



Our Ref : KKM.87/A9/7/293 Jld 3 (10)
 Date : 7 January 2026

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CHARGING PROTOCOLS FOR SELECTED MEDICAL PROCEDURES

We refer to the above matter and to Ministry of Health (MOH) letter, Ref. KKM.87/A9/7/293 Jld. 3 (8) dated 31 October 2025. The purpose of the referenced letter was to remind insurance and takaful operators that any letters previously issued by MOH in relation to billing or insurance claim matters are case-specific and context-dependent, and should not be applied as a general policy reference for other claims.

2. The Medical Practice Division has since received several queries from healthcare practitioners and the insurance industry seeking clarification on appropriate charging practices for certain medical procedures performed in clinical settings.

3. In line with the provisions under the 13th Schedule of the Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) (Amendment) Order 2013, and following consultations with relevant medical professional societies, this Division hereby issues the following charging protocols as guidance for private medical practitioners and the insurance industry:

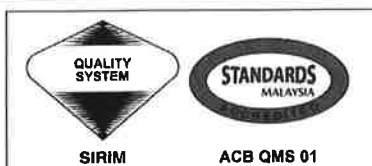
3.1. Wound Dressing

Wound dressing performed in a ward or treatment room is considered an integral part of the primary procedure and is not separately chargeable.

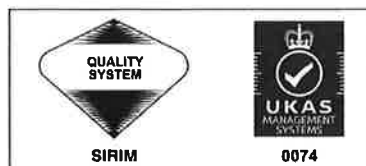
Wound dressing may be charged separately when performed as a sole procedure under general anaesthesia, particularly in paediatric patients or when specifically stipulated in the 13th Schedule.

In cases of burn injuries, wound dressing performed post-debridement and not under general anaesthesia is chargeable at 50% of the maximum chargeable fee.

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3.2. Wound Debridement

Wound debridement is not separately chargeable, as it is regarded as an integral component of the primary procedure performed. However, charges are permissible only in cases of contaminated wounds, provided that such contamination is substantiated by appropriate supporting documentation, including medical reports, operative notes, or wound culture and sensitivity results.

3.3. Removal or Insertion of Catheters and Drains

The removal of a catheters or drains is not chargeable, as it is considered an intrinsic component of the insertion procedure.

Urinary catheterisation is not separately chargeable when performed routinely pre-operatively, intra-operatively, or post-operatively for the purpose of perioperative urine output monitoring. However, it may be charged separately when performed as a stand-alone therapeutic procedure for the management of urinary retention, urinary obstruction, or haematuria with clots, excluding catheterisation performed following a procedure.

3.4. Removal of Suture

Charges are permitted only for surgical suture removal procedures listed under specific disciplines in the 13th Schedule. Other suture removal procedures are not separately chargeable.

3.5. Plaster of Paris Application

The application of a plaster cast, when performed as the sole procedure, is chargeable as stipulated in the 13th Schedule.

When performed in conjunction with another primary procedure, the application of a plaster cast is not separately chargeable.

3.6. Bone Grafting

Bone grafting, when performed as a sole procedure, is chargeable as per the 13th Schedule.

If performed in conjunction with another procedure, it is chargeable at 50% of the maximum fee, applicable only when an autograft is used and harvested from the iliac crest.

3.7. Neurophysiology Monitoring During Spine Procedures

Spinal cord monitoring that is performed during spine surgery is not chargeable separately, as the primary spine surgery inherently includes the spinal cord monitoring performed intraoperatively.

3.8. Nebuliser, aerosol generator, and metered dose inhaler (MDI)

The demonstration and evaluation of use of nebuliser, aerosol generator and metered dose inhalers are considered as integral components of a consultation and not chargeable separately.

3.9. Venepuncture and Venesection

Practitioners are advised to use the procedures 'venesection' and 'venepuncture' in the 13th Schedule when charging for blood taking and venous cannulation, respectively, for both paediatric and adult patients.

3.10. Steroid Injection with Radiofrequency Ablation

Steroid injections administered in conjunction with radiofrequency ablation are not separately chargeable.

3.11. After-Office-Hour Charges

Patients presenting in an emergency requiring surgery to prevent loss of limb or life should be instructed to commence fasting immediately upon initial assessment in the Emergency Department to prevent undue delays or cancellation of the planned procedure.

The unavailability of operating time or an operating theatre is not taken into consideration.

3.12. Intravenous (IV) Infusion Administered by Consultants

Administration of IV infusion is considered intrinsic to the '*consultation with examination and treatment plan*' fee stipulated in the 13th Schedule.

For complex agents, such as IV Immunoglobulin, which require close monitoring for allergic or thrombotic complications, the procedure code “Infusion chemotherapy and administration of other highly complex biologic agents” listed in the MMA MPSN and Schedule of Relative Values, 5th Edition (2008), is recommended.

3.13. Teleconsultation

The consultation fee stipulated in the 13th Schedule is for face-to-face consultations. For teleconsultations, practitioners are advised to follow the Malaysian Medical Council Guideline on Telemedicine.

3.14. Laparotomy – exploratory

Exploratory laparotomy is separately chargeable only when performed as an emergency procedure, in circumstances where the underlying pathology or diagnosis is unknown or has not been established prior to surgery.

3.15. Repair of Dura

The repair of the dura is not separately chargeable, as it is regarded as an integral component of the primary cranial surgery. Separate charges are permissible only when the dural repair is performed using an autologous or synthetic graft.

3.16. Adhesiolysis

Adhesiolysis is not separately chargeable, as it is regarded as an integral component of the primary surgical procedure performed. Separate charges are permissible only under exceptional circumstances, such as the presence of dense adhesions, that this is substantiated by appropriate supporting documentation, including medical reports, operative notes, or relevant imaging studies.

4. These charging protocols are issued to promote uniformity and transparency in billing practices in accordance with the 13th Schedule. However, general procedures without attached charging protocol, which is considered part and intrinsic to the primary procedure is still applicable to all cases.

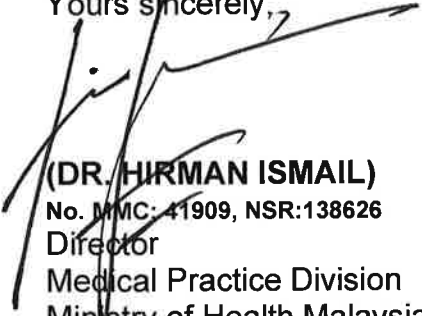
5. For any further clarification regarding this, enquiries may be directed to Dr Harshinderjeet Singh at 03-88831525 or Dr. Shamini Sundaralingam at 03-88906024 or email us at mcofeemoh@gmail.com.

Thank you.

"MALAYSIA MADANI"

"BERKHIDMAT UNTUK NEGARA"

Yours sincerely,



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