

# Cardiology

Schedule of Benefits  
for Professional Fees

## ABLATION

| Code   | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators    | Payment Rules   |
|--------|--|--|-----------------------|-----------------------|---|
| 5960   | Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement  |  | No                    |                       |   |
| 5961   | Intracardiac catheter ablation of arrhythmogenic focus for treatment of supraventricular or ventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, (including foci pulmonary vein) single or in combination |  | No                    |                       |   |
| 936311 | For the treatment of patients with a history of congenital heart anomalies; intracardiac EP studies (code 5502) with catheter ablation of ventricular arrhythmia or ectopic focus/ foci  |  | No                    |                       |   |
| 938407 | Intracardiac electrophysiology studies with catheter ablation of arrhythmogenic left atrial focus/ foci for treatment of atrial fibrillation; linear or focal ablation, including pulmonary vein isolation (includes transeptal catheterisation) (I.P.)  |  | No                    | Independent Procedure | Procedure codes 5961, 5024 and 5029 may not be claimed in conjunction with procedure code 5502. |
| 946541 | Creation of complete heart block by intracardiac catheter ablation of atrioventricular node function, +/- temporary pacemaker  |  | No                    |                       |   |

## ANGIOGRAM

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators                          | Payment Rules                         |
|------|--|--|-----------------------|---|---------------------------------------|
| 5058 | Cardiac catheterisation and coronary angiography with or without ventriculography with fractional flow reserve (FFR) intracoronary pressure measurements |  | No                    | Diagnostic, Day Care                        | Not claimable with code 5080 or 5090. |
| 5080 | Cardiac catheterisation (left, right or both sides) (I.P.)   |  | No                    | Independent Procedure, Day Care, Diagnostic | Not claimable with code 5058 or 5090. |
| 5090 | Cardiac catheterisation and coronary angiography with or without ventriculography  |  | No                    | Diagnostic, Day Care                        | Not claimable with code 5058 or 5080. |
| 5200 | Transeptal left heart catheterisation (I.P.)   |  | No                    | Independent Procedure                       |                                       |

## ANGIOPLASTY

| Code   | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|--------|---|--|-----------------------|--------------------|--|
| 5101   | Coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing          |  | No                    |                    |  |
| 938408 | Elective coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing |  | No                    |                    | Procedure codes 938408 and 5090 are not claimable with each other. |

## CARDIAC TESTING

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules |
|------|--|--|-----------------------|--------------------|---------------|
| 5021 | Major consultant consultation including tilt table testing, alone or in combination with the administration of provocative agents (e.g. Isoproterenol), with continuous ECG monitoring and intermittent blood pressure monitoring for the evaluation of cardiac function in patients with recurrent unexplained neurocardiogenic syncope who have an inconclusive history and physical examination, as well as negative non-invasive tests of cardiac structure and function (not payable for any other indication except as stated above) | Yes  | No                    | Side Room          |               |
| 5022 | Cardiovascular stress test with pharmaceutical/ chemical agent(s) includes IV administration, echocardiography, ECG with consultant Cardiologist in constant attendance  |  | No                    |                    |               |

## CARDIOVERSION

| Code   | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules   |
|--------|--|--|-----------------------|--------------------|---|
| 5091   | Cardioversion  |  | No                    | Day Care           |   |
| 930991 | Combination cardioversion (code 5091) and TOE (code 5109) (see codes for full description) |  | No                    | Day Care           | Codes 5108 or 5008 are not payable in addition to this code. Rules as set out in codes 5091 and 5109 will continue to apply. See codes for full descriptions. |

## ECHOCARDIOGRAPHY

| Code | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators      | Payment Rules  |
|------|---|--|-----------------------|-------------------------|--|
| 5008 | Cardiac ultrasound, (echocardiography) for patients on cytotoxic chemotherapy   |  | No                    | Diagnostic, Out-patient | Where code 5008 is performed on an out-patient basis the professional fee will be direct settled. As this is an out-patient only procedure there should NOT be a technical fee. Any technical fee incurred is only recoverable as an out-patient radiology expense subject to policy benefits.<br>(a) 5108 or 5008 are not payable in addition to 5109<br>(b) 5109 is not claimable when performed intraoperatively. |
| 5108 | Cardiac ultrasound, (echocardiography)  |  | No                    | Diagnostic              | Where code 5108 is performed on an out-patient basis the professional fee will be direct settled As this is an out-patient only procedure there should NOT be a technical fee. Any technical fee incurred is only recoverable as an out-patient radiology expense subject to policy benefits<br>(a) 5108 or 5008 are not payable in addition to 5109<br>(b) 5109 is not claimable when performed intraoperatively.   |
| 5109 | Echocardiography, transoesophageal, real-time with image documentation (2D) (with or without M-mode recording), including probe placement, image acquisition, interpretation and report | Yes  | No                    | Diagnostic              | 5108 or 5008 is not payable in addition to 5109. 5109 is not claimable when performed intraoperatively. When this test is performed 4 hours or more prior to surgery, then it is claimable in addition to the surgery.   |

## ELECTROPHYSIOLOGIC STUDIES

| Code | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|------|---|--|-----------------------|--------------------|--|
| 5079 | Biventricular pacing - insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) |  | No                    |                    | Payable in full when carried out with 5071,5072, 5073, 5074, 5076, 5077. |
| 5502 | Comprehensive electrophysiological evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters.                  |  | No                    | Day Care           |  |

## PACEMAKER

| Code | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules |
|------|---|--|-----------------------|--------------------|---------------|
| 5053 | Subcutaneous implantation of a patient-activated cardiac event loop recorder with memory, activator and programmer, including electronic analysis of implantable loop recorder system (ILR), (includes retrieval of recorded and stored ECG data) |  | No                    | Side Room          |               |
| 5054 | Removal of implantable, patient-activated cardiac event loop recorder (where the original implantation met the conditions of payment)   |  | No                    | Side Room          |               |

## PACEMAKER

| Code   | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|--------|---|--|-----------------------|--------------------|--|
| 5060   | Insertion or replacement of leadless permanent pacemaker; Dual-chamber.   |  | No                    |                    | Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device.   |
| 5063   | Removal of single or dual chamber pacing cardioverter/ defibrillator electrode(s); by transvenous extraction  |  | No                    |                    |  |
| 5065   | Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter  |  | No                    |                    |  |
| 5071   | Insertion or replacement of permanent pacemaker with transvenous electrode(s); single chamber   |  | No                    |                    | Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device.   |
| 5072   | Insertion or replacement of permanent pacemaker with transvenous electrode(s); dual chamber   |  | No                    |                    | Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device.   |
| 5073   | Insertion or replacement of pacemaker pulse generator only; single chamber atrial or ventricular  |  | No                    |                    | Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device.   |
| 5074   | Insertion or replacement of pacemaker pulse generator only (includes defibrillator pulse generator); dual chamber   |  | No                    |                    | Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device.   |
| 5076   | Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber  |  | No                    |                    |  |
| 5077   | Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); dual chamber  |  | No                    |                    |  |
| 5078   | Insertion or replacement of leadless permanent pacemaker; single-chamber.   |  | No                    |                    | Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device.   |
| 938400 | Insertion or repositioning of permanent transvenous cardiac electrode(s) and lead(s) - 15 days or more after initial insertion  |  | No                    |                    | When billed by consultants with Codes 5133, 935133 during the same hospital admission, both can be billed and paid at 100%.  |
| 938401 | Extraction of transvenous permanent pacemaker electrode - single lead - 15 days or more after initial insertion   |  | No                    |                    | Prosthesis benefit is only payable where this procedure is performed during same theatre session as procedure code 938400 (i.e. insertion of new electrode). When billed by consultants with Codes 5071, 5072, 5073, 5074, 5076, 5077 during the same hospital admission, both can be billed and paid at 100%. |
| 938402 | Extraction of transvenous permanent pacemaker electrodes, multiple leads  |  | No                    |                    | Prosthesis benefit is only payable where this procedure is performed during same theatre session as procedure code 938400 (i.e. insertion of new electrode). When billed by consultants with Codes 5071, 5072, 5073, 5074, 5076, 5077 during the same hospital admission, both can be billed and paid at 100%. |
| 938403 | Intracardiac electrophysiologic studies with catheter ablation for treatment of ventricular arrhythmia or ectopic focus/ foci, or for patients with a history of congenital heart anomalies |  | No                    |                    | May not be claimed in conjunction with procedure code 5502.  |
| 938404 | Insertion of automatic implantable cardioverter/ defibrillator, single chamber  |  | No                    |                    | When billed by consultants with Codes 5063 during the same hospital admission, both can be billed and paid at 100%.  |

## PACEMAKER

| Code   | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|--------|--|--|-----------------------|--------------------|--|
| 938405 | Insertion of automatic implantable cardioverter/ defibrillator, dual chamber   |  | No                    |                    | When billed by consultants with Codes 5063 during the same hospital admission, both can be billed and paid at 100%.  |
| 938406 | Insertion of automatic implantable cardioverter/ defibrillator, biventricular  |  | No                    |                    | When billed by consultants with Codes 5063 during the same hospital admission, both can be billed and paid at 100%.  |
| 938413 | Lead extraction of one lead (any device) that has been implanted for more than 1 year, or a lead regardless of duration of implant, requiring the assistance of specialized equipment that is not included as part of the of the typical vein implant package          |  | No                    |                    | Prosthesis benefit is only payable where this procedure is performed during same theatre session as procedure code 938400 (i.e. insertion of new electrode). When billed by consultants with Codes 5071, 5072, 5073, 5074, 5076, 5077 during the same hospital admission, both can be billed and paid at 100%. |
| 938414 | Lead extraction of two or more leads (any device) that have been implanted for more than 1 year, or leads regardless of duration of implant, requiring the assistance of specialized equipment that is not included as part of the of the typical vein implant package |  | No                    |                    | Prosthesis benefit is only payable where this procedure is performed during same theatre session as procedure code 938400 (i.e. insertion of new electrode). When billed by consultants with Codes 5071, 5072, 5073, 5074, 5076, 5077 during the same hospital admission, both can be billed and paid at 100%. |

## PAEDIATRIC CARDIOLOGY

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators    | Payment Rules   |
|------|--|--|-----------------------|-----------------------|---|
| 5034 | Major consultation and trans-thoracic echocardiography, initial assessment of an infant or child under 16 with suspected heart disease, for the diagnosis or exclusion of complex congenital or acquired cardiac anomalies or where a detailed follow up examination is indicated. Also for adults with congenital heart disease assessed by a consultant Paediatric Cardiologist  |  | No                    | Diagnostic, Side Room | Benefit includes pre-operative or post-operative assessment, or in the follow up of critical or severe heart disease including detailed segmental analysis assessment of visceral situs, 2D M-mode, Doppler (PW,CW and colour flow), assessment of myocardial function, pressure gradients, regurgitation including image acquisition, interpretation and report. |
| 5036 | Trans-thoracic echocardiography for congenital or acquired cardiac anomalies in children under 16; limited study for patients where the cardiac anatomy is known (e.g. follow up of valve stenosis) or in the evaluation or follow up of patients with predominantly non-cardiac problems (e.g. pre or post cancer chemotherapy, severe renal disease, overwhelming sepsis), where the assessment of myocardial and valvular function or exclusion of pericardial effusion is required | Yes  | No                    | Diagnostic, Side Room |   |
| 5037 | Trans-thoracic echocardiography, initial assessment of an infant or child, for the diagnosis or exclusion of complex congenital or acquired cardiac anomalies or where a detailed follow up examination is indicated. Also for adults with congenital heart disease assessed by a consultant Paediatric Cardiologist   | Yes  | No                    | Diagnostic, Side Room | Benefit includes pre-operative or post-operative assessment, or in the follow up of critical or severe heart disease including detailed segmental analysis assessment of visceral situs, 2D M-mode, Doppler (PW,CW and colour flow), assessment of myocardial function, pressure gradients, regurgitation including image acquisition, interpretation and report. |
| 5089 | Trans-oesophageal echocardiography for congenital cardiac anomalies in children under 16 years of age; including probe placement, image acquisition, interpretation and report   |  | No                    | Diagnostic, Side Room |   |
| 5093 | Paediatric cardiac catheterisation (left, right or both sides)   |  | No                    | Diagnostic            |   |

## PAEDIATRIC CARDIOLOGY

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators    | Payment Rules |
|------|--|--|-----------------------|-----------------------|---------------|
| 5094 | Paediatric cardiac catheterisation and cardiac angiography combined  |  | No                    | Diagnostic            |               |
| 5132 | Foetal echocardiography for the diagnosis or exclusion of cardiac anomalies in the foetus, including detailed segmental analysis, assessment of visceral situs (2D), M-mode, Doppler (PW & colour flow), assessment of myocardial function, regurgitation - including image acquisition, interpretation and report | Yes  | No                    | Diagnostic, Side Room |               |

## PTCA

| Code   | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|--------|---|--|-----------------------|--------------------|--|
| 5103   | Transcatheter placement of intracoronary stent(s) (other than drug eluting stents), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel      |  | No                    |                    |  |
| 5111   | Transcatheter placement of intracoronary stents (other than drug eluting stents), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, more than one vessel |  | No                    |                    |  |
| 5115   | Percutaneous transcatheter closure of congenital interatrial communication (i.e. Fontan fenestration, atrial septal defect) with implant, including right heart catheterisation                               |  | No                    | Day Care           | Procedure codes 5115 and 5119 include right heart catheterisation. |
| 5116   | Transcatheter placement of drug eluting stent(s), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel  |  | No                    |                    |  |
| 5117   | Transcatheter placement of drug eluting stents, percutaneous, with or without other therapeutic intervention, with or without angiography, any method, more than one vessel                                   |  | No                    |                    |  |
| 5119   | Percutaneous transcatheter closure of congenital ventricular septal defect with implant including right heart catheterisation   |  | No                    |                    | Procedure codes 5115 and 5119 include right heart catheterisation. |
| 938409 | Placement of drug eluting intracoronary stent(s), any method, single vessel - elective  |  | No                    | "<br>"             | Procedure codes 938409 and 5090 are not claimable with each other. |
| 938410 | Placement of drug eluting intracoronary stents, any method, more than one vessel - elective   |  | No                    |                    | Procedure codes 938410 and 5090 are not claimable with each other. |
| 938411 | Placement of non-drug eluting intracoronary stent(s), any method, more than one vessel - elective   |  | No                    |                    |  |

## TAVI

| Code   | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators    | Payment Rules   |
|--------|---|--|-----------------------|-----------------------|---|
| 5133   | Transcatheter Aortic Valve Implantation (TAVI) for aortic stenosis - Edwards Sapien (I.P.) Please note different reimbursement rates for Allegra TAVI - see Code 935133 |  | No                    | Independent Procedure | For patients with aortic stenosis for whom surgical aortic valve replacement is considered unsuitable. Clinicians wishing to undertake TAVI for aortic stenosis in patients who are at high risk for surgical valve replacement should ensure that patients understand the risk of stroke and death, and the uncertainty about the procedure's efficacy in the long term. Provide them with clear written information. In addition, evidence of patient selection should be carried out by a multidisciplinary team including interventional cardiologists, cardiac surgeons, a cardiac anaesthetist and an expert in cardiac imaging. The multidisciplinary team should determine the risk level of each patient and must be named in the request for approval. TAVI may only be performed only by clinicians and teams with special training and experience in cardiovascular interventions and in units undertaking which have both cardiac and vascular surgical support for emergency treatment of complications. Such facilities must request approval from Irish Life Health for inclusion on the Irish Life Health list of such facilities. |
| 935133 | Transcatheter Aortic Valve Implantation (TAVI) for aortic stenosis - Allegra (I.P.)   |  | No                    | Independent Procedure | For patients with aortic stenosis for whom surgical aortic valve replacement is considered unsuitable. Clinicians wishing to undertake TAVI for aortic stenosis in patients who are at high risk for surgical valve replacement should ensure that patients understand the risk of stroke and death, and the uncertainty about the procedure's efficacy in the long term. Provide them with clear written information. In addition evidence of patient selection should be carried out by a multidisciplinary team including interventional cardiologists, cardiac surgeons, a cardiac anaesthetist and an expert in cardiac imaging. The multidisciplinary team should determine the risk level of each patient and must be named in the request for approval. TAVI may only be performed only by clinicians and teams with special training and experience in cardiovascular interventions and in units undertaking which have both cardiac and vascular surgical support for emergency treatment of complications. Such facilities must request approval from Irish Life Health for inclusion on the Irish Life Health list of such facilities.  |