Irish Life health

Medical Admissions

Schedule of Benefits for Professional Fees

2025

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	Participating Medical Rate	Standard Medical Rate
441598	Consultant in Medical Services Private Rooms Technical Fee - Minor Rate			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. Please note the minor technical fee rate is only payable in conjunction with certain procedures (see Private Room Fee Rules for applicable codes).	€ 43					
441599	Consultant in Medical Services 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.	€ 94					

BLOOD AND LYMPHATICS

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	Participating Medical Rate	Standard Medical Rate
1571	Intravenous infusion of Ferinject (ferric carboxymaltose) for patients with resistant iron deficiency anaemia		No	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 ILH approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with ILH 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.	€ 119	€ 52				
1572	Intravenous infusion of Monover (iron isomaltoside) for patients with resistant iron deficiency anaemia		No	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.	€ 121	€ 52				

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1635	Exchange transfusion (intra uterine)		No		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 are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure codes 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1627, 1628, 1573, 195858 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump.	€ 475	€ 183				
1641	Therapeutic phlebotomy, by the consultant physician or under the consultant physician supervision, includes appropriate advice to the patient as necessary, including file report or report to the referring doctor.	Yes	No	Side Room		€ 78	€ 45				
1642	Isolated limb perfusion including exposure of major limb artery and vein, arteriotomy and venotomy		No			€ 1,181	€ 455	€ 594	€ 196		
1643	Intravenous iron infusion for patients with resistant iron deficiency anaemia		No	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.	€ 116	€ 52				
1646	Plasmapheresis		No	Side Room		€ 116	€ 46				

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4288	Peripheral blood stem cell harvesting (I.P.)		No	Independent Procedure		€ 355	€ 136				
8530	Primary blood dyscrasia or lymphoma with acute manifestations		No							€ 228	€ 111
8565	Hodgkin's disease		No							€ 222	€ 111
8570	Aggressive non-Hodgkin's lymphomas		No							€ 228	€ 111
309011	Infusion of MabThera with glucocorticoids for the induction of remission in adult patients with severe, active Wegners Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA) (I.P.)		No	Independent Procedure, Side Room, Diagnostic		€ 117	€ 63				

CARDIAC

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	Participating Medical Rate	Standard Medical Rate
8435	Acute myocardial infarction		No							€ 228	€ 111
8437	Life threatening rhythm disturbances		No							€ 228	€ 111
8440	Cardiogenic shock		No							€ 228	€ 111
8445	Acute rheumatic heart disease		No							€ 222	€ 111
8455	Hypotensive shock		No							€ 228	€ 111
8460	Hypertensive crisis		No							€ 228	€ 111
8465	Cardiac arrest		No							€ 228	€ 111
8470	Acute bacterial endocarditis (myocarditis or pericarditis)		No							€ 228	€ 111

CENTRAL VENOUS ACCESS

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	Participating Medical Rate	Standard Medical Rate
1573	Removal of tunnelled central venous catheter with subcutaneous access port under local anaesthetic, with or without sedation		No	Side Room, Monitored Anaesthesia Care	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 are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1628, 1634 1626, or 1627, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1626, 1627,1573 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures	€ 197	€ 67	€ 116	€ 37		
1574	Insertion of tunnelled central venous catheter with subcutaneous access port (I.P.)		No	Independent Procedure, 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 are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1628, 1634 1626, or 1627, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1628, 1634, 1573, 195858 and 1627 does not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures.	€ 651	€ 223	€ 395	€ 134		

CENTRAL VENOUS ACCESS

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	Participating Medical Rate	Standard Medical Rate
1626	Insertion of tunnelled central venous access with externalized catheter end		No	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 are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1626,1627,1573 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump.	€ 523	€ 256	€ 298	€ 143		
1627	Removal of catheter from central venous system, when it is medically necessary to perform this procedure under general anaesthetic, on completion of therapy or because of complications with the catheter (I.P.)		No	Independent Procedure, Day Care	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 are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1626, 1627,1573 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump.	€ 291	€ 84	€ 207	€ 90		

CENTRAL VENOUS ACCESS

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	Participating Medical Rate	Standard Medical Rate
1634	Placement of non tunnelled central venous catheter (peripherally or centrally inserted)		No	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 are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure codes 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1626, 1627,1573 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump.	€ 359	€ 197	€ 116	€ 65		

CLINICAL TESTING

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	Participating Medical Rate	Standard Medical Rate
1309	Fine needle aspiration (FNA), not otherwise specified in this Schedule, with or without preparation of smears; superficial or deep tissue with or without radiological guidance	Yes	No	Side Room		€ 101	€ 45				
1667	Aspirin desensitisation, to include all necessary sampling and monitoring of the patient during the procedure		No	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.	€ 186	€ 82				

CLINICAL TESTING

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5985	Complete investigation of 'at risk' patients with allergy/ anaphylaxis requiring food and drug challenge studies (I.P.)		No	Independent Procedure, Day Care	One or more of the following indications must be met for benefit: (a) A systemic reaction involving more than one system has occurred already (b) Clinical history indicates that airway, breathing or blood pressure control has been affected as a result of probably adverse activity in a manner likely to have caused concern to the clinician (c) The challenge involves agents (either food or drugs) likely to induce particularly severe reactions. (e.g. peanuts, NSAIDs) (d) Laboratory evidence of sensitisation is present at a disproportionate level (e) Time kinetics of reaction sought and need for observation dictates that OPD challenge will not resolve a serious concern (f) Other circumstances deemed by the attending consultant to require an in-patient challenge, in a situation where out-patient challenge would usually be undertaken, such circumstance to be specified on a case by case basis. Additional information required to establish medical necessity to be provided on the claim form for consideration by the Clinical Team of Irish Life Health.	€ 191	€ 82				
8700	24 hour electrocardiography (ECG)		No							€ 55	
8705	Electroencephalogram (EEG)		No							€ 165	
8706	24 hour in-patient ambulatory EEG; monitoring for localisation of cerebral seizure focus		No		Benefit is paid once per admission only, irrespective of the number of tests carried out.					€ 285	€ 132
8707	In-patient EEG; monitoring for localisation of cerebral seizure focus with a minimum of 4 hour video recording		No		Benefit is paid once per admission only, irrespective of the number of tests carried out.					€ 226	€ 104
8710	Evoked potentials		No							€ 54	

CONSULTATION

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	Participating Medical Rate	Standard Medical Rate
8690	Palliative care consultation - subsequent inpatient admission		No		Benefit for in-patient consultation does not include any form of therapy or continued involvement with the patient. (a) It can be claimed 1 in every 4 days, irrespective of the number of examinations or visits involved in forming an opinion (b) Consultation benefit is not payable to a consultant with the same speciality as the admitting consultant (c) A consultation benefit is not payable to a consultant if a diagnostic procedure is payable to another consultant, both consultants having the same speciality (d) Where a procedure listed in the Schedule of Benefits for Professional Fees is performed at the time of a consultation then only the procedure benefit is payable (e) This benefit is not payable where, as a matter of policy, all patients are routinely examined by a second doctor (f) This benefit is not payable for the routine screening of patients pre-operatively					€ 279	€ 111
8692	Consultant Geriatrician in-patient consultation		No		Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record (e) Duration of this consultation must be a minimum of 50 minutes.					€ 279	€ 132
8693	Day care in-patient management (specified procedures)		No		Benefit is payable when one of the following procedures is performed by another consultant in a different speciality: 605, 713, 717, 844, 955, 1152, 1191, 1196, 1309, 5136, 5137, 59101, 59102, 6111, 6743, 6746, 6680, 6681, 6682, 6683, 66744, 770717.					€ 134	€ 61
8694	Consultant Neonatologist or Paediatrician in-patient consultation - out of hours		No		Benefit is limited to one fee per patient per episode of care and will not be payable where its coincides with the consultants normal time for meeting patients or family or for consultant personal choice or availability. This fee is paid on the basis that the consultant neonatologist or consultant paediatrician is required to travel to the hospital, at the request of the hospital staff for the evaluation of the neonate between 18.00hrs and 09.00hrs.					€ 279	€ 132
8697	Consultant Neurologist in-patient consultation		No		Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Providing an opinion and making an appropriate record (d) Duration of this consultation must be a minimum of 50 minutes.					€ 279	€ 132
8698	Day Care Oncology/ Radiation Oncology Department Consultation		No							€ 119	€ 61

CONSULTATION

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8964	Consultant Neonatologist or Paediatrician in-patient consultation		No		Consultation benefit is payable to the consultant neonatologist or paediatrician for a patient being assessed for admission to the NICU and where it is deemed that the patient does not require admission to the neonatal intensive care unit.					€ 133	€ 61
10000	Medical management for specific paediatric medical day care procedures/ investigations		No	Day Care						€ 234	€ 105
10064	In-patient major medical illness		No		Payable when it is necessary for a consultant, in non-surgical cases, to give constant attention to an ill patient - see Medical Ground Rules for list of conditions applicable. This benefit is not payable for claims that involve a surgical procedure or an invasive diagnostic procedure listed in this schedule. Benefit is payable once only, and only for a single illness listed, per hospital admission and must be specifically claimed Major medical illness benefit is not payable to the same consultant that receives the ICU/ Neonatal intensive care benefit when the patient is being treated in an intensive care unit or neonatal intensive care unit.					€ 235	€ 111
10065	In-patient medical service attendance - day case		No		Side room or day care for claims where there was no overnight stay.					€ 129	€ 61
10068	Major in-patient psychiatric consultation		No		Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record (e) Duration of this consultation must be a minimum of 50 minutes.					€ 268	€ 132
10072	Consultant Palliative medicine in-patient consultation		No		Can only be billed once during a patient's admission and hospital stay and duration of this Consultation must be a minumum of 50 minutes. Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record					€ 268	€ 132
11066	In-patient consultation - second opinion		No		Payable on referral of a patient by the admitting Consultant, to a second Consultant, for a medically necessary second opinion Includes: (a) Full history and examination of all parts and systems (b) Evaluation of all necessary diagnostic tests (c) Giving an opinion and making an appropriate recording (d) Duration of this consultation must be a minimum of 30 minutes.					€ 189	€ 63
179600	Out-patient consultation - reassessment of patient for Rituximab		No		For extremely ill patients or suffering from Breast Cancer. Allowable once in every 6 months.					€ 174	

DERMATOLOGICAL

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	Participating Medical Rate	Standard Medical Rate
1528	Patch Testing - consultant Dermatologist or Immunologist consultations on an out-patient basis, for the application and/ or supervision of patch testing, for contact dermatitis or atopic eczema (including testing with additional series and prick testing when indicated), interpretation and diagnosis, clinical evaluation and judgement including advice to patient (claimable once only in a lifetime)		No		Out-patient only.	€ 191	€ 82				
1529	Phototherapy - Consultant Dermatologist consultations on an out-patient basis for a patient receiving a course of phototherapy (6 to 12 sessions) in a Irish Life Health approved hospital facility (list available on request from Irish Life Health).		No		Out-patient only. Must be provided in an Irish Life Health approved hospital facility (list available on request from Irish Life Health)For procedure code 1529 maximum benefit of one payment per twelve month period.	€ 259	€ 113				

ENDOCRINOLOGY

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	Participating Medical Rate	Standard Medical Rate
1664	Insulin stress test (IST) to include initial consultation for a new patient or major reassessment of an established patient, in addition intravenous administration of insulin, sampling for basal level setting and all necessary sampling and monitoring of the patient during the procedure (I.P.)	Yes	No	Independent Procedure, Day Care		€ 191	€ 82				
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		No			€ 191	€ 82				
8525	Diabetic ketoacidosis		No							€ 235	€ 111
8526	Hyperosmolar nonketotic coma (hyperglycemic) in patients with plasma glucose in the range of 55.5mmol/L and calculated serum osmolality in the region of 385 mOsm/kg, on presentation. The average fluid deficit is 10L		No							€ 222	€ 111

GASTROENTEROLOGY

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	Participating Medical Rate	Standard Medical Rate
8475	Massive gastrointestinal haemorrhage		No							€ 228	€ 111
8485	Acute liver failure		No							€ 228	€ 111

HYPERBARIC THERAPY

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	Participating Medical Rate	Standard Medical Rate
1631	Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit in a hospital setting (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) initial, includes full medical evaluation		No		This is an outpatient treatment unless the patient is admitted into an inpatient hospital bed. Conditions of payment are as follows: (a) Acute air or gas embolism (b) Acute carbon monoxide poisoning and smoke inhalation (c) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb or life is threatened and HBOT is used in combination with standard therapy (d) Decompression illness (e) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available (f) Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management (g) Radiation necrosis (brain radio necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis) (h) Compromised skin grafts and flaps (i) Thermal burns, acute (second and third degree).	€ 364	€ 136				
1632	Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit in a hospital setting (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) subsequent, per session		No		This benefit is payable in addition to the surgery, at a separate operative session, for lesion(s) removal.	€ 121	€ 46				

HYPERBARIC THERAPY

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	Participating Medical Rate	Standard Medical Rate
301951	Hyperbaric Oxygen Therapy (HBOT) - initial treatment including consultation		No		Benefit is payable for treatment carried out in ILH approved treatment centres only (non-hospital setting). Patient must be referred for treatment by a Consultant. Where patient is receiving wound treatment, they must be referred in consultation with a tissue viability nurse specialist. Benefit is limited to the following conditions: (a) Arterial insufficiency - treatment to prevent amputations; (b) Compromised skin grafts and flaps; (c) Radiation necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis; (d) Chronic refractory osteomyelitis; (e) Thermal burns including second- and third-degree burns; (f) Non-healing infected and ischaemic deep wounds/ulcerations unresponsive to at least 6 months of meticulous wound care, where transcutaneous oximetry during HBOT confirms an increase in wound oxygenation; (g) Acute air or gas embolism; (h) Acute carbon monoxide poisoning and smoke inhalation; (i) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb, or life is threatened and HBOT is used in combination with standard therapy; (j) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available; (k) Idiopathic sudden sensorineural hearing loss (ISSHL), where HBOT is initiated within two weeks of onset, in combination with medical therapy. (l) Avascular necrosis						

HYPERBARIC THERAPY

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	Participating Medical Rate	Standard Medical Rate
301952	Hyperbaric Oxygen Therapy - treatments 2-39 (per session fee)		No		Benefit is payable for treatment carried out in ILH approved treatment centres only (non-hospital setting). Patient must be referred for treatment by a Consultant. Where patient is receiving wound treatment, they must be referred in consultation with a tissue viability nurse specialist. Benefit is limited to the following conditions: (a) Arterial insufficiency - treatment to prevent amputations; (b) Compromised skin grafts and flaps; (c) Radiation necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis; (d) Chronic refractory osteomyelitis; (e) Thermal burns including second- and third-degree burns; (f) Non-healing infected and ischaemic deep wounds/ulcerations unresponsive to at least 6 months of meticulous wound care, where transcutaneous oximetry during HBOT confirms an increase in wound oxygenation; (g) Acute air or gas embolism; (h) Acute carbon monoxide poisoning and smoke inhalation; (i) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb, or life is threatened and HBOT is used in combination with standard therapy; (j) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available; (k) Idiopathic sudden sensorineural hearing loss (ISSHL), where HBOT is initiated within two weeks of onset, in combination with medical therapy. (l) Avascular necrosis						

INJECTION

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	Participating Medical Rate	Standard Medical Rate
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		Yes	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.	€ 113	€ 52				

MEDICAL ATTENDANCE

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	Participating Medical Rate	Standard Medical Rate
10049	In-patient medical service attendance - 1 night stay		No							€ 231	€ 64
10050	In-patient medical service attendance - 2 night stay		No							€ 283	€ 64
10051	In-patient medical service attendance - 3 night stay		No							€ 339	€ 64
10052	In-patient medical service attendance - 4 night stay		No							€ 339	€ 64
10053	In-patient medical service attendance - 5 night stay		No							€ 379	€ 64
10054	In-patient medical service attendance - 6 night stay		No							€ 379	€ 64
10055	In-patient medical service attendance - 7 night stay		No							€ 412	€ 75
10056	In-patient medical service attendance - 8 night stay		No							€ 412	€ 85

MEDICAL ATTENDANCE

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	Participating Medical Rate	Standard Medical Rate
10057	In-patient medical service attendance - 9 night stay		No							€ 425	€ 95
10058	In-patient medical service attendance - 10 night stay		No							€ 425	€ 107
10059	In-patient medical service attendance - 11 night stay		No							€ 427	€ 117
10060	In-patient medical service attendance - 12 night stay		No							€ 460	€ 127
10061	In-patient medical service attendance - 13 night stay		No							€ 489	€ 138
10062	In-patient medical service attendance - 14 night stay		No							€ 519	€ 149
10063	In-patient medical service attendance - 15 night stay		No							€ 551	€ 159
10070	In-patient medical service attendance - per night after night 15 of stay		No							€ 29	€ 10

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
55	Paracentesis abdominis with infusion of cytotoxic drugs		No		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 consultant 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.	€ 178	€ 79				

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
1579	Supervision and management by a consultant of a patient receiving intravenous infusion cytotoxic chemotherapy where the patient also receives a same day infusion of pamidronate or zoledronic acid, for patients with metastatic carcinoma		No	Side Room	Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable.	€ 216	€ 98				
1608	Emergency assessment of a patient on a course of chemotherapy where a decision is made, due to a medical problem, not to proceed with planned chemotherapy that day and may require further radiological and/ or pathological tests before discharge		No	Side Room	Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the in-patient attendance fee is payable.	€ 157	€ 71				
1609	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of first line cytotoxic oral anti-cancer agents (I.P.)		No	Independent Procedure	Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospital an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable.	€ 157	€ 67				

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
1619	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy		No	Side Room	Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable.	€ 157	€ 67				
1624	Intravenous infusion of zoledronic acid		No	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.	€ 119	€ 52				
1625	Supervision and management by a consultant of a patient receiving denosumab to prevent skeletal related events from bone metastases as a result of solid tumours		No		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.	€ 113	€ 50				
1628	Cytotoxic Chemotherapy by subcutaneous injection (I.P.)		No	Independent Procedure. Side room.	Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an inpatient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable.	€ 156	€ 67				

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
1636	Intravenous immunoglobulin for patients with a haematological malignancy or immune deficiencies		No	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.	€ 121	€ 44				
1637	Blood transfusion for patients with a haematological malignancy or immune deficiencies		No	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.	€ 121	€ 44				
1638	Intravenous antimicrobials for patients on cytotoxic chemotherapy regimens for malignant disease		No	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.	€ 113	€ 44				
1639	Electrolyte replacement for patients on cytotoxic chemotherapy regimens for malignant disease		No	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.	€ 116	€ 44				

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
1677	Supervision and management by a consultant of a patient receiving cytotoxic chemotherapy with Velcade or Vidaza by injection requiring monitoring in a hospital setting		No	Side Room		€ 153	€ 61				
1681	Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, initial injection, requiring monitoring for six hours in a hospital setting		No	Side Room	Benefit is inclusive of review and interpretation of all pre-treatment tests in addition to the prescribing and supervision of the course of treatment and any adverse events that may arise.	€ 156	€ 55				
1682	Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, subsequent injection		No	Side Room	Benefit is inclusive of review and interpretation of all pre-treatment tests in addition to the prescribing and supervision of the course of treatment and any adverse events that may arise.	€ 156	€ 55				
4293	Allogeneic bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period		No			€ 6,641	€ 3,055				
4294	Matched unrelated donor bone marrow transplantation or blood derived peripheral stem cell transplantation for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period		No			€ 8,900	€ 3,995				
4296	Autologous bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, non-Hodgkin's lymphoma, Hodgkin's disease or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period		No			€ 6,807	€ 3,055				

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
4298	High dose chemotherapy with autologous stem cell rescue, for children with high risk brain tumour: all inclusive benefits for in patient attendance, stem cell harvesting and chemotherapy; claimable once per treatment cycle		No			€ 1,657	€ 796				
5240	Paracentesis thoracis with infusion of cytotoxic drugs		No		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 consultant 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.	€ 172	€ 79				
8580	Sarcomas of bone		No							€ 228	€ 111
8585	Ewing's sarcomas and other small blue round-cell tumours		No							€ 228	€ 111
16091	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of second line cytotoxic oral chemotherapy agents (I.P.)		No	Independent Procedure, Side Room	Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. For the plans subject to excess it will be applied once off per course of treatment.	€ 156	€ 67				

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
16092	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of third line cytotoxic oral chemotherapy agents (I.P.)		No	Independent Procedure, Side Room	Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. For the plans subject to excess it will be applied once off per course of treatment.	€ 156	€ 67				
16191	Sub-cutaneous cytotoxic chemotherapy (where not otherwise specified)		No	Side Room	Payable once per day of attendance. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable.	€ 116	€ 67				
16192	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy - Trastuzumab		No	Side Room	Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an inpatient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable.	€ 152	€ 67				

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
16193	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Bevacizumab		yes	Side Room	Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of immunotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, planning and delivery, only the inpatient attendance fee is payable.	€ 121	€ 52				
16194	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Pembrolizumab		yes	Side Room	Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of immunotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, planning and delivery, only the inpatient attendance fee is payable.	€ 121	€ 52				
16195	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Nivolumab		yes	Side Room	Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of immunotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, planning and delivery, only the inpatient attendance fee is payable.	€ 121	€ 52				
16196	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Irinotecan		yes	Side Room	Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable.	€ 152	€ 67				

MEDICAL ONCOLOGY

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	Participating Medical Rate	Standard Medical Rate
16197	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Doxorubicin		No	Side Room	Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable.	€ 152	€ 67				
171619	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy by means of individual video link for a minimum of 10 minutes		No							€ 110	
299251	Emergency consultation during a course of chemotherapy where an established patient presents mid-cycle with acute symptoms but does not require admission (I.P.)		No	Independent Procedure, Side Room	Benefit not claimable by the hospital. For Professional Fee only - payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the in-patient attendance fee is payable. Only claimable once per chemotherapy treatment cycle.	€ 152	€ 71				

NEONATAL MEDICINE

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	Participating Medical Rate	Standard Medical Rate
1630	Exchange transfusion, blood; new-born		No			€ 323	€ 136				

NEONATAL MEDICINE

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	Participating Medical Rate	Standard Medical Rate
8410	Congenital conditions of the new-born associated with acute continuous respiratory distress		No							€ 222	€ 111
8450	Congenital conditions of the new-born associated with cyanosis and heart failure		No							€ 222	€ 111
8490	Congenital condition of the new-born associated with acute continuous digestive disturbances		No							€ 222	€ 111
8501	Intussusception in neonates, diagnosis, resuscitation and medical management prior to referral to a consultant radiologist for closed reduction		No							€ 222	€ 111
10010	Emergency overnight medical admission for neonates or medical care		No					€ 225	€ 105		
10011	Elective postoperative night medical admission for neonates or paediatrics		No		Benefit payable to consultant where PICU/ NICU admission is planned post-operatively due to clinical instability, is overnight and does not exceed 24 hours.			€ 225	€ 105		

NEUROLOGY

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	Participating Medical Rate	Standard Medical Rate
1614	Infusion of Mitoxantrone (Novantrone) for patients with secondary progressive multiple sclerosis, progressive-relapsing multiple sclerosis and worsening relapsing-remitting multiple sclerosis		No	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.	€ 116	€ 52				

NEUROLOGY

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	Participating Medical Rate	Standard Medical Rate
1623	Intravenous immunoglobulin for patients with myasthenia gravis, chronic inflammatory demyelinating polyneuropathy, multifocal motor neuropathy with conduction block and Guillain-Barre syndrome		No	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.	€ 119	€ 52				
1669	Infusion of Tysabri as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis		Yes	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.	€ 119	€ 52				
5023	Consultant consultation and evaluation including monitoring of cardiovascular status for 6 hours for a patient commencing a course of oral Gilenya (Fingolimod) to treat relapsing forms of multiple sclerosis. The evaluation to include a 12 lead ECG at baseline and 6 hours after first dose; continuous 6 hour ECG monitoring including blood pressure and heart rate measurement every hour		No	Day Care		€ 216	€ 106				
8505	Acute vascular lesions affecting CNS requiring immediate intensive investigation: cerebral haemorrhage, embolism, thrombosis, acute with objective neurological signs of spontaneous subarachnoid haemorrhage		No							€ 235	€ 111
8506	Generalised tonic-clonic seizures with major convulsions occurring		No							€ 228	€ 111

OBSTETRICS

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	Participating Medical Rate	Standard Medical Rate
8695	Day care medical management of a miscarriage to include ultrasound, management and medication		No							€ 134	€ 61

OTHER MEDICAL CONDITIONS

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	Participating Medical Rate	Standard Medical Rate
1606	Intravenous infusion of Zoledronic Acid (Aclasta) for treatment of osteoporosis in post menopausal women and men at increased risk of fracture including those with a recent low trauma hip fracture, who fail to tolerate oral bisphosphonates		No	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. Maximum benefit of one payment per twelve months.	€ 119	€ 52				
1629	Intravenous infusion of Pamidronate (Aredia)		No	Side Room	Clinical indications for code 1629: (a) Pain control for patients with metastatic carcinoma (b) Tumour induced osteolysis with or without tumour induced hypercalcemia (c) Paget's disease 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.	€ 116	€ 52				

OTHER MEDICAL CONDITIONS

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	Participating Medical Rate	Standard Medical Rate
8541	Total marrow failure, acute manifestations arising as a result of a disease process. Not claimable for the management of a patient with marrow suppression while on cytotoxic chemotherapy		No							€ 222	€ 111
8545	Major trauma, not involving surgery		No							€ 222	€ 111
8550	Other reasons, by report as notified and approved for benefit by Irish Life Health		Yes							€ 228	€ 111
8575	Testicular and other germ cell tumours		No							€ 222	€ 111
8586	Anorexia nervosa, severely symptomatic patients with body weight (75% or less than expected) whose condition must be stabilised and/ or require intensive monitoring for medical problems Including electrolyte imbalances, cardiac arrhythmias, profound hypoglycaemia, self mutilation, impaired capacity for self-care or active suicide ideation		No							€ 228	€ 111

PAEDIATRIC MEDICINE

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	Participating Medical Rate	Standard Medical Rate
8430	Acute bronchiolitis in infants		No							€ 235	€ 111
8432	Severe/ acute asthma in a child requiring supplemental oxygen therapy		No							€ 228	€ 111
8480	Acute infantile diarrhoeal disease, causing dehydration and metabolic disturbance		No							€ 222	€ 111

PAEDIATRIC MEDICINE

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	Participating Medical Rate	Standard Medical Rate
8495	Paediatric conditions requiring hyperalimentation		No							€ 222	€ 111
8500	Paediatric necrotising enterocolitis		No							€ 222	€ 111
8515	Reye's syndrome		No							€ 222	€ 111
8560	Paediatric malignancies including leukaemia		No							€ 228	€ 111

PALLIATIVE MEDICINE

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	Participating Medical Rate	Standard Medical Rate
8551	Complex discharge planning by a consultant in palliative medicine, including meeting with the patient''s family and healthcare professionals to plan the patient''s future needs		No							€ 302	€ 111
8552	Care provided by a consultant in Palliative Medicine that requires the intensity of service appropriate in the case of a dying patient in the final days of life		No							€ 302	€ 111
8553	Complex discharge planning by a consultant in Palliative Medicine, where the patient is transferred from hospital to a hospice into the care of another a consultant in Palliative Medicine		No							€ 302	€ 111

RENAL

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	Participating Medical Rate	Standard Medical Rate
8520	Acute renal failure		No							€ 233	€ 111

RESPIRATORY

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	Participating Medical Rate	Standard Medical Rate
8400	Acute severe ventilatory failure (PaO2 less than 8 kPa) occurring as an acute event		No							€ 233	€ 111
8401	Acute pulmonary oedema		No							€ 228	€ 111
8405	Life-threatening broncho-pulmonary haemorrhage		No							€ 222	€ 111
8415	Hyaline membrane disease, ventilation and/ or CPAP		No							€ 228	€ 111
8420	Pneumothorax or pneumomediastinum necessitating insertion of underwater seal		No							€ 228	€ 111
8425	Acute airway obstruction by foreign body		No							€ 222	€ 111
8433	Acute respiratory failure for patients requiring ventilation assist and management with initiation of pressure or volume preset ventilators for assisted or controlled breathing		No							€ 228	€ 111

RHEUMATOLOGY

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	Participating Medical Rate	Standard Medical Rate
1594	Infusion of Tocilizumab (RoActemra)		No	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.	€ 119	€ 52				

RHEUMATOLOGY

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	Participating Medical Rate	Standard Medical Rate
1607	Intravenous infusion of Abatecept with Methotrexate for the treatment of moderate to severe rheumatoid arthritis in adult patients, and moderate to severe active polyarticular juvenile idiopathic arthritis in paediatric patients six years of age and older, who have had an insufficient response or intolerance to other disease-modifying anti-rheumatic drugs including at least one tumour necrosis factor (TNF) inhibitor		No	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.	€ 119	€ 52				
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		No	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.	€ 119	€ 52				
179506	Polarising Microscopy		No		Rheumatologist benefit only.	€ 107	€ 52				

SYSTEMIC

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	Participating Medical Rate	Standard Medical Rate
1611	Intravenous infusion of Fabrazyme for patients with a confirmed diagnosis of Fabry's disease	Yes	No	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.	€ 116	€ 52				
1613	Intravenous infusion therapy for severe neurological disorders or auto-immune disease, not elsewhere specified and for Hurler's and Hunter's disease; by Consultant Neurologists, Immunologists, Rheumatologists, Haematologists, Nephrologists, Paediatricians, Respiratory Physicians, Gastroenterologists, General Physicians and Endocrinologists registered with Irish Life Health		No	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.	€ 119	€ 52				

SYSTEMIC

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	Participating Medical Rate	Standard Medical Rate
1633	Infusion of Infliximab or biosimilar		No	Side Room	The following indications will apply: (a) Treatment of severe active Crohn's disease or Ulcerative Colitis where patients have not responded despite a full and adequate course of therapy with a cortico-steroid and/or an immuno-suppressant (b) Treatment of fistulating Crohn's disease in patients who have not responded despite a full and adequate course of therapy with conventional treatment (c) Rheumatoid Arthritis for patients over seventeen years of age with active disease. Benefit will be provided only when the drug is consultant prescribed and used as indicated below: (i) Benefit for an initial three infusions at , 2 and 6 weeks and repeated administration of one infusion every eight weeks will apply where indicated for Rheumatoid Arthritis (ii) The reduction of signs and symptoms in patients with active disease when the response to disease modifying drugs, including methotrexate, has been inadequate - Infliximab must be given concomitantly with methotrexate (iii) Patients with severe active and progressive disease not previously treated with methotrexate or other DMARD's (Disease Modifying Anti-Rheumatic Drug Therapy) (d) Treatment of ankylosing spondylitis, in patients who have severe axial symptoms, elevated serological markers of inflammatory activity and who have responded inadequately to conventional therapy (e) Treatment of active and progressive psoriatic arthritis in adults when the response to previous DMARD's has been inadequate - Infliximab should be administered in combination with methotrexate or alone in patients who show intolerance to methotrexate or for whom methotrexate is contraindicated (f) Treatment of moderate to severe plaque psoriasis in adults who have failed to respond to or have a contraindication to, or are intolerant to other systemic therapy including cyclosporine, methotrexate or PUVA. 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.	€ 121	€ 52				
8535	Septicaemia/ endotoxic shock		No							€ 235	€ 111
8540	Acute life endangering poisonings requiring high intensity intervention		No							€ 222	€ 111
309008	Intravenous infusion of Iloprost for severe Reynauds disease		No			€ 114	€ 35				