

Urology

Schedule of Benefits
for Professional Fees

PRIVATE ROOMS TECHNICAL FEE BENEFIT

Code	Description	Pre-Approval Required	Payment Indicators	Payment Rules
906699	Consultant Urologist Private Rooms Technical Fee			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.

BIOPSY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
688	Biopsy of penis (I.P.)	Yes	No	Independent Procedure, Day Care, Diagnostic	
712	Biopsies, prostate, needle, trans perineal, stereotactic template guided saturation sampling, including image guidance under local anaesthetic. (I.P)		no	Independent Procedure, Side Room, Diagnostic	
713	Biopsy of prostate (transrectal) includes ultrasound guidance (I.P.)		No	Independent Procedure, Side Room, Diagnostic	
740	Testicular biopsy (needle) (I.P.)		No	Independent Procedure, Day Care, Diagnostic	
741	Testicular biopsy (open surgical) (I.P.)		No	Independent Procedure, Day Care, Diagnostic	
955	Renal needle biopsy, including ultrasound guidance		No	Diagnostic	
770717	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including image guidance under general anaesthetic		No	Day Care	

BLADDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
836	Bladder, instillation of anticarcinogenic agent (Mitomycin C)	Yes	No	Side Room	
839	Bladder, instillation of therapeutic agent for interstitial cystitis	Yes	No	Side Room	
843	Bladder, instillation of anticarcinogenic agent (BCG medac)	Yes	No	Side Room	
844	Trials of micturition for urinary retention post-surgery (I.P.)	Yes	No	Independent Procedure, Side Room	Management of patient to include intravenous infusion of antibiotic, bladder instillation, removal of catheter and re-catheterisation of failure to void as appropriate.

BLADDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
846	Botulinum toxin injection to bladder wall (I.P.)	Yes	No	Independent Procedure, Day Care	Only for idiopathic or neurogenic detrusor over activity in patients who have not responded to conservative treatments.
850	Bladder neck, transurethral resection of		No		
855	Primary transurethral resection of bladder tumour(s), one or more (for diathermy of, use 885)		No		
865	Cystectomy, partial		No		
875	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis		No		
877	Cystectomy, complete, with continent diversion, any technique, using any segment of small and/ or large bowel to construct neobladder		No		
878	Appendico-vesicostomy (Mitrofanoff procedure)		No		
879	Cutaneous vesicostomy (I.P.)		No	Independent Procedure	
881	Cystoscopy with removal of JJ stent	Yes	No	Day Care	Not claimable within 90 days of use of Code 887 - see code 904881 for use when a JJ Stent is subsequently removed. Not claimable with Code 973.
882	Cystoscopy, with or without biopsy, including stress testing for female stress urinary incontinence or male post prostatectomy incontinence (I.P.)	Yes	No	Independent Procedure, Day Care	
883	Cystoscopy with or without biopsy, with prostatic biopsy (I.P.)		No	Independent Procedure, Day Care, Diagnostic	
884	Cystoscopy with or without biopsy (I.P.)		No	Independent Procedure, Day Care, Diagnostic, Monitored Anaesthesia Care	Where code 1029 is performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply for consultant fees only.
885	Cystoscopy with diathermy to bladder tumour(s) (I.P.)		No	Independent Procedure, Day Care	
887	Cystoscopy with insertion of JJ stent		No		Not claimable within 90 days of code 881 - see code 904881 for use when a JJ stent is originally inserted within this time frame. Not claimable with code 973 or 59103.
888	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds		No		
889	Cystourethroscopy with resection or fulguration of ectopic ureterocele(s) unilateral or bilateral in paediatric cases		No		
890	Cystoscopy with ureteric catheterisation (I.P.)		No	Independent Procedure, Day Care, Diagnostic	
891	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g. balloon dilation, laser, electrocautery and incision)		No		

BLADDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
892	Cystoscopy with insertion of thermo-expandable metallic stent for relief of chronic ureteric stricture only		No		
895	Cystoscopy with ureteroscopy and removal of ureteric calculus (I.P.)		No	Independent Procedure	
896	Change of cystostomy tube (I.P.)	Yes	No	Independent Procedure, Side Room	
897	Cystolithotomy		No		
898	Percutaneous suprapubic cystostomy (I.P.)	Yes	No	Independent Procedure, Side Room, Local Anaesthetic	
899	Substitution cystoplasty		No		
901	Closure of ruptured bladder (intraperitoneal)		No		
906	Augmentation cystoplasty		No		
907	Bladder neck, transurethral incision of		No		
908	Excision of ureterocele in children including reconstruction and repair of sphincters including reimplantation of ureters		No		
910	Excision of bladder diverticulum		No		
924	Litholapaxy		No		
960	Open suprapubic cystostomy (I.P.)		No	Independent Procedure	
1029	Complex uroflowmetry (using calibrated electronic equipment); for evaluation of bladder outlet obstruction and uncomplicated urge incontinence with or without ultrasound, with post void residual ultrasound screening (including counselling and clinical direction)	Yes	No	Side Room	Where code 884 is performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply for consultant fees only.
1031	Complex cystometrogram using calibrated electronic equipment and urethral pressure profile studies (minimum of 2 fills), with measurement of post-voiding residual urine by ultrasound	Yes	No	Side Room	
4645	Closure of bladder exstrophy		No		
4691	Young-Dees operation		No		

BLADDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
5056	Insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: trial stage (I.P.)		Yes	Independent Procedure, Day Care	<p>(a) Treatment of urge urinary incontinence or symptoms or urge-frequency when all of the following criteria are met:</p> <ul style="list-style-type: none"> (i) The member has experienced urge urinary incontinence or symptoms of urge frequency for at least 12 months and the condition has resulted in significant disability (the frequency and/ or severity of symptoms limits the members ability to participate in activities of daily living) and (ii) Pharmacotherapies (i.e. at least 2 different anti-cholinergic drugs or a combination of this and a tricyclic depressant) as well as behavioural treatments (e.g. pelvic floor exercises, bio feedback and fluid management) and related activities have failed <p>(b) Treatment of non-obstructive urinary retention when all of the following criteria are met:</p> <ul style="list-style-type: none"> (i) The member has experienced urinary retention for at least 12 months and the condition has resulted in significant disability (this frequency and/ or severity of symptoms are limiting the members ability to participate in activities of daily living) and (ii) Pharmacotherapies (e.g. beta blockers and cholinergics, anti biotics for urinary tract infections) as well as intermittent catheterisation have failed or are not well tolerated.
5057	Insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: permanent implantation (I.P.)		Yes	Independent Procedure	<p>Conditions of payment for procedure code 5057 are as follows:</p> <ul style="list-style-type: none"> (a) Treatment of urge incontinence or symptoms of urge frequency provided test stimulation of the patient satisfies the criteria indicating at least 50% decrease in symptoms (b) Treatment of non-obstructive urinary retention provided test stimulation of the patient satisfies the criteria indicating at least 50% decrease in residual urinary volume.
5845	Ileal conduit and bowel anastomosis		No		
904881	Insertion and subsequent exchange/removal of JJ Stent within 90 days		No		Cannot be claimed in conjunction with codes 881, 887 or 973.

DIALYSIS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
822	Creation of permanent shunt for haemodialysis access, involving dissection of vessel/ tunnelling, insertion of graft and suturing to vein and artery		No		
823	Home based peritoneal dialysis, self dialysis training (max. 18 sessions)		No		Max. 18 Sessions.
824	Management of chronic peritoneal dialysis, in the patient's home or at a hospital out-patient department		No		Monthly benefit. Inclusive of all Consultant care.
825	Evaluation of a new patient initiating intermittent peritoneal dialysis during a hospital admission, includes insertion of dialysis catheter , and the initial dialysis session (once only per member, use procedure code 826 for subsequent dialysis during same admission)		No		Paid once only for 1st session. For subsequent sessions use code 826.
826	Intermittent peritoneal dialysis subsequent to procedure code 825, during the same hospital admission, per session		No		

DIALYSIS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
828	Intermittent peritoneal dialysis during a subsequent hospital admission, of one night or more, necessitated by an intercurrent illness, per session		No		
830	Evaluation of a new patient initiating peritoneal dialysis during a hospital admission, includes insertion of temporary intraperitoneal catheter, and the initial dialysis session (once only per member, use procedure code 831 for subsequent in-patient exchanges)	Yes	No		Paid once only for 1st session For subsequent sessions use code 831.
831	For each subsequent peritoneal dialysis exchange during an overnight hospital stay		No		
833	Management of chronic peritoneal dialysis, in the patient's home or at a hospital out-patient department (inclusive of all consultant care), monthly benefit		No		Monthly benefit, inclusive of all consultant care.
834	Insertion of tunnelled intraperitoneal catheter for dialysis, permanent		No		Refer to procedure 838 for the removal of permanent intraperitoneal cannula catheter for drainage for dialysis (not for the removal of Hickman, Broviac, Vascath, or similar).
837	Continuous venovenous haemofiltration or dialysis (CVH/CVHD) in a critically ill patient, per day		No		
838	Removal of tunnelled intraperitoneal catheter		No		
841	Removal of permanent shunt for haemodialysis access (not for the removal of dialysis catheter)		No	Day Care	
5933	Insertion of vascath or similar for haemodialysis		No		

GENITALIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
645	Epididymectomy, unilateral (I.P.)		No	Independent Procedure, Day Care	
655	Hydrocelectomy, bilateral (I.P.)		No	Independent Procedure	
660	Hydrocelectomy, unilateral (I.P.)		No	Independent Procedure	
669	Orchidectomy, radical, for cancer, inguinal approach		No		
670	Orchidectomy, bilateral (I.P.)		No	Independent Procedure	
671	Subcutaneous testosterone implantation for hypogonadotrophic hypogonadism	Yes	No	Side Room	
672	Drainage of intra-scrotal abscess (I.P.)	Yes	No	Independent Procedure	
673	Orchidectomy, radical, for cancer, inguinal approach including artificial prosthesis		No		

GENITALIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
674	Orchidectomy, radical, for cancer, with abdominal exploration		No		
675	Orchidectomy, unilateral (I.P.)		No	Independent Procedure	
679	Orchidectomy, radical, for cancer, with abdominal exploration including artificial prosthesis		No		
681	Injection of corpora cavernosa with pharmacologic agent(s) (e.g. papaverine, phentolamine)	Yes	No	Side Room	
682	Circumcision (I.P.)		No	Independent Procedure, Day Care	To include where performed Balanitis Xerotica Obliterans (BXO) of foreskin and 3 layer circumcision where clinically appropriate.
685	Penis, amputation of, partial		No		
687	Penis, amputation of, total		No		
692	Excision of penile plaque with or without graft		No		
693	Nesbit procedure (plastic operation on penis to correct angulation)		No		
694	Removal of penile prosthesis		No		
695	Prepuce, dorsal incision of	Yes	No	Day Care	
696	Release of priapism (needle drainage)	Yes	No		
697	Excision of epididymal cyst(s), unilateral (I.P.)		No	Independent Procedure, Day Care	
698	Excision of epididymal cyst(s), bilateral (I.P.)		No	Independent Procedure, Day Care	
699	Epididymectomy, bilateral (I.P.)		No	Independent Procedure	
704	Epididymovasostomy, bilateral		No		
714	Laparoscopy, orchidopexy for intra-abdominal testis		No	Day Care	
715	Orchidopexy, inguinal approach with or without hernia repair, unilateral (I.P.)		No	Independent Procedure, Day Care	
720	Orchidopexy, inguinal approach with or without hernia repair, bilateral (I.P.)		No	Independent Procedure, Day Care	
735	Orchidopexy, unilateral for torsion with exploration and/ or fixation of opposite side		No		
736	Orchidopexy, abdominal approach for intra-abdominal testis		No	Day Care	

GENITALIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
742	Testicular prosthesis, insertion/ replacement/ removal of, unilateral		No	Day Care	
743	Testicular prosthesis, insertion/ replacement/ removal of, bilateral		No		
755	Varicocelectomy		No	Day Care	
992	Pubovaginal sling urethropexy with tension-free vaginal tape (TVT)		No		
993	Vesico colic fistula, excision of, and sigmoid colectomy		No		
994	Pubovaginal sling with cystocele repair or rectocele repair		No		
997	Pubovaginal sling including cystocele and rectocele repair		No		
4681	Insertion of malleable penile prosthesis		No		<p>The use of such implants is limited to Consultant Urologists with supported specialised knowledge, skill and expertise/ training in this area and who perform at 30 of these cases annually in any given hospital. The clinical conditions considered appropriate for the use of such prosthesis are:</p> <ul style="list-style-type: none"> (a) Post radical prostatectomy (b) Post cystectomy (c) Post major colonic/ colorectal surgery (d) Post radiotherapy/ cancer treatment to penis/ prostate (e) For persons suffering from confirmed prolonged Type 1 or type 2 diabetes which causes erectile dysfunction due to diabetic related complications, urethral injury, pelvic fracture causing urethral injury which leads to long term erectile dysfunction. Clinical indicators: <ul style="list-style-type: none"> (i) This is a 3rd line therapy following at least 3 years of erectile dysfunction following failure of oral medication prescribed by a consultant Urologist and/ or consultant Psychiatrist and following failure (where appropriate) of the use of inter-cavernous injections and use of vacuum pump devices (ii) Patients will also have undergone a prolonged course of psychological and psychotherapy evaluation and advice and/ or including medication (iii) The life expectancy of the above prosthesis will be expected to be a minimum of 15 years (subject to any clinical reasons e.g. infection).
4682	Insertion of inflatable penile prosthesis		No		<p>The use of such implants is limited to Consultant Urologists with supported specialised knowledge, skill and expertise/ training in this area and who perform at 30 of these cases annually in any given hospital. The clinical conditions considered appropriate for the use of such prosthesis are:</p> <ul style="list-style-type: none"> (a) Post radical prostatectomy (b) Post cystectomy (c) Post major colonic/ colorectal surgery (d) Post radiotherapy/ cancer treatment to penis/ prostate (e) For persons suffering from confirmed prolonged Type 1 or type 2 diabetes which causes erectile dysfunction due to diabetic related complications, urethral injury, pelvic fracture causing urethral injury which leads to long term erectile dysfunction. Clinical indicators: <ul style="list-style-type: none"> (i) This is a 3rd line therapy following at least 3 years of erectile dysfunction following failure of oral medication prescribed by a consultant Urologist and/ or consultant Psychiatrist and following failure (where appropriate) of the use of inter-cavernous injections and use of vacuum pump devices (ii) Patients will also have undergone a prolonged course of psychological and psychotherapy evaluation and advice and/ or including medication (iii) The life expectancy of the above prosthesis will be expected to be a minimum of 15 years (subject to any clinical reasons e.g. infection).

KIDNEY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
915	Embolisation of haemangioma of kidney		No		
916	Laparoscopy, partial nephrectomy, includes robotic approach		No		
917	Laparoscopy, radical nephrectomy		No		
918	Laparoscopy, surgical, nephrectomy, with total ureterectomy		No		
919	Laparoscopy, surgical, nephrectomy, including partial ureterectomy		No		
920	Nephrectomy, partial		No		
921	Radical nephrectomy (includes adrenalectomy and para-aortic lymph nodes)		No		
922	Radical nephrectomy including caval extension above and/ or below liver		No		
923	Kidney transplant		No		
925	Simple nephrectomy		No		
930	Nephrolithotomy		No		
931	Percutaneous nephrolithotomy, with or without guidance		No		
933	Percutaneous nephrolithotomy stag-horn calculus, with or without guidance		No		
934	Percutaneous nephrostomy with or without antegrade pyelogram or stent placement		No		
936	Percutaneous tract formation for renal stone removal by another consultant (I.P.)	Yes	No	Independent Procedure	
937	Living donor nephrectomy		No		
938	Nephrectomy with total ureterectomy and bladder cuff, through same incision		No		
939	Nephrectomy with total ureterectomy and bladder cuff, through separate incisions		No		
940	Pyelolithotomy		No		
941	Percutaneous nephrolithotomy, pelvic or calyceal involving contact lithotripsy, with or without guidance		No		
945	Pyeloplasty		No		
946	Pyeloplasty, complicated (congenital kidney abnormality secondary pyeloplasty, solitary kidney, calycooplasty) neonate up to one year of age		No		
947	Radical nephrectomy in children (e.g. Wilms tumour) with contralateral exploration		No		
948	Laparoscopy, surgical; pyeloplasty		No		

KIDNEY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
956	Renal cyst puncture and aspiration		No		
5911	Ureteroscopy & contact lithotripsy with placement/ removal of JJ stent, one or more sessions per hospital stay (I.P.)		No	Independent Procedure	
59101	Extracorporeal shock wave lithotripsy (ESWL) - as directed by a consultant Urologist for urinary tract stone(s), who has interpreted the relevant radiological tests/ scans and is present as the commencement and cessation of the session of therapy		No		
59102	Extracorporeal shock wave lithotripsy (ESWL) - as directed and prescribed by a consultant Urologist for urinary tract stone(s), who has interpreted the relevant radiological tests/ scans and where the consultant is not present for the duration of the treatment		No		
59103	Intra renal flexible ureterorenoscopy for intra renal stones		No	Day Care	

PROSTATE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
700	Transurethral prostatectomy		No		
701	Radical retropubic nerve sparing prostatectomy (includes bilateral pelvic lymph adenectomy with bladder neck reconstruction and anastomosis to the urethra)		No		
707	Laser (Green Light) vaporisation of prostate including control of post-operative bleeding, complete (meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		No		
708	Open prostatectomy		No		
709	Laparoscopic surgical prostatectomy, retropubic radical, including nerve sparing (includes robotic assisted prostatectomy)		No		
716	Laser enucleation of the prostate with morcellation including control of post-operative bleeding, complete (meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)		No		
718	HIFU (High-Intensity Focused Ultrasound) for prostate cancer	no	no		<ul style="list-style-type: none"> > Localised, biopsy proven prostate cancer > Gleason score ≤ 7 and PSA Level ≤ 15-20NG/ML at the time of treatment. > Prostate volume ≤ 40cc or downsized with prior TURP. > For patients with local recurrence post- radiotherapy with no distant metastasis > May be considered as salvage therapy post radiotherapy if recurrence remains localised. > Procedure performed in a designated centre with HIFU capability. > One HIFU session per prostate per lifetime (exception for one repeat if clear clinical justification- preapproval would then be required) > Not covered for benign prostatic hyperplasia or focal therapy outside guideline indications. > Not covered if patient has metastatic prostate cancer > Not covered if done as part of a clinical trial.

PROSTATE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
904091	Urolift implant treatment known as prostatic urethral lift (PUL) for benign prostatic hypertrophy (BPH) to a maximum of 5 pins		No		Once every 5 years maximum.
904730	Rezum under GA, for treatment of lower urinary tract symptoms (LUTS)		No	Day Care	For patients with an IPSS Score >13, Qmax less than 15ml/s, poor tolerance of medication for control of BPH and prostate volume greater than 30cc.

URETER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
975	Open ureterolithotomy		No		
981	Ureterolysis, unilateral, by laparotomy approach (I.P.)		No	Independent Procedure	
982	Ureterolysis, bilateral, by laparotomy approach (I.P.)		No	Independent Procedure	
983	Ureteric reimplantation, unilateral for reflux, stricture or fistula (I.P.)		No	Independent Procedure	
984	STING procedure (initial) for vesicoureteric reflux (initial) (I.P.)		No	Independent Procedure, Day Care	
986	Ureteric reimplantation, bilateral for reflux, stricture or fistula (I.P.)		No	Independent Procedure	
987	STING procedure for vesicoureteric reflux (repeat)		No	Day Care	
989	Sling operation for the correction of male incontinence, with synthetic implant (I.P.)		No	Independent Procedure	
995	Ureterostomy, unilateral		No		
996	Ureteric substitution (with bowel segment)		No		
998	Sling operation for the correction of male incontinence, without implant (I.P.)		No	Independent Procedure	Benefit payable for patients who are 6 months post-prostatectomy, who have had no improvement in the severity of urinary incontinence despite trials of behavioural and pharmacological therapies.
1000	Ureterostomy, bilateral		No		

URETHRA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
664	Meatoplasty (for meatotomy use code 665) (I.P.)		No	Independent Procedure, Day Care	
665	Meatotomy (I.P.)		No	Independent Procedure, Day Care	
666	Urethroplasty for penile or bulbar urethral stricture		No		
667	Acute repair of rupture of membranous urethra		No		
668	Urethroplasty for repair of prostatic or membranous urethral stricture, complete procedure		No		
676	Removal of implanted inflatable urethral/ bladder neck sphincter, including pump, reservoir and cuff (AUS)		No		
677	Hypospadias, meatal advancement and glanduloplasty (MAGPI) procedure		No	Day Care	
703	Insertion of an endourethral stent for urethral stricture		No	Day Care	
973	Cystourethroscopy, with ureteroscopy and/ or pyeloscopy; diagnostic		No	Diagnostic	
974	Cystourethroscopy, with ureteroscopy and/ or pyeloscopy; with resection of urethral or renal pelvic tumour		No		
1015	Urethral dilatation (I.P.)	Yes	No	Independent Procedure, Side Room	
1030	Optical urethrotomy (I.P.)		No	Independent Procedure	
1032	Implantation of inflatable urethral/ bladder neck sphincter, including placement of pump, reservoir and cuff (AUS)		No		
4660	Epispadias, reconstruction of urethra		No		
4670	Hypospadias, fistula closure		No		
4675	Hypospadias, reconstruction of urethra		No		
4676	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/ or island flap		No		
571512	Pubovaginal sling urethropexy with autologous or allogenic fascia		No		
904750	Radical Urethrectomy (I.P.)		No	Independent Procedure	