

Ear, Nose & Throat

Schedule of Benefits
for Professional Fees

BRONCHOSCOPY

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1994	Bronchoscopy; diagnostic, flexible with or without one of the following: (a) bronchoalveolar lavage, (b) cell washing or brushing, (c) bronchial biopsy (I.P.)		Independent Procedure, Day Care, Diagnostic	Where code 2004 or a code 2113 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.
1999	Bronchoscopy with laser ablation/ resection of tumour (I.P.)		Independent Procedure	
2004	Bronchoscopy with transbronchial biopsy of tumour(s), nodule(s) or lymph node(s) with or without fluoroscopic or endobronchial ultrasound (EBUS) guidance (includes washing or brushings, if performed) (I.P.)		Independent Procedure, Day Care, Diagnostic	Where Code 1994 or 2113 are 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.
2012	Bronchoscopy with or without bronchial biopsy (claimable for patients less than 2 years old) (I.P.)		Independent Procedure, Diagnostic	Benefit is claimable for patients less than 2 years old only.
2013	Bronchoscopy; rigid, under general anaesthetic (I.P.)		Independent Procedure, Day Care, Diagnostic	
2014	Bronchoscopy and airway evaluation in patients with suspected (on the basis of severe sleep disturbance) or proven sleep apnoea (I.P.)		Independent Procedure, Day Care, Diagnostic	
2020	Bronchoscopy with removal of foreign body (includes foreign body removal by rigid endoscopy) (I.P.)		Independent Procedure, Diagnostic	
231652	Bronchoscopy, rigid or flexible including fluoroscopic guidance with EBUS (endobronchial ultrasound) guided transtracheal and/or transbronchial sampling from one or two mediastinal and/ or hilar lymph node stations or structures (I.P.)		Independent Procedure, Side Room	
231653	Bronchoscopy, rigid or flexible including fluoroscopic guidance with EBUS (endobronchial ultrasound) guided transtracheal and/or transbronchial sampling from three or more mediastinal and/ or hilar lymph node stations or structures (I.P.)		Independent Procedure, Side Room	
941921	Combined bronchoscopy with laser ablation/ resection of tumour and full pulmonary function studies for the diagnosis and assessment of obstructive or restrictive lung disease (I.P.)		Independent Procedure, Side Room, Diagnostic	To be eligible for this benefit, the rules from codes 1999 & 2113 apply plus the procedures must be performed: (a) On the same day and (b) In the same approved Irish Life Health approved hospital and (c) By the same consultant.

CLINICAL TESTING

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1667	Aspirin desensitisation, to include all necessary sampling and monitoring of the patient during the procedure		Day Care	Benefit allowable for each desensitisation procedure. Benefit for procedure code 1667 is payable only for those patients who have been identified as having a positive aspirin challenge following investigations carried out under the procedure code 5985.

EAR

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1665	Atresia of auricle, 2 or 3 stages, correction of (per stage) (I.P.)		Independent Procedure	
1666	Attico antrostomy, unilateral			
1670	Excision/ repair external ear; soft tissue lesion(s), polyp/ polyps or repair of split ear lobe(s) or other trauma, one or both ears	Yes	Side Room	
1671	Debridement of ear canal and micro inspection of tympanic membrane unilateral or bilateral, requiring the use of an operating microscope and a hospital operating theatre e.g. in chronic otitis media or keratosis obturans (not for routine syringing, cleaning or the removal of impacted cerumen) (I.P.)	Yes	Independent Procedure, Side Room	
1672	Labyrinthectomy, with or without cryosurgery including other non excisional destructive procedures or perfusion of vestibuloactive drugs, single perfusion, transcanal		Side Room	
1675	Drainage of external ear, abscess or haematoma	Yes	Day Care	
1680	External auditory canal, excision of tumour		Day Care	
1685	External auditory canal, removal of exostosis or osteoma			
1686	External auditory canal, reconstruction of (meatoplasty) (e.g. for stenosis due to trauma, infection) (I.P.)		Independent Procedure, Day Care	
1690	Facial nerve decompression (in temporal bone)			
1695	Facial nerve graft (in temporal bone)			
1700	Foreign body, removal from ear, under general anaesthetic (I.P.)	Yes	Independent Procedure, Day Care	
1701	Labyrinthectomy; transcanal			
1710	Mastoidectomy, radical with or without labyrinthectomy			
1715	Mastoidectomy, simple			

EAR

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1730	Myringoplasty, surgery confined to drumhead and donor area (not for the removal of myringotomy tubes) (I.P.)		Independent Procedure, Day Care	
1735	Myringotomy, unilateral		Day Care	
1740	Myringotomy, bilateral		Day Care	
1741	Removal of drain tube(s) under general anaesthetic		Day Care	
1751	Pinna, total excision			
1752	Pinna, partial excision with flap reconstruction	Yes	Side Room	
1753	Pinna, partial excision and graft		Day Care	
1755	Preauricular sinus, excision of		Day Care	
1760	Saccus endolymphaticus for Meniere's Disease			
1770	Stapedectomy			
1771	Stapedectomy with plastic reconstruction of ossicles			
1785	Myringotomy with insertion of grommet		Day Care	
1786	Myringotomy, bilateral, with insertion of grommets		Day Care	
1788	Tympanic membrane repair, with or without site preparation or perforation for closure, with or without patch (not for the removal of myringotomy tubes) (I.P.)		Independent Procedure, Day Care	
1790	Tympanoplasty with elevation of tympanomeatal flap (I.P.)		Independent Procedure	
5980	Combined approach tympanoplasty (with mastoidotomy)			
309012	Debridement of post-mastoidectomy cavity and micro-inspection of tympanic membrane, unilateral and/or bilateral, in a hospital theatre via microscope	Yes		
309021	Transcranial excision of glomus tympanicum tumour (I.P.)		Independent procedure	
309022	Transmastoid excision of glomus tympanicum tumour (I.P.)		Independent procedure	

INJECTION

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
309669	Subcutaneous injection(s) of Tysabri (usually 2 x 150 mg pre filled syringe, or more if required) – all inclusive fee for use as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis		Side Room	Benefit is payable only for the following categories of adult patients: (a) Patients with single disease activity with at least one disease modifying therapy (DMT) with rapidly evolving severe relapsing remitting multiple sclerosis or with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling relapses in one year, and with 1 or more Gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a recent MRI (b) The procedure is subject to pre-certification for the initial infusion.

ENDOCRINOLOGY

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1673	Endocrine assessment of pituitary function, following pituitary surgery, to include initial consultation and assessment of the hypothalamic pituitary adrenal access, with or without free thyroxine testing and testosterone/ estradiol testing and all necessary sampling and monitoring of a patient during the procedure			

LARYNX

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
2030	Laryngoscopy, flexible/ rigid under topical anaesthesia (I.P.)	Yes	Independent Procedure, Side Room, Diagnostic	
2031	Laryngoscopy, direct, operative with biopsy (I.P.)		Independent Procedure, Day Care	
2032	Laryngoscopy, direct, with or without tracheostomy, with dilatation (I.P.)		Independent Procedure, Day Care	
2040	Laryngectomy, all forms including vertical hemi-laryngectomy and tracheostomy			
2050	Laryngofissure, external operation on			
2051	Laryngoplasty, (type 1 thyroplasty) including transcervical placement of an implant (e.g. for burns, reconstruction after partial laryngectomy or post thyroid surgery			
2053	Aryepiglottoplasty for the management of laryngomalacia in a multi-disciplinary team approach to care for a child under one year of age			
2054	Microsurgery with CO2 laser for the complete removal of laryngeal cancer			

LARYNX

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
2055	Lateral pharyngotomy			
2056	Microsurgery of larynx with complete removal of benign or malignant lesions (not for biopsy of lesions - code 2031) (I.P.)		Independent Procedure, Day Care	
2057	Vocal cord augmentation (injection of teflon)			
2058	Botulinum toxin injections for laryngeal dysphonia	Yes	Side Room	

MAXILLOFACIAL

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
3030	Tuberosity's, reduction of		Side Room	

NEUROLOGY

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1669	Infusion of Tysabri as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis		Side Room	Benefit is payable only for the following categories of adult patients: (a) Patients with single disease activity with at least one disease modifying therapy (DMT) with rapidly evolving severe relapsing remitting multiple sclerosis or with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling relapses in one year, and with 1 or more Gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a recent MRI (b) The procedure is subject to pre-certification for the initial infusion.

NOSE AND ACCESSORY SINUSES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1745	Nostril closure, for atrophic rhinitis			
1805	Epistaxis - posterior packing and/ or cautery (I.P.)	Yes	Independent Procedure, Side Room	
1810	Epistaxis, anterior ethmoidal and/ or internal maxillary artery ligation (I.P.)		Independent Procedure	
1815	Foreign body, removal from nose, under general anaesthetic		Day Care	

NOSE AND ACCESSORY SINUSES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1820	Polypectomy, single (I.P.)	Yes	Independent Procedure, Day Care	
1825	Polypectomy, multiple (I.P.)		Independent Procedure, Day Care	
1830	Accessory sinuses, open operations on, unilateral (including Caldwell Luc)			
1840	Accessory sinuses, open operations on, bilateral (including Caldwell Luc)			
1850	Antral biopsy		Diagnostic	
1855	Antral puncture (antrotomy) and washout unilateral (I.P.)		Independent Procedure, Side Room	
1860	Antral puncture (antrotomy) and washout bilateral (I.P.)		Independent Procedure, Day Care	
1875	Sinusotomy with or without biopsy, with mucosal stripping or removal of polyp(s)		Day Care	
1879	Nasal/ sinus endoscopy, surgical, with control of nasal haemorrhage, when medically necessary to perform under general anaesthetic (I.P.)		Independent Procedure, Day Care	
1880	Nasal/ sinus endoscopy, surgical, with antrostomy, unilateral		Day Care	
1885	Nasal/ sinus endoscopy, surgical, with antrostomy, bilateral		Day Care	
1890	Repair of choanal atresia, intranasal			
1895	Repair of choanal atresia, transpalatine			
1896	Crawford tube insertion, unilateral			
1897	Crawford tube insertion, bilateral			
1900	Ethmoid area, malignant tumour excision			
1904	Nasal/ sinus endoscopy (using an endoscope), diagnostic, unilateral or bilateral (this code is not payable for planned routine follow-ups to any other ENT procedure e.g. for splint, removal, washout, healing check etc.) (I.P.)	Yes	Independent Procedure, Side Room, Diagnostic	

NOSE AND ACCESSORY SINUSES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1905	Nasal/ sinus endoscopy, surgical with biopsy, polypectomy or removal of diseased mucosa, lesions or debridement (this code is not payable for planned routine follow-ups to any other ENT procedure e.g. for splint, removal, washout, healing check etc.) (I.P.)		Independent Procedure, Side Room, Diagnostic	
1910	Ethmoidectomy, extranasal, unilateral			
1915	Ethmoidectomy, extranasal, bilateral			
1920	Ethmoidectomy, intranasal, unilateral			
1925	Ethmoidectomy, intranasal, bilateral (includes code 1992)			Includes Code 1992.
1935	External frontal sinus exploration			
1940	External frontal sinus operation for malignant disease			
1945	External rhinotomy, with drainage of ethmoid frontal or maxillary sinuses			
1968	Nasal septum, insertion of prosthetic button		Day Care	
1969	Plastic repair of nasal septum (complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session) (I.P.)		Independent Procedure	
1970	Nasal septum, submucous resection of			
1980	Naso pharyngeal tumour, excision of			
1985	Oro antral fistula, closure of by means of surgical advancement of mucoperiosteal flap (does not apply for simple suturing or closure of socket immediately following extraction e.g. tooth/ teeth) (I.P.)		Independent Procedure, Day Care	
1990	Cauterisation and/ or ablation, mucosa of turbinates, unilateral or bilateral, any method, superficial (I.P.)	Yes	Independent Procedure, Day Care	
1992	Nasal/ sinus endoscopy, surgical with ethmoidectomy (partial or total) bilateral			May not be charged in conjunction with code 1993.
1993	Nasal/ sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus, including ethmoidectomy		Day Care	May not be charged in conjunction with code 1992.
4525	Rhinoplasty (complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session) (I.P.)		Independent Procedure	
5975	Rhinoplasty, primary, including major septal repair (I.P.)		Independent Procedure	Complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session.

NOSE AND ACCESSORY SINUSES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
231260	Plastic repair of nasal septum (complete procedure, includes the removal of splints, washouts) with nasal/ sinus endoscopy and antrostomy (I.P.)		Independent Procedure	Procedure codes 1904 or 1905 are not payable at a subsequent session.
304010	Surgical nasal/ sinus endoscopy with ethmoidectomy (partial or total), unilateral			

OESOPHAGUS

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
2062	Oesophagoscopy, rigid under general anaesthesia, with or without biopsy, with or without dilatation (I.P.)		Independent Procedure, Day Care, Diagnostic	
2063	Oesophagoscopy with radiofrequency ablation for Barrett's oesophagus with high grade dysplasia			
2070	Oesophagoscopy with removal of foreign body (I.P.)		Independent Procedure	
2074	Upper gastrointestinal endoscopy with oesophageal dilatation and laser therapy		Day Care	
2079	Oesophagoscopy with multiple injection or banding of oesophageal varices		Day Care	
2081	Balloon dilatation of the oesophagus (includes endoscopy)		Side Room	
2132	Tracheoesophageal puncture and insertion of prosthesis			
5840	Oesophageal motility (manometric) studies with or without 24 hour pH recording		Diagnostic, Side Room	

OTHER ENT PROCEDURES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
2096	Drainage and marsupialisation of cyst		Day Care	
2116	Panendoscopy under general anaesthetic for patients with a biopsy-confirmed diagnosis of cancer to include oral cavity, oro-pharynx, naso-pharynx, hypo-pharynx and larynx, oesophagoscopy, with or without bronchoscopies, initial work-up prior to surgery, radiotherapy or both		Diagnostic, Day Care	

PHARYNX

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1995	Abscess (retropharyngeal), incision and drainage (internal pharyngotomy)			
2085	Pharyngeal pouch or diverticulum, excision of			
2090	Pharyngeal pouch or diverticulum, endoscopic diathermy division			
2100	Pharyngolaryngectomy			
2115	Incision and drainage, abscess; retropharyngeal or parapharyngeal			

PULMONARY FUNCTION TESTS

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
2007	Inhalation bronchial challenge with histamine, methacholine, or similar compounds (I.P.)		Independent Procedure, Side Room	
2113	Full pulmonary function studies for the diagnosis and assessment of obstructive or restrictive lung disease (I.P.)	Yes	Independent Procedure, Side Room, Diagnostic	Full pulmonary function studies only claimable in the circumstances described as follow and must include as a minimum: (a) Spirometry (b) Flow volume loop (c) Measurement of static lung volumes (d) Diffusing capacity Where a code 1994 or 2004 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.
2141	Prolonged post exposure evaluation of bronchospasm after exercise, with multiple spirometric determinations as in 2113 including measurement of thoracic gas volume and expired gas determinations		Side Room	

RHEUMATOLOGY

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
1668	Infusion of Rituximab (MabThera, Truxima or biosimilar) with methotrexate for the treatment of adult patients with severe active rheumatoid arthritis who have had an inadequate response or intolerance to other disease-modifying anti-rheumatic drugs including one or more tumour necrosis factor (TNF) inhibitor therapies		Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given.

SLEEP STUDIES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
2117	Polysomnography (full or limited, inpatient) with CPAP titration during same admission. (I.P)		Independent Procedure, Side Room, diagnostic"	<p>1 Night or Side Room. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO2 is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. <p>This code should only be used for initial CPAP titration following a documented diagnosis of obstructive sleep apnoea (OSA) with an AHI =15, or AHI =5 accompanied by clinical symptoms, or for repeat titration supported by evidence of treatment failure. Where code 2139/2117/2144/2121 and code 2113 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.</p>
2121	Polysomnography with multiple sleep latency test or maintenance of wakefulness testing (inpatient).		Independent Procedure, Diagnostic"	<p>These studies are approved only when daytime sleepiness significantly impairs daily functioning or when narcolepsy is being actively investigated. They are not approved for evaluating sleepiness in patients with a positive PSG for OSA, unless narcolepsy remains a differential diagnosis. Payable in the following circumstances only:</p> <ul style="list-style-type: none"> (a) When excessive daytime sleepiness interferes with the performance of routine daily tasks and clinical features do not suggest a diagnosis of sleep apnoea (b) When the Multiple Sleep Latency Test is needed to demonstrate sleep onset REM periods for the diagnosis of narcolepsy. Procedure codes 2148 and 2121 refer to multiple trials during the day to objectively assess sleep tendency by measuring the number of minutes it takes a patient to fall asleep Parameters necessary for sleep staging (including 1-4 channels of EEG, EOG and EMG) are recorded. Where code 2139/2117/2144/2121 and code 2113 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.
2139	Polysomnography (full or limited, inpatient) without CPAP titration(I.P).		Independent Procedure, Diagnostic"	<p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO2 is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. <p>Where code 2139/2117/2144/2121 and code 2113 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.</p>

SLEEP STUDIES

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
2144	CPAP titration only, no diagnostic polysomnography performed during same admission (inpatient)(I.P.)		Independent procedure	<p>A prior confirmed diagnosis of obstructive sleep apnoea (OSA) must be clearly documented to support its use. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO2 is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. Where code 2139/2117/2144/2121 and code 2113 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.

SLEEP STUDIES - HOME BASED

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
292116	Home-based initiation of CPAP / non-invasive ventilation (NIV)		Diagnostic	<p>Out of Hospital Code - where the patient attends an education session in the hospital, is linked with a CPAP/NIV device which is used in the patients home. The CPAP device must enable the Irish Life Health recognised consultant to monitor the patient remotely over several nights (rather than a single inpatient titration study) and adjust pressures / settings etc remotely. home-based initiation of CPAP / non invasive ventilation (NIV) incorporating patient education and the use of telemonitoring system. Manufacturer's invoice for device must be supplied upon request.</p>

SLEEP STUDIES - HOME BASED

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
292117	Home-based polysomnography with telemonitoring. (I.P)		Independent Procedure, Diagnostic"	<p>The procedure must be conducted using an approved and validated telemonitored device under direct clinical supervision. Out of Hospital code. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. Sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography may or may not include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring. Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors: <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO2 is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias
292142	Home-based limited study with standard device monitoring. (I.P)		Independent Procedure, Diagnostic"	<p>Out of Hospital Code - The procedure is performed under the supervision of an Irish Life Health recognised consultant with an approved, technically adequate diagnostic device which incorporates a minimum of the following sensors: nasal pressure, chest and abdominal respiratory inductance plethysmography, and oximetry and is for the diagnosis of OSA (obstructive sleep apnoea) in patients with a high pre-test probability of moderate to severe OSA. They are not actively monitored and must be performed using a clinically approved and validated diagnostic device.</p>

TONSILS

Code	Description	Payable with Private Rooms Technical Benefit	Payment Indicators	Payment Rules
2125	Tonsils and/ or adenoids (adults and children over 12), removal of			
2130	Tonsils and/ or adenoids (children under 12 years), removal of			
2131	Tonsils or tonsils and adenoids, secondary surgical intervention for the arrest of haemorrhage requiring general anaesthetic, following the first operation			