



Irish Life
health

General Surgery Ground Rules

2019

1. GENERAL SURGERY BENEFIT

The benefit for major and minor general surgery includes all care associated with the diagnostic procedure, pre-operative assessment, the operative procedure, autogenous graft material harvesting unless otherwise stated, removal of sutures after the main procedure, all radiological self-guidance associated with the procedure including ultrasound, conscious sedation, local or regional anaesthesia when administered by the consultant and all necessary follow-up care until the patient is discharged. In-patient attendance/ consultation benefit is not payable with the major and minor surgery and/ or diagnostic procedure benefit except as outlined below in rule 2.

2. DIAGNOSTIC PROCEDURES

If a procedure is marked “Diagnostic” and is carried out during a medically necessary (as defined) hospital stay involving **active** treatment of the patient (each day of admission must include active treatment including weekends and public holidays) and the patient remains an inpatient in excess of three days, then 100% of the procedure benefit is payable in addition to in-patient attendance benefit.

3. OUT-PATIENT ROOMS CONSULTATION

An outpatient room’s consultation should include a full history and examination for a new patient, or an existing patient with new symptoms. This consultation is an allowable outpatient Irish Life Health member benefit (subject to the member policy held).

Where a procedure, as set out in the “Minor Procedures Schedule” is performed, the procedure fee for the appropriate setting will be paid by Irish Life Health to the consultant by means of the direct settlement system.

For purposes of clarity, the consultant may charge the Irish Life Health member for the cost of the initial room’s consultation if performed at the time of the procedure and such consultation fee will be an eligible charge from the member to Irish Life Health for inclusion in their annual outpatient claim subject to the member policy held).

No further outpatient consultation fee should be incurred by the Irish Life Health member where subsequent treatments are directly linked to the initial diagnosis and procedure performed (as listed).

Please see Minor Procedures Schedule with in the General Surgery section of the website.

4. ECHOCARDIOGRAPHY

Where the admitting consultant requests a second opinion from a consultant cardiologist which satisfies Irish Life Health’s criteria for in-patient consultation benefit, and a procedure code 5008, 5022, 5036, 5108, 5132 is performed at the same time or during the course of the in-patient stay, benefit for the in-patient consultation will be payable to the consultant cardiologist instead of the procedure benefit.

5. MULTIPLE PROCEDURES

a) Where more than one procedure is performed during the same admission, irrespective of whether or not the procedures are in fact carried out at the same time, benefit is payable for a

maximum of three such procedures as follows:

- > 100% of the highest valued procedure
- > 50% of the second highest valued procedure
- > 25% of the third highest valued procedure

A detailed submission must be made by the patient's consultant to Irish Life Health, if any such procedures are carried out at different times and it is suggested that it is medically appropriate to do this. The circumstances of each case will then be considered by Irish Life Health's clinical advisors.

b) When serious multiple injuries require an unusual and prolonged single session in theatre necessitating the repair of multiple fractures these cases will be reviewed for benefit payment on an individual basis following the submission of a comprehensive medical report.

For the less complex cases, the payment method is as outlined in (a) above.

6. INDEPENDENT PROCEDURE (I.P.)

A procedure marked "I.P." is reimbursed only when it is performed alone or independently and not when it is performed on the same day as another procedure. However, in the event that an I.P. is performed alongside another procedure, Irish Life Health will allow benefit for the higher valued outcome i.e. either the I.P. code, should the rate for that procedure be higher, or the codes used in combination, in the event that this combination is higher than the I.P. rate.

7. SCOPE OF BENEFIT

Some of the procedures, by definition, embrace lesser procedures which may be listed in their own right in the schedule. The lesser procedures attract benefit only when performed alone for a specific purpose but not when they form an integral part of another procedure.

8. ONE NIGHT ONLY

If a particular treatment or investigation is marked "One Night Only" Irish Life Health will pay the full benefit for hospital charges, in accordance with the member's plan, for admissions not exceeding 24 hours. If the member meets the eligibility criteria for a medically necessary in-patient stay, as listed below, Irish Life Health will pay the in-patient charges for one extra pre-operative night. The consultant benefits for these procedures are not affected by this rule.

Benefit for one pre-operative night will be provided for the following categories of patients:

- > **ASA Class III**
Severe systemic disturbances or disease from whatever cause, even though it may not be possible to define the degree of disability with finality. Examples: severely limiting organic heart disease, severe diabetes with vascular complications, moderate to severe degrees of pulmonary insufficiency, angina pectoris or healed myocardial infarction.

> **ASA Class IV**

Where the patient was referred by the GP or from A&E to the consultant as an emergency on the day of admission and a decision was made by the consultant that admission was medically necessary.

> **Emergency Admissions**

Where the patient was referred by the GP or from A&E to the consultant as an emergency on the day of admission and a decision was made by the consultant that admission was medically necessary.

> **Obese Patients**

Patients with a BMI > 35

> **Distance**

Where the distance a member has to travel is more than 100 kilometres from the facility where the procedure is to be performed.

Note: The above refers to eligibility for Irish Life Health benefit. It does not preclude the patient from requesting in-patient admission for their own convenience. However, in such cases the patient would be liable themselves for the additional charges.

9. DAY CARE

If a particular treatment or investigation is marked "Day Care" and:

a) It is the only treatment given or

b) It is carried out for investigation only and is not part of continuing in-patient treatment

Irish Life Health will pay the full benefit for hospital charges in accordance with the members plan only if the treatment is provided while the member is a day patient.

If the day care procedure is performed in an in-patient setting (private, semi-private, or public ward) the approved day care charge only is payable. If the member meets the eligibility criteria for a medically necessary in-patient stay, as listed below, we will pay the in-patient hospital charges. The consultant benefits for these procedures are not affected by this rule.

A day case procedure is in the main a procedure that requires medically necessary general anaesthesia or "heavy" sedation and occupies a recognised and listed day case bed in an approved day case unit for 6 or more hours following the procedure.

The following are the specific criteria that determine eligibility for an in-patient stay for procedures that are designated as day care in the Schedule of Benefits for Professional Fees.

Patients categorised as falling into the following ASA classes are considered suitable for day case surgery and benefit will not be provided for an in-patient stay:

> **ASA Class 1**

The Patient has no organic, physiological, biochemical or psychiatric disturbance. The pathological process for which surgery is to be performed is localised and does not entail a systemic disturbance. Examples: a fit patient with a medical condition not the subject of this claim such as an inguinal hernia or a fibroid uterus in an otherwise healthy woman.

> **ASA Class II**

Mild to moderate systemic disturbance caused either by the condition to be treated surgically or by other pathophysiological processes. Examples: slightly limiting organic heart disease, mild diabetes, essential hypertension or anaemia.

> **Patients Requiring Investigation Only**

Patients undergoing designated day care procedures requiring other investigations, such as pathology, radiology, ultrasound or MRI, but who do not require the intensity of service that would justify an in-patient admission (for example, patients who do not require intravenous treatment, intensive monitoring of vital signs or other active management that could only have been provided in an acute hospital setting).

Note: The above refers to eligibility for Irish Life Health benefit. It does not preclude the patient from requesting in-patient admission for their own convenience.

However, in such cases the patient would be liable themselves for the additional charges.

Benefit for both a pre and a post-operative night will be provided for the following categories of patients.

> **ASA Class III**

Severe systemic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability with finality. Examples: severely limiting organic heart disease, severe diabetes with vascular complications, moderate to severe degrees of pulmonary insufficiency, angina pectoris or healed pectoris or healed myocardial infarction.

> **ASA Class IV**

Severe systemic disorders that are already life threatening, not always correctable by operation. Examples: patients with organic heart disease showing marked signs of cardiac insufficiency, persistent angina, or active myocarditis, advanced degrees of pulmonary, hepatic, renal or endocrine insufficiency.

> **Emergency Admissions**

Where the patient was referred by the GP or from A&E to the consultant as an emergency on the day of admission and a decision was made by the consultant that admission was medically necessary.

> **Obese Patients**

Patients with a BMI > 35

Benefit will be provided for one post-operative in-patient night (or more than one if events are persistent) in the event of any of the following occurring:

- > Post-operative nausea and/ or vomiting not responsive to initial post operative use of parenteral antiemetics
- > Post-operative pain persisting longer than the routine post operative analgesia regime and requiring the use of parental analgesia
- > Parenteral antibiotic therapy required post operatively
- > Where a drain is left in situ following the excision of a breast lump or lipoma
- > Indwelling catheter required overnight post cystoscopy

- > Haematuria post cystoscopy with obstruction severe enough to require manual sterile irrigation or continuous bladder irrigation overnight.
- > Abnormal vital signs post operatively following general anaesthesia
- > Previous adverse reaction to anaesthesia

Benefit will be provided for either a pre or post-operative night if the following applies:

- > **Distance**

Where the distance a member has to travel is more than 100 km from the facility where the procedure is to be performed. If the procedure is performed early in the morning benefit will be provided for a pre operative night. If the procedure is performed in the afternoon benefit will be provided for a post operative night.

10. SIDE ROOM ONLY

Certain procedures are designated "Side Room Only". These are procedures carried out on a day care basis where it is not envisaged that the patient will require an extended period of recovery before resuming their normal activities of daily living.

However in exceptional cases, should a general anaesthetic be required, this must be certified by the patient's consultant as medically necessary and the procedure should then take place in an area with appropriate standards of anaesthetic equipment and appropriately trained nursing staff.

This must be approved by the Irish Life Health clinical advisors. If agreed, Irish Life Health will pay the approved hospital benefits. However, if not approved, the hospital will only be paid the Irish Life Health side room hospital benefit.

Professional fee benefits are not affected by this designation. This will only apply in an Irish Life Health approved facility.

11. ELIGIBILITY CRITERIA FOR DAY CARE OR IN-PATIENT ADMISSION FOR DESIGNATED SIDE ROOM PROCEDURES

The following are the specific criteria that determine eligibility for either a day case admission or an inpatient admission for procedures that are designated as side room in the Schedule of Benefits for Professional Fees.

Patients falling into the following categories are considered suitable to have designated side room procedures in the side room setting and benefit will not be provided for either a day case or inpatient admission.

- > ASA Classes I – IV
- > Patients Requiring Investigation Only

Patients undergoing designated side room procedures requiring other investigations, such as pathology, radiology, ultrasound or MRI, but who do not require the intensity of service that would justify an inpatient admission (for example, patients who do not require intravenous treatment, intensive monitoring of vital signs or other active management that could only have been provided in an acute hospital setting).

Benefit will be provided for in-patient admission for the following patients only:

- > Where medically necessary
- > If the condition of the patient, the severity of the disease or the intensity of other services provided (for example, patients who require intravenous treatment, intensive monitoring of vital signs or other active management which could only have been provided in an acute hospital setting) would otherwise justify an in-patient stay.

12. POSTPONED SURGERY

If, on examination, the patient is deemed unfit for surgery and the admitting consultant proceeds to treat the patient in a medical capacity, the in-patient attendance benefit is payable.

13. SURGERY COMPLICATIONS

The overall surgery/ procedure benefit includes services furnished during an additional operating theatre setting to correct complications.

14. TWO SURGEONS OR SURGICAL TEAM

Irish Life Health recognises that there are valid circumstances when the procedure being done requires the participation of two surgeons or a surgical team (more than two surgeons). In these cases, the additional surgeons are not acting as assistants at surgery but because of the procedure(s) or the patient's particular condition or both, two surgeons or a surgical team are required to meet the patient's surgical needs. Benefit payable in these cases will be determined in consultation with Irish Life Health clinical advisors, upon receipt of supporting medical evidence.

15. ASSISTANT AT SURGERY

The general surgery benefits are inclusive of the services of an assistant.

16. INCIDENTAL SURGERY

Benefit is not payable for surgery which is not medically necessary, but which is performed incidental to other therapeutic surgery.

17. PRE-APPROVAL

In order to qualify for benefit, for procedures marked "pre-approval", a detailed submission must be made by the patient's consultant to the Irish Life Health claims department in advance of treatment. The pre-approval must be authorised by Irish Life Health's clinical/ dental advisors prior to being performed, as listed throughout the Schedule of Benefits for Professional Fees.

Note for specific maxillofacial/ oral/ dental procedures, this rule will not apply to consultant maxillofacial surgeons or oral surgeons (on the Register of Oral Surgeons as maintained by the Irish Dental Council).

18. PROCEDURES WHICH DO NOT COMPLY WITH IRISH LIFE HEALTH IN CONDITIONS OF PAYMENT

If a consultant decides to carry out a procedure which does not comply with the Irish Life Health's conditions of payment, for certain procedures as indicated throughout the Schedule, the consultant must give advance notice to the patient that the costs involved will not be payable by Irish Life Health. Any charges made are, therefore, a matter between the patient and the consultant.

19. USE OF ROBOTIC SURGERY

Unless indicated otherwise, reimbursement for such procedures will be at the rate pertaining to laparoscopic surgery.

20. DEFINITION OF MOHS SURGERY FOR CODES 1581, 1582, 1583, 1584, 1586, 1597, 1598, 1599, 1604

Moh's micrographic surgery is a technique for the removal of complex or ill-defined skin cancer with histologic examination of 100% of the surgical margins. It requires a single consultant to act in two integrated but separate and distinct capacities: surgeon and pathologist. If either of these responsibilities is delegated to another consultant who reports the services separately, these codes should not be reported. The Mohs consultant dermatologist removes the tumour tissue and maps and divides the tumour specimen into pieces, and each piece is embedded into an individual tissue block for histopathologic examination. Thus a tissue block on Mohs surgery as an individual tissue piece embedded in an amounting medium for section (irrespective of the number of sections cut from the block for slide preparation). When Mohs surgery is performed on a single tumour but is carried over to a second day, the first layer (stage) on the next day should continue with the next code in the series. For example, if the surgery after the first layer was postponed until the second day, then coding the second day surgery starts with 1582 or 1584 but not code 1581 or 1583 because not de-bulking is necessary on the second day. It may be necessary to use a number of combinations of Mohs codes to report the extent of surgery carried out, therefore the benefit assigned to each code 1581, 1582, 1583, 1584, or 1596 is payable in full including multiples of codes 1582, 1584, and 1596. In exceptional cases where two different tumours in different sites (e.g. one on hand and one on foot) are removed during the same session each is regarded as a separate session and benefits are payable for each separate tumour.

NOTE 1:

If repair closure, adjustment tissue transfer or rearrangement is performed use one of the codes 1597, 1598, 1599 or 1604, which is payable in full with the most codes listed above. In some cases the repair may be carried out by a Consultant Plastic Surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.

NOTE 2 - Conditions of payment:

1. Lesions located in anatomic areas with high risk of reoccurrence of tumour. These areas would involve involvement of the face (especially around nose, mouth, eyes and central third of face), external ear and tragus, temple, scalp, mucosal lesions, and nail bed and periungual areas

2. *Areas of important tissue preservation including the face, ears, hands, feet, perianal and genitalia*
3. *Is reoccurring or incompletely excised malignant lesions, regardless of anatomic region*
4. *Previously irradiated skin areas in any anatomic region*
5. *For exceptionally large (2cm or larger in diameter) or rapidly growing lesions in any anatomic region*
6. *Tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform [sclerosing], basosquamous [not atypical or keratinizing], perineural or perivascular involvement, infiltrating tumours, multi-centric tumours, contiguous tumours (i.e. BCC and SCC); squamous cell carcinomas (SCCs) ranging from under differentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular*
7. *Tumours with ill-defined borders*
8. *SCC associated with high risk of metastasis, including those arising in the following; Bowne's disease (squamous cell carcinoma in situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal and radiation injury; chronic sinuses and ulcers; and adenoid type lesions*
9. *The Consultant Dermatologist performing Mohs surgery must be registered with Irish Life Health and have completed fellowship training in Mohs surgery.*

21. CARDIOLOGY

The ACC/ AHA/ ESC guidelines for the management of patients with supraventricular arrhythmias will apply for the relevant procedures.