

Gynaecology

Schedule of Benefits
for Professional Fees

PRIVATE ROOMS TECHNICAL FEE BENEFIT

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/Physician Rate	Standard Consultant Surgeon/Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
596699	Consultant Gynaecologist Private Rooms Technical Fee	No		An all-inclusive technical fee to the consultant, to be charged in conjunction with specified Schedule of Benefits procedure professional fee - payable at 100% of the stated amount in addition to procedure professional fee. Applicable only where a procedure is performed in the consultants own rooms and no invoice for a hospital/ scan centre/ approved ILH facility (as listed in the members handbook) is received.	€ 94			

ANAESTHESIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/Physician Rate	Standard Consultant Surgeon/Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2207	Epidural anaesthesia for vaginal delivery		No		If billed by anaesthesiologists with 2190, both can be paid at 100%. Supporting documentation must be included in claim form to support both procedures.			€ 391	€ 122
2208	General anaesthetic for complications of full-term delivery requiring operative intervention in theatre		No		Benefit for procedure code 2208 is payable when one of the following complications of full term delivery arise: (a) Retained placenta with or without suturing of perineum (b) Vulval haematoma at the time of delivery (c) Primary or secondary post-partum haemorrhage.			€ 386	€ 185

CERVIX

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/Physician Rate	Standard Consultant Surgeon/Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2140	Cervix, amputation of (I.P.)		No	Independent Procedure		€ 236	€ 91	€ 200	€ 69
2145	Cervix, biopsy of (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic		€ 109	€ 46	€ 207	€ 48

CERVIX

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2146	Cervix, cone biopsy of (I.P.)		No	Independent Procedure, Day Care, Diagnostic		€ 300	€ 91	€ 200	€ 69
2150	Cervical polyps, removal of (I.P.)		No	Independent Procedure, Side Room		€ 120	€ 46	€ 203	€ 48
2151	Knife cone biopsy of cervix (I.P.)		No	Independent Procedure, Day Care, Diagnostic		€ 300	€ 135	€ 216	€ 107
2152	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s) (I.P.)		No	Independent Procedure		€ 2,018	€ 698	€ 1,200	€ 419
2155	Cervix, dilatation of (I.P.)		No	Independent Procedure, Day Care		€ 117	€ 46	€ 198	€ 48
2160	Cervix, local excision of lesion (I.P.)	Yes	No	Independent Procedure, Side Room		€ 119	€ 46	€ 203	€ 48
2170	Cervix, suture of (I.P.)	Yes	No	Independent Procedure		€ 174	€ 69	€ 198	€ 48
2171	Cervical cerclage (I.P.)	Yes	No	Independent Procedure		€ 239	€ 91	€ 203	€ 48
2172	Cerclage of cervix, during pregnancy through abdominal incision (I.P.)	Yes	No	Independent Procedure		€ 330	€ 151	€ 198	€ 90
2175	Cervix, cautery of (I.P.)	Yes	No	Independent Procedure, Side Room		€ 115	€ 46	€ 195	€ 48
2180	Cervix, examination when medically necessary to perform under anaesthesia (I.P.)		No	Independent Procedure, Day Care, Diagnostic		€ 111	€ 46	€ 213	€ 48

CERVIX

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2181	Colposcopy (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic		€ 152	€ 46	€ 202	€ 48
2182	Colposcopy with Lletz procedure for lesion removal and/ or laser therapy (I.P.)	Yes	No	Independent Procedure, Side Room		€ 252	€ 69	€ 203	€ 48
2183	Colposcopy and diagnostic biopsy (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic		€ 193	€ 85	€ 203	€ 90
2184	Colposcopy and therapeutic loop electrode biopsy(s) of the cervix (I.P.)	Yes	No	Independent Procedure, Side Room		€ 205	€ 91	€ 203	€ 90
574158	Colpopexy Intraperitoneal approach (I.P.)		No	Independent Procedure		€ 1,146	€ 555	€ 694	€ 319

FOETAL MEDICINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2209	Chorionic villus sampling with ultrasound guidance	Yes	No	Diagnostic, Side Room	Benefit under procedure codes 2209 and 2211 is payable for patients at high risk for foetal aneuploidy foetal anaemia or foetal thrombocytopaenia following one or more investigations: (a) Abnormal ultrasound findings (b) Abnormal pregnancy serum tests (c) Patients with Rhesus or Kell sensitisation (d) Prior history of foetal abnormalities (e) Symptoms or signs suggestive of intrauterine infection Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a Consultant Obstetrician following referral from the attending consultant.	€ 272	€ 126		

FOETAL MEDICINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/Physician Rate	Standard Consultant Surgeon/Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2211	Amniocentesis, with ultrasound guidance	Yes	No	Diagnostic, Side Room	Benefit under procedure codes 2209 and 2211 is payable for patients at high risk for foetal aneuploidy foetal anaemia or foetal thrombocytopaenia following one or more investigations: (a) Abnormal ultrasound findings (b) Abnormal pregnancy serum tests (c) Patients with Rhesus or Kell sensitisation (d) Prior history of foetal abnormalities (e) Symptoms or signs suggestive of intrauterine infection Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a Consultant Obstetrician following referral from the attending consultant.	€ 194	€ 91		
2213	Foetal fluid drainage (e.g. vesicocentesis, thoracentesis, paracentesis), including ultrasound guidance, diagnostic or therapeutic (I.P.)		No	Independent Procedure	Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending consultant.	€ 522	€ 242		
2214	Transfusion, intrauterine, foetal, with ultrasound guidance, to treat confirmed foetal anaemia or thrombocytopaenia		No		Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending consultant	€ 634	€ 294		
2216	Advanced foetal ultrasound, real time with image documentation, detailed foetal and maternal anatomical examination, only payable following referral by the initial Obstetrician for a documented suspected abnormality identified by a prior ultrasound (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic	Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending consultant.	€ 159	€ 75		
2217	Fetoscopic surgery, using a fetoscope or shunt, and ultrasound guidance, to correct structural malformations		No		Benefit for procedure 2217 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending Consultant for the following indications: (a) In-utero repair of urinary tract obstruction (b) In-utero repair of congenital cystic adenomatoid malformation (c) In-utero repair of extralobar pulmonary sequestration (d) In-utero repair of sacrococcygeal teratoma (e) Fetoscopic laser therapy for treatment of twin-twin transfusion syndrome.	€ 853	€ 388	€ 507	€ 242
2218	Advanced foetal ultrasound, real time with image documentation, details foetal and maternal anatomical examination; immediately followed by amniocentesis when an abnormality has been detected (I.P.)		No	Independent Procedure, Side Room, Diagnostic	Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending consultant.	€ 366	€ 126		

OBSTETRICS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2185	Caesarean hysterectomy		No			€ 1,472	€ 546	€ 737	€ 166
2190	Caesarean section (grant in aid for obstetrician's fees, only payable when the consultant obstetrician performs the procedure)		No			€ 570	€ 263	€ 422	€ 117
2200	Ectopic pregnancy, surgical management (laparoscopic or open): salpingectomy and/ or salpingo oophorectomy, unilateral or bilateral		No			€ 597	€ 227	€ 509	€ 117
2206	Vaginal delivery (grant in aid), only payable when the consultant obstetrician is present for the delivery		No			€ 382	€ 174		

UTERUS AND ADNEXA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2225	Dilatation and curettage (diagnostic or therapeutic) (I.P.)	Yes	No	Independent Procedure, Day Care		€ 322	€ 69	€ 201	€ 48
2235	Microsurgical repair of extensive tubal and peritubal disease consequent on pelvic inflammatory disease and endometriosis including re-implantation of fallopian tube, unilateral		No			€ 978	€ 273	€ 490	€ 88
2240	Microsurgical repair of extensive tubal and peritubal disease consequent on pelvic inflammatory disease and endometriosis including re-implantation of fallopian tubes, bilateral		No			€ 1,462	€ 409	€ 739	€ 117
2241	Surgical repair of extensive tubal and peritubal disease consequent on pelvic inflammatory disease or endometriosis, unilateral or bilateral		No			€ 765	€ 290	€ 390	€ 88
2244	Hysteroscopy with sampling of endometrium and/ or polypectomy, with or without dilatation and curettage, with removal of leiomyomata (I.P.)		No	Independent Procedure, Day Care		€ 852	€ 384	€ 504	€ 240
2246	Hysteroscopy with insertion of intrauterine device for menorrhagia (not for contraceptive purposes) (I.P.)	Yes	No	Independent Procedure, Side Room		€ 216	€ 101	€ 216	€ 106
2247	Insertion of intrauterine device for menorrhagia, not for contraceptive purposes (I.P.)	Yes	No	Independent Procedure	Out-patient. For procedure code 2247, benefit is only payable following a previous claim for hysteroscopy (code 2244, 2248 or 2251).	€ 84	€ 39		

UTERUS AND ADNEXA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2248	Hysteroscopy (I.P.)		No	Independent Procedure, Side Room		€ 180	€ 69	€ 215	€ 48
2249	Hysteroscopy, surgical; with complete endometrial resection or ablation for menorrhagia (I.P.)		No	Independent Procedure, Day Care		€ 527	€ 269	€ 366	€ 117
2250	Total abdominal hysterectomy		No			€ 1,199	€ 364	€ 604	€ 117
2251	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/ or polypectomy with or without dilatation and curettage (I.P.)		No	Independent Procedure, Day Care		€ 373	€ 169	€ 224	€ 106
2253	Total vaginal hysterectomy combined with sacrospinous ligament fixation of vagina and both anterior and posterior pelvic floor repair		No			€ 1,689	€ 741	€ 852	€ 392
2255	Radical abdominal hysterectomy for malignancy, with bilateral total pelvic and/ or para-aortic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without salpingo-oophorectomy, with or without removal of tube(s), with or without removal of ovary(s) including robotic approach		No			€ 2,444	€ 615	€ 1,488	€ 166
2256	Total vaginal hysterectomy combined with anterior and posterior pelvic floor repair		No			€ 1,602	€ 592	€ 809	€ 117
2257	Total abdominal hysterectomy with unilateral or bilateral salpingo oophorectomy		No			€ 1,199	€ 592	€ 604	€ 117
2258	Resection of ovarian malignancy with total abdominal hysterectomy, complete procedure including robotic approach		No			€ 1,809	€ 674	€ 912	€ 166
2259	Debulking of ovarian carcinoma with or without omentectomy, complete procedure including robotic approach		No			€ 1,294	€ 483	€ 654	€ 166
2260	Sub-total abdominal hysterectomy		No			€ 966	€ 364	€ 483	€ 117
2264	Total vaginal hysterectomy with urethropexy or urethroplasty (I.P.)		No	Independent Procedure		€ 1,341	€ 409	€ 800	€ 117
2265	Total vaginal hysterectomy		No			€ 1,170	€ 364	€ 589	€ 117
2267	Total vaginal hysterectomy and anterior or posterior pelvic floor repair (I.P.)		No	Independent Procedure		€ 1,453	€ 546	€ 732	€ 117
2268	Total vaginal hysterectomy with bilateral salpingo-oophorectomy (I.P.)		No	Independent Procedure		€ 1,246	€ 548	€ 638	€ 309

UTERUS AND ADNEXA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2269	Total vaginal hysterectomy combined with sacrospinous ligament fixation of vagina and anterior or posterior pelvic floor repair (I.P.)		No	Independent Procedure		€ 1,562	€ 685	€ 786	€ 361
2280	Myomectomy (multiple) including robotic approach (I.P.)		No	Independent Procedure		€ 966	€ 364	€ 483	€ 88
2281	Laparoscopy, surgical, myomectomy (multiple) (I.P.)		No	Independent Procedure		€ 1,173	€ 405	€ 698	€ 243
2285	Myomectomy (simple, single) including robotic approach (I.P.)		No	Independent Procedure		€ 838	€ 319	€ 422	€ 88
2286	Laparoscopy, surgical, myomectomy (single) (I.P.)		No	Independent Procedure		€ 978	€ 338	€ 577	€ 203
2288	Laparoscopy, surgical; with partial or total oophorectomy and/ or salpingectomy (include biopsy, and peritoneal wall sampling or brushings) unilateral or bilateral (I.P.)		No	Independent Procedure		€ 650	€ 225	€ 390	€ 135
2289	Oophorectomy, unilateral or bilateral (complete or partial) (I.P.)		No	Independent Procedure		€ 537	€ 202	€ 323	€ 88
2300	Ovarian cystectomy by abdominal approach, unilateral or bilateral (I.P.)		No	Independent Procedure	Refer to code 2487 or 2489 if procedure is performed laparoscopically.	€ 597	€ 227	€ 323	€ 88
2319	Salpingectomy complete or partial, unilateral or bilateral (I.P.)		No	Independent Procedure		€ 537	€ 202	€ 323	€ 88
2354	Salpingostomy or salpingolysis, abdominal incision, unilateral or bilateral (I.P.)		No	Independent Procedure	Refer to code 2487 or 2489 if procedure is performed laparoscopically.	€ 746	€ 290	€ 380	€ 88
2364	Microsurgical tuboplasty (salpingostomy or salpingolysis), unilateral or bilateral (I.P.)		No	Independent Procedure		€ 843	€ 328	€ 424	€ 88
2365	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (I.P.)		No	Independent Procedure		€ 597	€ 227	€ 335	€ 88
2370	Uterus, plastic reconstruction of		No	Day Care		€ 966	€ 364	€ 483	€ 88
2375	Ventrosuspension/ Gilliam's operation (I.P.)		No	Independent Procedure, Day Care		€ 470	€ 183	€ 300	€ 88
2376	Hysterocontrast sonography (HyCoSy)		No	Side Room		€ 363	€ 159		

UTERUS AND ADNEXA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2377	Endoscopic periurethral injection of bulking agents that are approved by FDA for urinary incontinence (I.P.)	Yes	No	Independent Procedure, Side Room	Benefit is payable for a maximum of 3 treatments per lifetime.	€ 316	€ 141	€ 201	€ 90
2481	Laparoscopy, surgical, with total hysterectomy, with or without removal of tube(s) and/ or ovary(s) including robotic approach (I.P.)		No	Independent Procedure		€ 1,666	€ 569	€ 992	€ 341
2482	Laparoscopic radical hysterectomy for malignancy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without salpingo-oophorectomy including robotic approach (I.P.)		No	Independent Procedure		€ 2,848	€ 720	€ 1,733	€ 432
2483	Laparoscopy, surgical, vaginal hysterectomy, with or without removal of tube(s) and/ or ovary(s) including robotic approach (I.P.)		No	Independent Procedure		€ 1,666	€ 752	€ 1,005	€ 470
574154	Laparoscopic total hysterectomy with bilateral salpingo-oophorectomy (I.P.)		No	Independent Procedure		€ 1,173	€ 643	€ 592	€ 335
574155	Laparoscopic sterilisation by ligation of both fallopian tubes, when this sterilisation procedure is recommended by a consultant Obstetrician-Gynaecologist for medical safety reasons due to significant risks to maternal health (I.P.)		Yes	Independent Procedure, Day Care		€ 857	€ 300	€ 563	€ 300
574157	Laparoscopic hysteroscopy (I.P.)		No	Independent Procedure, Side Room		€ 178	€ 69	€ 251	€ 69
576012	Prophylactic total abdominal hysterectomy with bilateral salpingo-oophorectomy		Yes			€ 1,173	€ 643	€ 592	€ 335
576020	Salpingo-oophorectomy, risk reducing prophylactic, complete or partial, unilateral or bilateral (I.P.)		Yes	Independent Procedure		€ 603	€ 227	€ 338	€ 88
581413	Prophylactic vaginal hysterectomy with bilateral salpingo-oophorectomy		Yes			€ 1,221	€ 671	€ 623	€ 373
586814	Prophylactic open oophorectomy, bilateral		Yes			€ 524	€ 288	€ 313	€ 186
592215	Prophylactic laparoscopic oophorectomy, bilateral		Yes			€ 651	€ 364	€ 388	€ 225
597616	Laparoscopic hysterectomy with bilateral pelvic lymphadenectomy (I.P.)		No	Independent procedure		€ 2,271	€ 1,267	€ 1,364	€ 791
603017	Prophylactic laparoscopically assisted vaginal hysterectomy with bilateral salpingo-oophorectomy		Yes			€ 1,609	€ 919	€ 955	€ 569
858405	Laparoscopic sub-total hysterectomy with or without removal of tube(s) and/ or ovary(ies)		No			€ 951	€ 364	€ 475	€ 117

VULVOVAGINAL

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2380	Atresia vaginae, relief of (including dilatation of vulva and vagina) (I.P.)		No	Independent Procedure, Day Care		€ 363	€ 136	€ 234	€ 114
2385	Bartholin's gland cyst, excision of	Yes	No	Day Care		€ 304	€ 69	€ 203	€ 48
2390	Bartholin's or Skene's gland, abscess of, incision and drainage (I.P.)	Yes	No	Independent Procedure		€ 178	€ 69	€ 203	€ 48
2395	Caruncle, vulvovaginal, removal of (I.P.)	Yes	No	Independent Procedure, Day Care		€ 178	€ 69	€ 203	€ 48
2400	Colporrhaphy with amputation of cervix, anterior and posterior (Manchester or Fothergill operation) (I.P.)		No	Independent Procedure		€ 966	€ 364	€ 483	€ 88
2410	Colpotomy		No	Day Care		€ 354	€ 136	€ 200	€ 88
2411	Laparoscopy, surgical, sacrocolpopexy including robotic approach (I.P.)		No	Independent Procedure		€ 1,421	€ 493	€ 846	€ 296
2415	Cystocele, repair of (I.P.)		No	Independent Procedure		€ 482	€ 183	€ 323	€ 88
2420	Cystocele and rectocele, repair of (including colpoperineorrhaphy)		No			€ 597	€ 227	€ 409	€ 88
2425	Cysts or simple tumours of the vulva or vagina, excision of	Yes	No	Day Care		€ 237	€ 91	€ 201	€ 48
2426	Repair of enterocele, vaginal or abdominal approach (I.P.)		No	Independent Procedure		€ 603	€ 264	€ 326	€ 154
2430	Hymenotomy (I.P.)	Yes	No	Independent Procedure, Day Care		€ 178	€ 69	€ 203	€ 48
2435	Hymenectomy (I.P.)	Yes	No	Independent Procedure, Day Care		€ 210	€ 69	€ 200	€ 69
2440	Perineal tear, (excludes child birth and 1st of 2nd degree tears) complete, repair of (I.P.)		No	Independent Procedure		€ 588	€ 273	€ 353	€ 69
2441	Partial vaginectomy (I.P.)		No	Independent Procedure		€ 1,211	€ 455	€ 582	€ 117

VULVOVAGINAL

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2444	Retropubic urethropexy or vesicourethropexy (including colposuspension) (e.g. Burch, MMK)		No			€ 879	€ 392	€ 450	€ 218
2445	Rectocele, repair of (I.P.)		No	Independent Procedure		€ 603	€ 227	€ 326	€ 88
2450	Abdomino-vaginal suspension of bladder neck for stress incontinence (e.g. Stamey, Raz)		No			€ 879	€ 273	€ 443	€ 117
2461	Closure of rectovaginal fistula; vaginal or transanal approach (I.P.)		No	Independent Procedure		€ 644	€ 281	€ 326	€ 156
2462	Closure of rectovaginal fistula; abdominal approach with or without colostomy (I.P.)		No	Independent Procedure		€ 1,181	€ 528	€ 609	€ 296
2465	Vaginal fistulae (vesico vaginal), repair of		No			€ 1,023	€ 364	€ 615	€ 117
2470	Vaginal wall, suture of non-obstetrical tear due to trauma		No			€ 366	€ 136	€ 207	€ 69
2471	Sacrospinous ligament fixation for prolapse of vagina (I.P.)		No	Independent Procedure		€ 751	€ 326	€ 386	€ 184
2472	Colpopexy, intra-peritoneal approach (uterosacral, levator myorrhaphy) (I.P.)		No	Independent Procedure	Where procedure code 2472 or 2474 is carried out at the same time as a hysterectomy, code 2267 will apply.	€ 1,279	€ 555	€ 663	€ 319
2473	Colpocleisis (Le Fort type)		No			€ 697	€ 315	€ 413	€ 197
2474	Colpopexy, vaginal; extra - peritoneal approach (sacrospinous, ilioccygeus) (I.P.)		No	Independent Procedure	Where procedure code 2472 or 2474 is carried out at the same time as a hysterectomy, code 2267 will apply.	€ 663	€ 302	€ 394	€ 189
2480	Vulvectomy, simple, without glands		No			€ 975	€ 364	€ 487	€ 117
2484	Diagnostic laparoscopy with or without biopsy, with or without tubal irrigation/ insufflation (I.P.)		No	Independent Procedure, Day Care		€ 363	€ 137	€ 281	€ 88
2485	Vulvectomy, radical, with glands		No			€ 1,864	€ 500	€ 953	€ 166
2487	Laparoscopy with or without biopsy and one or more of the following procedures: excision of lesions of ovary(ies); (ovarian cystectomy), solid tumours (e.g. large endometriomas or dermoid) pelvic viscera or peritoneal surface; diathermy of endometriosis; division of adhesions; puncture of cysts. This procedure may or may not include tubal irrigation/ insufflation (I.P.)		No	Independent Procedure, Day Care		€ 727	€ 160	€ 428	€ 88

VULVOVAGINAL

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules	Participating Consultant Surgeon/ Physician Rate	Standard Consultant Surgeon/ Physician Rate	Participating Consultant Anaesthesiologist Rate	Standard Consultant Anaesthesiologist Rate
2488	Laparoscopy with or without biopsy. This procedure also includes dilatation and curettage (diagnostic or therapeutic), with or without tubal irrigation/insufflation (I.P.)		No	Independent Procedure, Day Care		€ 490	€ 185	€ 281	€ 88
2489	Laparoscopy with or without biopsy and one or more of the following procedures: excision of lesions of ovary(ies) (ovarian cystectomy), solid tumours (e.g. large endometrioma or dermoid); pelvic viscera or peritoneal surface; diathermy of endometriosis; division of adhesions; puncture of cysts; lymph nodes sampling (biopsy) single or multiple. This procedure also includes dilatation and curettage (diagnostic or therapeutic), with or without tubal irrigation/insufflation including robotic approach (I.P.)		No	Independent Procedure, Day Care		€ 790	€ 217	€ 472	€ 88
257295	Removal and repair of mesh devices in uro-gynaecological procedures		Yes		Only payable to Consultant Gynaecologists on Specialist Register in designated HSE facilities - NMHS, SVUH, CUH.	€ 326	€ 155	€ 140	€ 60
574156	Laparoscopic colpopexy (I.P.)		No	Independent Procedure		€ 1,261	€ 555	€ 864	€ 319
598511	Termination by Dilatation and curettage (I.P.)		No	Independent Procedure		€ 323	€ 69	€ 202	€ 48
598512	Termination by one or more amniocentesis injections (including delivery of foetus and secundines) (I.P.)		No	Independent Procedure		€ 323	€ 69	€ 202	€ 48
598513	Termination by one of more vaginal suppositories (including delivery of foetus and secundines) (I.P.)	Yes	No	Independent Procedure		€ 323	€ 69	€ 202	€ 48
598600	Radical peritoneal dissection and excision of extensive endometriosis, metastatic deposits or mucinous tumours, typically involving resection of lesions from a number of organs, dissection and preservation of ureters, ovaries and fallopian tubes, bowel resection and reanastomoses, excision and repair of intraabdominal organs and including instillation of therapeutic agents where appropriate performed via laparoscopically/ robotic approach. (I.P.)			Independent procedure		€ 3,042	€ 919	€ 2,085	€ 569