

Orthopaedics

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
276699	Consultant Orthopaedic Surgeon 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.	€ 96			
936697	Consultant Sports medicine private room tech 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.	€ 96			
936698	Consultant Rheumatologist private room tech 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.	€ 94			

AMPUTATION

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
3140	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure (use also for traumatic amputations)		No			€ 516	€ 188	€ 262	€ 71
3145	Amputation of two or more fingers		No			€ 932	€ 364	€ 472	€ 88
3280	Amputation through forearm		No			€ 932	€ 479	€ 454	€ 88
3415	Amputation through arm		No			€ 956	€ 373	€ 484	€ 90
3464	Fore quarter amputation		No			€ 1,492	€ 579	€ 781	€ 117
3645	Above knee amputation		No			€ 1,003	€ 560	€ 539	€ 90
3690	Hind-quarter amputation		No			€ 1,917	€ 636	€ 973	€ 196

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3790	Below knee amputation		No			€ 1,440	€ 419	€ 733	€ 90
4255	Trans metatarsal amputation of foot		No			€ 684	€ 273	€ 347	€ 69
4260	Trans metatarsal amputation of one toe		No			€ 430	€ 139	€ 215	€ 49
4261	Trans metatarsal amputation of two or more toes		No			€ 719	€ 280	€ 365	€ 71
4330	Trimming of stump following amputation of limb		No			€ 404	€ 136	€ 201	€ 69

ANKLE

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
3955	Arthrodesis of ankle joint		No			€ 1,077	€ 419	€ 545	€ 120
3956	Arthroscopy, ankle, with or without removal of loose body or foreign body, with or without synovectomy, debridement (I.P.)		No	Independent Procedure, Day Care		€ 566	€ 209	€ 309	€ 71
3961	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/ or tibia, including drilling of the defect (I.P.)		No	Independent Procedure		€ 570	€ 288	€ 329	€ 173
3962	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy) (I.P.)		No	Independent Procedure		€ 834	€ 307	€ 499	€ 184
3963	Subtalar joint, surgical, with subtalar arthrodesis (I.P.)		No	Independent Procedure		€ 1,015	€ 364	€ 612	€ 218
3965	Fracture of medial or lateral malleolus (1st degree Pott's fracture), internal fixation of		No			€ 760	€ 280	€ 390	€ 90
3970	Fracture of posterior malleolus without fracture of other malleolus, internal fixation of		No			€ 835	€ 327	€ 424	€ 90
3971	Open treatment of bimalleolar ankle fracture, with or without internal fixation		No			€ 888	€ 345	€ 472	€ 90

ANKLE

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3972	Fracture of trimalleolar ankle fracture with or without internal or external fixation, medial and/ or lateral malleolus; with fixation of posterior lip		No			€ 981	€ 447	€ 512	€ 250
3975	Fracture, Pott's, closed reduction of		No			€ 467	€ 188	€ 250	€ 90
3976	Closed reduction manipulation of dislocated ankle joint, with or without percutaneous skeletal fixation such as pins		No			€ 518	€ 236	€ 376	€ 187
3980	Synovectomy and debridement		No	Day Care		€ 840	€ 327	€ 427	€ 90
3985	Synovial biopsy, ankle	Yes	No	Diagnostic, Day Care		€ 167	€ 71	€ 205	€ 49
3986	Talar fracture, open reduction and internal fixation of		No			€ 794	€ 319	€ 404	€ 88
3990	Tendon, achilles, elongation of		No			€ 713	€ 280	€ 382	€ 90
3995	Tendon, achilles, repair of		No			€ 955	€ 373	€ 485	€ 90
4000	Tendon transplants about the ankle joint and foot (multiple)		No			€ 955	€ 373	€ 485	€ 90
4005	Tendon transplants about the ankle joint and foot (single)		No			€ 713	€ 280	€ 365	€ 71
4010	Traumatic fracture and dislocation, open reduction of		No			€ 955	€ 373	€ 485	€ 90
4015	Unstable ankle, Watson Jones operation for		No			€ 955	€ 373	€ 485	€ 90

ARTHROCENTESIS/ INJECTIONS

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
4321	Arthrocentesis, one or more injections at the same session, children aged 12 to 16; small, intermediate or large joint (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4321 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.	€ 121	€ 55		
4322	Arthrocentesis, children aged under 12; less than 4 injections at the same session to knee, wrist, elbow, ankle and/ or shoulder joint (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4322 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.	€ 118	€ 55	€ 201	€ 92

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4323	Arthrocentesis, children aged under 12; 4 or more injections at the same session to knee, wrist, elbow, ankle and/ or shoulder joint (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4323 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.	€ 201	€ 98	€ 199	€ 92
4324	Arthrocentesis, children aged under 12; less than 4 injections at the same session, using image guidance, to hip, finger and/ or toe joint (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4324 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.	€ 180	€ 84	€ 206	€ 92
4326	Arthrocentesis, children aged under 12; 4 or more injections at the same session, using image guidance, to hip, finger and/ or toe joints (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4326 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.	€ 262	€ 124	€ 200	€ 90
4331	Injection, tendon sheath, ligament, or ganglion cyst (I.P.)	Yes	No	Independent Procedure, Side Room	Where code 4331 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.	€ 116	€ 51		

ARTHROPLASTIES

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
3045	Arthroplasty, using joint prosthesis, single (I.P.)		No	Independent Procedure		€ 516	€ 188	€ 262	€ 71
3050	Arthroplasty, using joint prosthesis, two joints (I.P.)		No	Independent Procedure		€ 772	€ 280	€ 393	€ 90
3055	Arthroplasty, using joint prosthesis, more than two joints (I.P.)		No	Independent Procedure		€ 1,076	€ 409	€ 545	€ 95
3165	Arthroplasty (I.P.)		No	Independent Procedure		€ 1,226	€ 467	€ 621	€ 97
3181	Trapezial joint replacement		No			€ 1,469	€ 560	€ 745	€ 97
3300	Arthroplasty (forearm & elbow) (I.P.)		No	Independent Procedure		€ 1,483	€ 560	€ 753	€ 120
3409	Shoulder replacement, total includes reverse total shoulder arthroplasty (I.P.)		No	Independent Procedure		€ 1,977	€ 419	€ 1,187	€ 409

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3655	Arthroplasty of hip using prosthesis, bilateral (I.P.)		No	Independent Procedure		€ 2,655	€ 1,205	€ 1,367	€ 672
3660	Arthroplasty of hip using prosthesis, unilateral (I.P.)		No	Independent Procedure		€ 1,569	€ 560	€ 809	€ 139
3661	Revision of total hip arthroplasty, acetabular and femoral components with or without autograft or allograft (I.P.)		No	Independent Procedure		€ 2,253	€ 607	€ 1,308	€ 170
3909	Prosthetic replacement (total) of knee joints, bilateral (I.P.)		No	Independent Procedure		€ 2,655	€ 1,205	€ 1,367	€ 672
3910	Prosthetic replacement (total) of knee joint, unilateral (I.P.)		No	Independent Procedure		€ 1,569	€ 560	€ 809	€ 139
3911	Revision of arthroplasty of knee joint, with or without allograft, one or more components (I.P.)		No	Independent Procedure		€ 2,253	€ 607	€ 1,292	€ 170
3913	Bilateral patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)		No	Independent Procedure		€ 2,113	€ 487	€ 1,270	€ 292
3914	Patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)		No	Independent Procedure		€ 1,365	€ 487	€ 822	€ 292
3957	Arthroplasty (ankle) (I.P.)		No	Independent Procedure		€ 755	€ 269	€ 455	€ 88
3958	Arthroplasty, ankle with implant (total ankle) (I.P.)		No	Independent Procedure		€ 1,190	€ 564	€ 714	€ 352
3959	Arthroplasty, ankle revision, total ankle (I.P.)		No	Independent Procedure		€ 1,412	€ 666	€ 848	€ 417
4181	Metatarsal joint replacement with prosthesis		No			€ 1,197	€ 467	€ 605	€ 90
232744	Prosthetic replacement (total) of hip and knee joint, unilateral (I.P.)		No	Independent Procedure		€ 2,433	€ 930	€ 772	€ 116
233409	Revision shoulder replacement, total includes reverse total shoulder arthroplasty		No			€ 2,236	€ 560	€ 1,182	€ 139
234706	Shoulder replacement, hemiarthroplasty (humeral head prosthesis) (I.P.)		No	Independent Procedure		€ 1,597	€ 560	€ 768	€ 139
272812	2 stage revision of total hip replacement for infection - first stage		No			€ 1,871	€ 974	€ 1,374	€ 666

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272813	2 stage revision of total hip replacement for infection - second stage		No			€ 1,918	€ 974	€ 1,409	€ 666
275817	2-stage revision of total knee replacement for infection - first stage		No			€ 1,871	€ 974	€ 1,374	€ 666
275818	2-stage revision of total knee replacement for infection - second stage		Yes			€ 1,918	€ 974	€ 1,409	€ 666
275819	Combined Hip arthroscopy, with acetabuloplasty includes labral repair and loose body removal if performed, with femoroplasty including loose or foreign body removal if performed (I.P.)		No	Independent Procedure	Cannot be charged in conjunction with codes 3654 or 3658.	€ 1,873	€ 923	€ 1,069	€ 461
275821	Unicompartmental knee arthroplasty Unilateral (I.P.)		No	Independent Procedure		€ 973	€ 450	€ 670	€ 250
275822	Unicompartmental knee arthroplasty Bilateral (I.P.)		No	Independent Procedure		€ 1,497	€ 538	€ 1,028	€ 308
275901	Metatarsal Bilateral joint replacement with prosthesis (I.P.)		No	Independent Procedure		€ 1,754	€ 500	€ 1,053	€ 250

CONGENITAL TALIPES EQUINOVARUS

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
4019	Astragalectomy		No			€ 794	€ 319	€ 398	€ 88
4020	Dwyer's valgus osteotomy		No			€ 723	€ 273	€ 371	€ 88
4025	Manipulation and plaster fixation	Yes	No	Day Care		€ 166	€ 69	€ 198	€ 48
4030	Manipulation and strapping	Yes	No	Day Care		€ 170	€ 69		
4035	Rotation osteotomy of tibia		No			€ 941	€ 364	€ 480	€ 88
4040	Soft tissue release		No			€ 1,008	€ 280	€ 512	€ 71
4045	Tarsal osteotomy		No			€ 835	€ 327	€ 424	€ 90
4050	Tendon transplant, single		No			€ 678	€ 273	€ 347	€ 69
4051	Tendon transplant, multiple		No			€ 959	€ 386	€ 494	€ 88

EXTERNAL FIXATION

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
4305	Partial excision of osteomyelitic bone (e.g. sequestrectomy, diaphysectomy), long bones, with or without bone grafting (not for bone biopsy) (I.P.)		No	Independent Procedure		€ 1,077	€ 419	€ 545	€ 90
4306	Application of uniplane external fixation system, for the treatment of complex peri-articular and intra-articular fractures, or non unions and correcting deformity following malunited fractures, unilateral (e.g. Extremity, pelvis)		No			€ 289	€ 132	€ 201	€ 92
4307	Application of multiplane external fixation system, for the treatment of complex peri-articular and intra-articular fractures, or non unions and correcting deformity following malunited fractures, unilateral (e.g. extremity, pelvis)		No			€ 531	€ 242	€ 324	€ 160
4308	Adjustment or revision of (uniplane or multiplane) external fixation system requiring general anaesthetic		No			€ 491	€ 221	€ 296	€ 148
4309	External fixation system (uniplane or multiplane as in procedure codes 4306 and 4307) removal under general anaesthetic		No	Day Care		€ 350	€ 157	€ 208	€ 104

FOOT

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
4060	Arthrodesis of all inter phalangeal joints (Lambrinudi), unilateral		No			€ 695	€ 280	€ 356	€ 90
4065	Arthrodesis of all inter phalangeal joints (Lambrinudi), bilateral		No			€ 1,024	€ 409	€ 519	€ 117
4070	Arthrodesis of first metatarso phalangeal joint (I.P.)		No	Independent Procedure	IP rule waived when billed alongside codes 4000, 4075 or 4106.	€ 517	€ 188	€ 272	€ 71
4075	Arthrodesis triple, in all its forms		No			€ 1,197	€ 467	€ 605	€ 90
4080	Arthrodesis, pantalar		No			€ 1,432	€ 560	€ 727	€ 120
4085	Claw foot (Steindlar), muscle stripping, operations for		No			€ 455	€ 183	€ 244	€ 69
4090	Exostosis of first metatarsal, unilateral, removal of		No	Day Care	This code cannot be charged in conjunction with codes 4095, 4182, 4184.	€ 417	€ 139	€ 208	€ 71
4095	Exostosis of first metatarsal, bilateral, removal of		No		This code cannot be charged in conjunction with codes 4090, 4182, 4184.	€ 557	€ 188	€ 282	€ 71

FOOT

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4100	Flat foot involving joint fusion, operation for		No			€ 827	€ 280	€ 424	€ 90
4101	Flexor tenotomy, single (foot)		No	Day Care		€ 250	€ 99	€ 206	€ 49
4102	Flexor tenotomy, multiple (foot)		No	Day Care		€ 376	€ 147	€ 235	€ 71
4103	Fracture of hind foot, internal fixation, unilateral		No			€ 760	€ 297	€ 390	€ 90
4104	Fracture of hind foot, internal fixation, bilateral		No			€ 1,081	€ 433	€ 551	€ 88
4105	Fracture of phalanges and/ or metatarsals, closed reduction of (I.P.)		No	Independent Procedure, Day Care		€ 231	€ 91	€ 196	€ 48
4106	Open treatment (hind foot) of calcaneal or talus fracture with or without internal or external fixation		No			€ 1,109	€ 523	€ 666	€ 327
4107	Percutaneous skeletal fixation of metatarsal fracture with manipulation	Yes	No			€ 275	€ 133	€ 196	€ 83
4108	Open treatment of metatarsal fracture, with or without internal or external fixation		No			€ 484	€ 228	€ 289	€ 143
4110	Fracture of phalanx and/ or metatarsal, single, internal fixation of		No		This code cannot be charged in conjunction with code 4135.	€ 364	€ 139	€ 235	€ 71
4115	Fracture of phalanges and/ or metatarsals, multiple, internal fixation of		No			€ 713	€ 280	€ 365	€ 90
4120	Ganglion of foot, excision of		No	Day Care		€ 358	€ 139	€ 202	€ 49
4125	Hallux valgus and follow up, other than simple removal of exostosis, unilateral operation for		No			€ 713	€ 280	€ 365	€ 71
4130	Hallux valgus and follow up, other than simple removal of exostosis, bilateral, operation for		No			€ 955	€ 373	€ 485	€ 90
4135	Hammertoe, correction of, single toe		No	Day Care	This code cannot be charged in conjunction with code 4110.	€ 364	€ 139	€ 235	€ 71
4140	Hammertoe, bilateral, correction of		No			€ 539	€ 209	€ 282	€ 90
4141	Hammertoe, correction of, three or more toes, unilateral or bilateral.		No			€ 640	€ 338	€ 382	€ 210
4145	Grice's operation, subtalar bone block		No			€ 346	€ 136	€ 196	€ 69
4161	Initial pledget insertion for infected ingrowing toe nail, under general anaesthetic, in children under 16 years of age (I.P.)	Yes	No	Independent Procedure, Day Care		€ 116	€ 53	€ 206	€ 92

FOOT

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4162	Tarsal tunnel release (posterior tibial nerve decompression)		No			€ 423	€ 193	€ 215	€ 108
4170	Laprau's operation to correct position of toe		No			€ 407	€ 139	€ 229	€ 71
4175	Metatarsal heads, excision of all, and plastic correction of sole, unilateral		No			€ 553	€ 209	€ 275	€ 71
4180	Metatarsal heads, excision of all, and plastic correction of sole, bilateral, (Hoffman's)		No			€ 866	€ 327	€ 439	€ 97
4182	Metatarsal osteotomy, unilateral		No	Day Care		€ 503	€ 198	€ 282	€ 71
4183	Metatarsal osteotomies, bilateral		No			€ 760	€ 297	€ 390	€ 97
4184	Chevron osteotomy, single		No		This code cannot be charged in conjunction with code 4090, 4095, 4182.	€ 760	€ 297	€ 390	€ 90
4185	Os calcis, osteotomy of (Dwyer)		No			€ 760	€ 280	€ 390	€ 90
4190	Os calcis and bursa, posterior exostosis of, unilateral removal of		No			€ 478	€ 188	€ 243	€ 71
4195	Os calcis and bursa, posterior exostosis of, bilateral, removal of		No			€ 695	€ 280	€ 356	€ 90
4200	Plantar fascia, excision or division of, unilateral		No	Day Care		€ 478	€ 188	€ 243	€ 71
4205	Plantar fascia, excision or division of, bilateral		No			€ 718	€ 280	€ 359	€ 90
4215	Stamm's operation, unilateral		No			€ 955	€ 373	€ 485	€ 90
4220	Stamm's operation, bilateral		No			€ 1,057	€ 409	€ 510	€ 117
4225	Talectomy		No			€ 908	€ 364	€ 443	€ 88
4230	Tarsal osteotomy		No			€ 598	€ 233	€ 302	€ 71
4235	Tendon transplantation about the foot, multiple		No			€ 955	€ 373	€ 485	€ 90
4240	Tendon transplantation about the foot, single		No			€ 713	€ 280	€ 365	€ 71
4245	Tendon transplantation, flexor and extensor all toes, unilateral		No			€ 1,050	€ 409	€ 532	€ 88
4250	Tendon transplantation, flexor and extensor all toes, bilateral		No			€ 1,246	€ 500	€ 539	€ 117

FOREARM AND ELBOW

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
3285	Annular ligament, repair of		No			€ 730	€ 280	€ 366	€ 90
3290	Anterior capsulotomy and excision (myositis ossificans)		No			€ 713	€ 280	€ 364	€ 90
3295	Arthrodesis of elbow joint (I.P.)		No	Independent Procedure		€ 1,167	€ 455	€ 605	€ 88
3296	Arthroscopy, elbow, diagnostic, with or without synovial biopsy, removal of loose body or foreign body, synovectomy, debridement (I.P.)		No	Independent Procedure, Day Care		€ 516	€ 188	€ 317	€ 71
3297	Arthroscopy, elbow, surgical; includes extensive debridement to all parts of the elbow joint, with complete synovectomy (osteocapsular arthroplasty) (I.P.)		No	Independent Procedure		€ 675	€ 236	€ 407	€ 165
3315	Drainage of elbow joint	Yes	No			€ 250	€ 93	€ 211	€ 54
3316	External fixation, upper limb		No			€ 364	€ 137	€ 229	€ 69
3320	Fracture forearm (complete), closed reduction and plaster of paris		No	Day Care		€ 411	€ 139	€ 225	€ 71
3325	Fracture forearm (greenstick), closed reduction and plaster of paris	Yes	No			€ 337	€ 116	€ 228	€ 71
3330	Fracture about elbow, closed manipulation of		No			€ 411	€ 139	€ 225	€ 90
3335	Fracture dislocation, open reduction of (forearm/ elbow)		No			€ 979	€ 373	€ 496	€ 90
3340	Fracture of forearm bones, open reduction of		No			€ 1,099	€ 467	€ 560	€ 90
3341	Open reduction, internal fixation and bone grafting (forearm/ elbow)		No			€ 1,428	€ 542	€ 724	€ 120
3345	Fracture of lateral condyle, open reduction of		No			€ 902	€ 327	€ 461	€ 90
3350	Fracture of medial condyle, open reduction of		No			€ 889	€ 227	€ 450	€ 88
3355	Fracture (supracondylar), closed reduction of		No			€ 572	€ 139	€ 289	€ 71
3360	Fracture, olecranon, screwing of		No			€ 648	€ 139	€ 332	€ 90
3365	Closed treatment of elbow dislocation (I.P.)	Yes	No	Independent Procedure		€ 244	€ 46	€ 201	€ 48
3370	Nerve, ulnar, transplant		No			€ 779	€ 280	€ 401	€ 90
3375	Olecranon bursa, removal of		No	Day Care		€ 370	€ 139	€ 211	€ 71
3380	Radius, excision of head of		No			€ 516	€ 188	€ 262	€ 90

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3381	Silastic interposition of radial head		No			€ 911	€ 345	€ 477	€ 90
3385	Open synovectomy of elbow joint		No			€ 979	€ 373	€ 496	€ 90
3390	Tendon transplants about the elbow		No			€ 632	€ 227	€ 324	€ 69
3395	Tendon sheaths, removal of, in forearm		No	Day Care		€ 614	€ 233	€ 310	€ 71
3400	Tennis elbow, advancement of extensor muscles		No	Day Care		€ 490	€ 188	€ 262	€ 71
3406	Decompression fasciotomy, forearm and/ or wrist flexor or extensor compartment; with or without debridement of non-viable muscle and/ or nerve		No			€ 646	€ 298	€ 391	€ 187

HAND

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
3035	Abscess or infected tendon sheath of palmar spaces, drainage of		No			€ 244	€ 69	€ 201	€ 48
3039	Debridement/ synovectomy of metacarpophalangeal and/ or proximal interphalangeal joints, more than two joints		No			€ 834	€ 319	€ 424	€ 88
3040	Arthrodesis of joint (I.P.)		No	Independent Procedure, Day Care		€ 516	€ 188	€ 262	€ 71
3041	Arthrodesis of the carpometacarpal joint of the thumb using bone graft		No			€ 703	€ 312	€ 366	€ 174
3070	Bursectomy		No			€ 250	€ 91	€ 206	€ 48
3075	Benign bone tumours, multiple, excision of, with or without bone graft		No			€ 835	€ 327	€ 391	€ 90
3080	Benign bone tumour, single, excision of, with or without bone graft		No			€ 614	€ 233	€ 317	€ 71
3085	Exostosis, excision of		No	Day Care		€ 386	€ 139	€ 213	€ 54
3095	Fracture of phalanges and/ or metacarpals, closed reduction (I.P.)		No	Independent Procedure, Day Care		€ 250	€ 93	€ 211	€ 49

HAND

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
3100	Fracture of phalanx, single, internal fixation		No	Day Care		€ 386	€ 139	€ 213	€ 54
3105	Fracture of phalanges, multiple, internal fixation		No			€ 648	€ 233	€ 332	€ 90
3106	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation when performed, for complex crush injuries requiring bone reconstruction		No			€ 490	€ 225	€ 289	€ 141
3110	Ganglion or mucous cyst of hand, surgical removal of (includes repair) (I.P.)		No	Independent Procedure, Side Room		€ 370	€ 139	€ 209	€ 49
3115	Manipulation for treatment of dislocation of metacarpophalangeal joint (I.P.)	Yes	No	Independent Procedure, Side Room		€ 187	€ 47	€ 202	€ 49
3125	Nails, removal of all	Yes	No	Side Room		€ 247	€ 93	€ 209	€ 49
3126	Debridement and repair of nail bed, for simple crush injuries	Yes	No	Side Room		€ 122	€ 55	€ 207	€ 92
3135	Synovioma, excision of		No	Day Care		€ 358	€ 136	€ 202	€ 69
3136	Tendon repair, flexor-double (hand)		No			€ 842	€ 320	€ 429	€ 90
3150	Trigger finger, correction of		No	Day Care		€ 250	€ 93	€ 211	€ 71
4061	Arthroscopy of metacarpophalangeal joint, with or without biopsy (I.P.)		No	Independent Procedure		€ 467	€ 171	€ 282	€ 103
4062	Debridement/ synovectomy of , metacarpophalangeal and/ or proximal interphalangeal joint, one or two joints (I.P.)		No	Independent Procedure		€ 552	€ 197	€ 330	€ 118
4063	Arthroscopic repair of displaced MCP ulnar collateral ligament (e.g. Stener lesion) (I.P.)		No	Independent Procedure		€ 598	€ 213	€ 358	€ 128

HIP AND FEMUR

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
3621	Open Reduction and Internal Fixation of Periprosthetic Fracture		No			€ 1,612	€ 546	€ 624	€ 88

HIP AND FEMUR

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
3630	Acetabuloplasty, shelf operation		No			€ 922	€ 319	€ 468	€ 117
3631	Internal fixation of acetabular fractures		No			€ 2,031	€ 793	€ 1,037	€ 391
3635	Acute dislocation, manipulation for		No			€ 405	€ 139	€ 208	€ 54
3636	Congenital dislocation of hip, examination under anaesthetic (EUA) and plaster of paris (POP) (I.P.)		No	Independent Procedure, Day Care		€ 436	€ 120	€ 221	€ 49
3640	Acute dislocation or fracture dislocation, open reduction, hip/ femur		No			€ 1,167	€ 455	€ 590	€ 136
3650	Arthrodesis, hip/ femur		No			€ 1,587	€ 636	€ 813	€ 117
3654	Hip arthroscopy, with acetabuloplasty (i.e. treatment of pincer lesion) includes labral repair and loose body removal if performed		No		Cannot be charged in conjunction with code 3658 - see code 275819.	€ 1,251	€ 597	€ 875	€ 436
3656	Arthroscopy, hip, diagnostic; with or without synovial biopsy (separate procedure) (I.P.)		No	Independent Procedure		€ 735	€ 358	€ 439	€ 261
3657	Arthroscopy, hip, surgical; with synovectomy (I.P.)		No	Independent Procedure		€ 888	€ 415	€ 532	€ 316
3658	Hip arthroscopy, with femoroplasty (i.e. treatment of cam lesion) includes loose or foreign body removal if performed		No		Cannot be charged in conjunction with code 3654 - see code 275819.	€ 1,224	€ 583	€ 733	€ 425
3659	Hip arthroscopy, with removal of loose/ foreign body, debridement/ shaving of articular cartilage (chondroplasty), abrasion arthroplasty and/ or resection of labrum (I.P.)		No	Independent Procedure		€ 787	€ 366	€ 480	€ 241
3665	Arthrotomy for loose body		No			€ 959	€ 364	€ 487	€ 88
3675	Corrective osteotomy with or without internal fixation		No			€ 1,265	€ 467	€ 646	€ 139
3680	Curettage of greater trochanter and bursectomy		No			€ 466	€ 183	€ 250	€ 69
3695	Drainage of hip joint for acute infection (I.P.)		No	Independent Procedure		€ 557	€ 188	€ 289	€ 71
3700	Exostosis of femoral neck in slipped femoral epiphysis, excision of (I.P.)		No	Independent Procedure	For patients < 18 years only.	€ 1,167	€ 455	€ 565	€ 88
3705	Femoral condyle, osteotomy of (I.P.)		No	Independent Procedure		€ 959	€ 364	€ 487	€ 88
3709	Fractured femur, hemiarthroplasty		No			€ 1,654	€ 560	€ 840	€ 139

HIP AND FEMUR

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
3710	Fractured shaft of femur, open reduction, with internal fixation		No			€ 1,265	€ 467	€ 646	€ 90
3715	Fractured shaft of femur, closed reduction, with traction		No			€ 723	€ 183	€ 371	€ 88
3720	Fractured femur (supracondylar) open reduction of		No			€ 1,265	€ 467	€ 646	€ 90
3723	Fractured shaft of femur, closed intramedullary nailing		No			€ 1,190	€ 464	€ 605	€ 90
3724	Fractured shaft of femur closed intramedullary, interlocking nail		No			€ 1,519	€ 594	€ 773	€ 120
3725	Fracture of neck of femur, intramedullary nail fixation of		No			€ 1,108	€ 419	€ 599	€ 90
3729	Repair, non union or malunion, femur, distal to head and neck with iliac or other autogenous bone graft (includes obtaining graft)		No			€ 1,408	€ 655	€ 1,025	€ 517
3730	Fracture of femur (per trochanteric or introchanteric) intramedullary nail fixation of		No			€ 1,190	€ 419	€ 605	€ 90
3731	Open treatment of anterior ring fracture and/ or dislocation with internal fixation, (includes pubic symphysis and/ or rami)		No			€ 1,139	€ 455	€ 576	€ 88
3732	Open treatment of posterior ring fracture and/ or dislocation with internal fixation, (includes ilium, sacro-iliac joint and/ or sacrum)		No			€ 1,567	€ 613	€ 801	€ 201
3733	Pelvic fracture, external fixation		No			€ 479	€ 193	€ 244	€ 69
3735	Hip deformity, soft tissue operations for correction of (I.P.)		No	Independent Procedure		€ 741	€ 280	€ 380	€ 90
3745	Manipulation of hip, closed, requiring general anaesthetic		No	Day Care		€ 158	€ 47	€ 210	€ 49
3750	Open reduction and/ or rotation osteotomy		No			€ 1,234	€ 467	€ 631	€ 90
3751	Open reduction, pelvic osteotomy and femoral shortening		No			€ 1,587	€ 636	€ 819	€ 117
3755	Pelvic osteotomy		No			€ 1,197	€ 560	€ 640	€ 120
3756	Modified innominate osteotomy including bone graft		No			€ 1,627	€ 636	€ 833	€ 117
3760	Pseudoarthroplasty of hip (Girdlestone operation)		No			€ 1,090	€ 409	€ 552	€ 136
3765	Slipped femoral epiphysis, intramedullary nail, fixation of		No			€ 1,118	€ 419	€ 566	€ 90
3770	Slipped femoral epiphysis, lower end, stapling of		No			€ 678	€ 273	€ 364	€ 88

HIP AND FEMUR

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
3775	Synovectomy of hip joint and debridement (I.P.)		No	Independent Procedure		€ 1,050	€ 409	€ 532	€ 88
3785	Transplantation of psoas muscle to greater trochanter (Mustard's or Sherrard's operation)		No			€ 1,050	€ 409	€ 532	€ 117

HUMERUS AND SHOULDER

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
3401	Arthroscopy, shoulder, surgical, with lysis and resection of adhesions, and/ or removal of loose body or foreign body, and/ or synovectomy or bursectomy, and/ or debridement with or without manipulation		No		Not claimable with codes 3402, 3408, 3411 or 3415.	€ 730	€ 280	€ 393	€ 90
3402	Arthroscopic suture capsulorrhaphy for anterior shoulder instability		No		Not claimable with codes 3401, 3408, 3411, 3415 - see code 238069.	€ 1,485	€ 560	€ 754	€ 139
3403	Arthroscopy, shoulder, diagnostic with or without synovial biopsy (I.P.)		No	Independent Procedure, Day Care, Diagnostic		€ 460	€ 183	€ 301	€ 69
3404	Acromioplasty		No			€ 713	€ 280	€ 364	€ 90
3405	Open acromio-clavicular joint, excision of		No			€ 516	€ 188	€ 262	€ 90
3407	Arthroscopy, shoulder, surgical; repair of SLAP lesion (I.P.)		No	Independent Procedure		€ 1,225	€ 560	€ 734	€ 262
3408	Arthroscopy, shoulder, surgical; with rotator cuff repair		No		Not claimable with codes 3401, 3402, 3411, 3414 or 3416 - see code 238069.	€ 1,338	€ 419	€ 801	€ 279
3410	Acromio-clavicular joint, open reduction of		No			€ 730	€ 280	€ 373	€ 90
3411	Arthroscopic subacromial decompression, includes diagnostic arthroscopy (code 3403)		No		Not claimable with codes 3401, 3403, 3408, 3412, 3413, 3416 or 3417.	€ 786	€ 297	€ 404	€ 90
3412	Arthroscopic excision outer end of clavicle		No		Not claimable with codes 3408, 3411 or 3413.	€ 648	€ 246	€ 366	€ 90
3413	Arthroscopic excision outer end of clavicle/ subacromial decompression, includes diagnostic arthroscopy (Code 3403)		No		Not claimable with codes 3403, 3408, 3411, 3412, 3416 or 238067.	€ 922	€ 345	€ 482	€ 90

HUMERUS AND SHOULDER

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
3414	Arthroscopy, shoulder, surgical; biceps tenodesis		No		Not claimable with code 3401, 3416 - see code 238072.	€ 1,124	€ 419	€ 675	€ 236
3416	Arthroscopy, shoulder, surgical; with rotator cuff repair and decompression of subacromial space by bursectomy and/ or acromioplasty		No		Not claimable with codes 3401, 3402, 3408, 3411, 3414 - see code 238072.	€ 1,607	€ 827	€ 960	€ 518
3417	Arthroscopic treatment of calcific tendonitis		No			€ 820	€ 323	€ 379	€ 90
3420	Arthrodesis, humerus/ shoulder		No			€ 1,398	€ 546	€ 677	€ 117
3430	Biopsy, synovial, humerus/ shoulder (I.P.)		No	Independent Procedure, Diagnostic		€ 164	€ 69	€ 201	€ 48
3435	Capsulotomy (acute capsulitis)		No			€ 414	€ 139	€ 213	€ 71
3440	Disarticulation, humerus/ shoulder		No			€ 1,469	€ 560	€ 773	€ 120
3445	Dislocation, open reduction of, humerus/ shoulder (I.P.)		No	Independent Procedure		€ 1,202	€ 467	€ 607	€ 90
3450	Dislocation, acute, manipulation under general anaesthetic, humerus/ shoulder		No	Day Care		€ 310	€ 71	€ 211	€ 49
3455	Dislocation, open recurrent, operation for, humerus/ shoulder (I.P.)		No	Independent Procedure		€ 1,234	€ 467	€ 624	€ 90
3456	Latarjet procedure including diagnostic arthroscopy (I.P.)		No	Independent Procedure		€ 1,666	€ 764	€ 1,001	€ 472
3457	Open shoulder stabilisation (labral/ capsular repair) for multidirectional instability including examination under anaesthesia (EUA) and arthroscopy (I.P.)		No	Independent Procedure		€ 1,436	€ 650	€ 866	€ 395
3465	Fractured clavicle, closed reduction of		No			€ 291	€ 113	€ 202	€ 48
3470	Fractured clavicle, open reduction of		No			€ 736	€ 280	€ 375	€ 90
3471	Open reduction internal fixation and bone grafting non union of a fracture of the clavicle		No			€ 918	€ 404	€ 473	€ 228
3475	Fractured humerus, open reduction with internal fixation		No			€ 985	€ 373	€ 499	€ 90
3480	Fractured humerus, open reduction and bone graft		No			€ 1,234	€ 467	€ 624	€ 90
3485	Fractured humerus, closed reduction of		No			€ 378	€ 139	€ 207	€ 71
3495	Manipulation of shoulder joint under general anaesthetic (I.P.)		No	Independent Procedure, Day Care		€ 211	€ 46	€ 228	€ 48

HUMERUS AND SHOULDER

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
3500	Open repair of capsule (in rotator cuff injuries) humerus/ shoulder (I.P.)		No	Independent Procedure		€ 1,110	€ 419	€ 562	€ 90
3510	Subacromial bursectomy (I.P.)		No	Independent Procedure		€ 839	€ 319	€ 426	€ 88
3515	Tendon transplant about shoulder		No			€ 860	€ 327	€ 437	€ 90
234936	Superior capsular reconstruction (I.P.)		No	Independent Procedure		€ 1,850	€ 419	€ 773	€ 279
238067	Shoulder arthroscopy (glenohumeral) with additional decompression of subacromial space via different port, lysis/ resection of adhesions, removal of loose/ foreign body, synovectomy +/- debridement (I.P.)		No	Independent Procedure		€ 911	€ 345	€ 477	€ 90
238069	Combined arthroscopic suture capsulorrhaphy for anterior shoulder instability and arthroscopic subacromial decompression, includes diagnostic arthroscopy (code 3403) (I.P.)		No	Independent Procedure	Cannot be charged in combination with codes 3402, 3403 or 3411.	€ 1,855	€ 948	€ 907	€ 461
238072	Arthroscopy, shoulder, surgical; with rotator cuff repair, biceps tenodesis and decompression of subacromial space by bursectomy and/ or acromioplasty (I.P.)		No	Independent Procedure	Cannot be charged in combination with codes 3414 or 3416.	€ 2,103	€ 1,066	€ 1,257	€ 636

KNEE AND LOWER LEG

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
3795	Arthrodesis, knee		No			€ 1,139	€ 455	€ 551	€ 88
3815	Baker's cyst, excision of		No	Day Care		€ 713	€ 280	€ 365	€ 90
3816	Bone transportation		No			€ 1,012	€ 387	€ 513	€ 88
3817	Removal of fixator device, tibia	Yes	No	Day Care		€ 282	€ 113	€ 196	€ 69

KNEE AND LOWER LEG

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
3818	Arthroscopy of knee, surgical; with lateral release		No	Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.	€ 508	€ 241	€ 300	€ 150
3819	Arthroscopy, knee, diagnostic, with or without synovial biopsy (I.P.)		No	Independent Procedure, Day Care, Diagnostic	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.	€ 414	€ 164	€ 317	€ 71
3820	Cartilage(s), removal of, knee		No	Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.	€ 646	€ 250	€ 389	€ 88
3821	Arthroscopy and removal of cartilage, knee, with meniscectomy (medial or lateral including meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed (I.P.)		No	Independent Procedure, Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Cannot be charged in conjunction with code 3838. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.	€ 801	€ 256	€ 411	€ 90

KNEE AND LOWER LEG

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
3822	Arthroscopy of the knee for removal of loose body or foreign body, synovectomy, debridement (I.P.)		No	Independent Procedure, Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.	€ 668	€ 256	€ 404	€ 90
3825	Corrective osteotomy of tibia in region of knee		No			€ 1,068	€ 419	€ 542	€ 90
3830	Corrective osteotomy of tibia in region of ankle		No			€ 829	€ 327	€ 421	€ 90
3831	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)		No	Independent Procedure	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. An ILH Checklist must be completed and attached to the claim.	€ 1,256	€ 651	€ 753	€ 405
3832	Arthroscopy, knee, surgical; osteochondral allograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)		No	Independent Procedure	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.	€ 1,572	€ 820	€ 944	€ 513
3833	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion) medical or lateral) (I.P.). Patient must have undergone a 6 weeks course of Physiotherapy		No	Independent Procedure	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.	€ 2,047	€ 730	€ 1,227	€ 438

KNEE AND LOWER LEG

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
3834	Arthroscopy, knee, surgical; for infection, lavage and drainage (I.P.)		No	Independent Procedure		€ 572	€ 200	€ 345	€ 120
3835	Cruciate ligaments, repair		No			€ 956	€ 373	€ 484	€ 120
3836	Arthroscopic anterior cruciate ligament reconstruction		No			€ 1,235	€ 467	€ 625	€ 90
3837	Arthroscopic anterior cruciate ligament reconstruction and meniscectomy (I.P.)		No	Independent Procedure		€ 1,519	€ 573	€ 775	€ 90
3838	Arthroscopic anterior cruciate ligament reconstruction and meniscal repair		No			€ 1,626	€ 613	€ 832	€ 90
3839	Arthroscopy of knee with meniscus repair by suture fixation (medial and/ or lateral)		No	Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Cannot be charged in conjunction with code 3821. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.	€ 969	€ 366	€ 491	€ 90
3840	Drainage of joint in acute infection		No			€ 417	€ 139	€ 208	€ 71
3845	Exploration of joint, knee/ lower leg		No			€ 598	€ 233	€ 309	€ 71
3850	Fixed flexion of knee, soft tissue operations for		No			€ 955	€ 373	€ 485	€ 90
3855	Fracture dislocation of knee joint, operations for		No			€ 1,277	€ 500	€ 650	€ 95
3860	Fracture of tibia (condylar) open reduction of		No			€ 1,197	€ 467	€ 605	€ 90
3865	Fracture of tibial shaft, open reduction and internal fixation		No			€ 1,197	€ 467	€ 605	€ 90
3870	Fracture of tibial shaft, closed reduction of		No			€ 405	€ 139	€ 208	€ 90
3871	Fracture of tibial shaft, closed intra-medullary, interlocking nail		No			€ 1,143	€ 521	€ 593	€ 291

KNEE AND LOWER LEG

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
3872	Arthroscopically aided treatment of intercondylar spine(s) and/ or tuberosity fracture(s) of the knee, with or without manipulation; without external fixation (includes arthroscopy) (I.P.)		No	Independent Procedure		€ 660	€ 241	€ 398	€ 144
3873	Arthroscopically aided treatment of intercondylar spine(s) and/ or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) (I.P.)		No	Independent Procedure		€ 1,083	€ 396	€ 650	€ 238
3874	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation when performed (includes arthroscopy) (I.P.)		No	Independent Procedure		€ 901	€ 321	€ 539	€ 193
3876	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy) (I.P.)		No	Independent Procedure		€ 1,133	€ 416	€ 679	€ 249
3880	Lateral ligaments, repair		No			€ 835	€ 327	€ 424	€ 90
3885	Manipulation under general anaesthetic, knee/ lower leg (I.P.)		No	Independent Procedure		€ 158	€ 47	€ 210	€ 49
3890	Osteochondritis dissecans, Smillies operation for		No			€ 515	€ 188	€ 261	€ 71
3895	Patellectomy or open reduction of fractured patella		No			€ 835	€ 327	€ 424	€ 90
3896	Resurfacing of patella		No			€ 705	€ 321	€ 365	€ 179
3900	Pre patellar bursa, removal of		No	Day Care		€ 478	€ 188	€ 243	€ 71
3905	Plication of vastii, etc.		No			€ 491	€ 188	€ 250	€ 71
3912	Reconstruction of knee, (anterior cruciate)		No			€ 1,168	€ 467	€ 591	€ 90
3915	Quadriceps mechanism, repair		No			€ 835	€ 327	€ 424	€ 90
3920	Slipped epiphysis, stapling of, or epiphysiodesis		No			€ 1,103	€ 373	€ 566	€ 90
3925	Slipped epiphysis (tibial and femoral combined), stapling of, or epiphysiodesis		No			€ 1,168	€ 467	€ 591	€ 90
3930	Slipped epiphyses (bilateral tibial), stapling of		No			€ 959	€ 364	€ 505	€ 88

KNEE AND LOWER LEG

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
3931	Slocum's or similar procedure		No			€ 1,175	€ 455	€ 615	€ 88
3935	Synovectomy		No			€ 955	€ 373	€ 485	€ 90
3940	Synovial biopsy, knee/ lower leg		No	Diagnostic, Day Care		€ 188	€ 71	€ 204	€ 49
3944	Reconstruction (advancement) posterior tibial tendon with excision of accessory tarsal navicular bone (e.g. Kidner type procedure)		No			€ 591	€ 276	€ 361	€ 184
3945	Tendon transplants about knee joint		No			€ 955	€ 373	€ 485	€ 90
3950	Transplant of tibial tubercle		No			€ 931	€ 364	€ 473	€ 88
3951	Decompression fasciotomy, leg		No			€ 430	€ 196	€ 221	€ 111
5890	Ligament reconstruction at the knee joint (I.P.)		No	Independent Procedure		€ 1,226	€ 467	€ 621	€ 90
5891	Ligament reconstruction of the knee joint using autogenous graft (I.P.)		No	Independent Procedure		€ 1,226	€ 467	€ 621	€ 90
275850	Extraction and reinfusion autologous (platelet rich plasma) anti-inflammatory injection for early knee mild to moderate osteoarthritis - Zimmer NStride	Yes	No	Side Room	Consultant must conduct the injection.	€ 111	€ 52		

MUSCLE

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
1380	Muscle, repair and suture of		No			€ 496	€ 188	€ 250	€ 71
1385	Muscle biopsy	Yes	No	Diagnostic, Side Room		€ 168	€ 71	€ 207	€ 49
4263	Chemodeneration of muscle(s); extremity(ies) and/ or trunk muscle(s) (e.g. for dystonia, cerebral palsy, multiple sclerosis)	Yes	No	Side Room		€ 180	€ 84		

NERVES

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
1390	Nerve biopsy	Yes	No	Diagnostic		€ 322	€ 139	€ 201	€ 49
1395	Nerve repairs (primary) (I.P.)		No	Independent Procedure		€ 969	€ 364	€ 484	€ 88
1400	Nerve suture (secondary, including grafting and anastomosis)		No			€ 1,056	€ 409	€ 532	€ 88
1406	Neuroma, excision of		No	Day Care		€ 379	€ 165	€ 211	€ 92
1407	Neurectomy		No			€ 532	€ 232	€ 270	€ 129
5600	Peripheral nerve repairs		No			€ 961	€ 373	€ 479	€ 90
5605	Peripheral nerve tumour, excision of		No	Day Care		€ 835	€ 327	€ 420	€ 90

OTHER ORTHOPAEDIC PROCEDURES

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
3130	Application of plaster of paris casts as a separate procedure not associated with concurrent surgery (I.P.)	Yes	No	Independent Procedure, Day Care		€ 122	€ 56	€ 207	€ 109
4264	Arthroscopy (joints not otherwise specified) (I.P.)		No	Independent Procedure, Diagnostic		€ 238	€ 91	€ 301	€ 69
4265	Arthrotomy for removal of loose bodies		No	Day Care		€ 467	€ 188	€ 237	€ 71
4270	Biopsy of tumour of long bones, open		No	Diagnostic		€ 250	€ 93	€ 208	€ 71
4272	Excision of large malignant bone tumours for limb conservation		No			€ 2,098	€ 546	€ 1,069	€ 225
4273	Excision of large malignant bone tumours for limb conservation including prosthetic insertion		No			€ 2,703	€ 652	€ 1,400	€ 231
4275	Application of body cast (surgery benefit includes removal)		No	Day Care		€ 478	€ 188	€ 243	€ 54
4280	Bone cysts (long bones only), excision		No			€ 583	€ 227	€ 295	€ 69
4285	Bursectomy, large joints		No	Day Care		€ 478	€ 188	€ 243	€ 97
4289	Bone graft harvest		No			€ 152	€ 88		

OTHER ORTHOPAEDIC PROCEDURES

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
4295	Exostosis of long bones, removal		No			€ 503	€ 188	€ 256	€ 71
4300	Fracture sternum and ribs, operative reduction		No			€ 569	€ 227	€ 494	€ 117
4301	Limb lengthening (upper or lower limb) including osteotomy procedure and application of fixator devices		No			€ 1,432	€ 560	€ 727	€ 139
4310	Partial excision of osteomyelitic bone (e.g. cauterisation, craterisation), bones of foot, ankle (including malleoli), hand or wrist, with or without bone grafting (not for bone biopsy) (I.P.)		No	Independent Procedure		€ 566	€ 209	€ 282	€ 71
4320	Removal of plates, pins, screws; superficial (I.P.)	Yes	No	Independent Procedure, Side Room		€ 83			
4325	Removal of plates, pins, screws; under general anaesthetic (I.P.)		No	Independent Procedure, Day Care		€ 285	€ 90	€ 171	€ 54

SACRO ILIAC JOINT

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
3605	Arthrodesis, sacro iliac joint (I.P.)		No	Independent Procedure		€ 1,286	€ 500	€ 674	€ 117
3610	Aspiration, sacro iliac joint	Yes	No	Side Room		€ 116	€ 46	€ 197	€ 48
3615	Biopsy of sacro iliac joint region	Yes	No	Diagnostic		€ 217	€ 69	€ 196	€ 48
3620	Injection of sacro iliac joint region (I.P.)	Yes	No	Independent Procedure, Side Room		€ 127	€ 47		
3625	Pelvic osteotomy bilateral in ectopia vesica		No			€ 1,482	€ 455	€ 762	€ 136

TENDONS

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
1410	Tendon repairs (primary), single		No			€ 769	€ 188	€ 457	€ 90
1415	Tendon repairs (primary), multiple		No			€ 994	€ 373	€ 499	€ 120
1420	Tendon sheath, incision of		No			€ 250	€ 93	€ 211	€ 49
1425	Tenotomy	Yes	No	Day Care		€ 244	€ 93	€ 207	€ 49
1426	Tenolysis (I.P.)		No	Independent Procedure, Day Care		€ 496	€ 188	€ 250	€ 90

WRIST

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
3159	Arthroscopy of the wrist (I.P.)		No	Independent Procedure, Day Care, Diagnostic		€ 425	€ 183	€ 301	€ 69
3160	Arthrodesis, using bone graft		No			€ 1,103	€ 419	€ 559	€ 97
3161	Arthroscopy, wrist, surgical; for infection, lavage and drainage (I.P.)		No	Independent Procedure, Day Care		€ 498	€ 179	€ 301	€ 108
3162	Arthroscopy, wrist, surgical; synovectomy, partial (I.P.)		No	Independent Procedure, Day Care		€ 559	€ 194	€ 338	€ 117
3163	Arthroscopy, wrist, surgical; synovectomy, complete (I.P.)		No	Independent Procedure, Day Care		€ 624	€ 224	€ 374	€ 134
3164	Arthroscopy, wrist, surgical; excision and/ or repair of triangular fibrocartilage and/ or joint debridement (I.P.)		No	Independent Procedure, Day Care		€ 593	€ 206	€ 352	€ 124
3166	Arthroscopy, wrist, surgical; internal fixation for fracture or instability (I.P.)		No	Independent Procedure		€ 590	€ 210	€ 355	€ 126
3175	Bone grafting operation on scaphoid		No			€ 855	€ 280	€ 435	€ 90
3176	Herbert screw fixation, scaphoid		No			€ 648	€ 246	€ 332	€ 90
3180	Carpal bone (lunate scaphoid trapezium), excision of		No			€ 490	€ 188	€ 250	€ 71
3184	Injection, therapeutic (e.g. local anaesthetic corticosteroid for the relief of symptoms of carpal tunnel syndrome) under ultrasound guidance (I.P.)	Yes	No	Independent Procedure, Side Room		€ 137	€ 64		

WRIST

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
3185	Carpal tunnel, decompression (I.P.)		No	Independent Procedure, Day Care		€ 372	€ 139	€ 234	€ 71
3190	Carpus or peri-carpal dislocations, manipulation		No			€ 386	€ 139	€ 211	€ 54
3191	Endoscopy, wrist, surgical, with release of transverse carpal ligament		No	Day Care		€ 470	€ 206	€ 250	€ 118
3192	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint		No	Day Care		€ 553	€ 244	€ 283	€ 135
3195	Corrective osteotomy of lower end of radius		No			€ 730	€ 280	€ 373	€ 90
3200	Dislocation of wrist, open reduction of		No			€ 730	€ 280	€ 373	€ 71
3205	Fracture (Colles'), internal fixation of		No			€ 572	€ 188	€ 317	€ 90
3210	Fracture (Colles'), manipulation and plaster of paris		No	Day Care		€ 337	€ 116	€ 228	€ 71
3211	Fracture of distal radius, external fixation of		No			€ 373	€ 140	€ 211	€ 49
3225	Ganglion, surgical removal of		No	Day Care		€ 373	€ 139	€ 211	€ 49
3229	Intercarpal fusion		No			€ 617	€ 240	€ 316	€ 88
3230	Nerve block for pain control, wrist joint	Yes	No	Side Room		€ 121	€ 47		
3235	Nerve, median and ulnar nerve, repair of		No			€ 1,265	€ 467	€ 658	€ 90
3240	Nerve, median or ulnar nerve, repair of		No			€ 979	€ 373	€ 477	€ 71
3245	Radial styloid, excision of		No			€ 376	€ 136	€ 208	€ 88
3250	Sympathetic block	Yes	No	Side Room		€ 238	€ 91		
3255	Synovectomy of wrist joint		No	Day Care		€ 730	€ 280	€ 373	€ 90
3260	Tendon, repair at wrist, single		No			€ 516	€ 188	€ 262	€ 71
3265	Tendons, repair at wrist, multiple		No			€ 760	€ 273	€ 391	€ 88
3270	Tendon transfer about the wrist, single		No			€ 648	€ 233	€ 332	€ 90
3271	Tendon transfer about the wrist, multiple		No			€ 967	€ 349	€ 490	€ 120
3275	Ulna, lower end of (malunited Colles'), excision of		No			€ 428	€ 139	€ 228	€ 90
3276	Internal fixation of Smith's or Barton's fracture		No			€ 690	€ 261	€ 366	€ 90

WRIST

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
3277	Manipulation of wrist under general anaesthetic (to gain loss of motion following a surgical procedure or due to scar tissue)		No	Day Care		€ 331	€ 153	€ 211	€ 95