLE OPERATION) | |
| 53603 | 1406 | ETHMOID, BILATERAL ROOT DRAINAGE (AS A SINGLE OPERATION) | |
| 55384 | 1407 | ORAL-ANTRAL FISTULAS | |
| 53538 | 1408 | NASAL BONE FRACTURES, REDUCTION OF | |
| 53736 | 1409 | SINUS INSTILLATION (PER THERAPY CYCLE) | |
| 53520 | 1410 | OZENA, SURGICAL TREATMENT OF | |
| 53587 | 1411 | NASAL OR CHOANAL POLYPS, SIMPLE REMOVAL OF | |
| 55392 | 1412 | RHINOPHYMA, OPERATION | |
| 53561 | 1413 | RHINOSEPTOPLASTY WITH FREE BONE GRAFTS (EXCLUDING AESTHETIC PURPOSES, PROVEN BY PREOPERATIVE RHINOMANOMETRY) | |
| 53553 | 1414 | RECONSTRUCTIVE OR FUNCTIONAL RHINOSEPTOPLASTY WITH TURBINOTOMY (EXCLUDING AESTHETIC PURPOSES, PROVEN BY PREOPERATIVE RHINOMANOMETRY) | |
| 55400 | 1415 | RHINOSEPTOPLASTY, REVISION OF FUNCTIONAL OR RECONSTRUCTIVE SURGERY (EXCLUDING AESTHETIC PURPOSES, PROVEN BY PREOPERATIVE RHINOMANOMETRY) | |
| 55418 | 1416 | PARANASAL SINUSES, MUCOCELE SURGERY | |
| 53660 | 1417 | PARANASAL SINUSES, RADICAL SURGERY OR UNILATERAL FESS (FUNCTIONAL ENDOSCOPIC SINUS SURGERY) | |
| 55426 | 1418 | PARANASAL SINUSES, RADICAL SURGERY OR BILATERAL FESS (FUNCTIONAL ENDOSCOPIC SINUS SURGERY) | |
| 53645 | 1419 | FRONTAL SINUS, EXTERNAL EMPTYING | |
| 53637 | 1420 | FRONTAL SINUS, NASAL EMPTYING (AS A SINGLE OPERATION) | |
| 53744 | 1421 | MAXILLARY SINUS, DIAGNOSTIC PUNCTURE OF THE | |
| 53611 | 1422 | MAXILLARY SINUS, UNILATERAL RADICAL SINUS EMPTYING (AS A SINGLE OPERATION) | |
| 55434 | 1423 | MAXILLARY SINUS, BILATERAL RADICAL SINUS EMPTYING (AS A SINGLE OPERATION) | |
| 53652 | 1424 | SPHENOIDAL SINUS, TRANSNASAL OPENING (AS A SINGLE OPERATION) | |
| 55442 | 1425 | CONSERVATIVE NEUROVASCULAR DECOMPRESSIVE SEPTAL-ETHMOIDOPHENOTOMY WITH FUNCTIONAL TURBINOTOMIES | |
| 55459 | 1426 | FIRST AND SECOND DEGREE UNILATERAL EXTENDED RADICAL NEUROVASCULAR DECOMPRESSIVE SEPTAL-ETHMOIDOPHENOTOMY | |

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| 55467 | 1427 | THIRD DEGREE UNILATERAL EXTENDED RADICAL NEUROVASCULAR DECOMPRESSIVE SEPTAL-ETHMOIDOPHENOTOMY | |
| 53504 | 1428 | RECONSTRUCTIVE OR FUNCTIONAL SEPTOPLASTY WITH TURBINOTOMY | |
| 53454 | 1429 | NASAL SYNECHIAE, REMOVAL OF | |
| 53488 | 1430 | SPURS OR SEPTAL RIDGES, REMOVAL OF | |
| 53413 | 1431 | ANTERIOR NASAL TAMPONADE | |
| 53421 | 1432 | ANTERO-POSTERIOR NASAL TAMPONADE | |
| 53710 | 1433 | BENIGN TUMOURS OF THE PARANASAL SINUSES, REMOVAL OF | |
| 53678 | 1434 | MALIGNANT TUMOURS OF THE NOSE OR SINUSES, REMOVAL OF | |
| 53769 | 1435 | LOWER TURBINATES, FUNCTIONAL EMPTYING (AS A SINGLE OPERATION) | |
| 53462 | 1436 | TURBINATES, CAUTERIZATION OF (AS A SINGLE OPERATION) | |
| 53470 | 1437 | TURBINOTOMY (AS A SINGLE OPERATION) | |
| 53496 | 1438 | SEPTAL VARICES, CAUTERIZATION TREATMENT | |
| <i>Pharynx and Oral cavity</i> | | | |
| 53850 | 1439 | PERITONSILLAR ABSCESS, INCISION. | |
| 53918 | 1440 | RETROPHARYNGEAL OR LATERO-PHARYNGEAL ABSCESS | |
| 53926 | 1441 | ENDOPHARYNGEAL FOREIGN BODIES, REMOVAL OF | |
| 59657 | 1442 | PARTIAL PHARYNGECTOMY | |
| 53884 | 1443 | NASOPHARYNGEAL FIBROMA | |
| 55475 | 1444 | LEUKOPLAKIA, REMOVAL | |
| 55483 | 1445 | PARAPHARYNGEAL NEOPLASMS | |
| 53819 | 1446 | TONSILLECTOMY | |
| 53868 | 1447 | BENIGN PHARYNGOTONSILLAR TUMOUR, REMOVAL OF | |
| 53876 | 1448 | MALIGNANT PHARYNGOTONSILLAR TUMOUR, REMOVAL OF | |
| 53983 | 1449 | UGULOTOMY | |
| 53959 | 1450 | VELOPHARYNGOPLASTY OR HYOID BONE ADVANCEMENT | |
| <i>Larynx and hypopharynx</i> | | | |
| 54163 | 1451 | ADDUCTORS, SURGERY FOR PARALYSIS OF | |
| 54056 | 1452 | ABSCESS OF THE EPIGLOTTIS, INCISION | |
| 54205 | 1453 | LARYNGOSCOPY BIOPSY | |
| 54213 | 1454 | MICROLARYNGOSCOPY BIOPSY | |
| 54197 | 1455 | ENDOLARYNGEAL CAUTERIZATION | |

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| 54247 | 1456 | VOCAL CORDS, MICROLARYNGOSCOPY DECORTICATION | |
| 54106 | 1457 | CORDECTOMY | |
| 55491 | 1458 | LASER CORDECTOMY | |
| 54031 | 1459 | FOREIGN BODIES, REMOVAL BY LARYNGOSCOPY | |
| 54155 | 1460 | LARYNGEAL DIAPHRAGM, EXCISION WITH PLASTIC SURGERY RECONSTRUCTION | |
| 54221 | 1461 | LARYNGEAL DILATION (PER SESSION) | |
| 59665 | 1462 | EPIGLOTTISECTOMY | |
| 54114 | 1463 | PARTIAL LARYNGECTOMY | |
| 55509 | 1464 | PARTIAL LARYNGECTOMY WITH UNILATERAL LATEROCERVICAL EMPTYING | |
| 55525 | 1465 | TOTAL LARYNGECTOMY WITHOUT LATEROCERVICAL EMPTYING | |
| 54122 | 1466 | TOTAL LARYNGECTOMY WITH UNILATERAL LATEROCERVICAL EMPTYING | |
| 55517 | 1467 | TOTAL LARYNGECTOMY WITH BILATERAL LATEROCERVICAL EMPTYING | |
| 55533 | 1468 | LARYNGOCELE | |
| 54130 | 1469 | TOTAL LARYNGOPHARYNGECTOMY | |
| 54015 | 1470 | BENIGN NEOFORMATIONS, REMOVAL BY LARYNGOSCOPY | |
| 54023 | 1471 | BENIGN NEOFORMATIONS, REMOVAL BY MICROLARYNGOSCOPY | |
| 55541 | 1472 | BENIGN NEOFORMATIONS, ORGANIC AND FUNCTIONAL STENOSIS IN LARYNGEAL MICROSURGERY WITH CO2 LASER | |
| 54072 | 1474 | LARYNGEAL PAPILOMA | |
| 54064 | 1475 | PERICHONDritis AND PERILARYNGEAL ABSCESS | |
| 56671 | 1476 | NASOLARYNGOSCOPY WITH FLEXIBLE FIBRE OPTIC FIBERSCOPE DURING THE EXAMINATION | |
| <i>Interventional radiology</i> | | | |
| <p>The items, if provided for and to the extent provided for by the Health Plan, include the entire medical-surgical-radiological-anaesthesiological team, the use of contrast, the necessary X-rays (all necessary projections) and the professional fee for the possible application of stents (except in the cases described). There are no exceptions. Any high-cost special materials, if provided for by the Health Plan - except as set out case-by-case in this Nomenclature or as considered included - and any medications are refunded as described in the relevant Section D. - Medications and Materials. Tract is defined as: cervical column or dorsal column or lumbo-sacral column. For refund purposes, therefore, the valuation of the operation/s will be equal to 1 if the procedure itself involves the same tract. All services/operations listed below can be carried out with any technique, equipment/instrumentation, except in the cases described.</p> | | | |
| 80796 | 1477 | ABDOMINAL AND ILIAC AORTA ARTERIOGRAPHY PLUS ANGIOPLASTY | |
| 80804 | 1478 | ABDOMINAL AORTA ARTERIOGRAPHY PLUS RENAL ARTERY ANGIOPLASTY | |
| 80812 | 1479 | ABDOMINAL AORTA ARTERIOGRAPHY PLUS SELECTIVE COMPLEX EMBOLIZATION (ANGIOMAS OR ARTERIOVENOUS FISTULAS OR ANEURYSMS) | |
| 80820 | 1480 | ABDOMINAL AORTA ARTERIOGRAPHY PLUS SIMPLE EMBOLIZATION OF TUMOURS | |
| 59673 | 1481 | ARTERIOGRAPHY WITH ALCOHOLIZATION OF LESIONS OF ANY ORGAN | |
| 59681 | 1482 | ARTERIOGRAPHY WITH EMBOLIZATION OF PERIPHERAL | |

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| | | ARTERY ANEURYSMS | |
| 80838 | 1483 | CAVOGRAPHY WITH TEMPORARY OR PERMANENT ENDOLUMINAL CAVAL FILTER PLACEMENT (INCLUDING SUBSEQUENT REMOVAL) | |
| 58009 | 1484 | KYPHOPLASTY OR VERTEBROPLASTY | |
| 80846 | 1485 | PERCUTANEOUS OPERATIVE CHOLANGIOGRAPHY WITH UNILATERAL OR BILATERAL BILIARY DRAINAGE FOR ANY BENIGN OR MALIGNANT PATHOLOGY | |
| 58017 | 1486 | PERCUTANEOUS OPERATIVE CHOLANGIOGRAPHY WITH UNILATERAL OR BILATERAL BILIARY DRAINAGE FOR ANY BENIGN OR MALIGNANT PATHOLOGY WITH GALLSTONE REMOVAL, BILIOPLASTY, MULTIPLE ENDOPROSTHESIS PLACEMENT | |
| 80853 | 1487 | PERCUTANEOUS OPERATIVE CHOLANGIOGRAPHY WITH DOUBLE BILIARY DRAINAGE OR WITH ENDOPROSTHESIS | |
| 59698 | 1488 | CHOLANGIOPANCREATOGRAPHY (ERCP) WITH PAPILOSPHINCTEROTOMY AND POSSIBLE STONE REMOVAL, INCLUDING POSSIBLE NASO-BILIARY PROBE | |
| 58025 | 1489 | CHOLANGIOPANCREATOGRAPHY (ERCP) WITH PAPILOSPHINCTEROTOMY AND LITHOTRIPSY AND SUBSEQUENT STONE REMOVAL INCLUDING POSSIBLE NASO-BILIARY PROBE | |
| 59706 | 1490 | CHOLANGIOPANCREATOGRAPHY (ERCP) WITH PAPILOSPHINCTEROTOMY, WITH PROSTHESIS (METAL OR PLASTIC) | |
| 58033 | 1491 | DIAGNOSTIC CHOLANGIOPANCREATOGRAPHY (ERCP) | |
| 80861 | 1492 | OPERATIVE CHOLANGIOPANCREATOGRAPHY WITH POSSIBLE PLACEMENT AND/OR REMOVAL OF PROSTHESIS, INCLUDING EXAMINATION | |
| 80879 | 1493 | PERCUTANEOUS CT/ECHO-GUIDED DRAINAGE OF ABSCESSSES AND/OR COLLECTED THORACIC OR ABDOMINAL FLUID OR MUSCLE INFILTRATIONS FOR MYOFASCIAL SYNDROME (INCLUDING EXAMINATIONS AND RADIOLOGY) | |
| 57054 | 1494 | PERCUTANEOUS DILATATION OF URETERAL STENOSIS WITH OR WITHOUT STENT PLACEMENT | |
| 42796 | 1495 | ENDOSCOPIC BILIARY DRAINAGE | |
| 58041 | 1496 | UNILATERAL TUBAL UNBLOCKING | |
| 58058 | 1497 | BILATERAL TUBAL UNBLOCKING | |
| 58066 | 1498 | UTERINE FIBROMAS EMBOLIZATION | |
| 80887 | 1499 | EMBOIZATION OF MALFORMATIONS AND/OR ANEURYSMS AND/OR CEREBRAL VASCULAR FISTULAS OR ENDOCRANIAL TUMOURS | |
| 80895 | 1500 | FIBRINOLYSIS ARTERIAL OCCLUSION | |
| 80903 | 1501 | PHLEBOGRAPHY WITH ENDOLUMINAL SCLEROSIS OF THE INTERNAL SPERMATIC VEIN OR UNILATERAL OVARIAN VEIN | |
| 80911 | 1502 | PHLEBOGRAPHY WITH ENDOLUMINAL SCLEROSIS OF THE INTERNAL SPERMATIC VEIN OR BILATERAL OVARIAN VEIN | |
| 80929 | 1503 | UNILATERAL PERCUTANEOUS OPERATIVE PYELOGRAPHY WITH DRAINAGE | |
| 80937 | 1504 | BILATERAL PERCUTANEOUS OPERATIVE PYELOGRAPHY WITH DRAINAGE | |
| 58074 | 1505 | PERCUTANEOUS PSEUDOCYSTOGASTROSTOMY WITH STOMACH PUNCTURE AND TRANSHEPATIC DRAINAGE | |

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| 57062 | 1506 | PLACEMENT OF GASTROINTESTINAL STENTS (OESOPHAGEAL, DUODENAL, COLIC, ETC.) | |
| 58082 | 1507 | CAROTID STENT PLACEMENT WITH CEREBRAL PROTECTION SYSTEM FOR CAROTID STENOSIS TREATMENT | |
| 57070 | 1508 | PLACEMENT OF TRACHEAL STENTS | |
| 58090 | 1509 | ULTRASOUND-GUIDED HEPATIC ARTERIAL PORT-A-CATH PLACEMENT WITH HEPATIC ARTERIOGRAPHY AND GASTRODUODENAL ARTERY EMBOLIZATION | |
| 58109 | 1510 | PERCUTANEOUS PSEUDOCYSTOGASTROSTOMY FOR REMOVAL OF TRANSGASTRIC DRAINAGE AND PLACEMENT OF PSEUDOCYSTOGASTRIC ENDOPROSTHESIS | |
| 58117 | 1511 | THERMOABLATION OR CRYOABLATION OF PRIMARY OR METASTATIC NEOPLASMS | |
| 58125 | 1512 | TRANSCROTAL + RETROGRADE AND ANTEROGRADE INTERNAL SPERMATIC PHLEBOGRAPHY, MICROSURGERY FOR | |
| 58133 | 1513 | ENDOVASCULAR TREATMENT OF ILIAC ARTERY ANEURYSMS | |
| 58141 | 1514 | ENDOVASCULAR TREATMENT OF COMMON ILIAC ARTERY ANEURYSMS AND HYPOGASTRIC ARTERY EMBOLIZATION | |
| 58158 | 1515 | TIPS (PORT-SUPERHEPATIC SHUNT) | |

Urology

Any high-cost special materials, if provided for by the Health Plan - except as set out case-by-case in this Nomenclature or as considered included - and any medications are refunded as described in the relevant Section D. - Medications and Materials. All services/operations listed below, if provided for and within the limits of the Health Plan, can be performed using any technique, equipment/instrumentation, except as described.

Endoscopic procedures include instrumentation/equipment (disposable materials related to the instrumentation), any urethrotomy, lysis of transurethral adhesions, and incision of the bladder neck.

Please note that the term "single session" is meant regardless of the number of services carried out.

Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

Small operations and urological diagnostics

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| 49056 | 1516 | CHANGING OF CYSTOSTOMY TUBE | |
| 49064 | 1517 | CHANGING OF PYELOSTOMY TUBE | |
| 55558 | 1518 | BLADDER CATHETERISATION IN WOMEN (AS A SINGLE SERVICE) | |
| 49015 | 1519 | BLADDER CATHETERISATION IN MEN WITH STENOTIC PATHOLOGY (AS A SINGLE SERVICE) | |
| 56689 | 1520 | CYSTOMANOMETRY | |
| 57089 | 1521 | DILATION OF THE URETHRAL MEATUS (AS A SINGLE SERVICE) | |
| 73692 | 1522 | COMPLETE URODYNAMIC EXAMINATION | |
| 73700 | 1523 | URODYNAMIC EXAMINATION PLUS PHARMACOLOGICAL TESTS | |
| 56697 | 1524 | BLADDER INSTILLATION WITH CHEMOTHERAPY (PER SESSION, INCLUDING BLADDER CATHETERISATION) | |
| 50419 | 1525 | PARAPHIMOSIS, NON-INVASIVE REDUCTION OF | |
| 49049 | 1526 | PROSTATE, MASSAGE OF (FOR DIAGNOSTIC PURPOSES) | |

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| 49031 | 1527 | URETHRA, DILATION WITH SOFT OR RIGID PROBES (PER SESSION) | |
| 73643 | 1528 | UROFLOWMETRY (SERVICES AVAILABLE ON OUTPATIENT BASIS - SEE INTRODUCTION) | |
| Diagnostic endoscopy | | | |
| 55574 | 1529 | CYTOLOGICAL BRUSHING IN CYSTOSCOPY (AS A SINGLE OPERATION) | |
| 49148 | 1530 | CHROMOCYSTOSCOPY AND UNILATERAL URETERAL CATHETERISATION | |
| 49155 | 1531 | CHROMOCYSTOSCOPY AND BILATERAL URETERAL CATHETERISATION | |
| 49130 | 1532 | CHROMOCYSTOSCOPY FOR FUNCTIONAL EVALUATION | |
| 57097 | 1533 | DIAGNOSTIC PERCUTANEOUS PYELOURETEROSCOPY | |
| 49205 | 1534 | URETEROSCOPY AND/OR URETERORENOSCOPY (ALL-INCLUSIVE) | |
| 49122 | 1535 | SIMPLE URETHROCYSTOSCOPY (AS SINGLE DIAGNOSTIC PROCEDURE) | |
| 56705 | 1536 | SIMPLE URETHROCYSTOSCOPY UNDER SEDATION INCLUDING ANAESTHETIST (AS SINGLE DIAGNOSTIC PROCEDURE) | |
| 49213 | 1537 | URETHROCYSTOSCOPY WITH BIOPSY(S) (AS A SINGLE OPERATION) | |
| Operative Endoscopy | | | |
| <p>Endoscopic procedures include instrumentation/equipment (disposable materials related to the instrumentation), any urethrotomy, lysis of transurethral adhesions, and incision of the bladder neck.</p> <p>Please note that the term "single session" is meant regardless of the number of services carried out.</p> <p>Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.</p> | | | |
| 49254 | 1538 | URETERAL STONES, EXTRACTION WITH SPECIAL PROBES | |
| 55582 | 1539 | BLADDER NECK, ENDOSCOPIC UNBLOCKING OPERATIONS | |
| 49247 | 1540 | FOREIGN BODIES IN BLADDER, CYSTOSCOPIC EXTRACTION OF | |
| 57105 | 1541 | DIATHERMOCOAGULATION OF BLADDER DIVERTICULA | |
| 49221 | 1542 | ELECTROCOAGULATION OF SMALL BLADDER TUMOURS - PER SESSION | |
| 58166 | 1543 | ENDOPELOLITHOTOMY FOR STENOSIS OF THE PYELO-URETERAL JOINT | |
| 49197 | 1544 | URETERAL FORMATIONS, ENDOSCOPIC RESECTION OF | |
| 55590 | 1545 | URINARY INCONTINENCE, OPERATION (TEFLON) | |
| 55608 | 1546 | URETERAL LITHOTRIPSY WITH ULTRASOUND, LASER, ETC. | |
| 49270 | 1547 | LITHOTRIPSY, ENDOSCOPIC BLADDER LITHOLAPAXY | |
| 49171 | 1548 | URETERAL MEATOTOMY (AS A SINGLE OPERATION) | |
| 49163 | 1549 | URETHRAL MEATOTOMY (AS A SINGLE OPERATION) | |
| 49304 | 1550 | BLADDER NEOPLASM, ENDOSCOPIC RESECTION OF | |

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| 57113 | 1551 | OPERATIVE PERCUTANEOUS PYELOURETEROSCOPY | |
| 56713 | 1552 | PROSTATE, SURGERY WITH LASER OR INTERSTITIAL METHODS | |
| 49296 | 1553 | PROSTATE, ENDOSCOPIC RESECTION OR VAPORISATION OF (ANY TECHNIQUE AND EQUIPMENT, EXCLUDING CASES DESCRIBED) | |
| 55632 | 1554 | URETERAL BLADDER REFLUX, ENDOSCOPIC OPERATION (TEFLON) | |
| 56721 | 1555 | URETERAL STENTS, REMOVAL OF | |
| 55640 | 1556 | UNILATERAL URETERAL STENTING (AS A SINGLE OPERATION) | |
| 55657 | 1557 | BILATERAL URETERAL STENTING (AS A SINGLE OPERATION) | |
| 49189 | 1558 | URETEROCELE, ENDOSCOPIC SURGERY FOR | |
| 49262 | 1559 | ENDOSCOPIC URETHROTOMY (AS A SINGLE OPERATION) | |
| 55665 | 1560 | URETHRAL VALVE, ENDOSCOPIC RESECTION (AS A SINGLE OPERATION) | |
| 55673 | 1561 | WALL STENT FOR URETHRAL STENOSIS INCLUDING CYSTOSTOMY | |
| 55681 | 1562 | WALL STENT FOR ENDOSCOPIC URETHRAL STENOSIS (UROLUMEN) | |

Urology - Surgical procedures

Please note that some tests can be carried out on an outpatient basis, so that approval of these within the context of hospitalisation (any) will be subject to an assessment of the documented systemic pictures of critical relevance to the patient's health. In the context of a claim, for services received during hospitalisation (any), detailed medical documentation must be attached in which the reasons for the choice to use hospitalisation is highlighted.

Kidney

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| 49502 | 1563 | PERCUTANEOUS RENAL NEEDLE BIOPSY | |
| 49346 | 1564 | SURGICAL BIOPSY OF THE KIDNEY (AS A SINGLE OPERATION) | |
| 55699 | 1565 | PERCUTANEOUS RENAL CYST, PUNCTURE OF | |
| 55707 | 1566 | RENAL CYST, PERCUTANEOUS EVACUATION PUNCTURE WITH INJECTION OF SCLEROSING SUBSTANCES | |
| 55715 | 1567 | RENAL CYST, RESECTION | |
| 55723 | 1568 | HEMINEPHRECTOMY | |
| 49353 | 1569 | LUMBOTOMY FOR PARARENAL ABSCESSSES | |
| 49379 | 1570 | WIDER NEPHRECTOMY FOR TUMOUR WITH POSSIBLE TREATMENT OF CAVAL THROMBUS (INCLUDING SURRENECTOMY) | |
| 55764 | 1571 | POLAR NEPHRECTOMY | |
| 49361 | 1572 | SIMPLE NEPHRECTOMY | |
| 56739 | 1573 | UNILATERAL PERCUTANEOUS NEPHROLITHOTRIPSY | |
| 56747 | 1574 | BILATERAL PERCUTANEOUS NEPHROLITHOTRIPSY | |
| 49320 | 1575 | NEPHROPESESSES | |
| 55624 | 1576 | UNILATERAL PERCUTANEOUS NEPHROSTOMY | |

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| 55616 | 1577 | BILATERAL PERCUTANEOUS NEPHROSTOMY | |
| 55772 | 1578 | RADICAL NEPHROURETERECTOMY WITH LYMPHADENECTOMY PLUS POSSIBLE SURRENECTOMY, SURGERY FOR | |
| 49411 | 1579 | RADICAL NEPHROURETERECTOMY (INCLUDING POSSIBLE SURRENECTOMY) | |
| 49437 | 1580 | PYELOCALICULOTOMY (AS A SINGLE OPERATION) | |
| 49494 | 1581 | PYELOCENTESIS (AS A SINGLE OPERATION) | |
| 55780 | 1582 | COMPLEX PYELONEPHROLITHOTOMY (NEPHROTOMY AND/OR BIVALVE), SURGERY OF | |
| 49445 | 1583 | PLASTIC PIELOURETER FOR STENOSIS OF THE JOINT | |
| 49452 | 1584 | SURRENECTOMY (COMPLETE TREATMENT) | |
| 49460 | 1585 | KIDNEY TRANSPLANT (INCLUSIVE OF ALL SERVICES AND MEDICAL EXPLANTATION AND IMPLANTATION OPERATIONS) | |
| Ureter | | | |
| 56754 | 1586 | URETERO-INTESTINAL FISTULA, SURGERY FOR (ANY TECHNIQUE) | |
| 56762 | 1587 | URETERO-INTESTINAL FISTULA, OPERATION WITH INTESTINAL RESECTION AND ANASTOMOSIS (ANY TECHNIQUE) | |
| 56770 | 1588 | URETEROVAGINAL FISTULAS, SURGERY FOR (ANY TECHNIQUE) | |
| 58174 | 1589 | MEGAURETER, REMODELLING SURGERY | |
| 49650 | 1590 | TRANSURETERO-URETEROANASTOMOSIS (AS A SINGLE OPERATION) | |
| 57121 | 1591 | SEGMENTAL URETERECTOMY | |
| 49627 | 1592 | UNILATERAL URETEROCYSTONEOSTOMY (AS A SINGLE OPERATION) | |
| 49635 | 1593 | BILATERAL URETEROCYSTONEOSTOMY (AS A SINGLE OPERATION) | |
| 49544 | 1594 | UNILATERAL URETEROCUTANEOSTOMY | |
| 49551 | 1595 | BILATERAL URETEROCUTANEOSTOMY | |
| 49510 | 1596 | URETEROENTEROPLASTY WITH CONTINENT POCKETS (UNILATERAL), SURGERY OF | |
| 49866 | 1597 | URETEROENTEROPLASTY WITH CONTINENT POCKETS (BILATERAL), SURGERY OF | |
| 49569 | 1598 | UNILATERAL URETERO-ILEO-ANASTOMOSIS (AS A SINGLE OPERATION) | |
| 49577 | 1599 | BILATERAL URETERO-ILEO-ANASTOMOSIS (AS A SINGLE OPERATION) | |
| 55814 | 1600 | NON-CONTINENT URETERO-ILEOCUTANEOSTOMY | |
| 49585 | 1601 | URETEROLYSIS PLUS OMENTOPLASTY | |
| 49536 | 1602 | LOMBO-ILIAC URETEROLITHOTOMY | |
| 49528 | 1603 | PELVIC URETEROLITHOTOMY | |
| 49601 | 1604 | UNILATERAL URETEROSIGMOIDOSTOMY | |
| 49619 | 1605 | BILATERAL URETEROSIGMOIDOSTOMY | |

| <i>Bladder</i> | | | |
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| 49775 | 1606 | ABSCESS OF THE RETZIUS PREVESICAL SPACE | |
| 55822 | 1607 | PARTIAL CYSTECTOMY WITH URETEROCYSTONEOSTOMY | |
| 49692 | 1608 | SIMPLE PARTIAL CYSTECTOMY | |
| 49718 | 1609 | TOTAL CYSTECTOMY INCLUDING LYMPHADENECTOMY AND PROSTATOVESICULECTOMY OR UTEROANNESSECTOMY WITH ILEUM OR COLOBLADDER | |
| 55848 | 1610 | TOTAL CYSTECTOMY INCLUDING LYMPHADENECTOMY AND PROSTATOVESICULECTOMY OR UTEROANNEXECTOMY WITH RECTAL NEOBLADDER INCLUDED | |
| 55830 | 1611 | TOTAL CYSTECTOMY INCLUDING LYMPHADENECTOMY AND PROSTATOVESICULECTOMY OR UTEROANNESSECTOMY WITH BILATERAL URETEROSIGMOIDOSTOMY OR URETEROCUTANEOSTOMY | |
| 56788 | 1612 | CYSTOCENTESIS (AS A SINGLE OPERATION) | |
| 55855 | 1613 | CYSTOLITHOTOMY (AS A SINGLE OPERATION) | |
| 49684 | 1614 | CYSTOPEXY | |
| 49726 | 1615 | CYSTORRHAPHY FOR TRAUMATIC RUPTURE | |
| 49676 | 1616 | SUPRAPUBIC CYSTOSTOMY (AS A SINGLE OPERATION) | |
| 49767 | 1617 | BLADDER NECK, Y/V PLASTY (AS A SINGLE OPERATION) | |
| 49742 | 1618 | DIVERTICULECTOMY | |
| 55863 | 1619 | BLADDER EXTROPHY (COMPLETE TREATMENT) | |
| 49809 | 1620 | FISTULA AND/OR CYST OF THE URACHUS, SURGERY FOR | |
| 49825 | 1621 | SUPRAPUBIC FISTULA, SURGERY FOR (AS THE ONLY OPERATION) | |
| 49791 | 1622 | VESICO-INTESTINAL FISTULA WITH INTESTINAL RESECTION AND/OR CYSTOPLASTY, SURGERY FOR | |
| 49783 | 1623 | VESICO-VAGINAL OR VESICO-RECTAL FISTULA, SURGERY FOR | |
| 56796 | 1624 | URINARY INCONTINENCE IN WOMEN, VAGINAL OR ABDOMINAL SURGERY | |
| 49817 | 1625 | BLADDER, PLASTIC SURGERY FOR ENLARGEMENT (COLON/ILEUM) | |
| 49841 | 1626 | BILATERAL ANTIREFLUX VESICOPLASTY | |
| 49833 | 1627 | UNILATERAL ANTIREFLUX VESICOPLASTY | |
| <i>Prostate</i> | | | |
| 49965 | 1628 | ULTRASOUND-GUIDED NEEDLE PROSTATE ASPIRATION/AGOBIOPSY (ANY NUMBER OF SAMPLES, PROVEN BY HISTOLOGICAL EXAMINATION REPORT) | |
| 49957 | 1629 | TREATMENT FOR PROSTATE DISEASE USING PROSTATHERMER (PER ANNUAL TREATMENT CYCLE) | Refundable once a year (ref. invoice) |
| 56804 | 1630 | LAPAROTOMIC LYMPHADENECTOMY (AS A SINGLE OPERATION) | |
| 49924 | 1631 | RADICAL PROSTATECTOMY FOR CARCINOMA WITH LYMPHADENECTOMIES, INCLUDING POSSIBLE LIGATION OF THE VAS DEFERENS (ANY ACCESS AND TECHNIQUE) | |

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| 49916 | 1632 | SUBCAPSULAR PROSTATECTOMY FOR ADENOMA | |
| Urethra | | | |
| 50039 | 1633 | STONES OR FOREIGN BODIES, REMOVAL OF | |
| 55871 | 1634 | URETHRAL CARUNCLE | |
| 50013 | 1635 | CYSTS OR DIVERTICULA OR PARAURETHRAL ABSCESES, SURGERY FOR | |
| 55889 | 1636 | DIATHERMOCOAGULATION OF URETHRAL CONDYLOMAS WITH FLAT URETHRAL PLACEMENT | |
| 50104 | 1637 | EPISPADIAS OR BALANIC HYPOSPADIAS AND URETHROPLASTY, SURGERY FOR | |
| 50112 | 1638 | EPISPADIAS OR PENILE HYPOSPADIAS AND URETHROPLASTY, SURGERY FOR | |
| 55897 | 1639 | URETHRAL FISTULAS | |
| 50153 | 1640 | URINARY INCONTINENCE, APPLICATION OF ARTIFICIAL SPHINCTERS | |
| 50120 | 1641 | SCROTAL OR PERINEAL HYPOSPADIAS, SURGERY FOR (COMPLETE TREATMENT-PLASTY) | |
| 50088 | 1642 | MEATOTOMY AND MEATOPLASTY | |
| 50021 | 1643 | MEATUS POLYPS, COAGULATION OF | |
| 55905 | 1644 | URETHRAL MUCOSAL PROLAPSE | |
| 50062 | 1645 | URETHRAL RESECTION AND PENILE ANTERIOR URETHRORRHAGE | |
| 50070 | 1646 | URETHRAL RESECTION AND POSTERIOR MEMBRANOUS URETHRORRHAGE | |
| 55913 | 1647 | TRAUMATIC RUPTURE OF THE URETHRA | |
| 50161 | 1648 | MICTURITION REHABILITATION THERAPY (INPATIENT, PER SESSION) | |
| 57046 | 1649 | SEGMENTAL URETHRECTOMY | |
| 55921 | 1650 | TOTAL URETHRECTOMY | |
| 55939 | 1651 | URETHROPLASTIES (IN ONE SESSION), SURGERY OF | |
| 50096 | 1652 | URETHROPLASTY (FREE OR PEDUNCULATED FLAPS), COMPLETE TREATMENT | |
| 50054 | 1653 | PERINEAL URETHROSTOMY | |
| Male Genital System | | | |
| A peniscopy, regardless of Health Plan, is included in the specialist consultation (if this is provided for and in any case under the conditions specified). | | | |
| 50435 | 1654 | APPLICATION OF TESTICULAR PROSTHESIS (AS A SINGLE OPERATION) | |
| 55947 | 1655 | UNILATERAL TESTICULAR BIOPSY | |
| 55954 | 1656 | BILATERAL TESTICULAR BIOPSY | |
| 50369 | 1657 | CYSTS OF THE FUNICULUS AND EPIDIDYMIS, EXERESIS | |
| 56002 | 1658 | CORPOROPLASTY (AS A SINGLE OPERATION) | |

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| 50245 | 1659 | TOTAL HAEMASCULATIO AND POSSIBLE LYMPHADENECTOMY | |
| 50344 | 1660 | EPIDIDYMECTOMY | |
| 50211 | 1661 | PHIMOSIS WITH FRENULUM PLASTIC SURGERY, CIRCUMCISION FOR | |
| 55962 | 1662 | SCROTAL OR INGUINAL FISTULAS | |
| 55970 | 1663 | FRENULOTOMY AND FRENULOPLASTY | |
| 50377 | 1664 | FUNICULUS, SURGICAL DETORSION OF THE | |
| 50260 | 1665 | HYDROCELE, SURGERY FOR | |
| 50252 | 1666 | HYDROCELE, PUNCTURE OF | |
| 50294 | 1667 | UNILATERAL ORCHIDOPEXY | |
| 50492 | 1668 | BILATERAL ORCHIDOPEXY | |
| 50328 | 1669 | WIDER ORCHIDECTOMY WITH UNILATERAL ABDOMINAL OR RETROPERITONEAL LYMPHADENECTOMY | |
| 58182 | 1670 | WIDER ORCHIDECTOMY WITH BILATERAL ABDOMINAL OR RETROPERITONEAL LYMPHADENECTOMY | |
| 50302 | 1671 | BILATERAL SUBCAPSULAR ORCHIDECTOMY | |
| 50336 | 1672 | UNILATERAL ORCHIEPIDIMECTOMY WITH POSSIBLE PROSTHESIS | |
| 50427 | 1673 | BILATERAL ORCHIEPIDIMECTOMY WITH POSSIBLE PROSTHESIS | |
| 50401 | 1674 | PARAPHIMOSIS, OPERATION FOR (AS THE ONLY OPERATION) | |
| 50229 | 1675 | PENIS, PARTIAL AMPUTATION OF | |
| 50237 | 1676 | PENIS, TOTAL AMPUTATION WITH LYMPHADENECTOMY | |
| 56010 | 1677 | PENIS, TOTAL AMPUTATION OF | |
| 50468 | 1678 | PRIAPISM (PERCUTANEOUS), SURGERY FOR | |
| 56028 | 1679 | PRIAPISM (SHUNT), SURGERY FOR | |
| 55996 | 1680 | BUCK'S FASCIA SCLEROSIS, SURGERY FOR (ANY TREATMENT) | |
| 50393 | 1681 | SCROTUM, RESECTION OF THE | |
| 56036 | 1682 | TESTICLE TRAUMA, REPAIR SURGERY FOR | |
| 56051 | 1683 | VARICOCELE WITH MICROSURGICAL TECHNIQUE | |
| 50278 | 1684 | VARICOCELE, SURGERY FOR | |

SECTION P. DIAGNOSTIC TESTS

The Fund refunds all tests listed and within the limits of this Nomenclature only if they are provided for by the individual Covers of the Health Plans (as provided for by these), only if carried out for diagnostic-therapeutic purposes and according to the diagnostic protocols validated by conventional medicine. Tests related to research and/or clinical trials are excluded.

To obtain a refund you must, in addition to the expenditure documentation, submit details of the services performed as well as the prescription of the specialist and/or general practitioner, together with obligatory specification of the type of pathology and/or the diagnostic query that made the tests necessary. The Fund does not refund services related to check-ups regardless of the Health Plan, the type or the reason for which they are carried out.

FasiOpen reserves the right to: evaluate, on a case-by-case basis, the relevance of the tests carried out to the stated pathology; request a copy of the diagnostic reports, as well as the case records that already provide for it, should there be a need for further investigation.

Please remember that diagnostic tests are refundable, even if received upon payment of public healthcare charges, if the latter explicitly refer to services covered by the Nomenclature and included in the provisions of your Health Plan; i.e. if the service is covered by the FasiOpen Basic Nomenclature but is not listed among the outpatient diagnostic tests covered in your Health Plan, it cannot be refunded even if received upon payment of public healthcare charges. In the event of simultaneous payment of public healthcare charges for services in affiliation with the S.S.R. (Italian Regional Health Service) and private services, you must ask the healthcare facility to indicate not only the type of service but also the breakdown of the amounts between the those relating to public healthcare charges and those relating to private services. Please note that any quantitative and/or time limits for services will also apply to those subject to the payment public healthcare charges only.

As regards clinical analyses, please note that the taking of samples is included in the services themselves. Any claim for the taking of samples at home (if provided for by the Covers of the Health Plan), as an additional item to the test itself and limited to those covered by the Nomenclature and included in your Health Plan, must be clearly mentioned in the medical prescription and must be in-line with the pathology, i.e. it must be compatible with the clinical picture that made taking samples at home necessary.

For radiological tests and/or diagnostic tests using nuclear medicine, the relevant fees relate to complete examinations of projections and the number of x-rays needed for an exhaustive investigation to be provided. They also include radiologist fees and/or those of the nuclear medicine specialist and/or other specialists (e.g. anaesthetist/anaesthesiologist), of the technical staff and, where not otherwise expressly provided for in the specific branch introductions, also contrast media, materials, medicines and anything else necessary for the purposes of the test. Please also note that, for Cover-based Health Plans, the contrast medium is deemed to be a separate item so that any fixed and percentage excesses will also be applied to this item.

It is therefore excluded that healthcare facilities will charge clients of the Fund for the above services in addition to for the tests themselves.

For some diagnostic tests, a reduction of 50% is applicable on the second test (or, in any case, on the least costly one), as mentioned in the respective "Specific Branch Introductions". As regards the above, the term "during the same session" means during the same access to the healthcare facility (documented or detectable); thus, in the case of 2 tests carried out, the 50% reduction (where applicable) will be applied if a different access occasion is not unequivocally detectable.

Clinical Analyses

The taking of samples is included in the test referred to, except for in cases specifically described in the "Taking of Samples" section. In the latter case, please note that any claim for "sample taking at home", if provided for in the Health Plan, must be indicated in the medical prescription and must be supported by a clinical picture that is compatible with the claim itself. Analyses can be carried out with any technique or method and the fee is for each analysis except as specified for the individual items. Unless otherwise specified, tests relate to any type of liquid or biological tissue.

The Fund reserves the right to assess, on a case-by-case basis, the relevance of the tests carried out to the stated pathology.

Laboratory analyses and medical-surgical procedures envisaged for the treatment of stem cells are only payable if included in the Nomenclature and therefore in the Covers of the individual Health Plans and, in any case, within the limits set out by these.

All laboratory analyses listed in this Nomenclature are payable only and exclusively if provided for by the Covers of the individual Health Plan (within the relevant application context) and if invoiced by duly authorised analysis laboratories and accompanied by the relevant medical prescription with diagnosis. No other possibilities are available. All tests listed in the Nomenclature, including genetic analyses, if provided for by the Covers of the Health Plan and within the limits and conditions specified therein, are refunded if carried solely out for diagnostic-therapeutic purposes and according to the diagnostic protocols sanctioned by conventional medicine. Strictly excluded from refund are preventive medicine services (other than those expressly provided for in the FasiOpen prevention packages), experimental and/or research services, and anything else set out in "Exclusions" and in the "Services not covered by FasiOpen" paragraph within the Guides of the individual Health Plans.

Please note that "Total Proteinemia" tests are included within "Serum Protein Electrophoresis" tests.

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| 72199 | 1685 | 11 TOTAL CORTICOSTEROIDS | |
| 73007 | 1686 | 17 ALPHA HYDROXY PROGESTERONE (17 OHP) | |
| 72231 | 1687 | 17 HYDROXYCORTICOSTEROIDS | |

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| 72223 | 1688 | 17 KETOSTEROIDS | |
| 73908 | 1689 | 5 HYDROXYINDOLEACETIC (5 HIAA) | |
| 73882 | 1690 | 5 NUCLEOTIDASE | |
| 65038 | 1691 | ACETYLCHOLINESTERASE | |
| 71217 | 1692 | ACETONE OR ACETONURIA | |
| 71266 | 1693 | BILIARY ACIDS | |
| 71183 | 1694 | FREE FATTY ACIDS (NEFA) | |
| 73916 | 1695 | URINARY CITRIC ACID | |
| 71274 | 1696 | DELTA AMINO LEVULINIC ACID (ALA) | |
| 72751 | 1697 | NATIVE DEOXYRIBONUCLEIC ACID (NDNA) | |
| 70086 | 1698 | HIPPURIC ACID/METHYLLIPURIC ACID | |
| 65046 | 1699 | HYALURONIC ACID (HA) | |
| 71191 | 1700 | LACTIC ACID | |
| 73924 | 1701 | MANDELIC ACID | |
| 73932 | 1702 | HOMOVANILLIC ACID | |
| 70084 | 1703 | PARA-AMINO-HIPPURIC ACID (PAI) | |
| 71209 | 1704 | PYRUVIC OR PHENYLPYRUVIC ACID | |
| 73940 | 1705 | SIALIC ACID | |
| 73957 | 1706 | VALPROIC ACID | |
| 72306 | 1707 | VANILMANDELIC ACID | |
| 72371 | 1708 | ACTH (CORTICOTROPIC HORMONE) | |
| 73965 | 1709 | CYCLIC ADENOSINE MONOPHOSPHATE (AMPC) | |
| 76547 | 1710 | ADH (ANTIDIURETIC HORMONE) | |
| 71449 | 1711 | AGGLUTINATION FOR OTHER STRAINS OF GERMS | |
| 73981 | 1712 | PERTUSSIS AGGLUTINATION | |
| 69991 | 1713 | COLD AGGLUTININS | |
| 69983 | 1714 | ERYTHROCYTE ALA-DEHYDRASE | |
| 73953 | 1715 | SERUM ALBUMIN (OR ALBUMIN COLON TEST) | |
| 65054 | 1716 | ALBUMIN 24H (URINE) | |
| 74005 | 1717 | ALCOHOLIMETRY | |
| 74039 | 1718 | SERUM ALDOLASE (OR OTHER UNSPECIFIED ENZYMES) | |
| 72215 | 1719 | BASAL ALDOSTERONE | |
| 65062 | 1720 | ALDOSTERONE CLINOSTATISM OR ORTHOSTATISM | |
| 72553 | 1721 | ALPHA 1 ANTITRYPSIN | |

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| 71035 | 1722 | ALPHA 1 FETOPROTEIN IN BLOOD | |
| 65719 | 1723 | ALPHA 1 FETOPROTEIN IN AMNIOTIC FLUID | |
| 74047 | 1724 | ALPHA 1 ACID GLYCOPROTEIN | |
| 74054 | 1725 | ALPHA 1 MICROGLOBULIN | |
| 69975 | 1726 | ALPHA 2 ANTIPLASMIN | |
| 74195 | 1727 | ALPHA 2 MACROGLOBULIN | |
| 74203 | 1728 | 3 ALPHA ANDROSTENEDIOL | |
| 74351 | 1729 | AMYLASE ISOENZYMES (PANCREATIC FRACTION) | |
| 70946 | 1730 | SERUM OR URINARY AMYLASE | |
| 69967 | 1731 | AMINO ACIDS, SINGLE DOSAGE | |
| 71308 | 1732 | TOTAL AMINO ACIDS (S/U) | |
| 74358 | 1733 | URINARY AROMATIC AMINES (BENZOL AND ITS DERIVATIVES AND INORGANIC SOLVENTS) | |
| 74450 | 1734 | AMMONIA IN URINE | |
| 70961 | 1735 | PLASMA AMMONIUM | |
| 74468 | 1736 | ANAEROBIOSIS, CULTURE TEST IN | |
| 69934 | 1739 | ANDROSTENEDIOL GLUCURONIDE | |
| 74476 | 1740 | SERUM ANDROSTENEDIONE (D4) | |
| 74484 | 1741 | AMPHETAMINE | |
| 74492 | 1742 | ANGIOTENSIN CONVERTING ENZYME (A.C.E.) | |
| 65070 | 1743 | BASAL ANGIOTENSIN I | |
| 74494 | 1744 | BASAL ANGIOTENSIN I AND AFTER STIMULATION WITH FUROSEMIDE | |
| 74496 | 1745 | ANTIARRHYTHMICS, DOSAGE (AMIODARONE, DISOPYRAMIDE, FLECAINIDE, LIDOCAINE, PROCAINAMIDE, ETC.) | |
| 71316 | 1746 | ANTIBIOGRAM (AT LEAST 10 ANTIBIOTICS) | |
| 74500 | 1747 | ANTIBIOGRAM FOR MYCOBACTERIA (AT LEAST 3 ANTIBIOTICS) | |
| 74502 | 1748 | ANTIBIOTICS, SERUM DOSAGE (AMOXICILLIN, AMPICILLIN, PENICILLIN, GENTAMICIN, KANAMYCIN, NETILMICIN, STREPTOMYCIN, VANCOMYCIN AND OTHERS) | |
| 69926 | 1749 | ACQUIRED ANTICOAGULANTS, RESEARCH | |
| 71811 | 1750 | ANTIBODIES TO ADENOVIRUS | |
| 72892 | 1751 | ANTIBODIES TO CYTOPLASMIC ANTIGENS (HIP) | |
| 74682 | 1752 | ANTIBODIES TO TOTAL BORDETELLA PERTUSSIS OR IGG OR IGM | |
| 74690 | 1753 | ANTIBODIES TO BORRELIA BURGDORFERI | |
| 65089 | 1754 | ANTIBODIES TO BRUCELLA | |
| 69918 | 1755 | ANTIBODIES TO CALCIUM CHANNEL | |

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| 75002 | 1756 | ANTIBODIES TO CARDIOLIPIN IGA OR IGM | |
| 69900 | 1757 | ANTIBODIES TO GASTRIC PARIETAL CELLS (PCA) | |
| 69891 | 1758 | ANTIBODIES TO CENTROMERE | |
| 75143 | 1759 | ANTIBODIES TO CHLAMYDIA | |
| 75150 | 1760 | ANTIBODIES TO CYTOMEGALOVIRUS TOTAL IG OR IGG OR IGM | |
| 69883 | 1761 | ANTIBODIES TO NEUTROPHIL CYTOPLASM (HIP) | |
| 65097 | 1762 | ANTIBODIES TO COLON | |
| 65105 | 1763 | ANTIBODIES TO SALIVARY DUCT | |
| 69875 | 1764 | ANTIBODIES TO ENDOMYSIUM | |
| 69867 | 1765 | ANTIBODIES TO ENDOTHELIAL | |
| 72900 | 1766 | ANTIBODIES TO COXSAKIE (EACH) | |
| 75176 | 1767 | ANTIBODIES TO ECHINOCOCCUS (ECHINOTEST) | |
| 75184 | 1768 | ANTIBODIES TO ECHOVIRUS | |
| 74591 | 1769 | ANTIBODIES TO ENA | |
| 75192 | 1770 | ANTIBODIES TO ENTOMOAMEBA OR OTHER PARASITES | |
| 74609 | 1771 | ANTIBODIES TO EPSTEIN BARR VIRUS IGM AND IGM (VCA AND/OR EBNA AND/OR EA) | |
| 72090 | 1773 | COLD-ACTIVATED ANTIBODIES TO ERYTHROCYTICS (CRYOAGGLUTININS) | |
| 72058 | 1774 | ANTIBODIES TO ERYTHROCYTES OR LEUKOCYTES OR PLATELETS (DIRECT OR INDIRECT DIXON TEST) RESEARCH AND POSSIBLE TITER | |
| 75200 | 1775 | ANTIBODIES TO INTRINSIC FACTOR | |
| 69859 | 1776 | ANTIBODIES TO FACTOR VIII | |
| 65113 | 1777 | ANTIBODIES TO GANGLIOSIDES | |
| 65727 | 1778 | ANTIBODIES TO Q FEVER | |
| 74658 | 1779 | ANTIBODIES TO GIARDIA LAMBLIA | |
| 74666 | 1780 | ANTIBODIES GLIADIN IGA OR IGG | |
| 71670 | 1781 | ANTIBODIES TO HAV IGG/HAV IGM | |
| 10043 | 3208 | ANTIBODIES TO HBCAG OR HBCAGIGM OR HBEAG OR HBSAG | |
| 71779 | 1782 | ANTIBODIES TO HCV | |
| 74674 | 1783 | ANTIBODIES TO HDV/HDV IGM | |
| 69842 | 1784 | ANTIBODIES TO HEV (HEPATITIS E VIRUS) | |
| 69834 | 1785 | ANTIBODIES TO HGV/GBV-C (HEPATITIS G VIRUS) | |
| 69826 | 1786 | ANTIBODIES TO HLA (SINGLE SPECIFICITY TITRATION) | |
| 75259 | 1787 | ANTIBODIES TO HELICOBACTER PYLORI | |
| 75267 | 1788 | ANTIBODIES TO HERPES VIRUS (TYPE 1 OR 2) IGG OR IGM | |

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| 72884 | 1789 | ANTIBODIES TO HIV | |
| 71845 | 1790 | ANTIBODIES TO INFLUENZA A OR B | |
| 75275 | 1791 | ANTIBODIES TO PANCREATIC ISLETS | |
| 75283 | 1792 | ANTIBODIES TO INSULIN (AIAA) | |
| 69818 | 1793 | ANTIBODIES TO INTERFERON | |
| 69800 | 1794 | ANTIBODIES TO HISTONES | |
| 75291 | 1795 | ANTIBODIES TO LACTOGLOBULIN IGG | |
| 75309 | 1796 | ANTIBODIES TO LEGIONELLA | |
| 75432 | 1797 | ANTIBODIES TO LEISHMANIA | |
| 75440 | 1798 | ANTIBODIES TO LEPTOSPIRA | |
| 75457 | 1799 | ANTIBODIES TO LISTERIA | |
| 69791 | 1800 | ANTIBODIES TO MAG | |
| 69783 | 1801 | ANTIBODIES TO BASAL MEMBRANE | |
| 75465 | 1802 | ANTIBODIES TO MYCETES (RESEARCH) | |
| 75473 | 1803 | ANTIBODIES TO MYCOBACTERIA IGM OR IGM | |
| 75481 | 1804 | ANTIBODIES TO MYCOPLASMAS | |
| 69775 | 1805 | ANTIBODIES TO LIVER AND KIDNEY MICROSOMES (LKMA) | |
| 75499 | 1806 | ANTIBODIES TO MICROSOMES (ABTMS) OR PEROXIDASE (ABTPO) | |
| 65121 | 1807 | ANTIBODIES TO MYELIN | |
| 75507 | 1808 | ANTIBODIES TO MITOCHONDRIA | |
| 72868 | 1809 | ANTIBODIES TO MEASLES (TOTAL IG OR IGM) | |
| 75564 | 1810 | ANTIBODIES TO SMOOTH MUSCLE | |
| 75572 | 1811 | ANTIBODIES TO STRIATED MUSCLE (HEART) | |
| 72041 | 1812 | ANTIBODIES TO NDNA | |
| 72044 | 1813 | ANTIBODIES TO NEISSERIA GONORRHEA | |
| 71852 | 1814 | ANTIBODIES TO NUCLEUI | |
| 75580 | 1815 | ANTIBODIES TO ORGANS | |
| 69767 | 1816 | ANTIBODIES TO OVARIES | |
| 72876 | 1817 | ANTIBODIES TO MUMPS (IGG OR IGM) | |
| 75598 | 1818 | ANTIBODIES TO MUMPS IG TOTAL | |
| 75606 | 1819 | ANTIBODIES TO POLYSACCHARIDE C STREPTOCOCCUS B HEMOL. GR A | |
| 69759 | 1820 | ANTIBODIES TO PARVOVIRUS B19 | |
| 65138 | 1821 | ANTIBODIES TO PNEUMOCOCCUS | |

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| 69740 | 1822 | ANTIBODIES TO ACETYLCHOLINE RECEPTOR | |
| 75614 | 1823 | ANTIBODIES TO TSH RECEPTOR | |
| 69732 | 1824 | ANTIBODIES TO RETICULIN | |
| 69724 | 1825 | ANTIBODIES TO RETROVIRUSES (HTLV1 - HTLV2) | |
| 65146 | 1826 | ANTIBODIES TO RIBOSOMES | |
| 75622 | 1827 | ANTIBODIES TO RICKETTSIA | |
| 65154 | 1828 | ANTIBODIES TO RNA | |
| 72850 | 1829 | ANTIBODIES TO RUBELLA (TOTAL IG OR IGM) | |
| 75648 | 1830 | ANTIBODIES TO SCHISTOSOMES | |
| 75655 | 1831 | ANTIBODIES TO SPERMATOOZOA | |
| 69716 | 1832 | ANTIBODIES TO STREPTOCOCCUS (DNASE B) | |
| 69708 | 1833 | ADRENAL ANTIBODIES | |
| 75663 | 1834 | ANTIBODIES TO TISSUES | |
| 65735 | 1835 | ANTIBODIES TO TESTICLES | |
| 75671 | 1836 | ANTIBODIES TO THYROGLOBULIN (ABTG) | |
| 72048 | 1837 | ANTIBODIES TO CLOSTRIDIUM TETANI TOXIN | |
| 69691 | 1838 | ANTIBODIES TO TOXOCARA | |
| 75689 | 1839 | ANTIBODIES TO TOXOPLASMA (TOTAL IG OR IGM OR IGA) | |
| 65162 | 1840 | ANTIBODIES TO TISSUE TRANSGLUTAMINASE (TTG) | |
| 71621 | 1841 | ANTIBODIES TO TREPONEMA P (IGG FTA OR IGM FTA) | |
| 75697 | 1842 | ANTIBODIES TO TRYPANOSOMA CRUZI | |
| 75705 | 1843 | ANTIBODIES TO VARICELLA ZOSTER VIRUS (TOTAL IG OR IGG OR IGM) | |
| 71829 | 1844 | ANTIBODIES TO RESPIRATORY SYNCYTIAL VIRUS | |
| 75713 | 1845 | ANTI-PLASMODIUM ANTIBODIES | |
| 69683 | 1846 | SERUM ANTI-CYTOSKELETON ANTIBODIES | |
| 75721 | 1847 | OTHER ANTIBODIES TO | |
| 75723 | 1848 | TRICYCLIC ANTIDEPRESSANTS, DOSAGE | |
| 71761 | 1849 | AUSTRALIA ANTIGEN (HBSAG) | |
| 72108 | 1854 | DELTA ANTIGEN (HDV AG) | |
| 72181 | 1855 | HEPATITIS B VIRUS AND ANTIGEN (HB AND AG) | |
| 65170 | 1856 | HELICOBACTER PYLORI ANTIGEN IN STOOLS | |
| 65189 | 1857 | LEGIONELLA PNEUMOPHILA ANTIGEN | |
| 69675 | 1861 | CELLULAR AND EXTRACELLULAR BACTERIAL ANTIGENS AND/OR METABOLIC PRODUCTS, RESEARCH AND IDENTIFICATION | |

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| 75762 | 1862 | NON-RH ERYTHROCYTE ANTIGENS (EACH) | |
| 69667 | 1863 | HLA ANTIGENS (EACH) | |
| 69659 | 1864 | CD55/CD59 ERYTHROCYTE ANTIGENS | |
| 69640 | 1865 | VIRAL ANTIGENS, DIRECT DETECTION AND IDENTIFICATION | |
| 75770 | 1866 | ANTIMICOGRAM | |
| 70490 | 1867 | ANTITHROMBIN III | |
| 75772 | 1868 | ANTITHROMBOPLASTIN | |
| 75788 | 1869 | APOLIPOPROTEIN A AND B (EACH) | |
| 75796 | 1870 | HAPTOGLOBIN | |
| 75804 | 1871 | ASBESTOSIS, SEARCH FOR CORPUSCLES IN THE SPUTUM | |
| 69632 | 1872 | TISSUE PLASMINOGEN ACTIVATOR (TPA) | |
| 70730 | 1873 | AZOTEMIA | |
| 75812 | 1874 | NITROGEN IN 24-HOUR URINE | |
| 71340 | 1875 | KOCK BACILLUS, BACTERIOLOGICAL OR CULTURE EXAMINATION | |
| 71324 | 1876 | DIPHThERIA BACILLUS, CULTURE EXAMINATION | |
| 72009 | 1877 | DIPHThERIA BACILLUS, MICROSCOPIC EXAMINATION | |
| 70144 | 1878 | BARBITURATES | |
| 69624 | 1879 | ANAEROBIC BACTERIA, RESEARCH AND IDENTIFICATION | |
| 69616 | 1880 | BACTERIA, MICROSCOPIC RESEARCH | |
| 75822 | 1881 | BENCE JONES, PROTEIN OF | |
| 70151 | 1882 | BENZODIAZEPINES | |
| 75820 | 1883 | BETA 2 GLYCOPROTEIN 1 (SP1) | |
| 75838 | 1884 | URINARY AND PLASMA BETA 2 MICROGLOBULIN | |
| 72330 | 1885 | BETA HCG (PLASMA AND URINARY CHORIONIC GONADOTROPIN OR BETA SUBUNIT) | |
| 72332 | 1886 | BETA THROMBOGLOBULINS | |
| 71043 | 1887 | BICARBONATES | |
| 75846 | 1888 | BILIRUBIN IN AMNIOTIC FLUID (SPECTROPHOTOMETRIC CURVE) | |
| 70847 | 1889 | DIRECT BILIRUBINEMIA | |
| 70839 | 1890 | TOTAL BILIRUBINEMIA | |
| 65743 | 1892 | UREA BREATH TEST FOR HELICOBACTER PYLORI | |
| 75855 | 1893 | HYDROGEN BREATH TEST FOR FOOD MALABSORPTION | |
| 73059 | 6226 | LACTOSE BREATH TEST FOR LACTOSE INTOLERANCE | |
| 75861 | 1894 | BRONCHOASPIRATE, CULTURE EXAMINATION | |

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| 75879 | 1895 | C PEPTIDE | |
| 75887 | 1896 | C PEPTIDE AFTER GLUCOSE LOADING (4 DOSES) | |
| 75895 | 1897 | C1 ESTERASE INHIBITOR | |
| 75911 | 1898 | CADMIUM | |
| 75929 | 1899 | CALCIUM IN 24-HOUR URINE | |
| 75937 | 1900 | IONIZED CALCIUM | |
| 72827 | 1901 | CALCITONIN | |
| 72413 | 1902 | STONES AND CONCRETIONS, EXAMINATIONS | |
| 70037 | 1903 | URINARY STONES, EXAMINATION | |
| 75947 | 1905 | CANNABINOIDS | |
| 75960 | 1906 | CARBAMAZEPINE (DRUG DOSING) | |
| 75978 | 1907 | CARBOXYHEMOGLOBIN (CO HAEMOGLOBIN) | |
| 75952 | 1916 | CARNITINE | |
| 73973 | 1917 | SERUM CATECHOLAMINES | |
| 76000 | 1918 | URINARY CATECHOLAMINES (ADRENALINE OR NORADRENALINE) | |
| 72298 | 1919 | TOTAL URINARY CATECHOLAMINES | |
| 76574 | 1920 | KAPPA AND LAMBDA CHAINS, RATIO OF | |
| 75905 | 1921 | CBG (CORTICOSTEROID HORMONE BINDING PROTEIN OR TRANSCORTIN) | |
| 76598 | 1923 | L.E. CELLS RESEARCH IN PERIPHERAL BLOOD | |
| 76570 | 1924 | CERULOPLASMIN | |
| 75903 | 1925 | CH50 | |
| 76588 | 1926 | CHYMOTRYPSIN IN FAECES + TRYPTIC POWER | |
| 76596 | 1927 | QUINIDINE (CARDIAC DRUG DOSAGE) | |
| 76604 | 1928 | CICLOSPORIN | |
| 70102 | 1929 | CYSTINURIA | |
| 69608 | 1930 | CYTOTOXICITY WITH SPECIFIC ANTIGENS, CTL, LAK, SPONTANEOUS NAK, ETC. (EACH) | |
| 76646 | 1931 | CHLAMYDIA (RESEARCH AND IDENTIFICATION) | |
| 69591 | 1932 | CLOSTRIDIUM DIFFICILIS (RESEARCH AND IDENTIFICATION) | |
| 76661 | 1933 | COCAINE (ABUSED DRUGS) | |
| 76606 | 1934 | COENZYME Q10 | |
| 70755 | 1935 | ESTERIFIED CHOLESTEROL | |
| 70763 | 1936 | HDL OR LDL CHOLESTEROL | |
| 70748 | 1937 | TOTAL CHOLESTEROL OR CHOLESTEROLEMIA | |

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| 70771 | 1938 | CHOLINESTERASE (CHE) | |
| 71282 | 1939 | CHOLINESTERASE WITH DIBUCAINE NUMBER | |
| 76679 | 1940 | ERYTHROCYTE CHOLINESTERASE | |
| 69583 | 1941 | COLLAGEN CROSS LINKING | |
| 69575 | 1942 | CULTURE OF AMNIOCYTES | |
| 69567 | 1943 | CULTURE OF CELLS FROM OTHER TISSUES | |
| 69559 | 1944 | CULTURE OF HEMATOPOIETIC CELLS: BFU-E, CFU-GM, CFUGEMM (EACH) | |
| 69540 | 1945 | CULTURE OF FIBROBLASTS | |
| 69532 | 1946 | CULTURE OF STABILIZED CELL OR LYMPHOCYTE LINES | |
| 69524 | 1947 | CULTURE OF FOETAL OR PERIPHERAL LYMPHOCYTES | |
| 69516 | 1948 | MIXED LYMPHOCYTE CULTURE | |
| 71332 | 1949 | CULTURE, OTHER TESTS NOT DESCRIBED | |
| 71787 | 1950 | COMPLEMENT FRACTION C1Q | |
| 71795 | 1951 | COMPLEMENT FRACTION C3 | |
| 76687 | 1952 | COMPLEMENT FRACTION C3 ATT. | |
| 76695 | 1953 | COMPLEMENT FRACTION C4 | |
| 70128 | 1955 | ADDIS COUNT | |
| 76729 | 1961 | COPROPORPHYRINS | |
| 69491 | 1962 | KETONE BODIES | |
| 72280 | 1963 | URINARY OR PLASMA CORTISOL | |
| 71167 | 1964 | CREATINE KINASE (CPK) | |
| 76737 | 1965 | CREATINE KINASE ISOENZYMES (CPK - MB) | |
| 69483 | 1966 | CREATINE KINASE ISOFORM | |
| 72603 | 1967 | CREATININE CLEARANCE (INCLUDING CREATINURIA DOSAGE) | |
| 76745 | 1968 | CREATININE IN AMNIOTIC FLUID | |
| 70870 | 1969 | CREATININEMIA | |
| 72282 | 1970 | CREATININEURIA ON 24 H SAMPLE (SINGLE TEST) | |
| 69475 | 1971 | CRYOPRESERVATION OF CELL CULTURES (FOR MARROW TRANSPLANT ONLY, FOR DOCUMENTED ONGOING DISEASE) | |
| 69467 | 1972 | CRYOPRESERVATION OF CELLS AND TISSUES (FOR MARROW TRANSPLANT ONLY, FOR DOCUMENTED ONGOING DISEASES) | |
| 69459 | 1973 | CRYOPRESERVATION OF STEM CELLS (FOR MARROW TRANSPLANT ONLY, FOR DOCUMENTED ONGOING DISEASES) | |
| 69440 | 1974 | CRYOPRESERVATION OF LYMPHOCYTE SUSPENSIONS (FOR MARROW TRANSPLANT ONLY, FOR DOCUMENTED ONGOING PATHOLOGIES) | |
| 76752 | 1975 | CRYOGLOBULINS (RESEARCH AND DOSAGE) | |

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| 70615 | 1976 | SEX OR BARR CHROMATIN | |
| 71373 | 1977 | CHROMIUM, DOSAGE | |
| 70722 | 1979 | GLYCAEMIC LOAD CURVE | |
| 72702 | 1980 | LOAD INSULINEMIC CURVE AFTER DRUG TESTS | |
| 76760 | 1981 | LH AND FSH CURVE AFTER GNRH ADMINISTRATION (MINIMUM 5 DOSES) | |
| 76786 | 1982 | PROLACTIN CURVE AFTER TRH ADMINISTRATION | |
| 76778 | 1983 | TSH CURVE AFTER STIMULATION WITH TRH (MINIMUM 5 DOSES) | |
| 72284 | 1984 | D-DIMERO | |
| 76794 | 1987 | DEHYDROEPIANDROSTERONE (DEA) OR DEAS | |
| 72704 | 1988 | DEFERROXAMINE TEST | |
| 70599 | 1989 | DETERMINATION OF VARIOUS ANTIGENS (KELL, DUFFY, ETC.) | |
| 70318 | 1990 | MEAN DIAMETER AND VOLUME OF BLOOD CELLS (SINGLE TEST) | |
| 71746 | 1991 | DIGOXINE | |
| 76802 | 1992 | DIHYDROTESTOSTERONE (DHT) | |
| 70706 | 1993 | PLASMA OR URINARY DOPAMINE | |
| 72706 | 1994 | ELASTASE, DOSAGE | |
| 70805 | 1995 | ELECTROPHORESIS OF LIPOPROTEINS | |
| 70904 | 1996 | ELECTROPHORESIS OF SERUM PROTEINS (INCLUDING TOTAL PROTEIN DOSAGE) | |
| 65213 | 1997 | URINARY PROTEIN ELECTROPHORESIS (INCLUDING TOTAL PROTEIN DOSAGE) | |
| 72708 | 1998 | HAEMOGLOBIN ELECTROPHORESIS | |
| 70821 | 1999 | ELECTROLYTES: CALCIUM OR CHLORINE OR PHOSPHORUS OR POTASSIUM OR SODIUM (IN BLOOD AND URINE) | |
| 71748 | 2000 | FOETAL BLOOD COUNTS, FOETAL | |
| 76810 | 2001 | HAEMOCULTURE | |
| 70227 | 2002 | HAEMOCHROMOCYTOMETRIC AND MORPHOLOGICAL (HB,GR,GB, PLATELETS, DER. ERYTHROCYTE INDICES F.L.) | |
| 72728 | 2004 | HAEMOGAS ANALYSIS (PH, PCO ₂ , PO ₂ AND DERIVED PARAMETERS) | |
| 76828 | 2005 | HAEMOGAS ANALYSIS DURING RESPIRATION OF O ₂ AT LOW OR HIGH CONCENTRATION | |
| 76836 | 2006 | HAEMOGAS ANALYSIS BEFORE AND AFTER HYPERVENTILATION | |
| 76844 | 2007 | HAEMOGLOBIN A2 | |
| 70417 | 2008 | FOETAL HAEMOGLOBIN (DOSAGE) | |
| 71050 | 2009 | GLYCOSYLATED HAEMOGLOBIN HBA1C | |
| 76851 | 2010 | HAEMOGLOBIN HB | |
| 76869 | 2011 | HAEMOGLOBIN IN AMNIOTIC FLUID | |

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| 69416 | 2012 | HAEMOGLOBIN, RESEARCH, GLOBIN CHAIN MUTATIONS | |
| 69408 | 2013 | ABNORMAL HAEMOGLOBINS (HBS, HBD, HBH, ETC.) | |
| 76877 | 2014 | ACID HAEMOLYSIN (HAM TEST) | |
| 76885 | 2015 | BIPHASIC HAEMOLYSIN (DONATH-LANDSTAINER TEST) | |
| 76893 | 2016 | NEURON-SPECIFIC ENOLASE (NSE) | |
| 76901 | 2017 | ENTEROBACTERIA, CULTURE TEST | |
| 69391 | 2018 | LEUKOCYTE ENZYMES (CYTOCHEMICAL MARKERS) | |
| 71365 | 2019 | HEPARIN | |
| 65238 | 2020 | ERYTHROCYTES, DOSAGE OF SODIUM OR POTASSIUM OR CALCIUM OR MAGNESIUM | |
| 71744 | 2021 | ERYTHROPOIETIN ON SERUM OR URINE | |
| 71894 | 2022 | SPUTUM, CULTURE TEST | |
| 72447 | 2023 | EXUDATES AND TRANSUDATES, CHEMICAL AND MICROSCOPIC TEST (P.S., RIVALTA, DOS. PROT.) | |
| 72264 | 2024 | ESTRADIOL - 17 BETA ESTRADIOL | |
| 72256 | 2025 | ESTRIOL | |
| 72207 | 2026 | TOTAL ESTROGENS | |
| 76887 | 2027 | ESTRONE | |
| 76889 | 2028 | ETHANOL | |
| 76919 | 2029 | ETHOSUXIMIDE (DRUG DOSAGE) | |
| 76927 | 2030 | F.D.P. (X.D.P.) PLASMA OR URINE | |
| 69383 | 2031 | ANTI-INFLAMMATORY DRUGS, DOSAGES (ACETAMINOPHEN, ACETAMINOPHEN, SALICYLATES, ETC.) | |
| 69375 | 2032 | ANTI-TUMOUR DRUGS, DOSAGE (CYCLOPHOSPHAMIDE, METHOTREXATE, ETC.) | |
| 69367 | 2034 | TUMOUR NECROSIS FACTOR (TNF) | |
| 69359 | 2035 | ATRIAL NATRIURETIC FACTOR | |
| 76935 | 2036 | PLATELET FACTOR 4 (PF4) | |
| 71548 | 2037 | RHEUMATOID FACTOR OR RHEUMATEST | |
| 70607 | 2038 | RH FACTOR, GENE STRUCTURE | |
| 70516 | 2039 | COAGULATION FACTORS (F, II, V, VII, VIII, IX, X, XI, XII, XIII) | |
| 72116 | 2040 | FAECES, CHEMICAL, MICROSCOPIC AND PARASITOLOGICAL EXAMINATION | |
| 76943 | 2041 | FAECES, CULTURE TEST (STOOL TEST) | |
| 72124 | 2042 | FAECES, PARASITOLOGICAL TEST | |
| 72140 | 2043 | FAECES, OCCULT BLOOD DETECTION (ANY METHOD) | |
| 76950 | 2044 | PHENYLALANINE | |
| 71258 | 2045 | PHENYTOIN (AND OTHER ANTIEPILEPTIC DRUGS - DEPAKIN, TEGRETOL, ZARONTIN), DOSAGE | |

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| 76968 | 2046 | PHENOBARBITAL (DRUG DOSAGE) | |
| 76976 | 2047 | URINARY PHENOLES | |
| 65254 | 2048 | L.E. PHENOMENON | |
| 76984 | 2049 | RH PHENOTYPE (INCLUDING DU) | |
| 72835 | 2050 | FERRITIN | |
| 65262 | 2051 | URINARY IRON | |
| 70987 | 2052 | FIBRINOGEN | |
| 76992 | 2053 | FIBRINOPEPTIDE A | |
| 77008 | 2054 | FIBRONECTIN | |
| 71860 | 2056 | MICROBIAL FLORA, MICROSCOPIC EXAMINATION | |
| 77016 | 2057 | FLUORIDE, DOSAGE | |
| 70938 | 2058 | ACID PHOSPHATASE | |
| 77024 | 2060 | ALKALINE PHOSPHATASE | |
| 77005 | 2061 | ALKALINE PHOSPHATASE ISOENZYMES (ALSO LEUKOCYTE) | |
| 65751 | 2062 | PHOSPHATE CLEARANCE | |
| 77040 | 2063 | PHOSPHOHEXOSE ISOMERASE (PHI) | |
| 77057 | 2064 | PHOSPHOLIPASE A | |
| 77065 | 2065 | PHOSPHOLIPIDEMIA | |
| 65289 | 2067 | FREE BETA/MSA-FP SCREENING (13.2-22.3 WEEKS) | |
| 65297 | 2068 | FREE BETA/PAPP-A SCREENING (8.5-13.2 WEEKS) | |
| 77081 | 2069 | FRUCTOSAMINE (GLYCATED PROTEINS) | |
| 77099 | 2070 | FRUCTOSE | |
| 72322 | 2071 | FSH (FOLLICLE STIMULATING HORMONE) | |
| 72761 | 2072 | GALACTOSYLHYDROXYLYSINE | |
| 72769 | 2073 | GALACTOSE | |
| 72637 | 2074 | GALACTOSE (LOAD TEST) | |
| 71068 | 2075 | GAMMA GLUTAMYL TRANSPEPTIDASE (GAMMA GT) | |
| 65768 | 2076 | GAMMA GLUTAMYL TRANSPEPTIDASE ISOENZYMES (GAMMA GT) | |
| 71753 | 2077 | GASTRIN | |
| 70714 | 2078 | GLYCAEMIA | |
| 69340 | 2079 | HISTIDINE-RICH GLYCOPROTEIN | |
| 70169 | 2080 | 24-HOUR GLYCOSURIA | |
| 77107 | 2081 | SEX HORMONE BINDING GLOBULIN (SHBG) | |
| 77115 | 2082 | THYROXINE-BINDING GLOBULIN (TBG) | |

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| 77123 | 2083 | GLUCAGON | |
| 71134 | 2084 | GLUCOSE 6 PHOSPHATE DEHYDROGENASE (G 6 PDH) | |
| 77131 | 2085 | GLUCOSE IN AMNIOTIC FLUID | |
| 71142 | 2086 | GLUTAMATE DEHYDROGENASE (GLDH) | |
| 77149 | 2087 | GLUTATHIONE REDUCTASE | |
| 70383 | 2088 | BLOOD GROUP AB0 AND RH FACTOR (WITH 2 ANTIBODIES) | |
| 65305 | 2089 | HBSAG WITH TITRATION | |
| 65313 | 2090 | HBV DNA | |
| 69322 | 2091 | HBV DNA - POLYMERASE | |
| 69314 | 2092 | HBV NUCLEIC ACIDS, HYBRIDIZATION | |
| 72806 | 2093 | HCV GENOTYPE | |
| 72811 | 2094 | HCV RIBA | |
| 72823 | 2095 | QUALITATIVE HCV RNA | |
| 72831 | 2096 | QUANTITATIVE HCV RNA | |
| 72840 | 2097 | HCV SUBTYPES | |
| 69306 | 2098 | SERUM HEV RNA | |
| 69298 | 2099 | SERUM HIV RNA | |
| 65321 | 2100 | QUALITATIVE AND/OR QUANTITATIVE HIV | |
| 77164 | 2101 | HERPES SIMPLEX, DIRECT RESEARCH | |
| 77156 | 2102 | HPL (PLACENTAL LACTOGENIC HORMONE OR SOMATOMAMMOTROPIN) | |
| 77170 | 2103 | HPV (PAPILLOMAVIRUS) | |
| 77177 | 2104 | HPV TYPING SUBTYPES | |
| 69273 | 2106 | IDENTIFICATION OF ANTI HLA SPECIFICITY AGAINST LYMPHOCYTE PANEL | |
| 71076 | 2107 | HYDROXYBUTYRATE DEHYDROGENASE (HBDH) | |
| 77172 | 2108 | URINARY HYDROXYPROLINE | |
| 77180 | 2109 | HYDROXYTRYPTAMINE (SEROTONIN) | |
| 65338 | 2110 | IGF-1 OR IGF-2 | |
| 77206 | 2111 | IMMUNE ANTI HAEMOLYSINS ANTI A AND/OR B | |
| 71720 | 2112 | IMMUNE ANTIBODIES TO A AND/OR B AND ANY TITRATION | |
| 77222 | 2113 | CIRCULATING IMMUNE COMPLEXES | |
| 77214 | 2114 | IMMUNE COMPLEXES HBSAG/HBSAB - IGM | |
| 77248 | 2115 | SERUM OR URINE IMMUNOELECTROPHORESIS | |
| 77255 | 2116 | SECRETORY IMMUNOGLOBULINS IN SALIVA OR OTHER BODY FLUIDS | |

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| 71605 | 2117 | IMMUNOGLOBULINS AND SPECIFIC IMMUNOGLOBULINS (RAST) (ANY NUMBER OF DOSAGES FOR FOOD OR INHALANTS) | |
| 71571 | 2118 | IMMUNOGLOBULIN IG TOTAL OR IGA OR IGD OR IGG OR IGM | |
| 71589 | 2119 | TOTAL IGE IMMUNOGLOBULINS (PRIST) (ANY NUMBER OF DOSAGES FOR FOOD OR INHALANTS) | |
| 69265 | 2120 | IMMUNOGLOBULIN IGG SUBCLASS 1, 2, 3, 4 (EACH) | |
| 69257 | 2121 | SURFACE LYMPHOCYTE IMMUNOGLOBULINS | |
| 77263 | 2122 | ERYTHROCYTE INCLUSIONS | |
| 72686 | 2124 | ZOJA INDEX | |
| 69249 | 2125 | PLASMINOGEN ACTIVATOR INHIBITOR (PAI I) | |
| 72694 | 2126 | INSULIN | |
| 77271 | 2127 | INTERFERON | |
| 77289 | 2128 | INTERLEUKIN 2 | |
| 10045 | 3210 | INTERLEUKIN 6 | |
| 72454 | 2129 | INTRADERMAL CASONI REACTION | |
| 72421 | 2130 | INTRADERMAL TUBERCULIN TEST (TINE TEST) | |
| 69230 | 2131 | INTRADERMAL REACTION WITH PPD, CANDIDA, STREPTOKINASE AND MUMPS (EACH) | |
| 65354 | 2132 | IODIUM | |
| 69222 | 2133 | SERUM ISOCITRATE DEHYDROGENASE (ICDH) | |
| 72462 | 2134 | MILK: CHEMICAL AND MICROSCOPIC TEST | |
| 70920 | 2135 | LACTIC DEHYDROGENASE (LDH) | |
| 77291 | 2136 | LACTIC DEHYDROGENASE ISOENZYMES | |
| 77339 | 2137 | LACTOSE | |
| 71928 | 2138 | LE TEST | |
| 71159 | 2139 | LEUCINE ARYL PEPTIDASE (LAP) | |
| 69214 | 2140 | LEVODOPA | |
| 77321 | 2141 | LH | |
| 71084 | 2142 | LIPASE | |
| 70797 | 2143 | LIPEMIA | |
| 77347 | 2144 | LIPOPROTEIN A | |
| 77354 | 2145 | LIPOPROTEIN X | |
| 72777 | 2146 | AMNIOTIC FLUID, CULTURE TEST | |
| 69206 | 2147 | AMNIOTIC FLUID, PHOSPHOLIPIDS OR LECITHIN/SPHINGOMYELIN RATIO | |
| 72066 | 2148 | CEPHALIC SPINAL FLUID, CHEMICAL, MICROSCOPIC AND MORPHOLOGICAL TEST | |

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| 77362 | 2149 | CEPHALO-RACHID FLUID, CULTURE TEST | |
| 72025 | 2150 | SEMINAL FLUID, CULTURE TEST | |
| 71985 | 2151 | SEMINAL FLUID, TEST WITH FERTILITY INDEX AND BIOCHEMICAL DETERMINATIONS | |
| 69198 | 2152 | SYNOVIAL FLUID, CHEMICAL, PHYSICAL AND MICROSCOPIC TEST | |
| 77372 | 2153 | LYSOZYME | |
| 71100 | 2154 | LITHIUM | |
| 77375 | 2155 | LSD | |
| 77370 | 2156 | ANTI-COAGULANT LUPUS (LAC) | |
| 72785 | 2157 | MAGNESIUM S/U | |
| 69181 | 2158 | SERUM MALATE DEHYDROGENASE (MDH) | |
| 72793 | 2159 | MANGANESE | |
| 72033 | 2160 | MECONIUM - TEST | |
| 77396 | 2161 | MELANURIA | |
| 72801 | 2162 | MERCURY | |
| 70185 | 2163 | METHADONE | |
| 77415 | 2164 | METHAEMOGLOBIN OR SULPHOHAEMOGLOBIN | |
| 77418 | 2165 | URINARY METANEPHRINES | |
| 77404 | 2166 | MYCETES, CULTURE TEST (INCLUDING RESEARCH AND IDENTIFICATION) | |
| 77412 | 2167 | UROGENITAL MYCOPLASMAS (RESEARCH AND IDENTIFICATION) | |
| 77420 | 2168 | MICROALBUMINURIA, CLINOSTATISM OR ORTHOSTATISM | |
| 77438 | 2169 | BONE MARROW, CULTURE TEST | |
| 69173 | 2170 | BONE MARROW, APPPOSITION AND/OR SMEAR TEST (CHARACTERIZATION OF PATHOLOGICAL CELLS BY CYTOCHEMICAL AND CYTOENZYMATIC REACTIONS) | |
| 77446 | 2171 | MYOGLOBIN (DOSAGE) | |
| 69155 | 2172 | SOLUBLE FIBRIN MONOMERS (FS TEST) | |
| 71704 | 2173 | MONONUCLEOSIS (SINGLE TEST) | |
| 69147 | 2174 | URINARY MUCOPOLYSACCHARIDES (GLYCOSAMINOGLYCANS) | |
| 70995 | 2175 | MUCOPROTEIDEMIA | |
| 77453 | 2176 | NEOPHERINE | |
| 77481 | 2177 | URINARY NITRATES | |
| 77479 | 2178 | PLASMA NORADRENALINE | |
| 77461 | 2179 | URINARY NORADRENALINE | |
| 77491 | 2180 | HOMOCYSTEINE | |

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| 70177 | 2182 | OPIATES (ABUSED DRUGS) | |
| 71092 | 2183 | ORNITHYL CARBAMYL TRANSFERASE (OCT) | |
| 77487 | 2184 | PLASMA OR URINARY OSMOLARITY | |
| 71290 | 2185 | OSSALATES | |
| 70330 | 2186 | OXYTOCIN | |
| 72819 | 2187 | OSTEOCALCIN | |
| 72843 | 2188 | TORCH PANEL (TOXO, CYTO, RUBEO, HERPES) IGG OR IGM | |
| 77032 | 2189 | PAP (TUMOUR MARKER) | |
| 70334 | 2190 | MALARIAL OR OTHER PARASITES IN THE BLOODSTREAM | |
| 77495 | 2191 | PARATHORMONE (PTH) | |
| 69139 | 2192 | PARATHORMONE RELATED PEPTIDE | |
| 71902 | 2193 | HAIR AND SKIN SCALES, TEST FOR MYCOSIS | |
| 70337 | 2194 | PEPSYNOGEN I | |
| 71399 | 2195 | BLOOD PH (SINGLE TEST) | |
| 77511 | 2196 | PHADIATOP | |
| 71118 | 2197 | LEAD | |
| 69120 | 2198 | PYRIDINOLINE (HP) - DEOXYPYRIDINOLINE (LP) - EACH | |
| 77529 | 2199 | ERYTHROCYTE PYRUVATEKINASE | |
| 69112 | 2200 | SERUM PLASMIN | |
| 77503 | 2201 | PLASMINOGEN | |
| 69104 | 2202 | VASOACTIVE INTESTINAL POLYPEPTIDE (VIP) | |
| 69096 | 2203 | SERUM PANCREATIC POLYPEPTIDE (PP) | |
| 69088 | 2204 | PORPHYRINS, QUALITATIVE AND QUANTITATIVE RESEARCH | |
| 70052 | 2205 | PORPHYRINS, TOTAL | |
| 77563 | 2206 | URINARY PORPHOBILINOGEN | |
| 65784 | 2207 | PLASMA PREALBUMIN | |
| 72272 | 2208 | PREGNANEDIOL | |
| 77545 | 2209 | PREGNANETRIOL | |
| 77567 | 2210 | PRIME TEST | |
| 77552 | 2211 | PRIMIDONE (DRUG DOSAGE) | |
| 65362 | 2212 | PROCALCITONIN | |
| 77560 | 2213 | PROGESTERONE | |
| 72348 | 2214 | PROLACTIN (PRL) | |
| 77631 | 2215 | PROSTAGLANDIN | |

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| 69071 | 2216 | ANTICOAGULANT C PROTEIN | |
| 77555 | 2217 | PLASMA C PROTEIN | |
| 71514 | 2218 | C-REACTIVE PROTEIN (QUALITATIVE AND/OR QUANTITATIVE) | |
| 77639 | 2219 | EOSINOPHIL CATIONIC PROTEIN (ECP) | |
| 69063 | 2220 | WALDESTROM PROTEIN | |
| 77559 | 2221 | PLASMA PROTEIN S ANTIGEN, FREE OR TOTAL | |
| 77578 | 2222 | TOTAL PROTEIN IN AMNIOTIC FLUID | |
| 70078 | 2223 | URINARY PROTEINS (DOSAGE) | |
| 70896 | 2224 | TOTAL PROTEINEMIA | |
| 69055 | 2225 | ERYTHROCYTE PROTOPORPHYRIN IX | |
| 65370 | 2226 | TOTAL PROTOPORPHYRINS | |
| 69047 | 2227 | PROTHROMBIN, FRAGMENTS 1, 2 | |
| 70649 | 2229 | CROSS-TRANSFUSION COMPATIBILITY TEST | |
| 69039 | 2230 | PLATELET CROSS TEST | |
| 72652 | 2231 | LOAD TEST WITH AMINO ACIDS | |
| 72660 | 2232 | VITAMIN K LOAD TEST | |
| 69020 | 2233 | PRE-TRANSPLANT MOLECULAR COMPATIBILITY TEST | |
| 69011 | 2234 | PRE-TRANSPLANT SEROLOGICAL COMPATIBILITY TEST | |
| 70367 | 2235 | HAEMOGENIC TESTS (DRIP TIME, CLOTTING TIME, CAPILLARY FRAGILITY, ETC.) | |
| 69003 | 2236 | PURINES AND THEIR METABOLITES | |
| 71233 | 2238 | COPPER (CUPREMIA) | |
| 71506 | 2239 | PAUL-BUNNEL REACTION | |
| 71555 | 2240 | WAALER-ROSE REACTION | |
| 71456 | 2241 | WASSERMAN REACTION | |
| 77586 | 2242 | WASSERMAN REACTION + 2 FLOCCULATION REACTIONS | |
| 70060 | 2243 | IMMUNOLOGICAL REACTION OF PREGNANCY | |
| 77696 | 2244 | OESTROGEN OR PROGESTERONE RECEPTORS, DOSAGE | |
| 72355 | 2245 | RENIN OR ANGIOTENSIN II | |
| 70326 | 2246 | ERYTHROCYTE OSMOTIC RESISTANCE (SIMMEL TEST) | |
| 70284 | 2247 | RETICULOCYTES, COUNT (SINGLE EXAMINATION) | |
| 70441 | 2248 | CLOT RETRACTION | |
| 71738 | 2249 | SEARCH FOR ROSETTES AND | |
| 65800 | 2250 | ROTAVIRUS, SEARCH IN THE FAECES | |

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| 71225 | 2251 | SALICYLATE | |
| 70268 | 2252 | ARNETH TEST (SINGLE TEST) | |
| 77699 | 2253 | SCOTCH TEST (SEARCH FOR PINWORM EGGS) | |
| 70862 | 2256 | SIDEREMIA | |
| 77602 | 2257 | URINARY SULPHATES | |
| 77610 | 2258 | SOMATOMEDIN | |
| 65405 | 2259 | SOMATOSTATIN | |
| 77628 | 2260 | SORBITOL DEHYDROGENASE | |
| 68987 | 2261 | AMYLOID SUBSTANCE, RESEARCH | |
| 71993 | 2262 | SPIROCHAETE, MICROSCOPIC TEST | |
| 77636 | 2263 | STAPHYLOCOCCI AND STREPTOCOCCI, CULTURE TEST | |
| 72397 | 2264 | STH (PLASMA OR URINARY SOMATOTROPIC HORMONE) | |
| 77644 | 2265 | STREPTOZYME, TEST | |
| 72579 | 2266 | DUODENAL JUICE, CHEMICAL AND MICROSCOPIC EXAMINATION | |
| 72561 | 2267 | GASTRIC JUICE, CHEMICAL AND MICROSCOPIC EXAMINATION | |
| 77651 | 2268 | T3 REVERSE | |
| 77669 | 2269 | T3 UPTAKE | |
| 77677 | 2270 | EAR SWAB (UNILATERAL), CULTURE TEST | |
| 77685 | 2271 | CONJUNCTIVAL SWAB (UNILATERAL), CULTURE TEST | |
| 77693 | 2272 | NASAL SWAB, CULTURE TEST | |
| 77701 | 2273 | OROPHARYNGEAL SWAB, CULTURE TEST | |
| 77719 | 2274 | URETHRAL SWAB, CULTURE TEST | |
| 77727 | 2275 | VAGINAL SWAB, CULTURE TEST | |
| 65413 | 2276 | TELOPEPEPTIDS | |
| 70482 | 2277 | PROTHROMBIN CONSUMPTION TIME | |
| 70557 | 2278 | CLOT LYSIS TIME OR FIBRINOLYSIS | |
| 77735 | 2279 | EUGLOBULIN LYSIS TIME | |
| 70458 | 2280 | PROTHROMBIN TIME (PT) | |
| 70466 | 2281 | PARTIAL PROTHROMBIN TIME (PTT) | |
| 70474 | 2282 | RESIDUAL PROTHROMBIN TIME | |
| 77743 | 2283 | RECALCIFICATION TIME (HOWELL) | |
| 77750 | 2284 | THROMBIN TIME (TT) | |
| 77851 | 2285 | ACTIVATED THROMBOPLASTIN TIME (APTT) | |

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| 77768 | 2286 | THEOPHYLLINE | |
| 77753 | 2287 | BROMOCRIPTINE TEST | |
| 65421 | 2288 | METHACHOLINE TEST | |
| 65438 | 2289 | SECRETIN TEST | |
| 77858 | 2290 | TOLBUTAMIDE TEST | |
| 77757 | 2291 | SWEAT TEST, STIMULATION WITH PILOCARPINE (DOSAGE OF CHLORINE, SODIUM AND POTASSIUM) | |
| 77784 | 2292 | PLATELET ADHESIVENESS TEST | |
| 70425 | 2293 | PLATELET AGGREGATION TEST | |
| 77792 | 2294 | SELF-HAEMOLYSIS TEST | |
| 68979 | 2295 | HAM TEST | |
| 68960 | 2296 | KLEIHAUER TEST (SEARCH FOR FOETAL BLOOD CELLS) | |
| 70391 | 2297 | MORESCHI DIRECT COOMBS TEST | |
| 70409 | 2298 | MORESCHI INDIRECT COOMBS TEST | |
| 68952 | 2299 | KWEIM'S TEST (SARCOIDOSIS) | |
| 77800 | 2300 | SICKLING TESTS | |
| 77776 | 2301 | LITTLE-KATZ TEST (LEUKOCYTURIA AFTER PRE-DIVISION) | |
| 77937 | 2302 | NELSON MAYER OR IMMOBILIZATION TEST | |
| 77929 | 2303 | NORDIN TEST | |
| 68944 | 2304 | ACTIVATED PROTEIN C RESISTANCE TEST | |
| 68936 | 2305 | STH (GH) STIMULATION TEST - 5 DOSAGES | |
| 68928 | 2306 | ACTH (OR SYNACTHEN) RAPID STIMULATION TEST (THREE DOSAGES) | |
| 70201 | 2307 | LYMPHOCYTE STIMULATION TEST (PHYTOHAEMAGGLUTINATION OR OTHER) - BLASTOGENESIS | |
| 65446 | 2308 | FREE TESTOSTERONE | |
| 70433 | 2309 | THORN TEST WITH ACTH STIMULUS | |
| 72363 | 2310 | PLASMA OR URINARY TESTOSTERONE | |
| 77818 | 2311 | A-B-0 ANTIGEN TYPING | |
| 77826 | 2312 | BIOCHEMICAL OR SEROLOGICAL TYPING OF GERMS OR SALMONELLAE | |
| 65819 | 2313 | HAEMOPOIETIC CELL TYPING (UP TO 6 ANTIGENS) | |
| 70698 | 2316 | LYMPHOCYTE TYPING (ANY NUMBER OF SUBPOPULATIONS) | |
| 68895 | 2317 | SEROLOGICAL TYPING HLA CLASS I AND II | |
| 77834 | 2318 | THYROGLOBULIN | |
| 77842 | 2319 | FREE THYROXINE (FT4) | |
| 77859 | 2320 | TOTAL THYROXINE (T4) | |

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| 71530 | 2321 | ANTI STAPHYLOLYSIN TITRE (TAF) | |
| 77970 | 2322 | ANTI STREPTOKINASE TITRE | |
| 77981 | 2323 | ANTI STREPTOJALURONIDASIC TITRE | |
| 71522 | 2324 | ANTI STREPTOLYSIN TITRE (TAS OR ASLO) | |
| 71696 | 2325 | TPHA | |
| 70912 | 2326 | GLUTAMIC OXALOACETIC (GOT) OR GLUTAMIC PYRUVIC (GPT) TRANSAMINASE | |
| 78009 | 2327 | TRANSCOBALAMIN | |
| 71126 | 2328 | TRANSFERRIN (IRON-BINDING CAPACITY) | |
| 65827 | 2329 | CARBOHYDRATE DEFICIENT TRANSFERRIN (CDT) | |
| 77867 | 2330 | TOTAL TRANSFERRIN | |
| 65454 | 2331 | TISSUE TRANSGLUTAMINASE (TTG) | |
| 72017 | 2332 | TRICHOMONAS: SEARCH | |
| 70789 | 2333 | TRIGLYCERIDES | |
| 76034 | 2334 | FREE OR TOTAL TRIIODOTHYRONINE (FT3 OR T3) | |
| 65835 | 2335 | TRIIODOTHYRONINE UPTAKE (T3 UPTAKE) | |
| 72544 | 2336 | TRIPSINE S/U | |
| 78018 | 2337 | TRITEST OR BITEST | |
| 68887 | 2338 | THROMBIN - ANTITHROMBIN III COMPLEX (TAT) | |
| 65843 | 2339 | THROMBIN COAGULASE | |
| 78029 | 2340 | THROMBOELASTOGRAM | |
| 68879 | 2341 | TROMBOSSANO B2 | |
| 68860 | 2342 | TROPONIN I O T CARDIO SPECIFIC | |
| 72389 | 2343 | TSH (THYROID STIMULATING HORMONE) | |
| 65851 | 2344 | URATE CLEARANCE | |
| 72595 | 2345 | UREA CLEARANCE | |
| 70813 | 2346 | URICEMIA | |
| 77875 | 2347 | 24-HOUR URICURIA | |
| 70011 | 2348 | URINE, COMPLETE CHEMICAL AND MICROSCOPIC TEST | |
| 77883 | 2349 | URINE, PARTIAL TEST (ACETONE AND GLUCOSE QUANT.) | |
| 65868 | 2350 | URINE: CONCENTRATION AND/OR DILUTION TEST (AS A SINGLE TEST) | |
| 77891 | 2351 | URINE CULTURE | |
| 78091 | 2352 | UROPORPHYRIN | |
| 70300 | 2353 | HAEMATOCRIT VALUE (SINGLE TEST) | |

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| 71472 | 2354 | VDRL | |
| 70342 | 2355 | SEDIMENTATION RATE OF THE HAEMATINS | |
| 65876 | 2356 | CHOLERA VIBRIO IN FAECES (DIRECT SEARCH) | |
| 68852 | 2357 | VIRUS CULTURE TEST | |
| 68844 | 2358 | VIRUS NUCLEIC ACID HYBRIDIZATION | |
| 65884 | 2359 | RESPIRATORY SYNCYTIAL VIRUS (DIRECT SEARCH) | |
| 68836 | 2360 | BLOOD VISCOSITY | |
| 68828 | 2361 | PLASMA VISCOSITY | |
| 78101 | 2362 | VITAMIN A (RETINOL) | |
| 77909 | 2363 | VITAMIN B12 OR FOLATES (FOLIC ACID) | |
| 65462 | 2364 | VITAMIN D (1-25 OH) | |
| 77917 | 2365 | VITAMIN D3 (25 OH VIT. D3) | |
| 68811 | 2366 | FAT-SOLUBLE OR WATER-SOLUBLE VITAMINS, PLASMA DOSAGE | |
| 73999 | 2367 | WEIL-FELIX, (PETECHIAL TYPHUS) AGGLUTINATION FOR | |
| 77925 | 2368 | WESTERN BLOT - CONFIRMATION TEST FOR VIRAL INFECTIONS | |
| 78141 | 2369 | WIDAL (TYPHUS AND PARATYPHUS A AND B), AGGLUTINATION BY | |
| 71423 | 2370 | WIDAL-WRIGHT (TYPHUS, PARATYPHUS AND MELITENSE), AGGLUTINATION BY | |
| 77933 | 2371 | XYLOSIUM | |
| 77941 | 2372 | ZINC (OR OTHER UNSPECIFIED METALS - ALUMINIUM, NICKEL, SELENIUM, ETC.), DOSAGE | |
| 68803 | 2373 | ZINCOPROTOPORPHYRIN | |

Tumour markers

For this branch, the limitations set out “Diagnostic Tests” in general and “Clinical Analyses” remain valid.

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| 75739 | 1850 | CARBOHYDRATE ANTIGEN (CA 15.3, CA 19.9, CA 50, CA 54.9, CA 72.4, CA 125, CA 195, CYFRA 21, MCA, NSE, TA4 OR SCC) | |
| 71563 | 1853 | EMBRYONIC CARCINO ANTIGEN (CEA) | |
| 75747 | 1858 | TISSUE-SPECIFIC POLYPEPTIDE ANTIGEN (TPA) (TPS) | |
| 75754 | 1859 | SPECIFIC PROSTATIC ANTIGEN (PSA) | |
| 75729 | 1860 | FREE PROSTATE SPECIFIC ANTIGEN (FREE-PSA) | |
| 75945 | 1904 | CAM 26 OR CAM 29 (TUMOUR MARKER) | |
| 65197 | 1922 | ACTIVATED CD 95 | |
| 65205 | 1978 | SERUM CHROMOGRAMINE | |
| 77001 | 2059 | PROSTATIC ACID PHOSPHATASE (ENZYMATIC) | |

Cytogenetics (prenatal and postnatal)

Only the pre-natal and post-natal cytogenetic tests shown below are refundable, if included in the Covers of the individual Health Plans, within the limits set out in these and in all cases only with a prescription from a Physician specialising in medical genetics (clinical genetics). No other possibilities are available.

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| 69959 | 1737 | CYTOGENETIC ANALYSIS TO SEARCH FOR FRAGILE SITES, SISTER CHROMATID EXCHANGES, CHROMOSOMAL FRAGILITY PATHOLOGY | Refundable once a year (1 January - 31 December). |
| 69942 | 1738 | CYTOGENETIC ANALYSIS TO STUDY CHROMOSOMAL MOSAICISM, INDUCED CHROMOSOMAL REARRANGEMENTS | Refundable once a year (1 January - 31 December). |
| 73975 | 1911 | KARYOTYPE FROM SYNCHRONIZED CELLS | |
| 70623 | 1908 | KARYOTYPE FROM LYMPHOCYTES ON PERIPHERAL BLOOD | |
| 75949 | 1909 | KARYOTYPE FROM BONE MARROW ASPIRATE | |
| 76002 | 1910 | KARYOTYPE FROM CHORIONIC TROPHOBLAST CELLS | |
| 72290 | 1912 | KARYOTYPE FROM FIBROBLASTS | |
| 76572 | 1913 | KARYOTYPE FROM FOETAL LYMPHOCYTES ON PERIPHERAL BLOOD | |
| 75986 | 1914 | FOETAL KARYOTYPE ON AMNIOTIC FLUID (INCLUDING ALPHA-FETOPROTEIN DOSAGE) | |
| 75994 | 1915 | KARYOTYPE ON ABORTION MATERIAL | |

Molecular Genetics

The services in this section are refundable only if included in the Covers of your Health Plan (within the limits set out therein) upon submission of a prescription issued by a Physician specialising in Medical Genetics (clinical genetics) or Oncology (no other possibilities are available). Since the results of many tests do not change over time we recommend that you keep these results, since the Fund does not release copies of anything that it may receive. The safe-keeping of the test result is the responsibility of the client.

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| 69508 | 1954 | STORAGE OF DNA OR RNA SAMPLES | |
| 69424 | 1986 | DNA, SEGMENT ANALYSIS BY SEQUENCING | Refundable once only |
| 75853 | 1891 | MOLECULAR BIOLOGY, ANY KIND OF RESEARCH | Refundable once a year (1 January - 31 December). |
| 69432 | 1985 | DNA, DISEASE MUTATION ANALYSIS | Refundable once only |
| 65221 | 2003 | HAEMOPHILIA A AND B | Refundable once only |
| 65246 | 2033 | FACTOR V MUTATIONS (LEIDEN, CAMBRIDGE, HONG KONG) | Refundable once only |
| 65270 | 2055 | CYSTIC FIBROSIS (MUTATION STUDY, LEVEL I SCREENING (50 OR MORE MUTATIONS)) | Refundable once only |
| 77045 | 2066 | CHROMOSOMAL FRAGILITY | Refundable once only |
| 69281 | 2105 | IN SITU HYBRIDIZATION ON METAPHASES AND/OR INTERPHASE NUCLEI, TISSUES (FISH) | Refundable once a year (1 January - 31 December). |
| 65346 | 2123 | GENETIC TESTS FOR MUSCULAR ATROPHIES AND DYSTROPHIES, HUNTINGTON'S DISEASE, ANGELMAN OR PRADER-WILLI SYNDROME | Refundable once only |
| 65776 | 2181 | MTHFR MUTATION | Refundable once only |
| 65792 | 2228 | FACTOR II/PROTHROMBIN MUTATIONS | Refundable once only |
| 65389 | 2254 | SCREENING FOR SICKLE CELL ANAEMIA | Refundable once only |
| 65397 | 2255 | SCREENING FOR THALASSEMIA TAY SACHS | Refundable once only |

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| 68911 | 2314 | GENOMIC TYPING HLA-A, HLA-B, HLA-C EACH (ONLY IN CASE OF DOCUMENTED ORGAN TRANSPLANTATION) | |
| 10075 | 3237 | HLA-DQA1, HLA-DQB1, HLA-DRB GENETIC PREDISPOSITION TEST FOR CELIAC DISEASE | |
| Cyto/histological/immunohistochemical tests | | | |
| Cytological Tests | | | |
| <p>Tests can be carried out using any technique or method.</p> <p>Please note that, within the context of this Nomenclature, "Cytology tests for tumour diagnosis (Pap Tests)" are refundable, if provided for in the Cover for diagnostic tests in your Health Plan (and within the limits specified therein) in the case of both standard "Pap Tests" and "Thin Prep" tests.</p> | | | |
| 76681 | 2374 | CYTOLOGICAL (SMEAR) FOR VAGINAL BACTERIOLOGICAL RESEARCH (SINGLE TEST) | |
| 71944 | 2375 | CYTOLOGICAL FOR HORMONAL DIAGNOSTICS | |
| 76693 | 2376 | CYTOLOGICAL FOR TUMOUR DIAGNOSTICS (BRONCHIAL ASPIRATE, SPUTUM, SYNOVIAL FLUIDS OR BIOLOGICAL FLUIDS, EXCEPT URINE) | |
| 71936 | 2377 | CYTOLOGICAL FOR CANCER DIAGNOSTICS (PAP TEST) OR ENDOCERVICAL CYTOLOGICAL - PLUS VAGINAL BACTERIOLOGICAL SMEAR | |
| 76621 | 2378 | CYTOLOGICAL FOR URINE TUMOUR DIAGNOSTICS (1 SAMPLE) | |
| 76623 | 2379 | CYTOLOGICAL FOR URINE TUMOUR DIAGNOSTICS (3 SAMPLES) | |
| 76707 | 2380 | CYTOLOGICAL ON BREAST, THYROID OR LYMPHOGLANDULAR NEEDLE ASPIRATED | |
| 76638 | 2381 | TESTICULAR CYTOLOGICAL | |
| Histological/immunohistochemical tests | | | |
| <p>Tests can be carried out using any technique or method.</p> <p>"Histological (1 anatomical part or neoplasm)" means an examination carried out on a single anatomical part/neoplasm, while "Histological, each additional inclusion" relates to "Histological (1 anatomical part or neoplasm)" and therefore a further examination carried out on partial samples of the same, illustrated by the following example: assuming 1 neoplasm, a "histological (1 anatomical part or neoplasm)" is carried out and 2 further histological examinations of parts/fragments of this same neoplasm are carried out - i.e. 2 "histological, each additional inclusion" examinations are carried out; assuming 2 different neoplasms, the histological examination of both neoplasms is carried out, i.e. 2 "histological (1 anatomical part or neoplasm)" examinations are carried out.</p> | | | |
| 76713 | 2382 | IMMUNOPHENOTYPE OF NEOPLASTIC CELL POPULATIONS, BY SINGLE ANTIBODY USED (CYTOKERATIN, VIMENTIN, EMA, S-100, HMB45, GFAP-1) | |
| 76739 | 2383 | IMMUNOPHENOTYPE OF NEOPLASTIC CELL POPULATIONS: EACH ANTIBODY SUBSEQUENT TO THE FIRST | |
| 76747 | 2384 | IMMUNOPHENOTYPE OF LYMPHOCYTE POPULATIONS FOR LYMPHOMA DIAGNOSIS | |
| 76762 | 2385 | PARAFFIN IMMUNOHISTOCHEMISTRY: OESTROGEN OR PROGESTERONE OR CELL PROLIFERATION INDEXES | |
| 71951 | 2386 | HISTOLOGICAL (1 PER ANATOMICAL PART OR NEOFORMATION) | |
| 76788 | 2387 | HISTOLOGICAL, ANY ADDITIONAL INCLUSION | |
| 71969 | 2388 | HISTOLOGICAL DURING SURGERY (IMPROMPTU) (1 PER ANATOMICAL PART OR NEOFORMATION) | |
| 76804 | 2389 | HISTOLOGICAL DURING SURGERY (IMPROMPTU) (EACH ADDITIONAL INCLUSION) | |

Taking of Samples

Please note that, regardless of Health Plan, taking of samples is included in the services themselves and is therefore not refundable (or chargeable by affiliated healthcare centres) as a separate item, even if included within public healthcare charges (in the case of services provided in affiliation with the S.S.R. (Italian Regional Health Service). Any claim for the taking of samples at home, as an additional item to the test itself and limited to those covered by the Nomenclature and included in the Covers of your Health Plan, must be clearly mentioned in the medical prescription and must be in-line with the pathology, i.e. it must be compatible with the critical clinical picture that made taking samples at home necessary.

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| 77958 | 2390 | ARTERIAL SAMPLING AT HOME | |
| 72975 | 2391 | VENOUS OR CAPILLARY SAMPLING AT HOME | |
| 77982 | 2392 | DUODENAL JUICE SAMPLING | |
| 77990 | 2393 | GASTRIC JUICE SAMPLING | |
| 77966 | 2394 | PROSTATE SAMPLING AT HOME | |
| 77974 | 2395 | RECTAL SAMPLING AT HOME | |
| 72991 | 2396 | URETHRAL OR VAGINAL SECRETION SAMPLING AT HOME | |

Cardiology

The items described, if included in the Covers of your Health Plan, always include the use of equipment and professional fees. Basic ECGs always require a doctor's prescription with a definite or presumed diagnosis, unless carried out during a cardiological consultation, in which case the professional's report is sufficient. Please note that "ergometric tests" are inclusive of the basic ECG, i.e. the tests cannot be summed together. There are no refunds for tests for the purposes of issuing certificates (driving licence, sports fitness, etc.), or anything else specified in "Exclusions" or the "Services not covered by FasiOpen" paragraph within the individual Health Plan Guides.

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| 76806 | 2397 | CARDIOTOCOGRAPHY (AS SINGLE EXAMINATION) | |
| 76853 | 2398 | CARDIOTOCOGRAPHY (DURING CONSULTATION) | |
| 73072 | 2399 | ECG BASIC | |
| 78014 | 2400 | ECG BASIC AND POST-STRESS (MASTER TEST) | |
| 73098 | 2401 | ECG BASIC AND POST-STRESS TREADMILL | |
| 73106 | 2402 | ECG DYNAMIC HOLTER TEST (24 H) | |
| 73080 | 2403 | ECG IN-HOME | |
| 73726 | 2404 | CONTINUOUS DYNAMIC BLOOD PRESSURE MONITORING (24 H) | |
| 78030 | 2405 | DIAGNOSTIC OR THERAPEUTIC TRANSESOPHAGEAL ELECTROPHYSIOLOGICAL STUDY | |
| 73718 | 2406 | ERGOMETRIC TEST (EXERCISE TEST WITH CYCLE ERGOMETER OR TREADMILL), INCLUDING PROFESSIONAL FEE | Inclusive of the basic ECG |
| 76855 | 2407 | ERGOMETRIC TEST (EXERCISE TEST WITH CYCLE ERGOMETER OR TREADMILL) WITH DETERMINATION OF O2 CONSUMPTION, INCLUDING PROFESSIONAL FEE | Inclusive of the basic ECG |
| 68795 | 2408 | TILT TEST | |

Diagnostic imaging

Angiography

Items are refundable only and exclusively within the limits of the provisions of the single Covers (if any) of your Health Plan and include the entire medical-radiological-anaesthesiological team, technical/auxiliary staff, the contrast, the necessary X-rays (complete with the projections and the number of X-rays required).

Special materials and any medications, if provided for by your Health Plan, are regulated as described in the relevant section D. For each additional service beyond the first during the same session, the fee will be reduced by 50% (of the least expensive test/s).

Vascular district is defined as the study of the cerebral, supraortic, thoracic, abdominal-splanchnic vessels or of a limb or spinal metamer.

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| 75010 | 2409 | CAROTID OR VERTEBRAL INTRACRANIAL ANGIOGRAPHY | |
| 78048 | 2410 | BONE MARROW ANGIOGRAPHY (1 DISTRICT) | |
| 78055 | 2411 | BONE MARROW ANGIOGRAPHY (2 DISTRICTS) | |
| 78063 | 2412 | BONE MARROW ANGIOGRAPHY (3 DISTRICTS OR COMPLETE) | |
| 75127 | 2413 | ABDOMINAL OR THORACIC AORTA ARTERIOGRAPHY | |
| 75044 | 2414 | ABDOMINAL AORTO ARTERIOGRAPHY + SELECTIVE ARTERIOGRAPHY | |
| 65011 | 2415 | AORTO-ABDOMINAL ARTERIOGRAPHY + ILIAC AND LOWER LIMBS | |
| 75077 | 2416 | AORTIC ARCH ARTERIOGRAPHY AND EPIAORTIC VESSELS | |
| 78071 | 2417 | AORTIC ARCH ARTERIOGRAPHY, EPIAORTIC VESSELS AND THORACIC AORTA (INCLUDING UPPER LIMBS) | |
| 78097 | 2418 | UNILATERAL LOWER LIMB ARTERIOGRAPHY (SINGLE TEST) | |
| 78105 | 2419 | ILIAC ARTERIOGRAPHY AND FEMORAL ARTERIES INCLUDING LOWER LIMBS | |
| 78113 | 2420 | PULMONARY ARTERIOGRAPHY | |
| 78121 | 2421 | PULMONARY ARTERIOGRAPHY AND CAVOGRAPHY | |
| 78089 | 2422 | TOTAL BODY ARTERIOGRAPHY OF THE AORTA (SUPRA-AORTIC-THORACIC-ABDOMINAL DISTRICT) | |
| 75093 | 2423 | LOWER OR UPPER CAVOGRAPHY | |
| 78139 | 2424 | TIPS MONITORING | |
| 78147 | 2425 | UPPER LIMB PHLEBOGRAPHY AND CAVOGRAPHY | |
| 75085 | 2426 | PHLEBOGRAPHY OF UPPER OR LOWER LIMBS | |
| 78154 | 2427 | ORBIT PHLEBOGRAPHY | |
| 78162 | 2428 | PHLEBOGRAPHY OF A LIMB | |
| 78170 | 2429 | UNILATERAL OVARIAN PHLEBOGRAPHY | |
| 78188 | 2430 | BILATERAL OVARIAN PHLEBOGRAPHY | |
| 78196 | 2431 | UNILATERAL SPERMATIC PHLEBOGRAPHY | |
| 78204 | 2432 | BILATERAL SPERM PHLEBOGRAPHY | |
| 78212 | 2433 | SPINAL PHLEBOGRAPHY | |

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| 75119 | 2434 | LYMPHOGRAPHY | |
| 78220 | 2435 | BRAIN PANANGIOGRAPHY | |
| Ultrasounds | | | |
| <p>Items are refundable only and exclusively if explicitly provided for in the specific Cover (if any) of your Health Plan.</p> <p>All services can be carried out using any technique, method or equipment and, where necessary, are inclusive of medicines/drugs. For tests carried out during the same session, or at the same time as tests included in the vascular diagnostics section, fees for tests subsequent to the first one are reduced by 50% (applied to the least expensive test/s). Tests are inclusive of any anaesthetic treatment and, where specified in the service code, also include the contrast medium.</p> <p>Upper abdomen is defined as: liver, pancreas, spleen, abdominal vessels.</p> <p>Lower abdomen-pelvis is defined as: kidneys, bladder, prostate and seminal vesicles (for men); kidneys, uterus, appendages and bladder (for women).</p> <p>For lymph node ultrasound scans, 1 test per lymph node district is recognised as refundable regardless of whether the test is unilateral or bilateral (example: an ultrasound of the axillary lymph nodes corresponds to 1 single code 2448 etc.).</p> | | | |
| 78238 | 2436 | LOWER ABDOMINAL-PELVIS (COMPLETE TEST) | |
| 78246 | 2437 | UPPER ABDOMINAL (COMPLETE TEST) | |
| 78253 | 2438 | LOWER ABDOMEN-PELVIS AND UPPER ABDOMEN WITH BOWEL EVALUATION (COMPLETE TEST) | |
| 76857 | 2439 | OVULATORY CYCLE (UP TO 8 TESTS) | |
| 78519 | 2440 | DOPPLER ECHOCARDIOGRAM OR TRANSESOPHAGEAL COLOUR DOPPLER | |
| 73742 | 2441 | M MODE 2D ECHOCARDIOGRAM | |
| 65892 | 2442 | FOETAL COLOUR DOPPLER ECHOCARDIOGRAM | |
| 76859 | 2443 | M MODE 2D DOPPLER AND COLOUR DOPPLER ECHOCARDIOGRAM, WITH POSSIBLE PHARMACOLOGICAL OR STRESS TESTS (ECHOCARDIOSTRESS) | |
| 78501 | 2444 | M MODE 2D AND DOPPLER ECHOCARDIOGRAM, WITH POSSIBLE PHARMACOLOGICAL OR STRESS TESTS (ECHOCARDIOSTRESS) | |
| 65470 | 2445 | ENDOBONCHIAL ULTRASOUND | |
| 78493 | 2446 | INTRAOPERATIVE ULTRASOUND FOR ANY OPERATION | |
| 73544 | 2447 | TEST IN PREGNANCY ALSO TWIN (ANY WEEK) | |
| 73178 | 6231 | ULTRASOUND IN PREGNANCY WITH NUCHAL TRANSLUCENCY | |
| 73157 | 6097 | MORPHOLOGICAL ULTRASOUND IN PREGNANCY (OBSTETRIC ULTRASOUND ALSO TWIN AND MORPHOLOGICAL TEST) | Cannot be summed with the normal ultrasound in pregnancy. |
| 73144 | 6096 | FLOWMETRIC ULTRASOUND IN PREGNANCY (OBSTETRIC ULTRASOUND, INCLUDING TWIN AND FOETAL FLOWMETRY) | Cannot be summed with the normal ultrasound in pregnancy. |
| 73551 | 2448 | LIVER AND BILIARY TRACT - BILATERAL SALIVARY GLANDS - LARGE VESSELS - INTESTINAL - MONO/BILATERAL LYMPH NODES - UNILATERAL OR BILATERAL BREAST - MEDIASTINAL OR HEMITHORACIC - SPLEEN - MUSCULAR, TENDINOUS OR ARTICULAR - OCULAR AND ORBITAL - PANCREATIC - SOFT TISSUE - PELVIC (UTERUS, ADNEXA AND BLADDER) - PENIS - PROSTATE AND BLADDER, SUPRAPUBIC - RENAL AND ADRENAL BILATERAL - TESTICULAR (BILATERAL) - THYROID AND PARATHYROID - BLADDER (INCLUDING POSSIBLE USE OF CONTRAST MEDIUM) | For lymph node ultrasound scans, 1 examination per lymph node district is recognised as refundable regardless of whether unilateral or bilateral |

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| 73809 | 2449 | PROSTATIC AND BLADDER OR ANAL AND RECTAL, TRANSRECTAL | |
| 78428 | 2450 | RENAL, BILATERAL ADRENAL AND BLADDER | |
| 78436 | 2451 | SCROTAL AND INGUINAL FOR DETECTING UNDESCENDED TESTICLE | |
| 78469 | 2452 | TRANSESOPHAGEAL FOR GASTROENTEROLOGY | |
| 78261 | 2453 | TRANSFONTANELLAR ENCEPHALIC | |
| 78477 | 2454 | TRANSVAGINAL WITH POSSIBLE COLOUR DOPPLER | |
| 78485 | 2455 | PERMINATIONAL BLADDER OR TRANSURETHRAL INTRACAVITARY | |

Mineralometry - Bone densitometry

Items are refundable only and exclusively if explicitly provided for in the Cover (if any) of your Health Plan.
 Bone segments are defined as: large (femur, humerus, tibia); medium (clavicle, sternum, patella, radius, ulna, fibula); small (the remainder).
 Section is defined as: cervical column or dorsal column or lumbo-sacral column.

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| 78527 | 2456 | LUMBAR DENSITOMETRY WITH C.T. | |
| 73783 | 2457 | TOTAL BODY DENSITOMETRY | |
| 73585 | 2458 | COMPUTERIZED BONE MINERALOMETRY (ONE SEGMENT OR TRACT) | |
| 76879 | 2459 | COMPUTERIZED BONE MINERALOMETRY (MULTIPLE SEGMENTS OR TOTAL BODY) | |

Traditional radiology

Items are refundable only and exclusively if explicitly provided for in the Cover (if any) of your Health Plan.
 Tests are considered to be complete with all projections, all necessary x-rays, any contrast and/or gas insufflation used and any necessary professional services, including assistance with diagnostic equipment. Please note that contrast medium for "Traditional Radiology" services only, being considered to be included in the tests, will not have any fixed or percentage excesses applied during payment as is the case for other diagnostic tests.
 Section is defined as: cervical column or dorsal column or lumbo-sacral column.
 A "pelvis for hip" examination corresponds to a single pelvis X-ray code and is not summed with the hip X-ray code. A "hip" study or "comparative hip study" is not equatable with a "pelvis for hip" examination and corresponds to the summation of "right hip" and "left hip" radiographs.
 Radiological tests carried out by a dentist or dental facility can only be claimed within the context of the specific dental procedure and only if provided for in the specific Cover of your Health Plan.

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| 74211 | 2460 | ABDOMEN: DIRECT EXAMINATION | |
| 78535 | 2461 | FEMALE GENITALIA, DIRECT EXAMINATION | |
| 78543 | 2462 | MALE GENITAL APPARATUS, DIRECT EXAMINATION | |
| 74518 | 2463 | URINARY APPARATUS, DIRECT EXAMINATION | |
| 74948 | 2464 | LIMBS AND JOINTS: HUMERUS, ELBOW, FOREARM, FEMUR, KNEE, LEG, HIP | |
| 74922 | 2465 | LIMBS AND JOINTS: WRIST, HAND, ANKLE, FOOT, FINGERS | |
| 78550 | 2466 | LOWER LIMBS UNDER LOAD WITH PELVIS | |
| 78568 | 2467 | TEMPOROMANDIBULAR JOINT, DIRECT EXAMINATION | |
| 75341 | 2468 | ARTHROGRAPHY | |
| 78576 | 2469 | UNILATERAL TEMPOROMANDIBULAR JOINT ARTHROGRAPHY | |

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| 78584 | 2470 | BILATERAL TEMPOROMANDIBULAR JOINT ARTHROGRAPHY (COMPARATIVE) | |
| 74831 | 2471 | PELVIS | Usable for "pelvis for hip" |
| 75390 | 2472 | BRONCHOGRAPHY, UNILATERAL OR BILATERAL | |
| 78592 | 2473 | CAVERNOSOGRAPHY | |
| 78600 | 2474 | CAVERNOSOGRAPHY WITH MANOMETRY | |
| 74567 | 2475 | CYSTOGRAPHY | |
| 78618 | 2476 | DOUBLE CONTRAST CYSTOGRAPHY | Inclusive of contrast medium |
| 74559 | 2477 | MICTURATING CYSTOURETHROGRAPHY | |
| 78626 | 2478 | CLAVICLE | |
| 74294 | 2479 | OPAQUE CYST WITH DOUBLE CONTRAST | Inclusive of contrast medium |
| 78642 | 2480 | CHOLANGIOGRAPHY THROUGH KEHR'S TUBE OR POST-OPERATIVELY | |
| 74401 | 2481 | INTRAVENOUS CHOLANGIOGRAPHY (WITH POSSIBLE PHARMACOLOGICAL TESTS) | |
| 74435 | 2482 | INTRA-OPERATIVE CHOLANGIOGRAPHY | |
| 74419 | 2483 | PERCUTANEOUS CHOLANGIOGRAPHY | |
| 78634 | 2484 | RETROGRADE CHOLANGIOGRAPHY | |
| 74443 | 2485 | DIAGNOSTIC CHOLANGIOPANCREATOGRAPHY (ERCP ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY) | |
| 74385 | 2486 | CHOLECYSTOGRAPHY PER OS WITH OR WITHOUT BRONNER'S TEST | |
| 74898 | 2487 | CERVICAL, DORSAL, LUMBOSACRAL, SACROCOCCYGEAL SPINAL COLUMN (BY SECTION) | |
| 74914 | 2488 | COMPLETE SPINAL COLUMN | |
| 78659 | 2489 | COMPLETE SPINAL COLUMN PLUS PELVIS UNDER LOAD | |
| 78667 | 2490 | SPINAL COLUMN, MORPHOMETRIC EXAMINATION (BY SECTION) | |
| 75366 | 2491 | FOREIGN BODIES, LOCALIZATION | |
| 74716 | 2492 | SKULL AND/OR PARANASAL SINUSES | |
| 78691 | 2494 | DACRYOCYSTOGRAPHY | |
| 78709 | 2495 | DEFECOGRAPHY | |
| 78717 | 2496 | CSF DERIVATIONS, RADIOLOGICAL CONTROL | |
| 65489 | 2497 | DETERMINATION OF PELVIC DIAMETERS | |
| 74815 | 2498 | HEMIMANDIBLE | |
| 74021 | 2499 | RADIOLOGICAL EXAMINATION AT THE PATIENT'S HOME (AS WELL AS THE EXAMINATION) | |
| 74013 | 2500 | RADIOLOGICAL EXAMINATION AT THE PATIENT'S BEDSIDE (AS WELL AS THE EXAMINATION) - DURING OVERNIGHT HOSPITALISATION | |
| 76895 | 2501 | RADIOLOGICAL EXAMINATION IN THE OPERATING THEATRE (AS WELL AS THE EXAMINATION) | |

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| 74237 | 2502 | OESOPHAGUS WITH OPAQUE CONTRAST | Inclusive of contrast medium |
| 78725 | 2503 | OESOPHAGUS WITH DOUBLE CONTRAST | Inclusive of contrast medium |
| 78733 | 2504 | BONE AGE (HAND AND WRIST OR KNEE, ETC.) | |
| 74096 | 2505 | PHARYNX: DIRECT EXAMINATION | |
| 74302 | 2506 | OPAQUE PHARYNGOGRAPHY | |
| 75325 | 2507 | FISTULOGRAPHY | |
| 78741 | 2508 | OPTIC FORAMENS | |
| 78758 | 2509 | GALACTOGRAPHY | |
| 74310 | 2510 | SALIVARY GLANDS, DIRECT EXAMINATION | |
| 78766 | 2511 | LOADED KNEE | |
| 74625 | 2512 | HYSTEOSALPINGOGRAPHY (INCLUDING DIRECT EXAMINATION) - INCLUDING SERVICES OF RADIOLOGIST/GYNAECOLOGIST | |
| 78782 | 2513 | LARYNX, DIRECT EXAMINATION | |
| 74104 | 2514 | OPAQUE LARYNGOGRAPHY | |
| 74120 | 2515 | UNILATERAL MAMMOGRAPHY | |
| 74138 | 2516 | BILATERAL MAMMOGRAPHY | |
| 74757 | 2517 | MASTOID | |
| 75234 | 2518 | CERVICAL OR DORSAL MYELOGRAPHY | |
| 78790 | 2519 | ORBIT, DIRECT EXAMINATION | |
| 65497 | 2520 | ORTHOPANTOMOGRAPHY OF ONE OR BOTH DENTAL ARCHES | |
| 74732 | 2521 | NASAL BONES, DIRECT EXAMINATION | |
| 78808 | 2522 | LOADED FEET | |
| 78816 | 2523 | UNILATERAL RETROGRADE PYELOGRAPHY | |
| 78824 | 2524 | BILATERAL RETROGRADE PYELOGRAPHY | |
| 78832 | 2525 | TRANSPIELOSTOMIC PYELOGRAPHY | |
| 78840 | 2526 | PERCUTANEOUS PYELOURETHROGRAPHY | |
| 78857 | 2527 | BREAST PNEUMOCYSTOGRAPHY | |
| 78865 | 2528 | RADICOLOGRAPHY | |
| 78873 | 2529 | BLADDER REGION, DIRECT EXAMINATION | |
| 78881 | 2530 | PETROSE ROCKS | |
| 76897 | 2531 | PATELLA | |
| 76846 | 2532 | AXIAL PATELLA AT 30°, 60°, 90° | |
| 74963 | 2533 | SCAPULA | |
| 74856 | 2534 | UNILATERAL THORACIC RIB CAGE | |

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| 78899 | 2535 | BILATERAL THORACIC RIB CAGE | |
| 74328 | 2536 | SIALOGRAPHY | |
| 74740 | 2537 | SELLA TURCICA, DIRECT EXAMINATION | |
| 78907 | 2538 | SHOULDER | |
| 78915 | 2539 | LOADED SHOULDER | |
| 74872 | 2540 | STERNUM | |
| 78923 | 2541 | STOMACH WITH DOUBLE CONTRAST | Inclusive of contrast medium |
| 74245 | 2542 | STOMACH, DUODENUM | |
| 78931 | 2543 | OPEN AND CLOSED MOUTH STRATIGRAPHY OF THE TMJ, UNILATERAL | |
| 78949 | 2544 | OPEN AND CLOSED MOUTH STRATIGRAPHY OF THE TMJ, BILATERAL | |
| 78956 | 2545 | RESTING LARYNX AND PHONATION STRATIGRAPHY | |
| 78964 | 2546 | MEDIASTINAL STRATIGRAPHY | |
| 78972 | 2547 | CHEST STRATIGRAPHY, UNILATERAL | |
| 78980 | 2548 | CHEST STRATIGRAPHY, BILATERAL | |
| 74153 | 2549 | STRATIGRAPHY OF ANY ANATOMICAL DISTRICT OR SEGMENT, EXCEPT IN THE DESCRIBED CASES | |
| 65023 | 2550 | STUDY OF INTESTINAL TRANSIT TIMES | |
| 78998 | 2551 | SELECTIVE STUDY OF LAST LOOP | |
| 79004 | 2552 | HEART TELE-RADIOGRAPHY WITH BARIUM OESOPHAGUS | |
| 65701 | 2553 | TELERADIOGRAPHY OF THE SKULL (ANY NUMBER OF PROJECTIONS) | |
| 79012 | 2554 | SMALL INTESTINE, DOUBLE-CONTRAST WITH SELECTIVE STUDY | Inclusive of contrast medium |
| 74260 | 2555 | SMALL INTESTINE, SERIAL TEST | |
| 79020 | 2556 | SOFT TISSUE, DIRECT EXAMINATION | |
| 79038 | 2557 | THYROID, DIRECT EXAMINATION | |
| 79046 | 2558 | THYROID, CERVICAL ESOPHAGOGRAM | |
| 74070 | 2559 | TRADITIONAL OR EQUALIZED CHEST AND/OR TELECORE | |
| 79061 | 2560 | TRACHEA, DIRECT EXAMINATION | |
| 74336 | 2561 | DIGESTIVE TRACT: FIRST DUCTS (OESOPHAGUS, STOMACH, DUODENUM) | |
| 74252 | 2562 | DIGESTIVE TRACT: SECOND DUCTS (SMALL INTESTINE, COLON) | |
| 74278 | 2563 | DIGESTIVE TRACT: COMPLETE (STOMACH, DUODENUM, COLON, OESOPHAGUS) | |
| 74542 | 2564 | ASCENDING AND MICTURATING URETHROCYSTOGRAPHY | |
| 74534 | 2565 | UROGRAPHY (COMPLETE EXAMINATION) | |
| 79079 | 2566 | VESSELS, DIRECT EXAMINATION | |

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| 79087 | 2567 | VESICO-DEFERENTOGRAPHY | |
| Nuclear Magnetic Resonance | | | |
| <p>Items are refundable only and exclusively if explicitly provided for in the Cover (if any) of your Health Plan.</p> <p>Tests are considered to be complete with all necessary acquisition sequences, any anaesthesiological services where necessary (regardless of the type of anaesthesia or sedation) and any other medical and/or technical professionals involved. For any further examination or tract examined in addition to the first one during the same session, a rate reduced by 50% is applied (to the least expensive examination/s). The fee for any examination carried out "with contrast" or "without and with contrast" will be increased by the relevant fee specified for the contrast (only one contrast medium code will be recognised regardless of the number of examinations carried out in the same session). Please also note that, for Cover-based Health Plans, the contrast medium is deemed to be a separate item so that any fixed and percentage excesses will also be applied to this item.</p> <p>Bone segments are defined as: large (femur, humerus, tibia); medium (clavicle, sternum, patella, radius, ulna, fibula); small (the remainder).</p> <p>Joints or joint areas are defined as: large (hip, knee, shoulder); medium (elbow, wrist, tibioperoneal-astragalic); small (the remainder).</p> <p>Section is defined as: cervical column or dorsal column or lumbo-sacral column.</p> <p>Vascular district is defined as the study of the cerebral, supraortic, thoracic, abdominal-splanchnic vessels or of a limb or spinal metamer.</p> <p>Tests can be carried out with any equipment/instrumentation.</p> <p>Please also note that "Total Body" tests also include the "neck" section, so that no additional "MRI Neck" tests are recognised. Also in this edition of the Nomenclature, the "Cine MRI Heart" test is recognised as "MRI Heart" and therefore is not equatable with the "Cine MRI as a functional study of joints" test.</p> | | | |
| 76715 | 2701 | USE OF ANY CONTRAST MEDIUM | |
| 79160 | 2702 | MR ANGIO (ANY VASCULAR DISTRICT - PER DISTRICT, EXCEPT AS DESCRIBED) | |
| 73216 | 6099 | MR ANGIO ENDOCRANIAL CIRCULATION, INCLUDING MR BRAIN | |
| 73234 | 6101 | MR ANGIO SUPRA-AORTIC TRUNKS (OF 1 OR 2 SUPRA-AORTIC TRUNKS) | |
| 76994 | 2703 | BILATERAL TMJ | |
| 79178 | 2704 | CINE MRI AS A FUNCTIONAL STUDY OF JOINTS | |
| 76848 | 2705 | CHOLANGIO AND/OR WIRSUNG NMR, INCLUDING UPPER ABDOMINAL STUDY | |
| 79186 | 2706 | MR UPPER AND LOWER ABDOMEN - PELVIS | |
| 76899 | 2707 | MR UPPER OR LOWER ABDOMEN - PELVIS | |
| 79202 | 2708 | MR JOINT AND 1 BONE SEGMENT (KNEE - SHOULDER - ELBOW - NECK - FOOT - ETC.) | |
| 76903 | 2709 | MR EVERY JOINT AND BONE SEGMENT IN ADDITION TO THE FIRST | |
| 76978 | 2710 | MR BRAIN AND/OR PITUITARY GLAND | |
| 65900 | 2711 | MR HEART | |
| 76905 | 2712 | MR RACHIS AND SPINAL CORD (1 SECTION) | |
| 79244 | 2713 | MR RACHIS AND SPINAL CORD (2 SECTIONS) | |
| 79269 | 2714 | MR RACHIS AND SPINAL CORD (3 SECTIONS) | |
| 79319 | 2715 | MR TOTAL BODY TO SEARCH FOR FOCAL LESIONS: SKULL, THORAX, UPPER AND LOWER ABDOMEN - PELVIS | |
| 79335 | 2716 | STUDY OF CEREBRAL CSF FLOWS, INCLUDING MR BRAIN | |
| 10077 | 3239 | MR PELVIS | |
| 10078 | 3240 | MR NECK OR FACIAL MASS OR PHARYNX OR ACOUSTIC NERVES | |

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| 10079 | 3241 | MR THORAX AND MEDIASTINUM | |
| 10080 | 3242 | MR BILATERAL BREAST | |
| 10081 | 3243 | PET-MR ANY DISTRICT (INCLUDING RADIOISOTOPE AND ANY TRANSPORT) | |
| Computerised Axial Tomography | | | |
| <p>Items are refundable only and exclusively if explicitly provided for in the Cover (if any) of your Health Plan.</p> <p>Tests are considered to be complete with all necessary acquisition sequences, any anaesthesiological services where necessary (regardless of the type of anaesthesia or sedation) and any other medical and/or technical professionals involved. For any further examination or tract examined in addition to the first one during the same session, a rate reduced by 50% is applied (to the least expensive examination/s). The fee for any examination carried out "with contrast" or "without and with contrast" will be increased by the relevant fee specified for the contrast (only one contrast medium code will be recognised regardless of the number of examinations carried out in the same session). Please also note that, for Cover-based Health Plans, the contrast medium is deemed to be a separate item so that any fixed and percentage excesses will also be applied to this item.</p> <p>Bone segments are defined as: large (femur, humerus, tibia); medium (clavicle, sternum, patella, radius, ulna, fibula); small (the remainder).</p> <p>Joints or joint areas are defined as: large (hip, knee, shoulder); medium (elbow, wrist, tibioperoneal-astragalic); small (the remainder).</p> <p>Section is defined as: cervical column or dorsal column or lumbo-sacral column.</p> <p>Vascular district is defined as the study of the cerebral, supraortic, thoracic, abdominal-splanchnic vessels or of a limb or spinal metamer.</p> <p>Tests can be carried out with any equipment/instrumentation.</p> <p>Please also note that "Total Body" tests also include the "neck" section, so that no additional "CT spinal column" tests: 1 segment with a minimum of 3 intersomatic spaces": are recognised as refundable. In "CT of the spinal column", the segment refers to the tract/s specified in the codes themselves.</p> | | | |
| 76986 | 2717 | USE OF ANY CONTRAST MEDIUM | |
| 76655 | 2718 | ANGIO CT OF ANY DISTRICT - PER VASCULAR DISTRICT WITH ANY 3D RECONSTRUCTION - EXCEPT FOR THE CASES DESCRIBED | |
| 73424 | 6107 | ANGIO CT ABDOMINAL AORTA AND LOWER LIMB ARTERIES | |
| 73446 | 6109 | ANGIO CT THORACIC AND/OR ABDOMINAL AORTA | |
| 73458 | 6110 | ANGIO CT RENAL ARTERIES OR SPLANCHNIC VESSELS | |
| 73465 | 6111 | ANGIO CT OF 1 OR 2 UPPER OR LOWER LIMBS | |
| 73474 | 6112 | ANGIO CT ENDOCRANIAL CIRCULATION | |
| 73482 | 6113 | ANGIO CT OF THE HEART | |
| 73499 | 6114 | ANGIO CT OF THE CORONARY ARTERIES | |
| 73507 | 6115 | ANGIO CT CHEST (PULMONARY ARTERIES OR VEINS) | |
| 79400 | 2719 | ARTHRO-CT OCT JOINT DISTRICTS/BONE SEGMENTS | |
| 65505 | 2720 | VIRTUAL BRONCHOSCOPY (PERFORMED WITH CT PLUS 3D RECONSTRUCTION PLUS VIRTUAL ENDOSCOPY) | |
| 65513 | 2721 | VIRTUAL COLONOSCOPY (PERFORMED WITH TC PLUS 3D RECONSTRUCTION PLUS VIRTUAL ENDOSCOPY) | |
| 79418 | 2722 | DENTASCAN OR CONE BEAM VOLUMETRIC TOMOGRAPHY: 1 ARCH | |
| 79426 | 2723 | DENTASCAN OR CONE BEAM VOLUMETRIC TOMOGRAPHY: 2 ARCHES | |
| 79434 | 2724 | MIELO-CT: 1 SPINAL COLUMN SECTION | |
| 79442 | 2725 | MIELO-CT: 2 SPINAL COLUMN SECTIONS | |
| 79459 | 2726 | MIELO-CT: 3 SPINAL COLUMN SECTIONS | |

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| 65521 | 2727 | O.C.T. – OPTICAL COHERENCE TOMOGRAPHY | |
| 79467 | 2728 | CT UPPER AND LOWER ABDOMEN - PELVIS | |
| 76907 | 2729 | CT PELVIS AND SACRUM | |
| 79491 | 2730 | CT SPINAL COLUMN: 1 SEGMENT WITH A MINIMUM OF 3 INTERSOMATIC SPACES | |
| 79517 | 2731 | CT SPINAL COLUMN: 2 SEGMENTS (CERVICAL AND DORSAL OR LUMBOSACRAL AND SACROCOCCYGEAL) | |
| 79533 | 2732 | CT SPINAL COLUMN: 3 SEGMENTS (CERVICAL AND DORSAL AND LUMBOSACRAL OR SACROCOCCYGEAL) | |
| 76988 | 2733 | CT SKULL AND/OR ORBITS OCT SKULL AND/OR SELLA TURCICA OCT SKULL AND/OR PETROUS ROCKS OCT SKULL AND/OR MASTOIDS OR FACIAL MASSIF OCT | |
| 65919 | 2734 | MAXILLARY TC INCLUDING UPPER OR LOWER COMPUTERISED PROCESSING | |
| 76663 | 2735 | CT THORAX OR UPPER OR LOWER ABDOMEN - PELVIS | |
| 79566 | 2736 | CT TOTAL BODY: SKULL, THORAX, UPPER AND LOWER ABDOMEN - PELVIS | |
| Vascular Diagnostics | | | |
| Doppler ultrasonography - echo doppler - echo colour doppler | | | |
| <p>Items are refundable only and exclusively if explicitly provided for in the Cover (if any) of your Health Plan.</p> <p>Tests relate to both sides, including examination of the arterial and venous circulation, and double charging is therefore not recognised. The items shown are also valid for any Doppler examination combining other techniques and methods such as lasers, etc.</p> <p>For tests carried out during the same session, or at the same time as ultrasound investigations, items for tests subsequent to the first one are reduced by 50% (applied to the least expensive test/s). Bilateral upper limb tests carried out in the same session as bilateral lower limb tests correspond to a four-limb test, for which reference should be made to the relevant code.</p> <p>Doppler echocardiograms and/or cardiac Echo Colour Dopplers are not equatable with the items in this section.</p> <p>For such services, please refer to the Ultrasound section.</p> | | | |
| 73593 | 2737 | UPPER OR LOWER LIMBS (BILATERAL): DOPPLER | |
| 73874 | 2738 | UPPER OR LOWER LIMBS (BILATERAL): ECHO DOPPLER | |
| 79574 | 2739 | UPPER OR LOWER LIMBS (BILATERAL): ECHO COLOUR DOPPLER | |
| 79582 | 2740 | UPPER AND LOWER LIMBS (FOUR LIMBS): DOPPLER | |
| 79590 | 2741 | UPPER AND LOWER LIMBS (FOUR LIMBS): ECHO DOPPLER | |
| 79608 | 2742 | UPPER AND LOWER LIMBS (FOUR LIMBS): ECHO COLOUR DOPPLER | |
| 76665 | 2743 | ECHO COLOUR DOPPLER OF ANY OTHER NON-DESCRIBED ARTERIAL-VEIN DISTRICT OR VASCULAR SEGMENT | |
| 79616 | 2744 | PENILE OR TESTICULAR: DOPPLER | |
| 79624 | 2745 | PENILE OR TESTICULAR: ECHO DOPPLER | |
| 79632 | 2746 | PENILE OR TESTICULAR: ECHO COLOUR DOPPLER | |
| 79640 | 2747 | COMPLETE TRANSCRANIAL: ECHO DOPPLER | |
| 79657 | 2748 | COMPLETE TRANSCRANIAL: ECHO COLOUR DOPPLER | |
| 79665 | 2749 | COMPLETE TRANSCRANIAL WITH SPECTRAL ANALYSIS | |

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| 79673 | 2750 | SUPRA-AORTIC TRUNKS: DOPPLER | |
| 79681 | 2751 | SUPRA-AORTIC TRUNKS: ECHO DOPPLER | |
| 79699 | 2752 | SUPRA-AORTIC TRUNKS: ECHO COLOUR DOPPLER | |
| 79707 | 2753 | VISCERAL: DOPPLER | |
| 79715 | 2754 | VISCERAL: ECHO DOPPLER | |
| 79723 | 2755 | VISCERAL: ECHO COLOUR DOPPLER | |
| <i>Nuclear medicine (scintigraphy)</i> | | | |
| <p>Items are refundable only and exclusively if explicitly provided for in the Cover (if any) of your Health Plan. Fees are inclusive of medicines, indicators, consumables, cardiological and anaesthesiological services (where necessary) and technical staff. Fees are inclusive of any pharmacological and ergometric tests and any type of provocative diagnostic procedure.</p> | | | |
| <i>Circulatory system</i> | | | |
| 76909 | 2756 | FIRST-PASS ANGIOCARDIOSCINTIGRAPHY | |
| 79798 | 2757 | BALANCE ANGIOCARDIOSCINTIGRAPHY | |
| 79806 | 2758 | ANGIOSCINTIGRAPHY OF ARTERIAL OR VENOUS DISTRICTS | |
| 76717 | 2759 | MYOCARDIAL SCINTIGRAPHY AT REST (SPECT) | |
| 76323 | 2760 | MYOCARDIAL SCINTIGRAPHY AT REST (PLANAR) | |
| 76721 | 2761 | MYOCARDIAL SCINTIGRAPHY AT REST AND AFTER STIMULUS (PET) | |
| 79830 | 2762 | MYOCARDIAL SCINTIGRAPHY AT REST AND AFTER STIMULUS (PLANAR) | |
| 65538 | 2763 | MYOCARDIAL SCINTIGRAPHY FOR IDENTIFICATION OF VIABLE MYOCARDIUM BY REINJECTION | |
| 76815 | 2764 | SCINTI OR TOMO MYOCARDIAL SCINTIGRAPHY AT REST AND AFTER STIMULUS (SPECT) | |
| 65927 | 2765 | STUDY OF GLOBAL AND REGIONAL VENTRICULAR FUNCTION (GATED-SPECT) | |
| <i>Digestive system</i> | | | |
| 79855 | 2766 | SEARCH FOR ECTOPIC GASTRIC MUCOSA | |
| 76117 | 2767 | SCINTIGRAPHY OF SALIVARY GLANDS | |
| 73588 | 6122 | SCINTIGRAPHIC STUDY OF OESOPHAGO-GASTRO-DUODENAL TRANSIT | |
| 79863 | 2768 | EVALUATION OF GASTRO ENTERORRHAGES | |
| <i>Haemopoietic system</i> | | | |
| 76141 | 2769 | DETERMINATION OF THE SURVIVAL TIME OF THE ERYTHROCYTES | |
| 76174 | 2770 | DETERMINATION OF PLASMA VOLUME AND ERYTHROCYTE VOLUME | |
| 76240 | 2771 | DETERMINATION OF PLATELET KINETICS | |
| 76208 | 2772 | DETERMINATION OF INTESTINAL ABSORPTION OF VITAMIN B12 (SCHILLING TEST) | |

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| 76422 | 2773 | SEGMENTAL LYMPHOSCINTIGRAPHY | |
| 76125 | 2774 | MEASUREMENT OF INTESTINAL ABSORPTION OR PERMEABILITY | |
| 76166 | 2775 | COMPREHENSIVE STUDY OF FERROKINETICS | |
| <i>Osteo-articular apparatus</i> | | | |
| 76824 | 2776 | PET-MR ANY DISTRICT (INCLUDING RADIOISOTOPE AND ANY TRANSPORT) | |
| 76471 | 2777 | GLOBAL SKELETAL SCINTIGRAPHY | |
| 76831 | 2778 | SEGMENTAL BONE OR JOINT POLYPHASIC SCINTIGRAPHY | |
| 76463 | 2779 | BONE OR SEGMENTAL JOINT SCINTIGRAPHY | |
| <i>Respiratory system</i> | | | |
| 79848 | 2780 | LUNG SCINTIGRAPHY WITH POSITIVE INDICATOR | |
| 76364 | 2781 | PULMONARY PERFUSION SCINTIGRAPHY (PLANAR) | |
| 76861 | 2782 | PULMONARY PERFUSION SCINTIGRAPHY (SPECT) | |
| 76349 | 2783 | VENTILATORY PULMONARY SCINTIGRAPHY | |
| <i>Urinary system</i> | | | |
| 76874 | 2784 | DIRECT CYSTOSCINTIGRAPHY | |
| 76273 | 2785 | RENAL SCINTIGRAPHY WITH DMSA (PLANAR) | |
| 76915 | 2786 | RENAL SCINTIGRAPHY WITH DMSA (SPECT) | |
| 76265 | 2787 | SEQUENTIAL RENAL SCINTIGRAPHY WITH TRACER RAPID EXCRETION AND PROCESSING AND EVALUATION OF SEMI-QUANTITATIVE AND/OR QUANTITATIVE PARAMETERS AND MEASUREMENT OF GLOMERULAR FILTRATE | |
| <i>Liver and biliary tract and spleen</i> | | | |
| 76922 | 2788 | LIVER SCINTIGRAPHY (SPECT) | |
| 76091 | 2789 | LIVER SCINTIGRAPHY WITH POSITIVE INDICATOR (PLANAR) | |
| 76932 | 2790 | LIVER SCINTIGRAPHY WITH POSITIVE INDICATOR (SPECT) | |
| 65546 | 2791 | SEQUENTIAL HEPATOBILIARY SCINTIGRAPHY | |
| 76075 | 2792 | HEPATOSPLENIC SCINTIGRAPHY (PLANAR) | |
| 76947 | 2793 | HEPATOSPLENIC SCINTIGRAPHY WITH FLOWMETRY AND KUPPHERIAN CLEARANCE | |
| 76216 | 2794 | SPLENIC SCINTIGRAPHY WITH AUTOLOGOUS ERYTHROCYTES | |
| <i>Central Nervous System</i> | | | |
| 76372 | 2795 | BRAIN SCINTIGRAPHY (PLANAR) | |
| 76953 | 2796 | BRAIN SCINTIGRAPHY (SPECT) | |

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| 79764 | 2797 | PLANAR BRAIN SCINTIGRAPHY WITH ANGIOSCINTIGRAPHY | |
| 76962 | 2798 | QUALITATIVE BRAIN SCINTIGRAPHY (PET) | |
| 76971 | 2799 | QUANTITATIVE BRAIN SCINTIGRAPHY (PET) | |
| 76224 | 2800 | TOTAL BODY BONE MARROW SCINTIGRAPHY | |
| Thyroid and parathyroid | | | |
| 76018 | 2801 | THYROID UPTAKE | |
| 76042 | 2802 | PARATHYROID SCINTIGRAPHY (INCLUDING THYROID SCINTIGRAPHY) | |
| 76026 | 2803 | THYROID SCINTIGRAPHY | |
| 79772 | 2804 | THYROID SCINTIGRAPHY WITH POSITIVE INDICATOR | |
| 79780 | 2805 | GLOBAL BODY SCINTIGRAPHY TO SEARCH FOR THYROID TUMOUR METASTASES | |
| Other organs | | | |
| 79889 | 2806 | IMMUNOSCINTIGRAPHY | |
| 79897 | 2807 | SEARCH FOR INFLAMMATORY FOCI WITH LABELLED AUTOLOGOUS LEUKOCYTES | |
| 65554 | 2808 | SENTINEL LYMPH NODE RESEARCH (RADIO-GUIDED SURGERY) (INCLUDING THE SERVICES OF THE NUCLEAR DOCTOR-RADIOLOGIST) | |
| 76497 | 2809 | SCINTIGRAPHY OF THE MALE GENITAL APPARATUS | |
| 76521 | 2810 | GLOBAL BODY SCINTIGRAPHY FOR NEOPLASTIC LOCALISATION WITH POSITIVE INDICATORS | |
| 76513 | 2811 | BILATERAL BREAST SCINTIGRAPHY | |
| 76562 | 2812 | ADRENAL SCINTIGRAPHY | |
| Neurology | | | |
| <p>Services are refundable only if they are included in the Covers of your Health Plan.</p> <p>The need to receive the services specified below must be certified/prescribed by a physician specialising in neurology. For prescriptions issued by professionals with a different specialisation from that indicated, the Fund will accept these at its own discretion on the basis of its unchallengeable assessment of the relevance of the claim according to the specialisation and the diagnostic query provided (obligatory). For tests carried out during the same session fees for tests subsequent to the first one are reduced by 50% (applied to the least expensive test/s). Fees are all-inclusive of consumables and medicines.</p> | | | |
| 79905 | 2813 | BRAIN MAPPING | |
| 79913 | 2814 | SLEEP THERAPY (COMPLETE THERAPY) | |
| 73346 | 2815 | ELECTROENCEPHALOGRAM | |
| 79921 | 2816 | ELECTROENCEPHALOGRAM WITH PHARMACOLOGICAL SLEEP | |
| 73767 | 2817 | DYNAMIC ELECTROENCEPHALOGRAM 24 HOURS | |
| 65935 | 2818 | ELECTROENCEPHALOGRAM (INTRAOPERATIVE MONITORING) | |
| 73361 | 2819 | COMPLETE ELECTROMYOGRAPHY WITHOUT DISTINCTION OF SEGMENT | |

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| 79939 | 2820 | ELECTRONEUROGRAPHY WITH MOTOR AND SENSORY CONDUCTION VELOCITY (PER LIMB) | |
| 80267 | 2821 | ELECTROSHOCK WITH NARCOSIS AND SPASMOLYSIS (EACH APPLICATION) | |
| 73379 | 2822 | CHRONAXIMETRIC ELECTRODIAGNOSTIC TEST (PER LIMB) | |
| 73353 | 2823 | SIMPLE ELECTRODIAGNOSTIC TEST (PER LIMB) | |
| 79947 | 2824 | SLEEP POLYPHYSIOGRAPHY (1 CYCLE) | |
| 79954 | 2825 | SLEEP POLYPHYSIOGRAPHY (WHOLE NIGHT) | |
| 73817 | 2826 | EVOKED POTENTIALS (BAERS - PES - PEV) | |
| 65562 | 2827 | MOTOR EVOKED POTENTIALS BY CORTICAL MAGNETIC STIMULATION | |
| 79962 | 2828 | MULTIMODAL EVOKED POTENTIALS | |
| 79988 | 2829 | INSULIN SHOCK | |
| 79996 | 2830 | SHOCK WITH OTHER MEDICINES | |
| 80002 | 2831 | NEUROPHYSIOLOGICAL STUDY OF THE PELVIC FLOOR | |
| 80341 | 2832 | REFLEXOLOGICAL STUDY OF THE BRAIN STEM (BLINK-REFLEX, MANDIBULAR REFLEXES AND STUDY OF MASSETER SILENT PERIODS) | |
| 73825 | 2833 | APHASIA TEST (APHASIA DIAGNOSTICS) | |
| 65570 | 2834 | L-DOPA TEST FOR DIAGNOSIS OF PARKINSON'S DISEASE | |
| 65589 | 2835 | DESMEDT TEST (OR REPETITIVE STIMULATION TEST) FOR MYASTHENIA GRAVIS | |

Ophthalmology

Services are refundable only if they are included in the Covers of your Health Plan.

The need to receive the services specified below must be certified/prescribed by a physician specialising in ophthalmology. For prescriptions issued by professionals with a different specialisation from that indicated, the Fund will accept these at its own discretion on the basis of its unchallengeable assessment of the relevance of the request according to the specialisation and the diagnostic query provided (obligatory). For tests carried out during the same session, fees for tests subsequent to the first one are reduced by 50% (applied to the least expensive test/s). Materials and medicines are included in the fees shown. Transillumination tests, Shirmer's tests, Fundus Oculi tests, Shirmer's tests, BUT tests and Hess Screen tests are included in the consultation. Photographs of the ocular fundus are refundable only if taken by a physician specialising in ophthalmology and only together with the specialist consultation, i.e. the service must be included in the diagnostic tests included in your Health Plan and the specialist consultation must be included in the appropriate Cover (or in that of the tests themselves). Tonometry is refundable only if it is carried out in a separate session to the specialist consultation (it must therefore be included in your Health Plan Cover), otherwise it is regarded as being included in the consultation itself. Preliminary tests prior to cataract surgery (as part of a package) will only be refunded if included in the Cover for the tests and if the surgery itself is included in your Healthcare Plan.

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| 65943 | 2836 | ULTRASOUND BIOMICROSCOPY (UBM) | |
| 73411 | 2837 | KINETIC OR STATIC CAMPIMETRY - PERIMETRY | |
| 73775 | 2838 | COMPUTERISED CAMPIMETRY (VCP) | |
| 77011 | 2839 | ENDOTHELIAL CELL COUNT (EXCEPT IN THE CASES DESCRIBED) | |
| 77023 | 2840 | ECHOBOMETRY (CRYSTALLINE LENS) | |
| 80366 | 2841 | ELECTROMYOGRAPHY | |

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| 80374 | 2842 | ELECTRONYSTAGMOGRAPHY | |
| 73841 | 2843 | ELECTROOCULOGRAM | |
| 73395 | 2844 | ELECTRORETINOGRAM | |
| 73387 | 2845 | FULL ORTHOPTIC EXAMINATION (ORTHOPTIST) | |
| 80275 | 2846 | ORTHOPTIC EXERCISES (PER SESSION) (ORTHOPTIST) | |
| 80390 | 2847 | ANTERIOR SEGMENT FLUORANGIOGRAPHY | |
| 80408 | 2848 | RETINAL FLUORESCEIN FLUORANGIOGRAPHY | |
| 65597 | 2849 | RETINAL FLUORANGIOGRAPHY WITH INDOCYANINE GREEN | |
| 73437 | 2850 | FLUORANGIOSCOPY, ANTERIOR SEGMENT ANGIOSCOPY, FLUORESCENCE CIRCULATION TIME | |
| 73429 | 2851 | PHOTOGRAPH OF THE BASE OR ANTERIOR SEGMENT IN COLOUR OR BLACK AND WHITE | |
| 65951 | 2852 | HEIDELBERG RETINA TOMOGRAPHY (CONFOCAL LASER OPHTHALMOSCOPY) WITH MORPHOMETRIC ANALYSIS OF THE OPTIC NERVE | |
| 65605 | 2853 | GDX (RETINAL LASER POLARIMETRY SCANNING) | |
| 73460 | 2854 | GONIOSCOPY | |
| 65613 | 2855 | MICROPERIMETRY | |
| 80416 | 2856 | OPHTHALMODYNAMOMETRY | |
| 73858 | 2857 | CORNEAL PACHYMETRY | |
| 80424 | 2858 | VISUAL EVOKED POTENTIALS | |
| 73452 | 2859 | PUPILLOGRAPHY | |
| 73445 | 2860 | RETINOGRAPHY | |
| 65960 | 2861 | S.C.O. (EXAMINATION OF THE OPTIC DISC AND RETINAL NERVE FIBRES) | |
| 73403 | 2862 | TONOGRAPHY AND PROVOCATION TEST | |
| 73601 | 2863 | TONOMETRY, ORBITOTONOMETRY (IF ONLY ONE MEDICAL PROCEDURE; OTHERWISE INCLUDED IN THE EXAMINATION) | |
| 77036 | 2864 | CORNEAL TOPOGRAPHY | |
| 65978 | 2865 | OCULAR BLOOD FLOW ASSESSMENT (OBF) | |
| 65621 | 2866 | NICTOEMERAL EVALUATION OF EYE PRESSURE (TONOMETRIC CURVE) | |

Otolaryngology

Services are refundable only if they are included in the Covers of your Health Plan.
 The need to receive the services specified below must be certified/prescribed by a physician specialising in otorhinolaryngology.
 For tests carried out during the same session, fees for tests subsequent to the first one are reduced by 50% (applied to the least expensive test/s). Materials and medicines are included in the tariffs for the individual Health Plans.

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| 80440 | 2867 | ELECTROCOCHLEOGRAPHY (ECOG) | |
| 80457 | 2868 | AUDIOMETRIC TEST FOR PROSTHETIC FITTING | |
| 73494 | 2869 | TONAL AND VOCAL AUDIOMETRIC TEST | |

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| 73791 | 2870 | PHONiatric TEST (SPEECH THERAPIST) | |
| 65638 | 2871 | VESTIBULAR TEST WITH VNG RECORDING (VIDEO NYSTAGMOGRAPHY) | |
| 65646 | 2872 | VESTIBULAR TEST WITH VNS RECORDING (VIDEO NYSTAGMOSCOPY) | |
| 65654 | 2873 | VESTIBULAR TEST WITH VNS RECORDING (VIDEO NYSTAGMOSCOPY) AND VNG (VIDEO NYSTAGMOGRAPHY) | |
| 80465 | 2874 | VESTIBULAR TEST WITH PENDULAR STIMULATION | |
| 80473 | 2875 | VESTIBULAR TEST WITH ROTATORY STIMULATION | |
| 73502 | 2876 | VESTIBULAR TEST WITH THERMAL STIMULATION | |
| 80481 | 2877 | VESTIBULAR TEST WITH THERMAL AND ROTATORY STIMULATION | |
| 80499 | 2878 | VESTIBULAR TEST WITH THERMAL, PENDULAR AND ROTARY STIMULATION | |
| 80283 | 2879 | PHONiatric EXERCISES (PER SESSION) (SPEECH THERAPIST) | |
| 73528 | 2880 | GUSTOMETRY | |
| 73635 | 2881 | IMPEDANCEMETRY | |
| 81406 | 2882 | ENDOTYMPANIC INSUFFLATIONS (NOT PERFORMED IN SPAS) | |
| 81430 | 2883 | NASAL IRRIGATIONS (NOT PERFORMED IN SPAS) | |
| 65986 | 2884 | FREEING PROCEDURES FOR CANALICULITIS | |
| 73510 | 2885 | OLFACTOMETRY | |
| 80507 | 2886 | ACOUSTIC EVOKED POTENTIALS | |
| 80614 | 2887 | RHINOMANOMETRY (ANTERIOR AND POSTERIOR) | |
| 65994 | 2888 | DYNAMIC STABILOMETRY | |
| 66002 | 2889 | STATIC STABILOMETRY | |
| <i>Pneumology</i> | | | |
| <p>Services are refundable only if they are included in the Covers of your Health Plan. The need to receive the services specified below must be certified/prescribed by a physician specialising in pneumology. For tests carried out during the same session, fees for tests subsequent to the first one are reduced by 50% (applied to the least expensive test/s). Fees are inclusive of consumables and any medicines.</p> | | | |
| 80317 | 2890 | AEROSOL THERAPY (NOT PERFORMED IN SPAS) | |
| 40048 | 2891 | BRONCHOISTILLATION-BRONCHOSPIRATION | |
| 73049 | 2892 | CAPNOGRAPHY | |
| 73064 | 2893 | STATIC AND DYNAMIC PULMONARY COMPLIANCE | |
| 80150 | 2894 | BREATHING EXERCISES AND OTHER PROCEDURES (DRAINAGE) (PER SESSION) | |
| 73304 | 2895 | ARTERIAL OXIMETRY (PAO2 OR SAO2) | |
| 80622 | 2896 | BODY PLETHYSMOGRAPHY (MEASUREMENT OF VGT, RESISTANCE, VOLUMETRY) | |
| 80630 | 2897 | INDUCTIVE THORACIC PLETHYSMOGRAPHY | |
| 73056 | 2898 | PNEUMOTACHOGRAPHY (FLOW-VOLUME CURVE) (SINGLE TEST) | |

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| 80648 | 2899 | BASIC PNEUMOTACHOGRAPHY AND AFTER BRONCHOCONSTRICTION/DILATATION TEST (SINGLE TEST) | |
| 81455 | 2900 | INTERMITTENT POSITIVE PRESSURE BREATHING | |
| 73015 | 2901 | SIMPLE SPIROMETRY (WITH VITALOGRAPH) | |
| 73031 | 2902 | SPIROMETRY WITH STRESS TEST | |
| 80655 | 2903 | SPIROMETRY WITH STRESS TEST AND DIFFUSION TEST | |
| 80663 | 2904 | SPIROMETRY WITH STRESS TEST AND CONTINUOUS OXIMETRY | |
| 80671 | 2905 | SPIROMETRY WITH DIFFUSION TEST AND PULMONARY DUCTANCE COEFFICIENT | |
| 80689 | 2906 | SPIROMETRY WITH DRUG-DYNAMIC TESTS | |
| 80697 | 2907 | RESIDUAL VOLUME SPIROMETRY | |
| 80705 | 2908 | SEPARATE SPIROMETRY (BRONCHOSPIROMETRY) | |
| 80754 | 2909 | STEADY STATE DIFFUSION TEST | |
| 80762 | 2910 | SINGLE-BREATH DIFFUSION TEST | |
| 80770 | 2911 | STRESS DIFFUSION TEST | |
| 80788 | 2912 | PULMONARY DUCTANCE TEST | |
| 80168 | 2913 | VENTILOOTHERAPY (PER SESSION) | |

Allergometric tests/Allergology

Services are refundable only if they are included in the Covers of your Health Plan. Fees represent professional fees and include consumables. Medicines and/or the substances used for tests (series of allergens) are excluded from refunds. Fees are per session, to which the fee for the consultation can be added once only per course of sessions/therapies and only if provided for by the Health Plan. The expenditure documentation must always be accompanied by a medical certificate showing precisely: the diagnosis and the number of sessions/therapies considered necessary. The services in this section are not equatable with vaccines (of any type).

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| 72488 | 2914 | SPECIFIC INJECTION IMMUNOTHERAPY OR SPECIFIC IMMUNOTHERAPY WITH HYMENOPTERA VENOM | |
| 72520 | 2915 | PATCH TEST - GIRDCA SERIES (INSTANT READ - ANY NUMBER OF HAPTENS) | |
| 70193 | 2916 | PRICK TEST FOR INHALANTS AND FOOD (IMMEDIATE READING - ANY NUMBER OF ALLERGENS) OR PRICK TEST AND SCALAR INTRADERMAL TEST FOR HYMENOPTERA VENOM | |
| 77053 | 2917 | CONJUNCTIVAL ALLERGEN-SPECIFIC OR NASAL ALLERGEN-SPECIFIC OR BRONCHIAL ALLERGEN-SPECIFIC (ANY NUMBER OF ALLERGENS) OR BRONCHIAL NON-SPECIFIC (METHACHOLINE, HISTAMINE, ETC.) PROVOCATION TEST | |
| 77061 | 2918 | INJECTION TOLERANCE TEST FOR LOCAL ANAESTHETICS OR GENERAL ANAESTHETICS (ANY NUMBER OF DRUGS) OR FOR BETA LACTAMINES (WITH SIDE CHAINS OR FOR PENICILLINS) OR FOR OTHER DRUGS | |
| 72736 | 2919 | ORAL TOLERANCE TESTING FOR DRUGS (ANY NUMBER OF DRUGS) OR FOOD (ANY NUMBER OF FOODS) OR FOOD AND DRUG ADDITIVES (ANY NUMBER OF ADDITIVES) | |

SECTION Q. PHYSIOKINESIS THERAPY

Services are refundable only if included in the specific Cover of your Health Plan and within the limits specified therein. Refunds, for Health Plans with case-by-case refunds, are limited to a total of 80 services per year (1 January - 31 December) per patient (acupuncture, spinal manipulation, focal shock waves have their own annual limits within these 80 services/year. Equipment rental also has its own annual limits but does not count towards the maximum limits for physiotherapy services), regardless of type, technique, instrumentation, or the anatomical district treated. Anatomical district means the entire spinal column, or the upper or lower limbs. Fees are all-inclusive of consumables and medications. Therapies for aesthetic purposes and/or ascribable to these are not refundable.

The same rules, maximum fees and limitations apply to in-home care as to physiokinesis therapy services provided in a health facility authorised by the competent authorities.

Furthermore, "Occupational Therapy" is recognised as refundable by the Fund, if provided for by the Cover of your Health Plan, for members/clients suffering from pre-existing cognitive, physical or mental disabilities, while "Neuromotor rehabilitation for acute and chronic neurodegenerative pathologies" is recognised by the Fund, again if provided for by the Cover of your Health Plan, in cases of disabling neurological damage and - therefore - therapy for the recovery of functional motor or neuromotor skills recently reduced and/or lost due to illness or trauma and/or chronic-degenerative pathologies (e.g. cerebral strokes, Parkinson's disease, multiple sclerosis, etc.). The above items are defined as being per session, regardless of the number of therapies/services carried out within the same session, i.e. the above items/services cannot be summed with other items/therapies/services in the same physiokinesis therapy section.

For refunds of "Occupational Therapy" to be recognised, the qualification of the practitioner who carried out the treatment/services must be clearly indicated.

Items with "manu medica" are refundable by the Fund, within the context of the provisions of the Health Plan, only if performed by a physician qualified in the European Union.

Please remember that, to be refunded for physiokinesis therapy services, you must submit the specialist medical prescription for the pathology showing the certain diagnosis (not to be confused with the symptomatology) and including details of the therapies to be followed specifying the type, the number of sessions, the number of services per session and their frequency.

FasiOpen reserves the right to request a copy of the daily physiokinesis therapy diary signed by the client in the case of out-patient and in-home services (please note that, in the case of hospitalisation, the daily physiokinesis therapy diary is an integral part of the medical record) and/or reserves the right to perform administrative-health checks and/or checks on the academic qualification/specialisation of the professional providing the services also by reference to registrations listed at the Professional Boards and/or Registers.

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| 78022 | 2920 | CARDIAC RE-EDUCATION (PER SESSION) | |
| 79970 | 2921 | NEUROMOTOR REHABILITATION FOR ACUTE AND CHRONIC NEURODEGENERATIVE DISEASES (PER SESSION) | |
| Physiotherapy (therapy with physical equipment) | | | |
| 80036 | 2922 | RADIAL SHOCK WAVES - DIATHERMY: SHORTWAVE/MICROWAVE/RADAR THERAPY | |
| 80093 | 2923 | ANTALGIC ELECTROTHERAPY (DIADYNAMIC OR TENS) | |
| 80119 | 2924 | ELECTROTHERAPY OF NORMAL OR DENERVATED MUSCLES (ELECTROSTIMULATION, FARADIC, GALVANIC, HYDROGALVANIC, INTERFERENTIAL) | |
| 80069 | 2925 | INFRARED IRRADIATION | |
| 80101 | 2926 | IONTOPHORESIS | |
| 81422 | 2927 | SEGMENTAL HYPERTHERMIA | |
| 80259 | 2928 | ANTALGIC LASER THERAPY | |
| 80127 | 2929 | MAGNETOTHERAPY | |
| 56070 | 98 | FOCAL SHOCK WAVES-MANU MEDICA - OUTPATIENT TREATMENTS FOR OSTEO-ARTICULAR TISSUES OR SOFT TISSUES, WITHOUT ANAESTHETICS, ALL-INCLUSIVE OF PROFESSIONAL FEES, USE OF THE HEALTH FACILITY AND ANY MATERIALS AND MEDICINES - PER SESSION/SERVICE | A maximum of 6 services per year (1 January - 31 December) can be refunded within the maximum limits for services in the physiotherapy section. |
| 80242 | 2930 | PRESSOTHERAPY OR INTERMITTENT DEPRESSOTHERAPY OR MANUAL LYMPHODRAGE (LIMITED TO CASES OF LYMPHOEDEMA, AXILLARY/INGUINAL LYMPHADENECTOMY OR IN CASES OF HIP PROSTHESIS SURGERY IN THE CONTEXT OF POST-HOSPITALISATION THERAPY). | |

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| 85522 | 2931 | TECAR THERAPY | |
| 80051 | 2932 | ULTRAVIOLET LIGHT OR PUVA THERAPY (PER SESSION) | |
| 80226 | 2933 | ULTRASOUND THERAPY | |
| <i>Kinesiotherapy (movement therapy)</i> | | | |
| 80218 | 2934 | ACUPUNCTURE (MANU MEDICA) | A maximum of 10 services per year (1 January - 31 December) can be refunded within the maximum limits for services in the physiotherapy section. |
| 81364 | 2935 | ASSISTED EXERCISES IN WATER (PER SESSION) | |
| 81555 | 2936 | EXERCISES WITH ISOKINETIC EQUIPMENT (PER SESSION) | |
| 80135 | 2937 | POSTURAL EXERCISES | |
| 80192 | 2938 | MOTOR AND PROPRIOCEPTIVE REHABILITATION | |
| 80184 | 2939 | SPINAL MANIPULATIONS OR CHIROTHERAPY (MANU MEDICA) | A maximum of 10 services per year (1 January - 31 December) can be refunded within the maximum limits for services in the physiotherapy section. |
| 80143 | 2940 | MASSAGE THERAPY | |
| 80325 | 2941 | LOCALISED MASSAGE THERAPY - REFLEXOLOGY (MANU MEDICA) | |
| 81563 | 2942 | JOINT MOBILISATIONS | |
| 81571 | 2943 | SPINAL MOBILISATIONS | |
| 81356 | 2944 | OCCUPATIONAL THERAPY (PER SESSION) | |
| 80200 | 2945 | MECHANICAL SPINAL TRACTIONS (PER SESSION) | |
| 77069 | 2946 | EQUIPMENT HIRE FOR IN-HOME THERAPY FOR: ACTIVE OR PASSIVE KINESIOTHERAPY OR ELECTROTHERAPY (IONTOPHORESIS, DIADYNAMIC, ELECTROSTIMULATION, TENS, ULTRASOUND THERAPY) OR MAGNETOTHERAPY OR PRESSOTHERAPY, LIMITED TO INJURIES FROM FRACTURES OR SURGERY WITHIN 365 DAYS OF THE EVENT AS PROVEN BY MEDICAL RECORDS; OR FOR ASSISTED VENTILATION DURING SLEEP FOR SLEEP APNEA SYNDROME; OR FOR VACUUM THERAPY FOR SKIN ULCERS | Refundable for a maximum of 60 days per year |

SECTION R. DENTISTRY SERVICES

Services are refundable only if included in the specific Cover of your Health Plan and within the limits specified therein. Regardless of Health Plan, dentistry services are subject to time limits for refunds in addition to those set out in the individual Covers of Health Plans that include them. For the calculation of time limits (shown on a case-by-case basis and valid for all Health Plans), the services shown are per tooth (if referring the individual tooth/site) and/or per arch and/or hemiarch. Each item/service involving an attribution unequivocally indicates how this is decided and, consequently, when making a claim you will need to indicate the relevant tooth/site and/or arch and/or hemiarch.

Please also note that, for certain services listed below - if provided for in your Health Plan - you must submit a Preventive Treatment Plan form to the Fund. For these services, pre-treatment documentation (at the Treatment Plan stage) and post-treatment documentation (at the refund claim stage) must also be submitted. For each service code, the type of obligatory pre-treatment and post-treatment documentation will be specified. Since it is not the intention of the Fund to impose operational protocols on treating professionals, please note that - where provided for - intraoral photographs may be submitted as an alternative to X-rays. Refunds for intraoral photographs and/or instrumental diagnostics (X-rays) invoiced by the Dentist or Dental Surgery are possible only if included in the Dentistry Cover in your Health Plan. X-rays invoiced by Radiology Centres, Outpatient Clinics, etc. (i.e. non-dental health facilities) will be included, if provided for in the conditions, in the Cover for diagnostic tests in your Health Plan.

Refunds are not available for items/treatments/services beyond those provided for in the Nomenclature or, therefore, beyond those provided for in your Health Plan; autonomous coding due to similarity of services/treatments is not allowed, therefore, and refunds for services cannot be granted before expiry of the time limits. Services attributable to permanent and/or deciduous teeth cannot overlap on the same dental sites; in the same way, the same and/or different items relating to different age groups cannot overlap for the same person. Time limits apply regardless of age.

Periodontology

Periodontal surgery services cannot overlap on the same arches or hemiarches regardless of the age of the member/client. Codes 2585-30313 are not refundable in conjunction with code 2616 (sinus lift surgery) if the hemiarch involved is edentulous. Progressive code 2587 includes the correction of slight bone defects by means of the insertion of biomaterials to preserve the post-extraction alveolar bone, the covers for implant coils exposed during surgery, the treatment of peri-implantitis, and periodontal surgery (biomaterials, membranes and any fixing screws are included in the code itself). Code 2587 is not refundable in the same quarter in which code 2616 is claimed for the same hemiarch. Code 2587 is only refundable in conjunction with implant services under a Cover-based Health Plan. Code 2589, "Interdental splinting", can only be used in the event of periodontal problems from age 25 upwards or more and cannot, therefore, be used to support orthodontic therapy or be equated with orthodontic retainer. Codes 2588-30315, "Root planing", cannot overlap with or be equated with tartar removal or oral hygiene (services provided with specific codes and limitations) and cannot be refunded together with code 6137.

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| 20776 | 2583 | GINGIVAL SURGERY PER ARCH (INCLUDING ANY TYPE OF FLAP - INCLUDING SUTURE) - FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) for the same arch (regardless of age) |
| 20784 | 2584 | MUCOGINGIVAL OR FORNIX LOWERING SURGERY, PER ARCH (INCLUDING ANY TYPE OF FLAP - INCLUDING SUTURE) - FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) for the same arch (regardless of age) |
| 20826 | 2585 | BONE SURGERY (INCLUDING ANY TYPE OF ACCESS FLAP - INCLUDING SUTURE) COMPLETE TREATMENT PER HEMIARCH - FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) for the same hemiarch (regardless of age) |
| 20768 | 2586 | GENGIVECTOMY AS A SINGLE SERVICE - PER HEMIARCH - FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) for the same hemiarch (regardless of age) |
| 20792 | 2587 | INSERTION OF BIO-COMPATIBLE MATERIAL (INCLUDING ANY TYPE OF FLAP) - PER HEMIARCH | Refundable once every 5 years (ref. invoice) for the same hemiarch (regardless of age) - TREATMENT PLAN OBLIGATORY |
| 20735 | 2588 | ROOT PLANING AND GINGIVAL CURETTAGE (PER HEMIARCH) - FROM 17 YEARS OF AGE | Refundable once every 2 years (ref. invoice) for the same hemiarch (regardless of age) |
| 20743 | 2589 | INTERDENTAL SPLINTING - ANY MATERIAL USED - ONLY FOR PARODONTAL PROBLEMS FROM 25 YEARS OF AGE - PER | Refundable once every 5 years (ref. invoice) for the |

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| | | HEMIARCH | same hemiarch (regardless of age) |
| 7006 | 6130 | SPECIALIST DENTAL CONSULTATION WITH ANY TREATMENT PLAN | Refundable once a year only for direct provision service |
| 7007 | 6137 | ORAL HYGIENE: DEBRIDEMENT | Refundable twice a year (1 January - 31 December). |
| Oral Surgery | | | |
| <p>Post-extraction haemorrhage treatments, surgical dressings are included in the respective services/treatments. Code 2591 cannot be equated with to apical repositioning (lengthening of clinical crown). Code 2592 is refundable only if accompanied by the relevant histological report (no exceptions are possible). Codes 2593-30317 are already inclusive of the orthodontist's services for anchorage; if a claim is made concurrently to the orthodontic treatment, therefore, detailed pre-treatment documentation for codes 2593-30317 and documentation showing the entire orthodontic treatment must be submitted. Codes for extractions apply only to natural teeth (they cannot be equated with extraction/implant removal) in their entirety (extractions of fragments are not refundable). Code 2595 is refundable only for natural teeth that have never erupted in the arch, while code 2596 is refundable only for partially erupted teeth (cannot be equated with the extraction of fractured teeth). The removal and subsequent re-implantation of a natural tooth is not refundable. Code 2597 is refundable only for prior or concurrent permanent removable dentures. Codes 2600 and 2601, which can only be used on multi-rooted and endodontically treated teeth, are not compatible on the same tooth. Code 2600 is already inclusive of root extraction. Code 2645 applies to minor oral surgery not included in the other sub-branches. Code 2645 cannot be used for uncovering implants (included in the service itself). FasiOpen reserves the right to request additional documentation and/or details and/or medical reports relating to operations relating to code 2645. General anaesthesia (including professional fees and the respective drugs/medicines) is only refundable for in-patient dental surgery if your Healthcare Plan provides for refunding of in-patient dental treatment. No refunds are available for any type of anaesthesia, other than general anaesthesia; in all other cases the cost of anaesthesia is included in the refund fees for the dental services themselves. Included within the individual services, where necessary, are sutures of any kind, materials and medicines.</p> | | | |
| 20024 | 2590 | GENERAL ANAESTHESIA - ONLY DURING HOSPITALISATION (FROM 17 YEARS OF AGE - PER HOSPITALISATION) | Refundable once, only during hospitalization (per hospitalisation) only for indirect provision services. |
| 20180 | 2591 | APICECTOMY INCLUDING RETROGRADE FILLING - PER TOOTH - ANY NUMBER OF ROOTS - FROM 17 YEARS OF AGE | Refundable once per tooth |
| 20305 | 2592 | BIOPSIES, ANY TYPE, ANY NUMBER, ANY REGION OF THE ORAL CAVITY INCLUDING THE TONGUE, OR REMOVAL OF MUCOUS CYSTS, SMALL NEOPLASMS OR SMALL NEOPLASM-LIKE LESIONS, EXCLUDING HISTOLOGICAL EXAMINATION | Refundable once per case (regardless of the number) |
| 20321 | 2593 | DISINCLUSION OF RETAINED TEETH PER TOOTH (INCLUDING ORTHODONTIST'S SERVICES FOR ANCHORAGE) - FROM 21 YEARS OF AGE | Refundable once per tooth - OBLIGATORY TREATMENT PLAN with pre-treatment radiography |
| 20115 | 2594 | EXTRACTION OF TOOTH OR ROOT (SIMPLE OR COMPLEX) OF PERMANENT TOOTH INCLUDING ANY SUTURES - PER NATURAL TOOTH | Refundable once per tooth |
| 20156 | 2595 | EXTRACTION OF TOTALLY BONE-IMPACTED TOOTH, INCLUDING 3RD MOLAR - ONLY FOR TEETH THAT HAVE NEVER ERUPTED IN THE DENTAL ARCH (EXCLUDING GERMECTOMY) - INCLUDING ANY SUTURES PER NATURAL TOOTH | Refundable once per tooth/tooth location OBLIGATORY: TREATMENT PLAN with pre-treatment radiography - Refund Stage post-treatment radiography |
| 20149 | 2596 | EXTRACTION OF PARTIALLY BONE-IMPACTED 3RD MOLAR - ONLY FOR TEETH THAT HAVE NEVER ERUPTED IN THE DENTAL ARCH - INCLUDING ANY SUTURES PER NATURAL TOOTH | Refundable once per tooth OBLIGATORY: TREATMENT PLAN with pre-treatment radiography - Refund Stage post-treatment radiography |
| 20198 | 2597 | PRE-PROSTHETIC SURGERY IN CASES OF PARTIAL OR TOTAL EDENTULISM - ONLY IF PATIENT HAS PREVIOUS OR CONCURRENT PERMANENT MOBILE DENTURES - PER HEMIARCH. | Refundable once every 5 years (ref. invoice) per hemiarch |
| 20263 | 2598 | FRENOTOMY OR FRENECTOMY, PER ARCH FROM 17 YEARS OF AGE | Refundable once per arch regardless of age |
| 20297 | 2600 | RHIZECTOMY (INCLUDING ACCESS FLAP AND ROOT EXTRACTION) ONLY FOR ENDODONTICALLY TREATED MULTIPLE-ROOT TEETH - PER TOOTH | Refundable once per tooth |

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| 20206 | 2601 | RHIZOTOMY (INCLUDING ACCESS FLAP) ONLY FOR ENDODONTICALLY TREATED MULTIPLE-ROOT TEETH - PER TOOTH | Refundable once per tooth |
| 21886 | 2645 | ORAL SURGERY OPERATIONS FROM 17 YEARS OF AGE | |
| 23012 | 2653 | SALIVARY CALCULUS, REMOVAL OF | Service provided only by direct-provision at selected facilities. Refundable once per case regardless of the number of removals OBLIGATORY: pre-treatment images showing the presence of salivary calculus |
| 23038 | 2655 | CYSTS OF THE JAW, OPERATION FOR | Service provided only by direct-provision at selected facilities. OBLIGATORY: Pre-treatment picture showing the presence of the cyst or intraoral image in the event of diagnosis after suppuration |
| 23061 | 2658 | SMALL ENDOSSEOUS NEOPLASMS (OSTEOMAS, CEMENTOMAS, ODONTOMAS, PALATINE AND MANDIBULAR TOURUS), EXCISIONS OF | Service provided only by direct-provision at selected facilities. OBLIGATORY: Pre Treatment - pre treatment image showing the presence of the neoplasm. Post-treatment statement by the treating dentist specifying the type of endosseous neoplasm removed. |
| 23079 | 2659 | CIRCUMSCRIBED OSTEITIS OF THE JAWS, TREATMENT OF | Service provided only by direct-provision at selected facilities. OBLIGATORY: Pre-Treatment: pre-treatment image showing the presence of the inflammatory pathology that affected the bone. |
| 23103 | 2661 | MAXILLARY SINUS, OPENING FOR ALVEOLAR PROCESS | Service provided only by direct-provision at selected facilities. Not refundable in the same quarter as "Maxillary sinus lift and/or vertical or alveolar ridge expansion". Not refundable in conjunction with "Insertion of biocompatible material" and "Bone or cartilage graft" codes. The service includes the grafting/insertion of material (biocompatible, bone or cartilage). OBLIGATORY: PRE-TREATMENT: OPT or Dentascan or Pre-operative cone beam tomography. POST-TREATMENT: Post-operative OPT or Intra-operative photo. Detailed description of the operation carried out |
| 23112 | 2662 | BONE OR CARTILAGE GRAFT | Service provided only by direct-provision at selected facilities. Not refundable in conjunction with items |

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| | | | <p>“Maxillary sinus, opening for alveolar process” and/or “Maxillary sinus lift and/or vertical or horizontal expansion of alveolar ridge” and/or “Insertion of biocompatible material” (and in all cases not refundable during the same three-month period in which biocompatible material is inserted). The item is inclusive of all phases of the surgery (harvesting and grafting). OBLIGATORY: POST-TREATMENT: Statement by the treating dentist specifying the purpose of the treatment, the procedure, the type of biomaterial grafted and any batch.</p> |
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Conservative

If covered by your Health Plan, only one filling per tooth is refundable every 3 years regardless of class, age, and whether deciduous/permanent. The following are included in the respective services/treatment: positioning of the dam; reattachment of fragment; chemical treatment for hypersensitivity; fillings, any type, together with code 2609, 30326 and/or root canal treatment (any code) and/or endodontic re-treatment (any number of roots - any code) of the same tooth regardless of age/type of tooth (deciduous/permanent). Fillings, of any class and/or type, are not refundable together with codes 2603, 2632 and 30323 required for the same tooth; likewise, no fillings (any class and code) are refundable in conjunction with codes 2591 “Apicoectomy”, 2613-30329 “Pulpotomy”, or 2623-30331 “Core reconstruction”. Codes 2609-30326 are refundable only on devitalized teeth (treated concurrently or previously), therefore any refund of codes 2609-30326 implies that the tooth has been treated (whether paid by the Fund or not). Codes 2609, 30326, 2603, 2632, 30323 and fillings of any class/code are not refundable with regard to teeth for which a “Post and core” has been paid for or rehabilitated. 2622 (regardless of the material used). Codes 2603, 2632, 30323 are not refundable with regard to the anterior group (canine to canine) and cannot be equated with prosthetic veneers and/or ¾ prosthetic crowns, whether permanent or temporary. Codes 2602-30322 and fillings, of any class/code cannot be equated with dental sealants. Codes 2602-30322 cannot be equated with the treatment of Apexification and Apexogenesis (which are not refundable).

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| 20529 | 2602 | DIRECT-INDIRECT PULP CAPPING - PER PERMANENT TOOTH FROM 17 YEARS OF AGE | Refundable once every 3 years (ref. invoice) regardless of age and regardless of whether deciduous or permanent) |
| 21063 | 2603 | INLAY IN INTEGRAL PRECIOUS ALLOY (GOLD) OR CERAMIC INLAY OR ONLAY INCLUDING BUILD UP AND TEMPORARY - PER PERMANENT TOOTH - INDIRECT FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 20537 | 2609 | TOOTH RECONSTRUCTION WITH SCREW OR PIN ANCHORING OF DECIDUOUS OR PERMANENT DEVITALIZED TEETH (AT THE SAME TIME OR PREVIOUSLY TREATED) PER TOOTH FROM 17 YEARS OF AGE | Refundable once every 3 years (ref. invoice) regardless of age and regardless of whether deciduous or permanent) |

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| 21280 | 2632 | INLAY IN RESIN OR CAD CAM COMPOSITE - INLAY OR ONLAY INCLUDING BUILD UP AND TEMPORARY - PER PERMANENT TOOTH - DIRECT/INDIRECT - FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: Certification of Compliance at refund stage issued by the dental technician's laboratory stating the ITCA number. If the product is made with CAD/CAM technique, also a copy of the batch of material used in its construction |
| 20439 | 2650 | FILLING OF CAVITIES, CLASS 1 - 3 - 5 - ANY MATERIAL - PER PERMANENT TOOTH FROM 17 YEARS OF AGE | Refundable once every 3 years (ref. invoice) regardless of age, class or whether deciduous or permanent |
| 23151 | 2667 | FILLING OF CAVITIES, CLASS 2 - 4 - ANY MATERIAL - PER PERMANENT TOOTH FROM 17 YEARS OF AGE | Refundable once every 3 years (ref. invoice) regardless of age, class or whether deciduous or permanent |

Endodontics

The following services/treatments are included in the respective services/treatments: positioning of the dam; treatment of perforations with endodonto-parodontal communication; fillings of any type/code together with root canal treatment (any code) and/or endodontic re-treatment (any code) of the same tooth; pre-endodontic coronal reconstruction. Apexification treatments and endodontic first aid dressings are not refundable. Codes 2613 - 30329 are not refundable in conjunction with codes 2614-2668-2669-30330. Codes 2614-2668-2669-30330 cannot overlap on the same tooth element and are not refundable in conjunction with root canal treatment (any code).

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| 20545 | 2610 | COMPLETE ROOT CANAL TREATMENT OF 1 CANAL (INCLUDING ANY TYPE OF FILLING) INCLUDING PRE-ENDODONTIC CORONAL RECONSTRUCTION - PER PERMANENT TOOTH - INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |
| 20594 | 2611 | COMPLETE ROOT CANAL TREATMENT OF 2 CANALS (INCLUDING ANY TYPE OF FILLING) INCLUDING PRE-ENDODONTIC CORONAL RECONSTRUCTION - PER PERMANENT TOOTH - INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |
| 20552 | 2612 | COMPLETE ROOT CANAL TREATMENT OF 3 OR MORE CANALS (INCLUDING ANY TYPE OF FILLING) INCLUDING PRE-ENDODONTIC CORONAL RECONSTRUCTION - PER PERMANENT TOOTH - INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |
| 20560 | 2613 | PULPOTOMY AND FILLING OF THE PULP CHAMBER OR PULPECTOMY AND TEMPORARY FILLING FOR ANY NUMBER OF CANALS - PER PERMANENT TOOTH - INCLUDING ENDORAL X-RAYS | Refundable once per tooth |
| 20602 | 2614 | ENDODONTIC RETREATMENT OF TOOTH WITH 1 CANAL (INCLUDING ANY TYPE OF FILLING OF THE ACCESS CAVITY, INCLUDING ANY REMOVAL OF INTRACANAL PINS) PER PERMANENT TOOTH INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |
| 23152 | 2668 | ENDODONTIC RETREATMENT OF TOOTH WITH 2 CANALS (INCLUDING ANY TYPE OF FILLING OF THE ACCESS CAVITY, INCLUDING ANY REMOVAL OF INTRACANAL PINS) PER PERMANENT TOOTH INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |

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| 23153 | 2669 | ENDODONTIC RETREATMENT OF TOOTH WITH 3 OR MORE CANALS (INCLUDING ANY TYPE OF FILLING OF THE ACCESS CAVITY, INCLUDING ANY REMOVAL OF INTRACANAL PINS) PER PERMANENT TOOTH INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |
| Implantology | | | |
| <p>Pre-surgical and/or radiological templates are not refundable and cannot be equated with any type of splint or removable prosthesis of any kind. Only one code 2615 is refundable per tooth location (nominal and anatomical) regardless of the number of roots of the natural tooth to be replaced and regardless of the size of the space to be rehabilitated. Code 2615 cannot be used for mini-orthodontic implants (non-refundable). Implant types other than osseointegrated implants are not refundable. The location for the attribution of Code 2615 is that occupied where the fixture "emerges". The reconstruction mesostructure on implants (abutment) is not refundable. Code 2616 refers to small and large maxillary sinus lifts, horizontal and/or vertical ridge expansions, and block grafts for severe atrophy requiring regenerative treatment in preparation for or concurrent to the insertion of implant fixtures (biomaterials, membranes and any fixing screws are included in the code). Code 2616 is not refundable in the same quarter in which code 2587 is claimed for the same hemiarch.</p> | | | |
| 21089 | 2615 | OSSEOINTEGRATED IMPLANTS (ANY TYPE INCLUDING ZYGOMATIC OR PTERYGOID IMPLANTS EXCLUDING MINI-ORTHODONTIC IMPLANTS OR IMPLANTS OTHER THAN OSSEOINTEGRATED) PER DENTAL LOCATION | Refundable once per physical and nominal tooth location (regardless of the edentulous space to be rehabilitated). OBLIGATORY: TREATMENT PLAN with pre-treatment radiography - Refund Stage post-treatment radiography |
| 21121 | 2616 | MAXILLARY SINUS LIFT (SMALL OR LARGE) AND/OR HORIZONTAL AND/OR VERTICAL ALVEOLAR CREST EXPANSION (ANY TECHNIQUE). COMPLETE TREATMENT INCLUDING INTRAORAL OR EXTRAORAL AUTOLOGOUS BONE HARVESTING AND ANY GRAFT MATERIAL - OUTPATIENT PROCEDURE - PER HEMIARCH. | Refundable once per hemiarch. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography - Refund Stage post-treatment radiography and detailed description of the operation |
| Prostheses | | | |

Any prosthetic service (regardless of age or type) is not refundable for the same tooth location (natural tooth or implant replacing the tooth itself) until 5 years have elapsed from the date of invoice for the service previously paid for regardless of the reasons for the need to reconstruct or replace the prosthesis. In the case of permanent total prostheses, no other type of permanent prosthetic rehabilitation can be refunded before 5 years have elapsed on the same arch, even if innovative therapeutic systems are used. Code 2626, "Removable partial dentures", is refundable only and exclusively as a partial permanent rehabilitation and is not refundable, on the same arch, before 5 years have elapsed from the refund of code 2674 (and vice versa). Items regarding partial permanent removable prostheses, removable partial dentures, and total prostheses are not refundable simultaneously on the same arch and are in any case subject to time limits. No other possibilities are available. Services/treatments include: any diagnostic wax-up; any milling/counter milling; provisional and/or permanent cementing of fixed prostheses. Reconstruction mesostructure for implants is not refundable and cannot be equated with code 2622 "Post and core" or code 2633 "Precision attachment". Permanent fixed prostheses (permanent crowns and inlays of any code) can be performed with CAD/CAM techniques directly by the dentist if the appropriate machinery is available; in this case, as specified by the Ministry of Health, the dentist is required to provide (in addition to obligatory requirements), specific written certification containing warnings, contraindications, materials used, the batch number of the block of material (CE/EU marked), traceability of materials and the type of machinery used to produce the item. Code 2620, "Provisional reinforced or reinforced crown", is refundable only upon presentation of a certificate from the dental laboratory (refunds are not recognised if the dental practitioner certifies that the crown was made using the CAD/CAM technique). Telescopic prostheses and/or double crowns cannot be equated with full crowns (any type), i.e. only one full crown (any type/code) per tooth/implant (nominal and anatomical site) is refundable within the limitations set by the Nomenclature and therefore by the Health Plan Cover that includes them (if it does include them). For telescopic prosthesis please refer to code 2633. Maryland Bridges are not refundable and cannot be equated with prosthetic crowns (any type/code) or inlays (any type/code). Code 2633 is not refundable on implants without a fixed prosthesis, i.e. only the precision attachment positioned on a permanent fixed complete prosthetic crown is refundable (it cannot be associated, however, with a fixed pedodontic prosthesis). Code 2633 cannot be equated to brackets for orthodontic treatment. Although it comes complete with male-female components, code 2633 must be indicated at the location of the last permanent crown on which the male section is positioned. Prosthetic veneers and/or ¾ prosthetic crowns are not refundable and cannot be equated with codes 2625-2671-2618-2619-30332 (regardless of the technique used). Codes for Relining refer solely to removable prostheses and cannot be equated to the repair/modification of pre-existing prostheses. Refunds for code 2622 preclude subsequent refunds for code 2609-2603-2632-30323-30326-30331 and fillings, of any class/code, and root canal treatments (for the latter unless the claim is made simultaneously) of any code regardless of the number of canals. Please note that codes relating to "Partial removable prostheses - per hemiarch", whether permanent or provisional, must be allocated according to the edentulous zone regardless of the size of the prosthesis. Please also remember that code 2626, "Removable partial dentures", can only be claimed for permanent partial dentures complete with an alloy reinforcement structure (not to be confused with the reconstruction bar on implants).

Fixed prostheses

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| 21022 | 2618 | PERMANENT CROWN IN BIOMEDICAL ALLOY/RESIN/COMPOSITE CERTIFIABLE AS PERMANENT MATERIAL (ANY TYPE) - PER TOOTH/IMPLANT FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography/intraoral photo - Refund Stage with post-treatment radiography/intraoral photo |
| 21055 | 2619 | PRECIOUS ALLOY AND CERAMIC CROWN - METAL-FREE CROWN (CERAMIC OR INTEGRAL/MONOLITHIC CERAMIC MATERIALS - CAD CAM SYSTEMS) PER TOOTH/IMPLANT FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography/intraoral photo - Refund Stage with post-treatment radiography/intraoral photo |
| 21162 | 2620 | PROVISIONAL REINFORCED CROWN - PER TOOTH/IMPLANT FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21113 | 2622 | FUSED POST AND CORE IN NON-PRECIOUS OR PRECIOUS ALLOY OR CERAMIC - FOR NATURAL TOOTH | Refundable once every 5 years (ref. invoice) per tooth location OBLIGATORY: Certification |

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| | | | of Compliance at refund stage issued by the dental laboratory stating the ITCA number or certification by the dentist if in carbon fibre or glass ceramic |
| 21139 | 2623 | CORE RECONSTRUCTION WITH COMPOSITE MATERIAL, GIC, AMALGAM ONLY FOR PERMANENT NATURAL TEETH TO BE REHABILITATED WITH PROSTHETIC CROWNS (FIXED PROSTHESES) - PER TOOTH FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography/intraoral photo - Refund Stage with post-treatment radiography/intraoral photo |
| 21097 | 2624 | REMOVAL OF CROWNS PER SINGLE POST. NOT REFUNDABLE IN RELATION TO REQUESTS FOR EXTRACTIONS OR OSTEO-INTEGRATED IMPLANTS OR IN INTERMEDIATE BRIDGE LOCATIONS OR FOR CROWN EXTENSIONS | Refundable once every 5 years (ref. invoice) per tooth location |
| 21147 | 2625 | REPAIR OF A SINGLE PERMANENT PROSTHETIC CROWN WITH CERAMIC OR RESIN (ONLY FOR TEETH THAT HAVE PREVIOUSLY BEEN FITTED WITH COMPLETE, PERMANENT PROSTHETIC CROWNS - CANNOT BE EQUATED WITH PROSTHETIC VENEERS) | Refundable once every 2 years (ref. invoice) per tooth (cannot be equated with prosthetic veneers or the repair of removable dentures). OBLIGATORY: TREATMENT PLAN with pre-treatment intraoral photo showing the individual prosthetic crown to be repaired. |
| 23155 | 2671 | POLYMER-COATED, METAL-FREE, CERAMIC-FREE PERMANENT CROWN, CERTIFIABLE AS PERMANENT MATERIAL - PER TOOTH/IMPLANT FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography/intraoral photo - Refund Stage with post-treatment radiography/intraoral photo |
| 23156 | 2672 | PROVISIONAL CROWN IN RESIN, DIRECT OR INDIRECT - PER TOOTH/IMPLANT FROM 17 YEARS OF AGE | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age |
| Removable dentures | | | |
| 21253 | 2626 | REMOVABLE PARTIAL DENTURES (NON-PRECIOUS OR PRECIOUS ALLOY STRUCTURE, INCLUDING TEETH - FOR REHABILITATING PARTIALLY EDENTULOUS ARCHES) - PER ARCH | Refundable once every 5 years (ref. invoice) per arch. Cannot overlap with another permanent rehabilitation. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21220 | 2627 | REMOVABLE PERMANENT PARTIAL DENTURE, INCLUDING CLASPS AND TEETH (UNILATERAL PARTIAL EDENTULISM) PER HEMIARCH | Refundable once every 5 years (ref. invoice) per hemiarch, cannot overlap with other permanent partial rehabilitation (any type) per arch. |

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| | | | OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21212 | 2628 | REMOVABLE PROVISIONAL PARTIAL DENTURE, INCLUDING CLASPS AND TEETH (UNILATERAL PARTIAL EDENTULISM) PER HEMIARCH | Refundable once every 5 years (ref. invoice) per hemiarch, cannot overlap with other provisional partial rehabilitation (any type) per arch. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21238 | 2629 | REMOVABLE PERMANENT TOTAL DENTURE WITH RESIN OR CERAMIC TEETH (PER ARCH) - CANNOT BE COMBINED WITH A PERMANENT PROsthESIS SUCH AS A BAR-ANCHORED OVERDENTURE/PERMANENT PROsthESIS/EDENTULOUS PREVENTION | Refundable once every 5 years (ref. invoice) per arch regardless of the type of permanent total denture. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21154 | 2630 | REMOVABLE PROVISIONAL IMMEDIATE TOTAL DENTURE (PER ARCH) - CANNOT BE COMBINED WITH A PROVISIONAL PROsthESIS SUCH AS AN OVERDENTURE/EDENTULOUS PREVENTION | Refundable once every 5 years (ref. invoice) per arch regardless of the type of provisional total denture. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21279 | 2631 | RELINING OF REMOVABLE DENTURES, PER ARCH - INDIRECT SYSTEM | Refundable once a year (ref. invoice) per arch, cannot overlap with another type of relining. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21261 | 2633 | SINGLE PRECISION ATTACHMENT IN NON-PRECIOUS OR PRECIOUS ALLOY OF ANY TYPE, MAXIMUM 1 PRECISION ATTACHMENT PER HEMIARCH (COMPLETE MALE-FEMALE COMPONENTS) ONLY FOR PROSTHETIC TEETH WITH PERMANENT PROSTHETIC CROWN (ATTACHMENT ON CROWNS - LAST CROWN PLUS MESIAL OR DISTAL REST TO EDENTULOUS SADDLE) OR FOR TELESCOPIC PROSTHESES ON NATURAL TEETH. NOT REFUNDABLE FOR IMPLANTS AND CANNOT BE COMBINED WITH POST AND CORE, CORE RECONSTRUCTION OR ANCHORED RECONSTRUCTION | Refundable once every 5 years (ref. invoice). OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21993 | 2647 | RELINING OF REMOVABLE DENTURES, PER ARCH - DIRECT SYSTEM | Refundable once a year (ref. invoice) per arch, cannot overlap with another type of relining |

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| 23158 | 2674 | REMOVABLE PERMANENT PARTIAL DENTURE, INCLUDING CLASPS AND TEETH (BILATERAL PARTIAL EDENTULISM) PER ARCH | Refundable once every 5 years (ref. invoice) per hemiarch, cannot overlap with other partial rehabilitation (any type) per arch. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 23159 | 2675 | REMOVABLE PROVISIONAL PARTIAL DENTURE, INCLUDING CLASPS AND TEETH (BILATERAL PARTIAL EDENTULISM) PER ARCH | Refundable once every 5 years (ref. invoice) per hemiarch, cannot overlap with other partial rehabilitation (any type) per arch. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 030305 | 30305 | BAR-ANCHORED REMOVABLE TOTAL DENTURE (INCLUDING BAR AND RETAINERS) SUPPORTED BY IMPLANTS - PER ARCH | Refundable once every 5 years (ref. invoice) per arch regardless of the type of permanent total denture. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| Gnathology | | | |
| <p>The following items are not refundable: any recording of intermaxillary relations and studying of the case in an articulator; any recording with electronic or electromyographic equipment and studying of the case; repair of diagnostic plate or splint. Codes 2635, 2648 and 30336 are not refundable in combination with each other and are also subject to time limits (cannot be equated with pre-surgical templates, orthodontic treatment, orthodontic retainers of any kind, Froggy Mouth and/or pacifier-bite and similar). Codes 2635, 2648 and 30336 are not refundable in the same year during which orthodontic treatment is claimed or in the presence of 2 total prostheses in the 2 arches. Codes 2634 and 30335 cannot be equated with dental sealants (which are not refundable).</p> | | | |
| 20750 | 2634 | PARTIAL OR TOTAL SELECTIVE GRINDING, MAXIMUM 1 SESSION (REGARDLESS OF ARCH) - FROM 17 YEARS OF AGE | Refundable once a year (ref. invoice) regardless of age |

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| 21295 | 2635 | DIAGNOSTIC PLATE OR ORTHOTIC OR BITE - DIRECT SYSTEM - REGARDLESS OF ARCH AND NOT REFUNDABLE IN THE SAME YEAR AS THE DENTAL TREATMENT OR IN THE PRESENCE OF 2 TOTAL DENTURES IN THE 2 ARCHES - FROM 21 YEARS OF AGE | Refundable once every 2 years (ref. invoice) regardless of arch, method and age. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| 21320 | 2648 | DIAGNOSTIC PLATE OR ORTHOTIC OR BITE - DIRECT SYSTEM - REGARDLESS OF ARCH AND NOT REFUNDABLE IN THE SAME YEAR AS THE DENTAL TREATMENT OR IN THE PRESENCE OF 2 TOTAL DENTURES IN THE 2 ARCHES FROM 21 YEARS OF AGE | Refundable once every 2 years (ref. invoice) regardless of arch, method and age. OBLIGATORY: PREVENTIVE TREATMENT PLAN - Certification of Compliance at refund stage issued by the dental laboratory stating the ITCA number |
| Dental radiology | | | |
| <p>X-rays beyond those described are not refundable. Complete endoral x-rays (16/21) are not refundable. If images are provided on media or digitally, these must show: name, surname, date, right-side and left-side references (or reference quadrant) both on the file within the media and on the image itself. For endoral x-rays and intraoral photographs (regardless of code), refunds are available for a maximum of 6 images per year. One pre-treatment image (endoral X-ray or intraoral photo) and one post-treatment image (endoral X-ray or intraoral photo) are refundable per code up to the maximum limit. For codes 2637-2638-2663-2664 FasiOpen, independently of the type of services claimed and in the context of the usual controls, reserves the possibility to ask to see examinations for which claims have been submitted or for which refunds have already been obtained.</p> | | | |
| 20420 | 2637 | ORTHOPANTOMOGRAPHY OF THE TWO ARCHES | Refundable twice a year (1 January - 31 December). |
| 20438 | 2638 | TELECRANIUM (ANY NUMBER OF PROJECTIONS) | Refundable twice a year (1 January - 31 December). |
| 20412 | 2649 | ENDORAL X-RAYS/BITE WINGS | Refunds are available for a maximum of 1 pre-treatment endoral and 1 post-treatment endoral together with the codes relevant to them up to a maximum of 6 endorals/bite wings per year (1 January - 31 December) |
| 22014 | 2651 | INTRAORAL PHOTO OR VIDEO FROM 17 YEARS OF AGE | Refunds are available for a maximum of 1 pre-treatment and 1 post-treatment photo together with the codes relevant to them up to a maximum of 6 photos per year (1 January - 31 December) regardless of age |
| 23128 | 2663 | DENTASCAN OR CONE BEAM VOLUMETRIC TOMOGRAPHY: 1 ARCH | OBLIGATORY: It is obligatory at the refund stage to submit the Panorex image on which the date carried out is shown |
| 23134 | 2664 | DENTASCAN OR CONE BEAM VOLUMETRIC TOMOGRAPHY: 2 ARCHES | OBLIGATORY: It is obligatory at the refund stage to submit the Panorex |

| | | | image on which the date carried out is shown |
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| Pedodontics - Periodontology | | | |
| <p>Periodontal surgery services cannot overlap on the same arches or hemiarches regardless of the age of the member/client. Codes 30313-2585 are not refundable in conjunction with code 2616 (sinus lift surgery) if the hemiarch involved is edentulous. Codes 30315-2588, "Root planing", cannot overlap with or be equated with tartar removal or oral hygiene (services provided with specific codes and limitations) and cannot be refunded together with code 6137.</p> | | | |
| 30311 | 30311 | GINGIVAL SURGERY PER ARCH (INCLUDING ANY TYPE OF FLAP - INCLUDING SUTURE) - up to 16 years of age | Refundable once every 5 years (ref. invoice) for the same arch (regardless of age) |
| 30312 | 30312 | MUCOGINGIVAL OR FORNIX LOWERING SURGERY, PER ARCH (INCLUDING ANY TYPE OF FLAP - INCLUDING SUTURE) - up to 16 years of age | Refundable once every 5 years (ref. invoice) for the same arch (regardless of age) |
| 30313 | 30313 | BONE SURGERY (INCLUDING ANY TYPE OF ACCESS FLAP - INCLUDING SUTURE) COMPLETE TREATMENT PER HEMIARCH - UP TO 16 YEARS OF AGE | Refundable once every 5 years (ref. invoice) for the same hemiarch (regardless of age) |
| 30314 | 30314 | GENGIVECTOMY AS A SINGLE SERVICE - PER HEMIARCH - UP TO 16 YEARS OF AGE | Refundable once every 5 years (ref. invoice) for the same hemiarch (regardless of age) |
| 30315 | 30315 | ROOT PLANING AND GINGIVAL CURETTAGE (REGARDLESS OF THE NUMBER OF HEMIARCHES TREATED) - UP TO 16 YEARS OF AGE | Refundable once every 2 years (ref. invoice) for the same hemiarch (regardless of age) |
| Pedodontics - Oral Surgery | | | |
| <p>Post-extraction haemorrhage treatments, surgical dressings are included in the respective services/treatments. Codes 30317-2593 are already inclusive of the orthodontist's services for anchorage; if a claim is made concurrently to the orthodontic treatment, therefore, detailed pre-treatment documentation for codes 30317-2593 and documentation showing the entire orthodontic treatment must be submitted. Codes for extractions apply only to natural teeth (they cannot be equated with extraction/implant removal) in their entirety (extractions of fragments are not refundable). Code 30319 is refundable only for germ removal of a still forming permanent tooth. Code 30321 is limited to minor abscess surgery. FasiOpen reserves the right to request additional documentation and/or details and/or medical reports relating to operations relating to code 30321. General anaesthesia (including professional fees and the respective drugs/medicines) is only refundable for in-patient dental surgery if your Healthcare Plan provides for refunding of in-patient dental treatment. There is no refund for any type of anaesthesia other than general anaesthesia during hospitalisation (if your Health Plan recognises refunds for hospitalisation for dental services); for all other cases, costs relating to anaesthesia are included in the refund fees of the dental services themselves. Included within the individual services, where necessary, are sutures of any kind, materials and medicines.</p> | | | |
| 30316 | 30316 | GENERAL - ONLY DURING HOSPITALISATION (UP TO 16 YEARS OF AGE - PER HOSPITALISATION) | Refundable once, only during hospitalisation (per hospitalisation) only for indirect provision services. |
| 30317 | 30317 | DISINCLUSION OF RETAINED TEETH PER TOOTH (INCLUDING ORTHODONTIC SERVICES FOR ANCHORAGE) - UP TO 20 YEARS OF AGE | Refundable once per tooth. OBLIGATORY: TREATMENT PLAN with pre-treatment X-ray showing the tooth to be disincluded |
| 30318 | 30318 | EXTRACTION OF A TOOTH OR A SIMPLE OR COMPLEX ROOT OF A DECIDUOUS TOOTH (INCLUDING ANY SUTURES AND SEDATION) | Refundable once per tooth |
| 30319 | 30319 | GERMECTOMY (INCLUDING ALL SURGICAL STAGES AND ACTIVITIES INCLUDING MUCOGINGIVAL FLAP AND/OR OSTEOTOMY AND/OR ODONTOTOMY - SUTURES AND SEDATION - EXCLUDING SEDATION WITH NITROUS OXIDE) UP | Refundable once per tooth location. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography - |

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| | | TO 16 YEARS OF AGE | Refund Stage post-treatment radiography |
| 30320 | 30320 | FRENULOTOMY OR FRENULECTOMY PER ARCH - UP TO 16 YEARS OF AGE | Refundable once per arch regardless of age |
| 30321 | 30321 | SMALL SURGICAL OPERATIONS ON ABCESESSES - UP TO 16 YEARS OF AGE | Refundable once per case (regardless of the number). OBLIGATORY: Intraoral photo of treated abscess at the refund stage |
| Pedodontics - Conservative | | | |
| <p>If covered by your Health Plan, only one filling per tooth is refundable every 3 years regardless of class, age, and whether deciduous/permanent. The following are included in the respective services/treatment: positioning of the dam; reattachment of fragment; chemical treatment for hypersensitivity; fillings, any type, together with code 2609, 30326 and/or root canal treatment (any code) and/or endodontic re-treatment (any number of roots - any code) of the same tooth regardless of age/type of tooth (deciduous/permanent). Fillings, of any class and/or type, are not refundable together with codes 2603, 2632 and 30323 required for the same tooth; likewise, no fillings (any class and code) are refundable in conjunction with codes 2591 "Apicoectomy", 2613-30329 "Pulpotomy", or 2623-30331 "Core reconstruction". Codes 30326-2609 are refundable only on devitalized teeth (treated concurrently or previously), therefore any refund of codes 30326-2609 implies that the tooth has been treated (whether paid by the Fund or not). Codes 2609, 30326, 2603, 2632, 30323 and fillings of any class/code are not refundable with regard to teeth for which a "Post and core" has been paid for or rehabilitated. 2622 (regardless of the material used). Codes 2603, 2632, 30323 are not refundable with regard to the anterior group (canine to canine) and cannot be equated with prosthetic veneers and/or ¾ prosthetic crowns, whether permanent or temporary. Codes 30322-2602 and fillings, of any class/code cannot be equated with dental sealants. Codes 30322-2602 cannot be equated with the treatment of Apexification and Apexogenesis (which are not refundable).</p> | | | |
| 30322 | 30322 | DIRECT-INDIRECT - DECIDUOUS OR PERMANENT - PULP CAPPING - PER TOOTH - UP TO 16 YEARS OF AGE | Refundable once every 3 years (ref. invoice) regardless of age and regardless of whether deciduous or permanent) |
| 30323 | 30323 | INLAY PER DECIDUOUS/PERMANENT TOOTH - REGARDLESS OF MATERIAL/METHOD/TECHNIQUE - INLAY OR ONLAY OR OVERLAY INCLUDING BUILD-UP AND TEMPORARY - PER DECIDUOUS/PERMANENT TOOTH - DIRECT/INDIRECT REGARDLESS OF THE NUMBER OF SURFACES - UP TO 16 YEARS OF AGE | Refundable once every 5 years per tooth location regardless of material and age. OBLIGATORY: Certification of Compliance at refund stage issued by the dental technician's laboratory stating the ITCA number. If the product is made with CAD/CAM technique, also a copy of the batch of material used in its construction |
| 30324 | 30324 | FILLING OF ANY CAVITIES, CLASS 1 - 2 - 3 - 4 - 5 - ANY MATERIAL - PER PERMANENT TOOTH UP TO 16 YEARS OF AGE | Refundable once every 3 years (ref. invoice) regardless of age, class or whether deciduous or permanent |
| 30325 | 30325 | FILLING OF DECIDUOUS TOOTH (ANY CLASS - ANY MATERIAL - REFUNDABLE ONCE EVERY 3 YEARS IN THE SAME TOOTH REGARDLESS OF WHETHER IT IS DECIDUOUS OR PERMANENT) | Refundable once every 3 years (ref. invoice) regardless of age, class or whether deciduous or permanent |
| 30326 | 30326 | TOOTH RECONSTRUCTION WITH SCREW OR POST ANCHORING OF DECIDUOUS OR PERMANENT DEVITALIZED TEETH (CONCURRENTLY OR PREVIOUSLY TREATED) PER TOOTH UP TO 16 YEARS OF AGE | Refundable once every 3 years (ref. invoice) regardless of age and regardless of whether deciduous or permanent) |
| Pedodontics - Endodontics | | | |

The following services/treatments are included in the respective services/treatments: positioning of the dam; treatment of perforations with endodonto-parodontal communication; fillings of any type/code together with root canal treatment (any code) and/or endodontic re-treatment (any code) of the same tooth; pre-endodontic coronal reconstruction. Apexification treatments and endodontic first aid dressings are not refundable. Codes 30329-2613 are not refundable in conjunction with codes 30330-2614-2668-2669-. Codes 30330-2614-2668-2669 cannot overlap on the same tooth element and are not refundable in conjunction with root canal treatment (any code).

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| 30327 | 30327 | COMPLETE ROOT CANAL TREATMENT OF DECIDUOUS TOOTH 1 CANAL (INCLUDING ANY TYPE OF FILLING) INCLUDING PRE-ENDODONTIC CORONAL RECONSTRUCTION - PER TOOTH - INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |
| 30328 | 30328 | COMPLETE ROOT CANAL TREATMENT OF MULTI-ROOT DECIDUOUS TOOTH - 2 OR MORE CANALS (REGARDLESS OF THE NUMBER OF CANALS) INCLUDING ANY TYPE OF FILLING AND INCLUDING PRE-ENDODONTIC CORONAL RECONSTRUCTION - PER TOOTH - INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |
| 30329 | 30329 | PULPOTOMY AND FILLING OF THE PULP CHAMBER OR PULPECTOMY AND TEMPORARY FILLING FOR ANY NUMBER OF CANALS - PER DECIDUOUS TOOTH - INCLUDING ENDORAL X-RAYS | Refundable once per tooth |
| 30330 | 30330 | ENDODONTIC RE-TREATMENT OF DECIDUOUS TOOTH REGARDLESS OF THE NUMBER OF CANALS (INCLUDING ANY TYPE OF FILLING OF THE ACCESS CAVITY, INCLUDING ANY REMOVAL OF INTRACANAL PINS) PER TOOTH INCLUDING ENDORAL X-RAYS | Refundable once per tooth, which cannot overlap with other root canal treatments or endodontic re-treatments |

Pedodontics - Fixed prosthetics

Any prosthetic service (regardless of age or type) is not refundable for the same tooth location (natural tooth or implant replacing the tooth itself) until 5 years have elapsed from the date of invoice for the service previously paid for regardless of the reasons for the need to reconstruct or replace the prosthesis. No other possibilities are available. Services/treatments include: any diagnostic wax-up; any milling/counter milling; provisional and/or permanent cementing of fixed prostheses. Permanent fixed prostheses (permanent crowns and inlays of any code) can be performed with CAD/CAM techniques directly by the dentist if the appropriate machinery is available; in this case, as specified by the Ministry of Health, the dentist is required to provide (in addition to obligatory requirements), specific written certification containing warnings, contraindications, materials used, the batch number of the block of material (CE/EU marked), traceability of materials and the type of machinery used to produce the item. Maryland Bridges are not refundable and cannot be equated with prosthetic crowns (any type/code) or inlays (any type/code). Prosthetic veneers and/or ¾ prosthetic crowns are not refundable and cannot be equated with codes 30332-2625-2671-2618-2619 (regardless of the technique used). Refunds for code 2622 preclude subsequent refunds for code 30323-30326-30331-2609-2603-2632 and fillings, of any class/code, and root canal treatments (for the latter unless the claim is made simultaneously) of any code regardless of the number of canals.

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| 30331 | 30331 | RECONSTRUCTION OF CORE IN COMPOSITE MATERIAL, GIC, AMALGAM ONLY FOR PERMANENT NATURAL TEETH TO BE REHABILITATED WITH PROSTHETIC CROWNS (FIXED PROSTHESES DUE TO PATHOLOGY: AMELOGENESIS OR DENTINOGENESIS IMPERFECTA) - PER TOOTH FROM AGE 12 TO 16 | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography/intraoral photo - Refund Stage with post-treatment radiography/ intraoral photo |
| 30332 | 30332 | PERMANENT PROSTHETIC CROWN (COMPLETE CROWN - CANNOT BE EQUATED WITH PROSTHETIC VENEERS) REGARDLESS OF MATERIAL USED (COMPLETE CROWN) - REGARDLESS OF METHOD/TECHNIQUE - FOR DURABLE RECONSTRUCTION OF COMPROMISED TOOTH AND/OR DUE TO PATHOLOGY: AMELOGENESIS OR DENTINOGENESIS IMPERFECTA - PER TOOTH - FROM AGE 12 TO 16 | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography/intraoral photo - Refund Stage with post-treatment radiography/intraoral photo |

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| 30333 | 30333 | PROVISIONAL PROSTHETIC CROWN (COMPLETE CROWN - CANNOT BE EQUATED WITH PROSTHETIC VENEERS) REGARDLESS OF MATERIAL USED - REGARDLESS OF METHOD/TECHNIQUE - PER TOOTH FROM AGE 6 TO 16 | Refundable once every 5 years (ref. invoice) per tooth location regardless of material and age. OBLIGATORY: TREATMENT PLAN with pre-treatment radiography/intraoral photo - Refund Stage with post-treatment radiography/intraoral photo |
| <i>Pedodontics - Gnathology</i> | | | |
| <p>The following items are not refundable: any recording of intermaxillary relations and studying of the case in an articulator; any recording with electronic or electromyographic equipment and studying of the case; repair of diagnostic plate or splint. Codes 30336 -2635 -2648 are not refundable in combination with each other and are also subject to time limits (cannot be equated with pre-surgical templates, orthodontic treatment, orthodontic retainers of any kind, Froggy Mouth and/or pacifier-bite and similar). Codes 30336 -2635 -2648 are not refundable in the same year during which orthodontic treatment is claimed or in the presence of 2 total prostheses in the 2 arches. Codes 30335-2634 cannot be equated with dental sealants (which are not refundable).</p> | | | |
| 30335 | 30335 | PARTIAL OR TOTAL SELECTIVE GRINDING, MAXIMUM 1 SESSION (REGARDLESS OF ARCH) - UP TO 16 YEARS OF AGE | Refundable once a year (ref. invoice) regardless of age |
| 30336 | 30336 | BITE OR ORTHOTIC APPLIANCE - REGARDLESS OF ARCH - DIRECT OR INDIRECT SYSTEM - NOT REFUNDABLE IN ASSOCIATION WITH AND/OR IN THE SAME YEAR AS DENTAL TREATMENT (ANY TECHNIQUE AND/OR METHODOLOGY) OR RETAINER - UP TO 20 YEARS OF AGE | Refundable once every 2 years (ref. invoice) regardless of arch, method and age |
| <i>Pedodontics - Orthodontics</i> | | | |
| <p>Orthodontic therapies are refundable for a maximum of 3 years, even if not consecutive, regardless of the number of arches undergoing treatment and in any case within the year (1 January - 31 December) in which the patient turns the maximum age specified for the service within his/her health plan. Please note that it is not possible to submit a refund claim for dental treatments with expenditure documentation that refers to multiple years of treatment. Included in the respective services/treatments are: orthodontic diagnostic examination (impressions and models, cephalometric analysis). The following are not refundable separately, i.e. they are included in the treatment: reconstruction of orthodontic appliances; repair of orthodontic appliances; orthodontic diagnostic set-up; checks throughout the period of treatment/care. Code 2589, "Interdental splinting" in the Periodontology sub-branch can only be used in the event of periodontal problems from age 25 upwards and cannot be used in support of orthodontic therapy or equated with an orthodontic retainer, for which there is a specific code. Orthodontic retainer code 30310 counts towards the 3-year maximum refund period for orthodontic care. Please note that, since an orthodontic retainer is fitted at the end of the treatment, any refund of code 30310 precludes subsequent refunds of items related to the orthodontic treatment itself (regardless of arch), even if not all years of the maximum refund period have been used.</p> | | | |
| 30307 | 30307 | DENTAL THERAPY WITH FIXED APPLIANCES PER ARCH PER YEAR, INCLUDING CEPHALOMETRIC ANALYSIS | Refundable once a year (1 January - 31 December), for a maximum of 3 years, also not consecutive, until the maximum age specified within the Health Plan. Cannot overlap with other dental treatment items during the year. OBLIGATORY: TREATMENT PLAN PER YEAR OF TREATMENT with telecranium or photo of pre-treatment "bite/reverse |

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| | | | bite" - Refund Phase per year of treatment - telecranium o photo of models in occlusion |
| 30307 | 30307 | DENTAL THERAPY WITH FIXED APPLIANCES PER ARCH PER YEAR, INCLUDING CEPHALOMETRIC ANALYSIS | Refundable once a year (1 January - 31 December), for a maximum of 3 years, also not consecutive, until the maximum age specified within the Health Plan. Cannot overlap with other dental treatment items during the year. OBLIGATORY: TREATMENT PLAN PER YEAR OF TREATMENT with telecranium or photo of pre-treatment "bite/reverse bite" - Refund Phase per year of treatment - telecranium o photo of models in occlusion |
| 30308 | 30308 | DENTAL THERAPY WITH MOBILE/FUNCTIONAL APPLIANCES PER ARCH PER YEAR, INCLUDING CEPHALOMETRIC ANALYSIS | Refundable once a year (1 January - 31 December), for a maximum of 3 years, also not consecutive, until the maximum age specified within the Health Plan. Cannot overlap with other dental treatment items during the year. OBLIGATORY: TREATMENT PLAN PER YEAR OF TREATMENT with telecranium or photo of pre-treatment "bite/reverse bite" - Refund Phase per year of treatment - telecranium o photo of models in occlusion |
| 30309 | 30309 | DENTAL THERAPY WITH INVISIBLE APPLIANCES (ANY TYPE/MATERIAL) PER ARCH - PER YEAR - INCLUDING CEPHALOMETRIC ANALYSIS | Refundable once a year (1 January - 31 December), for a maximum of 3 years, also not consecutive, until the maximum age specified within the Health Plan. Cannot overlap with other dental treatment items during the year. OBLIGATORY: TREATMENT PLAN PER YEAR OF TREATMENT with telecranium or photo of pre-treatment "bite/reverse bite" - Refund Phase per year of treatment - telecranium o photo of models in occlusion |
| 30310 | 30310 | DENTAL MAINTENANCE THERAPY WITH FIXED OR MOBILE RETAINER REGARDLESS OF THE NUMBER OF ARCHES | Refundable for a maximum 1 year (1 January - 31 December) in the context of a maximum of 3 years recognised for treatment, within the maximum limits set by the Health Plan. Cannot overlap with other dental treatment items during the year. OBLIGATORY: PRE TREATMENT Intraoral photo of the retainer in position - Refund Stage - |

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| | | | Telecranium o Intraoral photo of the finished treatment (if finished) or Intraoral photo of the retainer in position (different from the pre-treatment one) |
| Pedodontics - Pedodontic Radiology | | | |
| <p>X-rays beyond those described are not refundable. Complete endoral x-rays (16/21) are not refundable. If images are provided on media or digitally, these must show: name, surname, date, right-side and left-side references (or reference quadrant) both on the file within the media and on the image itself. For endoral x-rays and intraoral photos (regardless of code), refunds are available for a maximum of 6 images per year regardless of age. One pre-treatment image (endoral X-ray or intraoral photo) and one post-treatment image (endoral X-ray or intraoral photo) are refundable per code up to the maximum limit. Code 30306 is refundable only in association with code 30332, while code 2652 is refundable only in association with codes 30307-30308-30309-30310.</p> | | | |
| 30306 | 30306 | INTRA-ORAL PHOTO OR VIDEO UP TO 16 YEARS OF AGE ONLY AS PRE AND POST TREATMENT FOR PEDODONTIC PROSTHETIC CODES | <p>Refunds are available for a maximum of 1 pre-treatment and 1 post-treatment photo together with the codes relevant to them up to a maximum of 6 photos per year (1 January - 31 December) regardless of age.</p> <p>OBLIGATORY: TREATMENT PLAN - services must be claimed together with the codes that relate to them. Refund stage: submission of the requested images (must be requested together with the codes that relate to them also at the refund stage)</p> |
| 22022 | 2652 | PHOTO OF REVERSE BITE AND/OR PHOTO OF MODELS IN OCCLUSION (ONLY IN RELATION TO CODES IN THE ORTHODONTICS SECTION REGARDLESS OF THE NUMBER OF ARCHES TREATED - REGARDLESS OF THE TYPE OF TREATMENT). | <p>Refunds are available for 1 photo of the "bite/reverse bite" or pre-treatment models in occlusion per year and 1 post-treatment per year only together with Orthodontic Therapy up to a maximum of 6 photos per year.</p> <p>OBLIGATORY: TREATMENT PLAN - services must be claimed together with the codes that relate to them. Refund stage: submission of the requested images (must be requested together with the codes that relate to them also at the refund stage)</p> |

SECTION T - SPA TREATMENTS

Refunds for spa treatments are recognised only if these are expressly provided for by individual Health Plans and if they have been carried out at authorised establishments equipped for this purpose located in spa resorts. For simultaneous treatments with mud therapy or balneotherapy treatments and hydroponic or inhalation therapies, the higher fee only is applied as specified in the Guide. To obtain a refund for spa treatments a specific medical prescription must be sent certifying the need for the treatment itself and specifying the pathology currently existing (not the symptomatology).

Strictly excluded from refund are costs of accommodation and/or other secondary expenditure and/or anything else not explicitly stated. Please note that the fees specified by the individual Health Plans are inclusive of the fees of the persons providing the services and/or all equipment/instrumentation.

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| 90076 | 2947 | MUD AND BALNEOTHERAPY - PER DAY PER CLIENT | Refundable maximum 12 days a year (1 January - 31 December) |
| 90084 | 2948 | HYDROPINICS AND/OR INHALATIONS AND/OR IRRIGATIONS - PER DAY PER CLIENT | Refundable maximum 10 days a year (1 January - 31 December) |

SECTION U - PUBLIC HEALTHCARE CHARGES

FasiOpen refunds Public Healthcare Charges within the limitations (all) of everything stated in the Covers/Areas of the individual health plans, if related to the services provided for by each health plan itself. Specifically, if a service used and paid for through Public Healthcare Charges is included in the Fund's area of activities but not included in the Covers/Areas of your health plan, then it will not be recognised as refundable.

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| 9993 | 2949 | PUBLIC HEALTHCARE CHARGES FOR SPECIALIST SERVICES | Refundable within the limitations specified in the individual healthcare plans and only if related to services included in your healthcare plan |
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SECTION V - SURGICAL PACKAGES

Refunds for package-based procedures/operations are available only if the operations are included in the Covers of the individual Health Plans. Packages are all-inclusive of: medical team and/or support staff (technicians/assistants, etc.), operating theatre/outpatient room/outpatient operating theatre (depending on the type of package), stay in the facility (where applicable), the necessary instruments/equipment to perform the procedures themselves and high-cost procedures (where applicable), materials, medicines, any prostheses (for procedures involving these), analyses and tests related to the procedure itself and performed intra-hospitalisation, initial post-surgery and intra-hospitalisation rehabilitation treatments where applicable (orthopaedic operations).

Please note that, for Health Plans with case-by-case refunds, package-based refunds for the services/procedures listed below fully replace the individual case-by-case service items/codes if these were previously shown in the Nomenclature and were therefore in your Health Plan (previous editions). Please note that, for Health Plans with case-by-case refunds, the value of the individual packages corresponds exactly to the sum of the maximum refunds set out in the previous editions of the Nomenclature (and therefore in the Health Plans). "Package-based" services provide for a single refund amount (for Health Plans with case-by-case refunds), regardless of whether they are through direct or indirect provision and regardless of the technique used to provide them. The amount for "package-based" services relates to the operation/procedure as a single phase, i.e. if an operation in which a package-based approach has been used is carried out during hospitalisation for another surgical operation, an additional specific "concurrent operation" code (relating to the procedure only) will be available within the Nomenclature and therefore within the Covers of the individual Health Plan (if that type of operation/procedure is included) stating a different amount for which, only in this case, the value for refund purposes will be 100%. For gastroenterology procedures (if included in the Health Plan), various packages have been made available that also cover several concurrent endoscopic procedures. With regard to this please note that procedures involving the removal (using any instrument) of polyps up to 3 mm in size are also calculated as diagnostic endoscopies. Please remember that for diagnostic/exploratory procedures carried out concurrently with surgical procedures with the same access route, only the surgical procedure is refundable since the diagnostic procedure is regarded as a preparatory one, i.e. the diagnostic procedure is not summed with the same surgical procedure. In the case of "packages" received by direct provision, the amount accepted by the healthcare facility in the signed affiliation is the maximum that can be invoiced for that specific procedure/surgical operation. Any further monies paid by the member/client must in all cases be duly shown on the invoice (and in the relevant telematic application used for direct provision services) and may be attributed to items expressly identified by the Fund as non-refundable - i.e. they cannot in any way regard competencies, materials, medicines, instruments, procedures etc. specified by FasiOpen as being included in the services themselves.

Hip

Surgery Packages for hip replacements have been differentiated by technique (Traditional Technique and Robotic Surgery). Surgery Packages for hip replacements do not mutually overlap and do not overlap in terms of technique. In calculating fees for the packages, 6 standard days of hospitalisation have been assumed for the traditional technique while 4 standard days have been assumed for RAS (Robotic Surgery) procedures. The difference in days of hospitalisation, to clarify further, is due to the less invasive nature of RAS (Robotic Surgery).

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| 10094 | 10094 | SURGERY PACKAGE (Traditional Technique) TOTAL HIP REPLACEMENT (ARTHROPROSTHESES: TOTAL HIP - COMPLETE TREATMENT). REFUND INCLUDES: MEDICAL TEAM, OPERATING THEATRE, HOSPITAL STAY, MATERIALS, MEDICINES, JOINT PROSTHESIS, DIAGNOSTIC TESTS AND IN- | Refundable once per body part (hip). Cannot overlap with other technique and/or hip surgery package |
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| | | PATIENT PHYSIOTHERAPY | |
| 10095 | 10095 | SURGERY PACKAGE (Traditional Technique) TOTAL HIP REPLACEMENT REVISION (ARTHROPROSTHESES: TOTAL HIP REVISION - COMPLETE TREATMENT) SURGERY FOR REMOVAL AND REPLACEMENT OR REPOSITIONING CARRIED OUT IN THE SAME HOSPITAL IN WHICH THE FIRST SURGERY WAS CARRIED OUT. REFUND INCLUDES: MEDICAL TEAM, OPERATING THEATRE, HOSPITAL STAY, MATERIALS, MEDICINES, JOINT PROSTHESIS, DIAGNOSTIC TESTS AND IN-PATIENT PHYSIOTHERAPY | Refundable once per body part (hip). Cannot overlap with other technique and/or hip surgery package |
| 10099 | 10099 | SURGERY PACKAGE (Traditional Technique) HIP PROSTHESIS REMOVAL AND REPOSITIONING CARRIED OUT SUBSEQUENTLY TO THE FIRST HOSPITALISATION (COMPLETE TREATMENT). REFUND INCLUDES: MEDICAL TEAM, OPERATING THEATRE, HOSPITAL STAY, MATERIALS, MEDICINES, JOINT PROSTHESIS, DIAGNOSTIC TESTS AND IN-PATIENT PHYSIOTHERAPY | |
| 10109 | 10109 | SURGERY PACKAGE (Robotic Surgery - RAS) TOTAL HIP REPLACEMENT (ARTHROPROSTHESIS: TOTAL HIP - COMPLETE TREATMENT). REFUND INCLUDES: MEDICAL TEAM, OPERATING THEATRE, Use of computer-assisted surgery equipment (any), HOSPITAL STAY, MATERIALS, MEDICINES, JOINT PROSTHESIS, DIAGNOSTIC TESTS AND INPATIENT PHYSIOTHERAPY | Refundable once per body part (hip). Cannot overlap with other technique and/or hip surgery package |
| 10110 | 10110 | SURGERY PACKAGE (Robotic Surgery - RAS) TOTAL HIP REPLACEMENT REVISION (ARTHROPROSTHESIS: TOTAL HIP REVISION - COMPLETE TREATMENT) SURGERY FOR REMOVAL AND REPLACEMENT OR REPOSITIONING CARRIED OUT IN THE SAME HOSPITAL IN WHICH THE FIRST SURGERY WAS CARRIED OUT. REFUND INCLUDES: MEDICAL TEAM, OPERATING THEATRE, Use of computer-assisted surgery equipment (any), HOSPITAL STAY, MATERIALS, MEDICINES, JOINT PROSTHESIS, DIAGNOSTIC TESTS AND INPATIENT PHYSIOTHERAPY | Refundable once per body part (hip). Cannot overlap with other technique and/or hip surgery package |
| 10111 | 10111 | SURGERY PACKAGE (Robotic Surgery - RAS) HIP PROSTHESIS REMOVAL AND REPOSITIONING CARRIED OUT SUBSEQUENTLY TO THE FIRST HOSPITALISATION (COMPLETE TREATMENT). REFUND INCLUDES: MEDICAL TEAM, OPERATING THEATRE, Use of computer-assisted surgery equipment (any), HOSPITAL STAY, MATERIALS, MEDICINES, JOINT PROSTHESIS, DIAGNOSTIC TESTS AND INPATIENT PHYSIOTHERAPY | |
| Cataract | | | |
| Cataract surgery is only refundable if included in your Health Plan Covers, within the limitations and conditions of your Health Plan. In this case too, the package is all-inclusive (excluding any type of hospitalisation, i.e. the surgery package is provided only as an outpatient service). | | | |
| 10088 | 10088 | CATARACT PACKAGE, REMOVAL AND IMPLANTATION OF ARTIFICIAL LENS IN ANTERIOR OR POSTERIOR CHAMBER (ANY TECHNIQUE - EYE). REFUND INCLUDES: MEDICAL TEAM, OPERATING THEATRE, TIME SPENT IN THE FACILITY, MATERIALS, MEDICINES, LENS PROSTHESIS | Refundable once per body part (eye) |
| Gastroenterology | | | |
| Packages for gastroenterological procedures are refundable within the limitations of the individual Health Plan Covers. Also for package-based services, for diagnostic/exploratory procedures carried out together with operative procedures with the same access route, only the operative procedure is deemed refundable, with the diagnostic procedure regarded as a preparatory act. Please note that procedures involving the removal (using any instrument) of polyps up to 3 mm in size are also deemed to be diagnostic procedures. The individual items in the packages cannot overlap with each other. | | | |
| 10100 | 10100 | DIAGNOSTIC ESOPHAGOGASTRODUODENOSCOPY PACKAGE (including outpatient room, medical team, any histological examinations) | |
| 10101 | 10101 | DIAGNOSTIC PANCOLONOSCOPY WITH FIBRE OPTICS PACKAGE (including outpatient room, medical team, any histological | |

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| | | examinations) | |
| 10102 | 10102 | ESOFAGOGASTRODUODENOSCOPY AND PANCOLONSCOPY - BOTH DIAGNOSTIC - PACKAGE (including outpatient room, medical team, any histological examinations) | |
| 10103 | 10103 | OPERATIVE ESOFAGOGASTRODUODENOSCOPY PACKAGE INCLUDING POLYPECTOMY, INSERTION OF PROSTHESES, REMOVAL OF EXTRANEIOUS BODIES, ARGON LASER, ETC. (including outpatient operating theatre, medical team, any histological examinations) | |
| 10104 | 10104 | OPERATIVE PANCOLONSCOPY PACKAGE INCLUDING RECTAL-COLIC POLYPECTOMY, REMOVAL OF EXTRANEIOUS BODIES, HAEMOSTASIS OF NON-VARICOSE LESIONS (including outpatient operating theatre, medical team, any histological examinations) | |
| 10105 | 10105 | ESOFAGOGASTRODUODENOSCOPY AND PANCOLONSCOPY - BOTH OPERATIVE - PACKAGE (including outpatient operating theatre, medical team, any histological examinations) | |
| 10106 | 10106 | OPERATIVE ESOFAGOGASTRODUODENOSCOPY AND DIAGNOSTIC PANCOLONSCOPY PACKAGE (including outpatient operating theatre, medical team, any histological examinations) | |
| 10107 | 10107 | OPERATIVE PANCOLONSCOPY AND DIAGNOSTIC ESOFAGOGASTRODUODENOSCOPY PACKAGE (including outpatient operating theatre, medical team, any histological examinations) | |

SECTION Z - PREVENTION

Prevention of Oral Cavity Cancer

Refundable only as a direct-provision service if included in your Health Plan within Dentistry Cover. There is no excess payable by the member/client since the service is paid in full by the Fund.

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| 24014 | 6261 | PREVENTION OF ORAL CAVITY CANCER | Refundable once a year (ref. invoice) only as a direct-provision service from age 45 upwards |
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Medical PREVENTION

Refundable only if included in the Covers of your Health Plan.
 One prevention package is refundable per year regardless of the type, with the proviso that the same package cannot be repeated/refunded before 2 years have elapsed from the invoice date of the previous claim according to the following example:
 Cardiovascular Prevention for Men - invoice 01/02/2021 - this prevention package will be refundable again from 03/03/2023, but a different package may be claimed/refunded from 02/03/2022, for example the Thyroid Cancer Prevention package.
 Details of the services included in the individual package are shown in the Prevention Cover of your Health Plan.

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| 6142 | 6142 | CARDIOVASCULAR PREVENTION FOR WOMEN | Available from age 45 upwards. One prevention package is refundable per year (ref. invoice) regardless of the type of prevention, with the proviso that the same prevention package cannot be refunded before 2 years have elapsed (ref. invoice) |
| 6141 | 6141 | CARDIOVASCULAR PREVENTION FOR MEN | Available from age 45 upwards. One prevention |

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| | | | package is refundable per year (ref. invoice) regardless of the type of prevention, with the proviso that the same prevention package cannot be refunded before 2 years have elapsed (ref. invoice) |
| 67047 | 6273 | THYROID CANCER PREVENTION | Available from age 45 upwards. One prevention package is refundable per year (ref. invoice) regardless of the type of prevention, with the proviso that the same prevention package cannot be refunded before 2 years have elapsed (ref. invoice) |
| 67033 | 6253 | OPHTHALMIC PREVENTION | Available from age 40 upwards. One prevention package is refundable per year (ref. invoice) regardless of the type of prevention, with the proviso that the same prevention package cannot be refunded before 2 years have elapsed (ref. invoice) |
| 6140 | 6140 | ONCOLOGICAL PREVENTION FOR WOMEN | Available from age 45 upwards. One prevention package is refundable per year (ref. invoice) regardless of the type of prevention, with the proviso that the same prevention package cannot be refunded before 2 years have elapsed (ref. invoice) |
| 6139 | 6139 | ONCOLOGICAL PREVENTION FOR MEN | Available from age 45 upwards. One prevention package is refundable per year (ref. invoice) regardless of the type of prevention, with the proviso that the same prevention package cannot be refunded before 2 years have elapsed (ref. invoice) |
| 30209 | 6291 | DISMETABOLIC SYNDROME PREVENTION PACKAGE - glycaemia, fractional (HDL and LDL) and total cholesterol, triglyceridemia, microalbuminuria, uricaemia | Available from age 50 upwards. One prevention package is refundable per year (ref. invoice) regardless of the type of prevention, with the proviso that the same prevention package cannot be refunded before 2 years have elapsed (ref. invoice) |
| 8009 | 8009 | MELANOMA PREVENTION (Specialist dermatological consultation, Nerve Mapping, Epiluminescence, Delivery of examination images/photos) | Available from age 50 upwards. One prevention package is refundable per year (ref. invoice) regardless of the type of prevention, with the proviso that the same prevention package cannot be refunded before 2 years have elapsed (ref. invoice) |

OTHER SERVICES/Transport by ambulance

This item is only available if included in a specific Cover within your Health Plan, to the extent provided for by this. FasiOpen recognises a contribution towards the cost of "Transport by Ambulance", limited to indirect provision services and exclusively within Italy.

Transportation by Ambulance is recognised as refundable only for serious pathologies in which clients/patients cannot be transported, with own means, from their home to the chosen healthcare facility for hospitalisation and vice versa. Hospitalisation means an overnight stay in a nursing home or hospital. Therefore, without prejudice to the fact that the only means of transport recognised as refundable is an ambulance, no transport is recognised for ongoing therapies such as (but not limited to) chemotherapy, dialysis, physiotherapy, etc.

Please also note that the service recognised as refundable does not refer to emergency transport, but only to planned hospitalisations.

No contribution to the cost of transport is recognised as refundable for transfers from one nursing home or hospital to another nursing home or hospital.

To claim a refund you must, together with the form, attach the receipt/invoice issued by the (duly authorised) Ambulance Service that provided the transport showing the following information:

- the details of the person who provided the transport;
- the name of the person who used the transport (who must be registered with the Fund with his/her administrative status in order);
- the date of transport;
- the place of departure and arrival;

The specific medical certificate documenting the state of health of the client who used the transport must also be attached, to verify his/her effective inability to use another or his/her own means of transport.

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| 7013 | 6134 | TRANSPORTATION BY AMBULANCE | Limited to indirect provision services within Italy |
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SERVICES AVAILABLE ONLY BY INDIRECT PROVISION

In a way limited to specific Health Plans, within the limitations contained in these, the Fund grants a "Hospitalisation Allowance" if this has taken place as an indirect-provision service in the Italian National Health Service.

This allowance/daily allowance is granted only and exclusively to clients who have actually received care, regardless of age; i.e. only to those directly receiving the care (if they belong to an eligible household registered with the Fund at the beginning of hospitalisation, and if their administrative status is in order); i.e. no allowance/daily allowance and/or further allowance/daily allowance is granted to any family members who stay at the facility (even continuously) to assist the patient.

Payment of the allowance/daily allowance is granted only when no refund is claimed and/or has not been claimed from FasiOpen in relation to and/or ascribable to overnight hospitalisation for Major Surgery and/or services ascribable to the aforementioned hospitalisation (diagnostics, specialist consultations, therapies, pre- and post-surgery assessments, ambulance transport, etc.). Likewise, the allowance/daily allowance will not be recognised as payable in the event of surgical hospitalisation that is not included in the Major Surgery operations specified in the Cover of your Health Plan.

Requests for payment of an allowance/daily allowance (where provided for by your Health Plan) must be received no later than 3 months after the date of discharge. With regard to this please remember that you must, together with the refund claim, attach a complete and legible copy of the medical records relating to the Major Surgery carried out.

FasiOpen, in a way limited to the Health Plans that provide for it, will contribute towards the cost of lenses or spectacles fitted for the correction of visual disturbances or eye pathologies, upon presentation of a prescription issued by a physician specialising in ophthalmology, not later than 6 months from the date of purchase of the lenses themselves.

The refund request must be accompanied by fiscally valid expenditure documentation (with the buyer's data and detailed amounts for the individual items/services) and a certificate of conformity pursuant to EU regulations (European Regulation 2017/745 - former Directive 93/42/EEC).

Refunds for Lenses and Spectacles will not be refunded earlier than 12 months following the previous balance invoice, and only after a change in eyesight has been confirmed.

No refunds are available for frames, spectacles and/or contact lenses for cosmetic purposes, single-use (daily) contact lenses, accessory products for the care of lenses and/or spectacles, lenses and spectacles before expiry of the refund period, or if there has been no change in eyesight.

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| 7003 | 999996 | CHILDBIRTH HOSPITALISATION ALLOWANCE | Refundable to the maximum extent provided by individual health plans that include it |
| 90000 | 999998 | ALLOWANCE IN LIEU FOR HOSPITALISATIONS - UP TO 15 NIGHTS | Refundable to the maximum extent provided by individual health plans that include it |
| 90001 | 999999 | ALLOWANCE IN LIEU FOR HOSPITALISATIONS - FROM THE 16TH NIGHT UNTIL THE CEILING IS REACHED | Refundable to the maximum extent provided by |

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| | | | individual health plans that include it |
| 10004 | 10004 | LENSES AND SPECTACLES | Refundable once a year (ref. invoice) |



GENERAL GLOSSARY

DIRECT PROVISION CARE: the refund, by the Fund, directly to affiliated healthcare facilities (hereinafter “affiliated healthcare facilities”), of costs paid in advance by themselves on behalf of clients, within the maximum amounts and limits set out in the individual Health Plans. Direct provision services only occur when both the healthcare facility and the physician-surgeon-orthodontist (who, together with his/her team, has accepted the agreement through the healthcare facility itself) have entered into the agreement, without prejudice to the necessary requisites for the member to access the direct provision services.

INDIRECT PROVISION CARE: the refund, by FasiOpen, directly to the member, of costs incurred by him/her, within the limits of the maximum rates set out in the individual Health Plans at the time of invoicing the balance. Indirect provision care applies when services are provided at a healthcare facility that does not belong to the network recognised by FasiOpen or in cases in which, despite being an affiliated healthcare facility, it is not possible to carry out direct provision services (for example: problems with personal details/contributory status, services for which direct provision is not available, or cases in which the physician/surgeon has not entered into the affiliation).

CLIENT: person eligible for assistance from the Fund and registered with the Fund, according to the conditions set out in the Regulations, belonging to the family unit of a member who remains the sole effective holder of the relationship with the Fund.

CLINICAL MOLECULAR BIOLOGY: molecular biology studies and interprets biological phenomena at the molecular level, considering the structure, properties and reactions of the chemical molecules that make up living organisms. Clinical Molecular Biology is a disciplinary sector relating to laboratory medicine, which contains and indicates a set of tests to determine DNA, RNA, proteins or metabolites in order to detect the genotypes, mutations or biochemical variations that enable specific states of health to be identified.

PRIVATE NURSING HOME FOR ACUTE: Healthcare facility with beds for the medical care of acute illnesses and possessing due authorisation issued by the competent authorities.

ACCREDITED PRIVATE NURSING HOME FOR ACUTE: Healthcare facility with beds for the medical care of acute illnesses affiliated with the Italian National Health Service/Regional Health Service and possessing due authorisation issued by the competent authorities.

CONSULTATION: specialist consultation by a physician with a different specialisation to that of the treating physician during night-time or daytime stays, or with a different specialisation from that which made the hospitalisation necessary, in cases in which the treating physician considers it necessary and indispensable.

SPA TREATMENTS: therapies received at spa establishments in possession of due authorisation issued by the competent authorities.

DAY HOSPITAL (D.H.): method of providing services in which the patient remains at the healthcare facility with hospitalisation limited to daytime hours and without an overnight stay.

DAY SURGERY (D.S.): method of providing surgical operations or invasive diagnostic and/or therapeutic procedures (if provided for in the individual Health Plans/Covers), with hospitalisation limited to daytime hours.

HOSPITALISATION WITH OVERNIGHT STAY (O.S.): overnight stay in healthcare facilities authorised by the competent authorities to perform medical and surgical therapies.

REHABILITATION/PHYSIOTHERAPY DIARY: in the event of hospitalisation, a document included with the medical record in which the date, time and types of services received by the patient during hospitalisation are noted, including notes by the therapist; in the case of outpatient therapies, a document signed by the patient in which access occasions to the facility (dates) and the typed of services given are noted.

• **PHYSICAL DEFECTS:** these are deviation from the normal morphological form of a body or parts of its organs due to acquired pathological or traumatic conditions.

DOMICILE: place of residence of the member/client, even if temporary.

EXCLUSIONS: list of services excluded from cost-sharing by the Fund. Please remember that, as well as the exclusions stated in the current Basic Nomenclature, anything not explicitly provided for in the Nomenclature itself and anything not explicitly included in the Covers of your chosen Health Plan must be regarded as non-refundable.

EXTRA-MOENIA (OR EXTRAMURARY): self-employed professional activity at private healthcare facilities by physicians-surgeons-orthodontists who are employees of the Italian National Health Service/Regional Health Service.

INVOICE ON ACCOUNT: fiscal document issued by the physician-surgeon-orthodontist or the healthcare facility for only a part of the final fee when the services have not been completely received by the client. In the context of the relationship with FasiOpen, an invoice on account must always be accompanied by and therefore sent together with a partial or final balance invoice (within 3 months from the date of issue of the latter, as indicated in the Regulations). A stand-alone invoice on account is not refundable by the Fund.

PARTIAL BALANCE INVOICE: fiscal document issued by the physician-surgeon-orthodontist or the healthcare facility for payment of that part of the services already received by the member/client, when other services are yet to be received. In the context of the relationship with FasiOpen, the partial balance invoice must be sent (together with any invoice on account if present) within 3 months from the date of issue. Please note that, although an invoice has “on account” in its description, it can be considered to be a “partial balance” if the exact correlation between the amount and the completed services can be identified.

BALANCE INVOICE: fiscal document issued by the physician-surgeon-orthodontist or the healthcare facility when the entire fee has been paid and the services to which the invoice refers have been received. In the context of the relationship with FasiOpen, the balance invoice must be sent according to the timescales and conditions set out in the Regulations.

PHYSIOKINESIS THERAPY: physical treatments/care prescribed by one's physician of choice and used in duly authorised outpatient healthcare facilities (also see “Rehabilitation”). Since these are “healthcare services” they are always exempt from VAT regardless of invoicing, which may be issued by physical persons, companies, cooperatives, non-profit organisations or other organizations. Physiokinesis therapy services are “healthcare services” performed by physicians-surgeons who are qualified in physiatrics or orthopaedics and traumatology, or by graduates in physiotherapy or with equivalent qualifications recognised by current regulations and the competent authorities. Please remember that the professional qualification of rehabilitation physiotherapist is not held, for example, by kinesiologists, aesthetic and/or sports masseurs, ISEF/IUSM graduates, shiatsu practitioners, chiropractic graduates, reflexologists, posturologists, naturopaths, or masseurs and head attendants of hydrotherapy/spa establishments etc.

INJURY: an event due to a chance, violent and external cause that produces objectively ascertainable harm.

OUTPATIENT SURGICAL OPERATION: surgical operation carried out without daytime hospitalisation (therefore excluding recognition of day surgery hospitalisation) at a physician's surgery or at the outpatient clinic of a healthcare facility.

SURGICAL OPERATION: a therapeutic action carried out with manual and/or instrumental operations at healthcare facilities authorised to perform surgical procedures at a day surgery or with overnight hospitalisation.

INTRA-MOENIA (OR INTRA-MURARY): self-employed professional activity at public or private non-accredited healthcare facilities by physicians-surgeons-orthodontists who are employees of the Italian National Health Service/Regional Health Service.

MEMBER: holder of FasiOpen membership.

ILLNESS: any verifiable and objective alteration to health not resulting from injury. Must be

proven in a specific medical certificate in which the “diagnosis” is shown.

MALFORMATIONS: means deviation from the normal morphological structure of a body or parts its organs due to congenital conditions.

MANU MEDICA: health services provided by graduates in medicine and surgery. Some physiokinesis therapy services, to be recognised by the Fund as refundable, must be performed by physicians with a specialist qualification in physiatry or orthopaedics and traumatology and not by personnel with a diploma or three-year degree in physiotherapy.

NUCLEAR MEDICINE: a medical speciality that uses radioisotopes to study any alterations in organ functionality for the diagnosis and/or treatment of various pathologies.

PHYSICIAN OF CHOICE OR TREATING PHYSICIAN: physician chosen by the member for his/her treatment and in possession of a specialist qualification duly recognised in Italy by the competent authorities.

MEDICAL SPECIALIST IN PUBLIC HEALTHCARE FACILITY: physician qualified in a speciality who performs his/her professional work as an employee of the Italian National Health Service/Regional Health Service at a public healthcare facility (university polyclinic, hospital, hospitalisation and treatment institute, local health authority, family consultant or other authorised public healthcare facility).

NOMENCLATURE: list of services included in the areas of activity of the Fund. The FasiOpen Nomenclature is arranged case by case. Services not included in the FasiOpen Nomenclature are not refundable by the Fund. Services included in the FasiOpen Nomenclature, on the other hand, are services for which the Fund provides for cost-sharing only if they are included in the Covers of a member's individual Health Plan to the extent and in the manner provided for by the individual Cover.

HOSPITAL: Healthcare facility with beds for the medical care of acute and/or chronic illnesses, duly authorised by the competent authorities. Hospitals can be either public or private.

SURGICAL PACKAGE: set of services concurrent to the performance of surgery for which a flat-rate refund is envisaged.

PREVENTION PACKAGES: set of non-divisible services and/or tests intended to prevent the appearance, spread and progression of illnesses and therefore the occurrence of damage, possibly irreversible, when the pathology is in progress, and for which a flat-rate refund is envisaged.

DIAGNOSTIC OUTPATIENT POLYCLINIC: Healthcare facility duly authorised by the competent authorities to perform outpatient diagnostic tests and/or specialist consultations and/or surgical operations and/or medical therapies.

UNIVERSITY POLYCLINIC: Authorised healthcare facility with beds for the medical care of acute and/or chronic illnesses, duly authorised by the competent authorities, at which teaching is also carried out. University Polyclinics can be either public or private.

SERVICES SUBJECT TO LIMITS: services included in the Fund's Nomenclature and Health Plans, for which FasiOpen has set administrative limits to their eligibility for refund. These limits may be time-based (e.g.: refundable once a year), quantitative (e.g.: a maximum of 10 services can be refunded), or related to age (e.g.: refundable from 0 to 3 years of age), gender (male or female), or part of the body (e.g. right eye, left leg).

HOSPITAL FEE FOR REHABILITATION: hospital fee recognised as refundable only for overnight hospitalizations.

REHABILITATION: therapies to re-educate body systems harmed by injuries and/or illness to restore their functionality for normal activities; can be provided as an outpatient service at healthcare facilities authorised for physiokinesis therapy and rehabilitation, or in particular cases at the patient's home (see also “Physiokinesis therapy”).

NEUROMOTORAL REHABILITATION FOR ACUTE AND CHRONIC NEURODEGENERATIVE PATHOLOGIES: therapies for the purpose, in the event of invalidating neurological damage, of

recovering functional motor or neuromotor capacities recently reduced and/or lost due to illness or trauma and/or chronic degenerative pathologies (cerebral stroke, Parkinson's disease, multiple sclerosis, etc.).

HOSPITALISATION: a stay in a place giving healthcare with overnight stay or daytime stay in a day hospital or day surgery, made necessary by injury or illness.

SAME SESSION/DURING THE SAME SESSION: period of time required to perform one or more medical procedures carried out during the same occasion of access to the Healthcare Facility/Outpatient Clinic.

TABLE OF FEES: presentation of the maximum amounts refundable by FasiOpen and of any limits to the recognition of services, by both direct and indirect provision, for each service provided for in the Health Plan with refund case by case (recognisable under the conditions set out in the Health Plan itself), in which each fee displayed signifies "up to €.....".

OCCUPATIONAL THERAPY: therapies for the purposes of recuperating or maintaining the skills needed to carry out daily life among people affected by pre-existing cognitive, physical and psychic disabilities.

PUBLIC HEALTHCARE CHARGES: contribution paid by citizens to the cost of specialist consultations and diagnostic tests, therapies etc. performed at public healthcare facilities, or at private healthcare facilities accredited by the Italian National Health Service/Regional Health Service. Please note that Public Healthcare Charges are a different item of expenditure to the Fixed Fee introduced in the 2011 Budget and the Additional Fixed Prescription Fee Contribution. Citizens are exempt from paying these charges if they are within certain age or income groups or if they are suffering from certain illnesses.

GENETIC MEDICAL CONSULTATION (CLINICAL GENETICS): specialist consultation carried out by a physician specialised in medical genetics.

SPECIALIST OUTPATIENT CONSULTATION: consultation carried out by a physician in possession of a specialist qualification duly recognised in Italy by the competent authorities and registered with the Italian Board of Physicians, Surgeons and Orthodontists, to diagnose and/or prescribe therapies within the context of his/her specialisation.

SPECIALIST CONSULTATION DURING HOSPITALISATION: consultation carried out by the treating physician and/or his or her team in the course of medical or surgical therapy on behalf of a hospitalised client.



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