

Reconstructive Surgery

Schedule of Benefits
for Professional Fees

ANAESTHESIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
444801	Additional benefit where two Anaesthetists attend complex surgery for a theatre session in excess of 6 hours - rate for each hour in excess of 6 hours base level. Note the primary Anaesthetist will be paid the procedure code fee and the second attending consultant will be paid the fee as set out in this code		No		Evidence of hours of surgery and relevant documentation required.

BREAST RECONSTRUCTION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4476	Unilateral mastopexy (at same operative session as any surgery on the opposite breast)		No		Benefit is payable in full with code for the primary procedure.
4477	Breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - single surgeon - harvest and reconstruction (I.P.)		No	Independent Procedure	
4478	Breast reconstruction with pedicled transverse rectus abdominis myocutaneous flap (TRAM) (I.P.)		No	Independent Procedure	
4479	Nipple reconstruction post mastectomy		No	Day Care	
4480	Breast reduction (unilateral)		Yes		Benefit for payment for breast reduction will be provided in the following circumstances: (a) BMI < 27 (b) Bra cup size = F (c) Skin fold rask, intertrigio (d) Symptoms: (i) Back pain, either thoracic or cervical, that has persisted for at least a continuous three month period and has been severe enough to require daily use of prescription analgesia for at least four weeks (ii) Acromio-clavicular syndrome. (e) Patients must be 18 years or older
4482	Plastic repair of inverted nipple		No	Day Care	
4484	Unilateral mastopexy in a delayed setting		No		Post Mastectomy only.
4485	Breast reconstruction, vertical rectus flap, post mastectomy (I.P.)		No	Independent Procedure	Post Mastectomy only.
4486	Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy (unilateral) (I.P.)		No	Independent Procedure	Post Mastectomy only.
4487	Breast reconstruction, other flap, with or without implant, post mastectomy (I.P.)		No	Independent Procedure	Post Mastectomy only.

BREAST RECONSTRUCTION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4488	Mammoplasty, augmentation with prosthetic implant to restore symmetry		Yes		Benefit for corrective surgery for breast asymmetry will be provided in the following circumstances: (a) Poland's syndrome i.e. where there is absence or hypoplasia of one or both breasts, and an absence/ underdevelopment of one of the major chest muscles (b) Restoration of symmetry following mastectomy.
4504	Nipple - areola tattooing performed by a consultant (one or more visits)	Yes	No	Side Room	Benefit payable following breast reconstruction procedures which were eligible for Irish Life Health benefit and when carried out by a consultant registered with Irish Life Health.
4554	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction		No		
4556	Delayed (or immediate by a second surgeon at the time of the primary surgery) insertion of breast prosthesis or expander (includes subsequent expansions) following mastopexy, mastectomy or in reconstruction (I.P.)		No	Independent Procedure	
4557	Replacement of tissue expander with permanent prosthesis (I.P.)		No	Independent Procedure	
44480	Breast reduction (bilateral)		Yes		Benefit for payment for breast reduction will be provided in the following circumstances: (a) BMI < 27 (b) Bra cup size = F (c) Skin fold rask, intertrigio (d) Symptoms: (i) Back pain, either thoracic or cervical, that has persisted for at least a continuous three month period and has been severe enough to require daily use of prescription analgesia for at least four weeks (ii) Acromio-clavicular syndrome. (e) Patients must be 18 years or older
44771	Flap implantation for unilateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)		Yes	Independent Procedure	Paid at 100% in conjunction with code 44772, paid at 100% in conjunction with code 44800 and only where performed in an ILH approved private hospital, with an approved iCU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures.
44772	Flap harvest for unilateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)		Yes	Independent Procedure	Paid at 100% in conjunction with code 44771, paid at 100% in conjunction with code 44800 and only where performed in an ILH approved private hospital, with an approved iCU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures.
44773	Free fat injection, post mastectomy (I.P.)		Yes	Independent Procedure	For correction of breast defect post breast reconstruction surgery (non cosmetic). Limit of 3 per lifetime, per breast.
44777	Flap implantation and harvesting for bi-lateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)		Yes	Independent Procedure	Paid at 100% of rate in conjunction with breast surgery code and only where performed in an ILH approved private hospital, with an approved iCU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures. (when two consultant plastic surgeons perform this code they would each get paid 50% of the total price of this code).
44778	Flap implantation and harvesting for bi-lateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons- Co- surgeon (I.P.)		No	Independent Procedure	Paid at 100% of rate in conjunction with breast surgery code and only where performed in an ILH approved private hospital, with an approved ICU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures.
430311	Lipofilling		Yes		

BREAST RECONSTRUCTION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
441192	Partial reconstruction of breast with pedicled perforator flap (PLCAP; TDAP etc.)		No		Post Mastectomy only.
441193	Local mobilisation of glandular breast tissue to fill surgical cavity		No		Post Mastectomy only.
441506	Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy (bilateral)		No		Post Mastectomy only.
444466	Bilateral breast reconstruction using fixed prosthesis and acellular dermal matrix (ADM) (I.P.)		No	Independent Procedure	Post Mastectomy only.
444467	Bilateral breast reconstruction using acellular dermal matrix (ADM) (I.P.)		No	Independent Procedure	Post Mastectomy only.
444468	Unilateral breast reconstruction using fixed prosthesis and acellular dermal matrix (ADM) (I.P.)		No	Independent Procedure	Post Mastectomy only.
444469	Unilateral breast reconstruction using acellular dermal matrix (ADM) (I.P.)		No	Independent Procedure	Post Mastectomy only.
444472	PAP flap breast reconstruction procedure including flap harvesting from both inner thighs (bilateral reconstruction) (I.P.)		No	Independent Procedure	Post Mastectomy only.
444473	PAP flap breast reconstruction procedure including flap harvesting from one inner thighs (for unilateral reconstruction) (I.P.)		No	Independent Procedure	Post Mastectomy only.
444476	Combined mastopexy to contralateral breast including full thickness graft from other areas and mastopexy including full thickness graft from other areas post mastectomy at same session (I.P.)		No	Independent Procedure	Post Mastectomy only.
444673	Breast reconstruction pedicle perforator flap - single surgeon - harvest and reconstruction (I.P.)		No	Independent Procedure	Post Mastectomy only.
444800	Co-surgery benefit for two surgeons who perform complex breast flap surgery (bilateral) including flap raising and vessel harvesting, for a theatre session in excess of 6 hours - for each hour in excess of 6 hours base (I.P.) - Plastic or Breast surgeons benefit		No	Independent Procedure	Evidence of hours of surgery and relevant documentation required.

BURNS/ WOUNDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4337	Debridement of wound, which may include skin, or subcutaneous tissue or muscle less than 9% of body surface		No		
4338	Debridement of wound, which may include skin, or subcutaneous tissue or muscle between 9% and 18% of body surface		No		

BURNS/ WOUNDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4339	Debridement of wound includes skin, and/ or subcutaneous tissue, and/ or muscle greater than 18% of body surface		No		
4341	Debridement and skin grafting of wound less than 9% of body surface; includes excision of open wound, burn eschar or scar excision		No		
4342	Debridement and skin grafting of wound between 9% and 18% of body surface; includes excision of open wound, burn eschar or scar excision		No		
4343	Debridement and skin grafting of wound greater than 18% of body surface; includes excision of open wound, burn eschar or scar excision		No		
4371	Escharotomy		No		
4372	Acellular dermal replacement; first 100 sq.cm. or less, or 1% of body area of infants and children		No		For codes 4372 and 4373 a comprehensive report must be provided on the claim form detailing body area and square cm involved.
4373	Acellular dermal replacement; each additional 100 sq. cm. or each additional 1% of body area of infants and children		No		For codes 4372 and 4373 a comprehensive report must be provided on the claim form detailing body area and square cm involved.
4385	Inlay grafts (ankle)		No		
4395	Inlay grafts (fingers)		No		
4400	Inlay grafts (knee)		No		
4405	Scar excisions (per scar) flexion, fingers, elbows, groin, knees		No	Day Care	
4410	Z plasty (per scar) flexion, fingers, elbows, groin, knees		No	Day Care	
4538	Treatment of superficial wound dehiscence; simple closure with or without packing (single layer closure)	Yes	No		
4539	Secondary closure of wound or dehiscence, as a result of burn, includes excision of granulation and scar tissue; suturing in several layers, extensive site (I.P.)	Yes	No	Independent Procedure	
4541	Skin grafting of granulating wound less than 9% of body surface		No		
4542	Skin grafting of wound between 9% and 18% of body surface		No		
4543	Skin grafting of wound greater than 18% of body surface		No		
212013	Wounds up to 2.5 cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	Yes	No	Independent Procedure, Side Room	Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting.
212014	Wounds from 2.6 cm to 7.5 cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	Yes	No	Independent Procedure, Side Room	Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting.

BURNS/ WOUNDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
212015	Wounds greater than 7.5cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)		No	Independent Procedure, Side Room	Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting.

CLEFT LIP AND PALATE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4415	Adjustment of lip margin	Yes	No		
4420	Adjustment of scars, secondary	Yes	No		
4425	Cleft palate reconstruction		No		
4430	Complete cleft lip and anterior palate repair		No		
4431	Primary repair, unilateral cleft lip		No		
4432	Primary repair, bilateral cleft lip		No		
4433	Secondary repair, unilateral cleft lip		No		
4434	Secondary repair, bilateral cleft lip		No	Day Care	
4440	Fistula, secondary closure of		No		
4460	Maxillary bone graft for cleft palate		No		
4465	Nostril margin, secondary correction of		No		
4466	Total cleft rhinoplasty		No		
4470	Pharyngoplasty (not for snoring)		No		
4475	Soft palate partial cleft, reconstruction of		No		

DELAYED FACIAL REANIMATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4493	Excision of facial nerve and graft, sural nerve, greater auricular nerve		No		

DELAYED FACIAL REANIMATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4494	Wedge excision of lower lip to restore oral continence in the presence of facial palsy	Yes	No	Side Room	
4496	Nasolabial skin/ dermal hitch		No		
4497	Temporalis fascial sling, oral, nasolabial, ocular		No		
4498	Orbicularis oris hitch		No		
4499	Masseter to oral angle, digastric to lower lip or temporalis to fascial slings		No		
4500	Facial nerve graft (in face), (see ENT operations for facial nerve graft in facial canal)		No		
4501	Cross facial nerve grafting, hypoglossal/ facial nerve reanimation		No		
4502	Free muscle transfer, pectoralis minor, gracilis or extensor digitorum brevis as a second stage procedure to code 4501		No		
4510	Facial reanimation in facial paralysis, unilateral		No		

EAR

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4555	Accessory auricles, removal	Yes	No	Day Care	
4560	Epithelioma of ear, excision and reconstruction, lobule placement	Yes	No	Side Room	
4561	Cartilage graft(s), reconstruction of ear		No		
4575	Protruding ears, correction with reconstruction of folds, bilateral		No	Day Care	Benefit only payable for patients up to eighteen years of age.
4580	Protruding ears, correction of with reconstruction of folds, unilateral		No	Day Care	Benefit only payable for patients up to eighteen years of age.

EYES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4585	Reconstruction of contracted ocular socket		No		

EYES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4595	Enophthalmos, bone graft		No		
4605	Decompression, orbit		No		
4610	Eyebrow graft		No		
4615	Eyelids, repair of, for avulsion		No		
4620	Eyelid, inlay grafts (one lid)	Yes	No	Side Room	
4625	Eyelid operations in facial paralysis		No		Visual fields must be supplied with claim form.
4630	Eyelid, reconstruction of less than 66% of surface area		No	Day Care	
4635	Muscle advancement for ptosis, unilateral		No	Day Care	For patients under 65 years old preapproval is required if performed as a standalone procedure. Medical necessity is established based on clinical indicators (i) documented visual field obstruction, including taped and untaped results/reports bilaterally (ii) include evidence of significant interference with activities such as reading or driving. (iii) Other symptoms based on individual clinical circumstances that will be reviewed by our medical team. Comprehensive documentation including visual field testing and clinical photographs may be are required on request to support medical necessity.
4640	Naso lacrimal duct, reconstruction of		No		
669911	Eyelid, reconstruction of greater than 66% of surface area		No	Day Care	Documentation required.
825013	Lateral canthopexy		No		

FACIAL TRAUMA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4489	Facial trauma, suturing of facial nerve		No		
4491	Facial trauma, suturing of facial nerve branch		No		
4492	Facial trauma, grafting of facial nerve, sural nerve, greater auricular nerve		No		

FLAPS AND/ OR GRAFTS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4513	Free skin and/ or muscle flap with microvascular anastomosis		No		
4514	Free osteocutaneous flap with microvascular anastomosis, any area		No		
4937	Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, where there is the requirement for more than 1 layer of deep or deep dermal sutures for effective closure	Yes	No	Side Room	
4938	Excision of benign or malignant lesion(s), any area; adjacent tissue transfer or rearrangement, where there is the requirement for quilting or mattress sutures for effective closure	Yes	No	Side Room	
4939	Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, for wounds requiring extensive (>3cm) undermining of skin edges for effective closure	Yes	No	Day Care	
4941	Excision of benign or malignant lesion(s), any area; adjacent tissue transfer or rearrangement, for wounds with significant (>3cm) of overhanging skin flaps after excision of lesion or mass	Yes	No	Day Care	
4942	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with codes 4937 or 4938. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure)		No		
4943	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with code 4939. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) (see note after procedure 4946)		No		
4944	Excision of pressure sore and myocutaneous flap		No		Payable in full with primary procedure.
4946	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with code 4941. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) (see procedure code 4946)		No		
4949	Excision of pressure sore and local cutaneous flap (I.P.)		No	Independent Procedure	
4951	Free flap (microvascular transfer) to face, complete procedure		No		
4952	Excision or debridement of pressure sore and split skin graft (I.P.)		No	Independent Procedure	
4963	Excision of lesion including scalp rotation flap (I.P.)	Yes	No	Independent Procedure, Day Care	Independent Procedure rule does not apply when code 4963 is done in combination with code 4966.
4964	Excision of lesion including cheek rotation flap (I.P.)	Yes	No	Independent Procedure, Day Care	
4966	Excision of lesion including cervicofacial rotation flap (I.P.)	Yes	No	Independent Procedure, Day Care	Independent Procedure rule does not apply when code 4966 is done in combination with code 4963.

FLAPS AND/ OR GRAFTS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4967	Excision of lesion including forehead flap (I.P.)	Yes	No	Independent Procedure, Day Care	
4968	Excision of lesion including deltopectoral flap (I.P.)		No	Independent Procedure	
4969	Excision of lesion including groin flap (I.P.)		No	Independent Procedure	
4971	Fasciocutaneous flap, upper limb (I.P.)		No	Independent Procedure	
4972	Fasciocutaneous flap, lower limb (I.P.)		No	Independent Procedure	
4973	Fasciocutaneous flap, trunk (I.P.)		No	Independent Procedure	
4974	Myocutaneous flap, pectoralis		No		Payable in full with primary procedure.
4976	Myocutaneous flap, latissimus dorsi		No		Payable in full with primary procedure.
4977	Myocutaneous flap, latissimus dorsi with serratus and rib		No		Payable in full with primary procedure.
4978	Myocutaneous flap, vertical rectus		No		Payable in full with primary procedure.
4979	Myocutaneous flap, transverse rectus (TRAM)		No		Payable in full with primary procedure.
4981	Myocutaneous flap, tensor fascia lata		No		Payable in full with primary procedure.
4982	Myocutaneous flap, gluteal		No		Payable in full with primary procedure.

GENITALIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4686	Cliteroplasty		No		
4690	Vaginal reconstruction with skin graft		No		

HAND

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4695	Congenital hand deformities, reconstruction on each hand (per stage)		No		
4700	Congenital hand deformities, moderate repairs on each hand (per stage)		No	Day Care	
4705	Contractures, extensive, straightening of hand and inlay grafts		No		
4710	Contractures, localised, division and graft		No		
4711	Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger		No		
4712	Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger including simple fasciectomy to another finger		No		
4715	Dupuytren's contracture, fasciectomy (one or two fingers)		No	Day Care	
4720	Dupuytren's contracture, fasciectomy (three or more fingers)		No	Day Care	
4721	Dupuytren's contracture, palm and fingers		No	Day Care	
4730	Injury to hand, major, multiple repair of tendons, nerves and skin		No		
4735	Injury to hand, moderate, wound repair or graft		No		
4740	Island grafting, for sensory loss, finger and/ or thumb		No		
4745	Neoplasm, major excision and repair with tendon grafts and flaps		No		
4750	Neoplasm, localised excision and graft		No	Day Care	
4760	Nerve repair, primary, single or multiple		No	Day Care	
4765	Nerve repair in extensively scarred hand		No		
4770	Opposition strut graft to thumb		No		
4775	Palmar ganglion, compound, synovectomy of		No	Day Care	
4780	Pollicisation (finger replacement of lost thumb)		No		
4781	Repair of bifid thumb		No		
4782	Toe to hand transfer		No		
4783	Sympathectomy, digital arteries, each digit with magnification		No		

HAND

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4785	Syndactyly, repair of, single		No		
4790	Syndactyly, repair of, multiple		No		
4795	Tendon grafting, single		No		
4800	Tendon grafting, multiple		No	Day Care	
4805	Tendon repair, single		No		
4810	Tendon repair, multiple		No		
4815	Tendon transplants, for restoration of opposition		No		
4820	Tendon transfers for paralysis, multiple		No		
4825	Tube pedicle or flap reconstructions, first stage		No		
4830	Tube pedicle or flap reconstructions, second stage		No		
4835	Tube pedicle or flap reconstructions, final stage		No		

MAXILLA AND MANDIBLE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4845	Facial bone, simple fixation of undisplaced fracture (e.g. jaw sling)		No		
4850	Facial bones, tumours of, major resection and/ or reconstruction		No		
4855	Fracture of maxilla or mandible, open reduction and fixation		No		
4860	Fracture of maxilla or mandible, fixation of undisplaced		No		
4865	Fracture of maxilla or mandible, malar bone or part of these, reduction without fixation		No		
4870	Hypertelorism correction, sub cranial		No		
4875	Mandible, excision of		No		
4880	Maxilla or mandible, advancement or recession osteotomy of		No		

MAXILLA AND MANDIBLE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4881	Maxillary and mandibular osteotomy		No		
4882	Lengthening of the mandible by gradual distraction for congenital hemifacial microsomia		Yes		
4883	Surgically assisted rapid maxillary expansion		Yes		
4885	Orbital floor, fracture of, reduction, direct wiring and build up from antrum		No		
4890	Orbital floor, secondary bone grafting		No		
4895	Osteomyelitis or abscess of facial bones, operation for		No	Day Care	
4900	Temporo mandibular joint, reduction of dislocation under general anaesthetic		No	Day Care	
4901	Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy (unilateral) (I.P.)		No	Independent Procedure, Day Care	
4902	Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy (bilateral) (I.P.)		No	Independent Procedure, Day Care	
4905	Temporo mandibular joint, condylectomy for ankylosis		No		
444546	Enucleation or excision of lipoma (I.P.)	Yes	No	Independent Procedure	For consultant only use for lesions in excess of 6cm.

NOSE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4910	Bone graft		No		
4915	Nasal tip deformities, correction of		No		
4920	Fracture of nose, digital closed reduction	Yes	No	Side Room	
4925	Fracture of nose, instrumental closed reduction	Yes	No	Day Care	
4926	Fracture of nose, instrumental closed reduction with plaster of paris fixation	Yes	No	Day Care	
4927	Fracture of nose, instrumental closed reduction with reduction of septum and plaster of paris fixation	Yes	No	Day Care	
4930	Fracture of nose, open reduction		No	Day Care	

NOSE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4935	Fracture of nose, open reduction with internal or external fixation		No	Day Care	
4940	Fracture of nose, open reduction with open reduction of fractured septum		No	Day Care	
4945	Reconstruction with imported flaps, partial		No	Day Care	
4950	Reconstruction with imported flaps, total		No		
4955	Re-fracture and open corrective rhinoplasty including nasal tip deformities (code 4915), unless demonstrable evidence discloses significant nasal tip deformity being corrected (I.P.)		No	Independent Procedure, Day Care	
30120	Rhinophyma (I.P.)		Yes	Independent Procedure	Supported by a consultant report and photographic evidence on request.

OTHER RECONSTRUCTIVE PROCEDURES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4547	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen; infraumbilical panniculectomy		Yes		<p>Pre certification is required. Benefit is payable for procedure code 4547 only in the following circumstances;</p> <ol style="list-style-type: none"> The patient must be at their base weight and must have remained weight stable for at least 12 months. Stable Weight can be defined as "Where the patient's body weight remains relatively constant, fluctuating no more than approximately +/- 5% of body weight over a period of at least six months." Major weight loss. (30-40% or greater loss of excess weight) provide starting weight and current stable weight 18 months Post Partum Photographs may be required on request (Standing photographs of the member must clearly demonstrate excessive skin and subcutaneous tissue in the area being excised, and in the case of a request for panniculectomy, standing photographs (frontal and lateral) must clearly demonstrate that the panniculus covers the member's mons pubis) The excessive skin and subcutaneous tissue in the area being excised <ul style="list-style-type: none"> Significantly interferes with the performance (impaired physical function) of normal activities of daily living chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing) that consistently recurs over 3 months while receiving appropriate medical therapy, or remains refractory to appropriate medical therapy over a period of 3 months. The excessive skin and subcutaneous tissue in the area being excised is grade 3 or above where the following grading applies: <ul style="list-style-type: none"> Grade 3 Panniculus extends to cover the upper thigh. Significant overhang that causes physical discomfort, hygiene issues, or skin infections. Grade 4 Panniculus extends to mid-thigh. Severe overhang that severely limits mobility, causes chronic skin conditions, or leads to other health problems. Grade 5 Panniculus extends to the knee and beyond. Extreme overhang that severely impacts quality of life, extreme health risks and daily life limitations. <p>Note In extraordinary circumstances, panniculectomy may be performed to facilitate a complex surgical procedure, such as a hysterectomy and bilateral salpingo-oophorectomy performed via laparotomy. The criteria listed in the clinical indications regarding weight loss do not apply in this case.</p> <p>Exclusions Irish Life Health does not consider excision of excessive skin and subcutaneous tissue to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following:</p> <ol style="list-style-type: none"> The member has difficulty fitting in clothes A panniculectomy is being performed at the same time as bariatric surgery. A panniculectomy is being performed to prevent hernia occurrence or to prevent hernia recurrence in conjunction with a hernia repair, unless the member meets the criteria for panniculectomy stated in the Clinical Indications section The excision of excessive skin and subcutaneous tissue is being performed for the purposes of relieving back or joint pain, unless the member meets the criteria for panniculectomy stated in the Clinical Indications section The excision of excessive skin and subcutaneous tissue is being performed for cosmetic purposes (i.e., for the purpose of altering appearance) and is unrelated to physical disease or defect.
4548	Liposuction for Lipoedema		yes		<p>Precertification is required. Benefit is payable for procedure code 4548 only in the following circumstances:</p> <ol style="list-style-type: none"> Patient must have Symptoms of symmetrical fat distribution, pain, bruising and differentiated diagnosis from obesity and lymphedema. It significantly interferes with the performance (impaired physical function) of normal activities of daily living. Ongoing pain caused by lipoedema tissue, documented psychological or lifestyle impact. Failed conservative treatment- minimum of 6 months of compression therapy, manual lymphatic drainage, exercise and dietary management, no significant symptom relief. Skin complications-chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing) that consistently recurs over 3 months while receiving appropriate medical therapy, or remains refractory to appropriate medical therapy over a period of 3 months. The Lipoedema is a stage 3 or above where the following grading applies. Stage 3 excessive fatty tissues accumulate more aggressively, leading to large folds or lobules of fat, mainly hanging from the inner thighs and under the knees. Your movement may be significantly impaired, leading to an increased risk of joint problems, venous diseases, and secondary health complications. Stage 4 Also Known as Lipo-Lymphedema) excessive fatty tissues accumulate more aggressively, leading to large folds or lobules of fat, mainly hanging from the inner thighs and under the knees. Your movement may be significantly impaired, leading to an increased risk of joint problems, venous diseases, and secondary health complications. Treatment is once per limb per lifetime. Exclusions Irish Life Health does not consider liposuction for Lipoedema to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following: The member has difficulty fitting in clothes Liposuction is being performed at the same time as bariatric surgery The liposuction is being performed for the purposes of relieving back or joint pain, unless the member meets the criteria for it stated in the Clinical Indications section. The liposuction is being performed for cosmetic purposes (i.e., for the purpose of altering appearance) and is unrelated to physical disease or defect.

OTHER RECONSTRUCTIVE PROCEDURES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4836	Release of syndactyly; toes (I.P.)		No	Independent Procedure	
4947	Large lipoma > 4 cm in diameter, requiring removal under general anaesthetic, deep to deep fascia requiring surgery by consultant Plastic Surgeon		No		
4983	Botulinum toxin injections for hyperhidrosis (I.P.)	Yes	No	Independent Procedure	As a result of a positive Bromide Iodine Starch Test or following a referral from a consultant having failed a prescribed course of topical treatment (maximum 2 per annum).
4990	Major degloving injuries of limbs, excision and graft of		No		
5630	Repair of cirroid aneurysm of the scalp		No		
45461	Keloids and hypertrophic scars intralesional injection of triamcinolone; up to and including the sixth lesions, under 12 in an Irish Life Health approved hospital (I.P.)	Yes	No	Independent Procedure, Side Room	
825011	Removal by contouring of benign tumour of facial bone (e.g. fibrous dysplasia)		No		

REPLANTATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4991	Replantation, per digit		No		
4992	Replantation, hand (mid palm)		No		
4993	Replantation, hand (wrist)		No		
4994	Replantation, forearm		No		
4996	Replantation, foot		No		
4997	Replantation, scalp following major trauma only		No		

REPLANTATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4998	Replantation, ear		No		
4999	Replantation of thumb including carpometacarpal joint to metacarpophalangeal joint, complete amputation, with or without microvascular anastomosis		No		

TISSUE EXPANDERS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4551	Insertion of tissue expanders (other than breast) includes subsequent expansion(s)		No		
4552	Removal of expander (other than breast)		No		
4553	Removal of expander (other than breast) and inserting of expanded skin		No		