Irish Life health

General Surgery

Schedule of Benefits for Professional Fees

2025

ABDOMINAL WALL AND PERITONEUM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
5	Abdominal wall, secondary suture of		No		
15	Adhesions, division of by laparotomy or laparoscopy (I.P.)		No	Independent Procedure	
20	Intra-abdominal injury with rupture of viscus, repair of (not including intraoperative injury) (I.P.)		No	Independent Procedure	
25	Intra abdominal injury, multiple complicated with rupture of viscus (I.P.)		No	Independent Procedure	
30	Laparotomy (I.P.)		No	Independent Procedure	
35	Laparoscopy with or without biopsy (I.P.)		No	Independent Procedure	
45	Omentopexy		No		
50	Paracentesis abdominis	Yes	No		
60	Pelvic abscess, drainage of		No		
80	Peritoneum, drainage of (I.P.)		No	Independent Procedure	
90	Laparotomy, intra-abdominal sepsis (I.P.)		No	Independent Procedure	

ADRENAL GLANDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
95	Adrenalectomy, unilateral (I.P.)		No	Independent Procedure	
101	Adrenalectomy for phaeochromocytoma		No		
102	Laparoscopy, surgical with adrenalectomy, partial or complete or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal		No		
106	Neuroblastoma, tru-cut biopsy		No	Diagnostic	
107	Neuroblastoma, resection		No		

ANAESTHESIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
191	General anaesthesia for gastroscopy procedures (codes 192, 194, 198, 206) and colonoscopy procedures (codes 450, 455, 456, 457, 458, 459, 530, 535, 536) in children under 16 years of age		No		
192202	General anaesthesia for children under the age of 12, procedure not specified		No		Supporting documentation required.
192204	General anaesthesia for adults, procedure not specified		No		Supporting documentation required.

APPENDIX

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
110	Appendicectomy (with or without complications) (I.P.)		No	Independent Procedure	
111	Appendicectomy, laparoscopic approach (with or without complications) (I.P.)		No	Independent Procedure	

BILIARY SYSTEM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
115	Cholecystojejunostomy		No		
116	Choledochojejunostomy (Roux-En-Y)		No		
117	Choledochoduodenostomy		No		
118	Surgical repair of post-operative biliary stricture		No		
129	Hepaticojejunostomy		No		
132	Cholecystectomy with exploration of common bile duct		No		
135	Cholecystectomy including pre operative cholangiogram		No		
136	Percutaneous removal of gallstones from the bile ducts		No		
140	Cholecystostomy with exploration, drainage or removal of calculus		No		
145	Hepaticoduodenostomy		No		
150	Trans-duodenal sphincteroplasty with or without transduodenal extraction of calculus		No		

BILIARY SYSTEM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
151	Trans-hepatic insertion of biliary endoprosthesis or catheter for biliary drainage		No		
156	Revision and/ or reinsertion of transhepatic stent (I.P.)		No	Independent Procedure	
157	Insertion of or exchange of drainage catheter under radiological guidance		No	Side Room, Sedation	
612	Portoenterostomy (e.g. Kasai procedure)		No		
456002	Day case laparoscopic cholecystectomy including pre-operative cholangiogram		No		Day Case only.
456003	In-patient laparoscopic cholecystectomy including pre-operative cholangiogram		No		

BREAST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1195	Percutaneous core needle biopsy of breast with or without ultrasound guidance (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic	
1198	Re-excision of margins arising from previous breast surgery (I.P.)		No	Independent Procedure, Day Care	
1200	Cysts or tumours, excision of, or lumpectomy, segmental resection, quadrant mastectomy or partial mastectomy		No	Day Care	
1205	Duct papilloma, excision of		No	Day Care	
1206	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s) and immediate deep rotation flap reconstruction, with or without prosthetic implant		No		
1207	Skin sparing mastectomy with free skin and/ or muscle flap with microvascular anastomosis (I.P.)		No	Independent Procedure	
1209	Periprosthetic (Incl Open) capsulectomy/ capsulotomy breast (I.P.)		No	Independent Procedure	

BREAST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1210	Gynaecomastia (excision for), unilateral		Yes	Day Care	Benefit for excision of gynaecomastia in accordance with procedure codes 1210 and 1211 is subject to pre-certification. Gynaecomastia is defined as benign glandular breast enlargement due to ductal proliferation, stromal proliferation or both. The diagnosis must be based on both physical examination that confirms that the breast enlargement is true gynaecomastia and not pseudogynaecomastia, and laboratory, and other appropriate investigations as required should have been performed to identify any underlying reversible causes. Clinical Indications for procedure codes 1210, 1211 must be satisfied in full, included on the claim form for payment and are as follows: (a) Post-pubertal (b) BMI < 30 (c) Unilateral or bilateral gynaecomastia grade III or IV (Grade III gynaecomastia being moderate breast enlargement exceeding the areola boundaries with edges that are distinct from the chest with skin redundancy. Grade IV being gynaecomastia being marked breast enlargement with skin redundancy and feminisation of the breast) (d) Gynaecomastia that has been present for at least 1 year and has persisted despite treatment for at least 4 months for the underlying pathological cause (e) > / = 6 months pain or discomfort, directly attributable to breast hypertrophy, that is unresolved despite the continuous use for at least 4 weeks of prescription analgesia or non-steroidal anti-inflammatory drugs and significantly impacts on activities of daily living.
1211	Gynaecomastia (excision for), bilateral		Yes		Benefit for excision of gynaecomastia in accordance with procedure codes 1210 and 1211 is subject to pre-certification. Gynaecomastia is defined as benign glandular breast enlargement due to ductal proliferation, stromal proliferation or both. The diagnosis must be based on both physical examination that confirms that the breast enlargement is true gynaecomastia and not pseudogynaecomastia, and laboratory, and other appropriate investigations as required should have been performed to identify any underlying reversible causes. Clinical Indications for procedure codes 1210, 1211 must be satisfied in full, included on the claim form for payment and are as follows: (a) Post-pubertal (b) BMI < 30 (c) Unilateral or bilateral gynaecomastia grade III or IV (Grade III gynaecomastia being moderate breast enlargement exceeding the areola boundaries with edges that are distinct from the chest with skin redundancy. Grade IV being gynaecomastia being marked breast enlargement with skin redundancy and feminisation of the breast) (d) Gynaecomastia that has been present for at least 1 year and has persisted despite treatment for at least 4 months for the underlying pathological cause (e) > / = 6 months pain or discomfort, directly attributable to breast hypertrophy, that is unresolved despite the continuous use for at least 4 weeks of prescription analgesia or non-steroidal anti-inflammatory drugs and significantly impacts on activities of daily living.
1212	Mastectomy, complete, with or without removal of sentinel node(s) and with or without immediate insertion of tissue expander, includes subsequent expansions (I.P.)		No	Independent Procedure	
1213	Mastectomy, partial, with or without guidance with axillary clearance, or removal of sentinel node(s)		No		
1214	Mastectomy, partial, guided excision, for ductal carcinoma insitu		No		
1216	Mastectomy radical/ modified radical, with axillary clearance		No		
1218	Mammographic wire guided excision breast biopsy		No	Diagnostic, Day Care	
1219	Mastectomy and axillary clearance, immediate breast reconstruction with latissimus dorsi pedicle flap, with or without prosthetic implant or expanding prosthesis		No		

BREAST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1221	Mastectomy and axillary clearance, immediate breast reconstruction with extended flap		No		
1222	Mastectomy, complete with or without removal of sentinel node(s) with immediate insertion of tissue expander, includes subsequent expansions		No		
1223	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s), with immediate deep rotation flap reconstruction, with prosthetic implant		No		
193001	Prophylactic unilateral mastectomy, without insertion of tissue expander		Yes		
193003	Prophylactic unilateral mastectomy, immediate breast reconstruction with flap, +/- prosthetic implant or expanding prosthesis		Yes		
193005	Prophylactic bilateral mastectomy, complete, without immediate insertion of tissue expander		Yes		
193007	Prophylactic bilateral mastectomy, immediate breast reconstruction with flap, +/- prosthetic implant or expanding prosthesis		Yes		
441196	Bilateral mastectomies (I.P.)		No	Independent Procedure	

DIALYSIS

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

DIALYSIS

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

EXCISIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1516	Destruction by cryotherapy or diathermy of actinic keratosis or warts, with or without surgical curettement - (initial session only) (I.P.)	Yes	No	Independent Procedure, Side Room	Initial treatment session only. Subsequent treatments within 60 days see code 1517.
1517	Destruction by cryotherapy or diathermy of actinic keratosis or warts, with or without surgical curettement - (subsequent sessions, per session fee)	Yes	No	Side Room	Subsequent treatment sessions, per session fee. A subsequent session is where treatment is 60 days or less from date of previous treatment. Please include number of sessions and dates on Claim Form. Dates of treatment must be outlined on submitted claim form. Where further sessions are needed pre-approval is required. Repeat treatment of up to a maximum of four sessions (including initial treatment session).

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
155	Antrectomy and drainage		No		

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
165	Duodenal diverticula, excision of		No		
174	Wedge gastric excision for ulcer or tumour of stomach		No		
175	Gastrectomy, total or revision with anastomosis, pouch formation/ reconstruction/ Roux-en-Y reconstruction		No		
180	Gastrectomy, partial with anastomosis, pouch formation/ reconstruction/ Roux-en-Y reconstruction (Not Claimable for Morbid Obesity)		No		
190	Gastroenterostomy		No		
192	Capsule endoscopy	Yes	No	Diagnostic, Side Room, Monitored Anaesthesia Care	Clinical indications for procedure code 192 are as follows: one of which must be included on claim form for payment: (a) For evaluation of loco-regional carcinoid tumours of the small bowel in persons with carcinoid syndrome (b) For initial diagnosis in persons with suspected Crohn's disease (abdominal pain or diarrhoea plus one or more signs of inflammation (fever, elevated white blood cell count, elevated erythrocyte sedimentation rate, or bleeding) without evidence of disease on conventional diagnostic tests, including small-bowel follow-through or abdominal CT scan/ CT enterography and upper and lower endoscopy (c) For investigation of patients with objective evidence of recurrent, obscure gastro intestinal bleeding (e.g. iron deficiency anaemia and positive faecal occult blood test, or visible bleeding) who have had upper and lower gastrointestinal endoscopies within the last 12 months that have failed to identify a bleeding source (d) For surveillance of small intestinal tumours in persons with Lynch syndrome, Peutz-Jeghers syndrome and other polyposis syndromes affecting the small bowel.

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
194	Upper gastrointestinal endoscopy with or without biopsies (includes jejunal biopsy), with or without polypectomy		No	Diagnostic, Side Room, Monitored Anaesthesia Care	Procedure code 194 is not payable in conjunction with procedure codes 198, 201, 202 or 271. Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment: (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oseophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications: (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication(s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
198	Upper gastrointestinal endoscopy including oesophagus, stomach and either the duodenum and/ or jejunum as appropriate, with endoscopic ultrasound examination		No	Diagnostic, Side Room, Sedation	Procedure code 198 is not payable in conjunction with procedure codes 194, 201, 202 or 271. Clinical indications for procedure code 198 are as follows: must be included on claim form for payment (a) Oesophageal cancer: pre-operative staging and assessment of the respectability in operable patients without distant metastases, especially when stage dependent treatment protocols are applied (b) Gastric carcinoma: pre-operative staging of gastric cancer in patients without distant metastases if the local stage has an impact on therapy (local resection, neoadjuvant chemotherapy) (c) Gastric (i) Gastrointestinal sub mucosal tumours to differentiate from extra luminal compression and to plan therapy (resection or follow-up) (ii) Gastric: For diagnosis of gastric malt lymphoma (d) Biliary tumours: pre-operative staging and distal bile duct tumours (e) Benign conditions of the biliary tract; microlithiasis associated with acute pancreatitis (f) Benign conditions of the biliary tract; microlithiasis associated with acute pancreatitis/ post-cholecystectomy patients presenting with suspected biliary colic and have normal abdominal ultrasound and normal liver function tests (g) Pancreatic tumours: staging (h) Neuroendocrine tumours: locating neuroendocrine tumours, including insulinomas and gastrinomas.
200	Gastrostomy		No		
201	Insertion of percutaneous endoscopic gastrostomy (PEG) tube		No		Procedure code 201 is not payable in conjunction with procedure codes 194, 198, 202 or 271.

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
202	Upper gastrointestinal endoscopy with endoscopic ultrasound exam including oesophagus, stomach and either the duodenum and/ or jejunum as appropriate with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/ biopsy(s) of lymph nodes in oesophageal, gastric and lung cancer, biopsy of pancreatic lesion(s), mediastinal mass or submucosal lesion(s), with or without coeliac plexus neurolysis for pain arising from pancreatic cancer or chronic pancreatitis		No	Diagnostic, Side Room	Procedure code 202 is not payable in conjunction with procedure codes 194, 198, 201 or 271. Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment: (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications: (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication(s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
203	Upper gastrointestinal endoscopy with transendoscopic stent placement (includes pre and post dilation) in patients with obstructing lesions or strictures (I.P.)		No	Independent Procedure, Side Room, Diagnostic	Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment: (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications: (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication(s for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.
204	Gastric antral vascular ectasia, endoscopic argon plasma photocoagulation of		No	Side Room, Sedation	
205	Gastrostomy/ duodenotomy for haemorrhage		No		

GASTRIC

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
206	Upper gastrointestinal endoscopy with endoscopic mucosal resection		No	Diagnostic, Side Room, Sedation	Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment: (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications: (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication(s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.
215	Over-sewing of perforated peptic ulcer		No		
230	Ramstedt's operation		No		
235	Stomach transection		No		

HEAD & NECK

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1041	Excision of carotid body tumour greater than 4 cms		No		
1042	Excision of carotid body tumour less than 4 cms		No		
1046	Excision of lesion of mucosa and submucosa, vestibule of mouth, with simple repair (I.P.)	Yes	No	Independent Procedure, Side Room	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks.
1047	Excision of lesion of mucosa and submucosa, vestibule of mouth, complex, with or without excision of underlying muscle (I.P.)	Yes	No	Independent Procedure, Day Care	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks.
1048	Excision of malignant growth of mucosa and submucosa, vestibule of mouth, wide excision with excision of underlying muscle, complex layered closure, with or without skin graft (I.P.)		No	Independent Procedure	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks.
1055	Cyst or benign tumour on lip, excision of (I.P.)	Yes	No	Independent Procedure, Side Room	
1058	Epithelioma of lip, lip shave	Yes	No	Side Room	
1059	Epithelioma of lip, wedge excision		No	Day Care	
1065	Branchial cyst, pouch or fistula, excision of		No		
1075	Cysts or tuberculosis glands of neck (deep to deep fascia) excision of		No	Day Care	
1080	Conservative neck dissection		No		
1082	Radical neck dissection		No		
1085	Thyroglossal cyst or fistula, excision of		No		
1090	Torticollis, partial excision, open correction of		No		
1095	Tuberculous caseous glands or sinuses, curettage of	Yes	No		
1096	Oesophageal anastomosis, (repair and short circuit)		No		
1097	Partial oesophagectomy		No		
1098	Gastrointestinal reconstruction for previous oesophagectomy, for obstructing oesophageal lesion or fistula, or for previous oesophageal exclusion with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)		No		
1100	Laceration of palate, repair of	Yes	No		

HEAD & NECK

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1104	Biopsy lesion of palate		No	Side Room	
1105	Radical operation for malignant growth of palate		No		
1106	Partial maxillectomy including plastic reconstruction		No		
1107	Total maxillectomy including plastic reconstruction		No		

HERNIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
241	Laparoscopic, surgical repair, epigastric/ ventral hernia (includes mesh insertion) initial or recurrent (I.P.)		No	Independent Procedure	
243	Laparoscopic surgical repair, epigastric/ ventral hernia (initial or recurrent) (I.P.)		No	Independent Procedure	
244	Laparoscopic surgical repair, epigastric/ ventral hernia; incarcerated or strangulated (I.P.)		No	Independent Procedure	
245	Epigastric/ ventral hernia, repair of (I.P.)		No	Independent Procedure	
246	Exomphalos, minor		No		
247	Exomphalos, major		No		
248	Exomphalos, delayed		No		
249	Laparoscopic, surgical repair, epigastric/ ventral hernia (includes mesh insertion) incarcerated or strangulated (I.P.)		No	Independent Procedure	
250	Femoral hernia, repair of, bilateral		No		
255	Femoral hernia, repair of, unilateral (I.P.)		No	Independent Procedure	
270	Hiatus hernia, abdominal repair of		No		

HERNIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
271	Laparoscopic repair of hiatus hernia		No		Clinical Indications for procedure code 271 are as follows: (a) Patients with a diagnosis of gastro-oesophageal reflex disease confirmed by both (i) Gastroscopy with photographic evidence of oesophagitis and 24 hour monitoring positive for reflux, i.e. identifying (1) a pH of less than 4 or greater than 5% of the day (2) a de Meester score greater than 15 (ii) Failure to respond to at least 8 weeks of treatment with proton pump inhibitors Code 271 is not claimable in conjunction with procedure codes 194, 590 or 5917.
272	Laparoscopic repair of paraoesophageal hernia, including fundoplasty (I.P.)		No	Independent Procedure	
275	Hiatus hernia, transthoracic, repair of (I.P.)		No	Independent Procedure	
276	Laparoscopic surgical repair of incisional hernia (includes mesh insertion) (initial or recurrent) (I.P.)		No	Independent Procedure	
277	Laparoscopic surgical repair of incisional hernia (includes mesh insertion), incarcerated or strangulated (I.P.)		No	Independent Procedure	
278	Laparoscopic surgical repair of incisional hernia, initial or recurrent (I.P.)		No	Independent Procedure	
279	Laparoscopic surgical repair of incisional hernia, incarcerated or strangulated (I.P.)		No	Independent Procedure	
280	Incisional hernia, repair of (I.P.)		No	Independent Procedure	
283	Inguinal hernia, neonate up to six weeks of age, laparoscopic repair of, unilateral (I.P.)		No	Independent Procedure	
284	Inguinal hernia, laparoscopic repair of, bilateral (I.P.)		No	Independent Procedure	
285	Inguinal hernia, repair of, bilateral (I.P.)		No	Independent Procedure	
286	Inguinal hernia, neonate up to six weeks of age, laparoscopic repair of, bilateral (I.P.)		No	Independent Procedure	
287	Inguinal hernia, laparoscopic repair of, unilateral (I.P.)		No	Independent Procedure	
288	Strangulated inguinal hernia, laparoscopic repair of, unilateral (I.P.)		No	Independent Procedure	
289	Repair of inguinal hernia, neonate up to six weeks of age, bilateral (I.P.)		No	Independent Procedure	

HERNIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
290	Inguinal hernia, repair of, unilateral (I.P.)		No	Independent Procedure	
291	Strangulated inguinal hernia, unilateral (I.P.)		No	Independent Procedure	
292	Repair of inguinal hernia, neonate up to six weeks of age, unilateral (I.P.)		No	Independent Procedure	
295	Patent urachus, closure and repair of abdominal muscles		No		
305	Recurrent hernia, repair of (I.P.)		No	Independent Procedure	
310	Umbilical hernia, repair of (I.P.)		No	Independent Procedure	
443111	Repair laparoscopically of para-oesophageal hernia, including fundoplasty and mesh insertion (I.P.)		No	Independent procedure	

INTERVENTIONAL RADIOLOGY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1196	Stereotactic localisation core needle biopsy of breast (I.P.)		No	Independent Procedure, Side Room, Diagnostic	
1197	Preoperative placement of needle localisation wire/ reflective marker for non-palpable breast lesions under imaging control		No		This benefit is payable in addition to the surgery, at a separate operative session, for lesion(s) removal.
66744	Completed radiological examination and evaluation including imaging (mammography and/ or ultrasound), and immediate image-guided percutaneous core needle biopsy; where performed on same day by a consultant Radiologist (I.P.)		No	Independent Procedure, Side Room, Diagnostic	

JEJUNUM & ILEUM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
320	Congenital defects, correction of (including Meckel's diverticulum)		No		

JEJUNUM & ILEUM

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
331	Gastroschisis		No		
355	Ileostomy or laparoscopic loop ileostomy (I.P.)		No	Independent Procedure	
356	Ileoscopy, through stoma, with or without biopsy		No	Diagnostic, Side Room, Monitored Anaesthesia Care	
360	Resection of small intestine; single resection and anastomosis (I.P.)		No	Independent Procedure	
361	Intestinal atresia, single/ multiple		No		
362	Intestinal stricturalplasty (enterotomy & enterorrahaphy) with or without dilation, for intestinal obstruction		No		
363	Intestinal stricturoplasty (enterotomy & enterorrahaphy) with or without dilation, for intestinal obstruction, multiple, 3 or more		No		
364	Hydrostatic reduction of intussusception		No		
370	Jejunostomy		No		
384	Laparoscopic resection and anastomosis of jejunum or ileum		No		
385	Resection and anastomosis of jejunum or ileum		No		
386	Surgical reduction of intussusception including repair with or without appendicectomy		No		

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
389	Anal canal examination under anaesthesia (EUA) (I.P.)		No	Independent Procedure, Day Care	
390	Anal canal, plastic repair of (for incontinence)		No		
391	Laparoscopic, low anterior/ abdomino-perineal resection with colo-anal anastomosis		No		

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
392	Laparoscopic, mid/ high anterior resection with colo-anal anastomosis		No		
395	Anal fissure, dilatation of anus (I.P.)		No	Independent Procedure, Day Care	
396	Anoplasty for low anorectal anomaly		No		
397	Anorectal anomaly, posterior sagittal anorectoplasty (PSARP), for high/ intermediate anorectal anomaly		No		
400	Lateral internal sphincterotomy (I.P.)		No	Independent Procedure, Day Care	
401	Botulinum toxin injection of anal sphincter under general anaesthetic		No	Day Care	
404	Parks' anal sphincter repair		No		
410	Anus, excision of epithelioma of, with colostomy		No	Day Care	
415	Anus, excision of epithelioma of, without colostomy		No	Day Care	
420	Caecostomy (I.P.)		No	Independent Procedure	
425	Caecostomy or colostomy, closure of		No		
430	Colectomy, partial		No		Cannot be charged in conjunction with code 435, 436.
431	Laparoscopic colectomy, partial		No		
432	Laparoscopic colectomy, total		No		
433	Laparoscopic colectomy, total with ileal pouch reconstruction		No		
434	Laparoscopic surgical closure of enterostomy, large or small intestine, with resection and anastomosis		No		
435	Colectomy, total		No		Cannot be charged in conjunction with code 430, 436.
436	Total colectomy and ileal pouch construction with temporary ileostomy		No		Cannot be charged in conjunction with code 430, 435.
437	Closure of ileostomy		No		
438	Total colectomy for toxic megacolon		No		

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
439	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and urethral transplantations, and/ or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(ies), or any combination thereof		No		
448	Double balloon enteroscopy (antegrade or retrograde)		No	Diagnostic, Day Care, Sedation	Clinical Indications for procedure code 448 are as follows: (a) For investigating suspected small intestinal bleeding in persons with objective evidence of recurrent, obscure gastrointestinal bleeding (e.g. iron-deficiency anaemia, positive faecal occult blood test, or visible bleeding) who have had upper and lower gastrointestinal endoscopies that have failed to identify a bleeding source (b) For initial diagnosis in persons with suspected Crohn's disease (abdominal pain, diarrhoea, elevated ESR, elevated white cell count, fever, gastrointestinal bleeding, or weight loss) without evidence of disease on conventional diagnostic tests, including small bowel follow through and upper and lower endoscopy (c) For treating members with gastrointestinal bleeding when the small intestine has been identified as the source of bleeding.
449	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen by brushing or washing, with or without biopsy, single or multiple		No	Day Care	

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
450	Colonoscopy, left side		No	Diagnostic, Side Room, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
454	Incomplete colonoscopy, claimable where the scope reached beyond the splenic flexure but where it was not possible to reach the caecum because of obstruction or lesion (for colonoscopy to the splenic flexure please use code 450)		No	Diagnostic, Side Room, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
455	Colonoscopy, full colon		No	Diagnostic, Side Room, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
456	Colonoscopy, left side, plus polypectomy		No	Diagnostic, Side Room, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
457	Colonoscopy plus polypectomy, full colon		No	Diagnostic, Side Room, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
458	Left colonoscopy and laser photocoagulation of rectum		No	Diagnostic, Side Room, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
459	Colonoscopy, full colon and laser photocoagulation of rectum		No	Diagnostic, Side Room, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.
460	Colostomy (I.P.)		No	Independent Procedure	
461	Reduction of prolapsed colostomy stoma	Yes	No		
462	Gastrointestinal endoscopic mucosal resection (EMR)		No		Indications include: Tumours, areas of abnormal tissue, precancerous lesions or superficial cancerous tumours with clear margins with, early stage gastric and colon cancers or Barrett's oesophagus. Procedure must involve the injection of submucosal tissue to lift the lesion and either snaring or dissection of the lesion. May only be billed one every 6 months. Subsequent procedure may be considered if clinical rationale for same is provided.
465	Resection of bowel and colostomy or anastomosis for diverticulitis		No		

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
466	Endoscopic transanal resection of large (> 2cm) villous adenomas/ malignant tumours of rectum (ETART), using resectoscope		No		
467	Colonoscopy with transendoscopic stent placement (includes pre-dilation)		No		
468	Excision of rectal tumour, transanal approach		No		
470	Faecal fistula, closure or resection		No		
485	Anal fistulotomy (I.P.)		No	Independent Procedure, Day Care	
486	Fistula-in-ano, excision with endo-anal flap and advancement (I.P.)		No	Independent Procedure	
487	Fistula-in-ano, insertion/ change of seton (I.P.)		No	Independent Procedure, Day Care	
488	Ano-rectal manometry	Yes	No	Diagnostic, Side Room	
490	Haemorrhoidectomy (external) (I.P.)		No	Independent Procedure, Day Care	
495	Haemorrhoidectomy, external, multiple (I.P.)		No	Independent Procedure, Day Care	
500	Haemorrhoidectomy (internal) includes exploration of anal canal (I.P.)		No	Independent Procedure	
501	Haemorrhoidopexy (e.g. for prolapsing internal haemorrhoids) by stapling		No		
506	Haemorrhoids, injection and/ or banding (I.P.)	Yes	No	Independent Procedure, Side Room	
513	Meconium ileus, open reduction with or without stoma		No		
514	Meconium ileus reduction		No		
515	Imperforate anus, simple incision	Yes	No		
516	Necrotising enterocolitis, percutaneous drainage		No		
517	Necrotising enterocolitis, laparotomy resection/ stoma		No		

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
518	Panproctocolectomy		No		
520	Imperforate anus, with colostomy or pull through operation		No		
525	Ischio-rectal abscess, incision and drainage (I.P.)		No	Independent Procedure	
530	Proctoscopy or sigmoidoscopy (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
535	Proctoscopy or sigmoidoscopy, with biopsy (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
536	Diagnostic flexible sigmoidoscopy and biopsies (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic, Sedation	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
540	Proctoscopy or sigmoidoscopy with biopsy of muscle coats of bowel, for megacolon		No	Diagnostic, Day Care	Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed) Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: (a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows: ((b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications: (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination (Viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy (ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication (x) Left colonoscopy at the time of significant symptomatic relapse (xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis (xii) Evaluation of an abdominal mass (c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy (d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable (e) Clinical indications for which ILH pay for surveillance colonoscopy: (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals.
545	Prolapse of rectum, abdominal approach involving laparotomy, colostomy or intestinal anastomosis including laparoscopic approach		No		
549	Delorme procedure		No		
550	Prolapse of rectum, perineal repair (I.P.)		No	Independent Procedure	
555	Closure of rectovesical fistula, with or without colostomy (I.P.)		No	Independent Procedure	

LARGE INTESTINE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
556	Balloon dilation of the rectum		No	Day Care	
560	Rectal or sigmoid polyps (removal by diathermy etc.)		No	Day Care	
565	Rectum, excision of (all forms including perineoabdominal, perineal anterior resection and laparoscopic approach)		No		
570	Rectum, partial excision of		No		
574	Presacral teratoma, excision of		No		
576	Revision/ refashioning of ileostomy and duodenostomy, complicated reconstruction in-depth (I.P.)		No	Independent Procedure	
577	Low anterior resection with colo-anal anastomosis for cancer		No		
578	Soave procedure		No		
579	Internal sphincter myomectomy in children with Hirschsprung disease		No		
581	Sigmoidoscopy including dilatation of intestinal strictures		No	Day Care	
582	Proctectomy for recurrent rectal cancer in a radiated and previously operated pelvis		No		
585	Stricture of rectum (dilation of) (I.P.)		No	Independent Procedure, Day Care	
590	Volvulus (stomach, small bowel or colon, including resection and anastomosis)		No		
591	Correction of malrotation by lysis of duodenal bands and/ or resection of midgut volvulus (e.g. Ladd procedure)		No		
5793	Percutaneous implantation of neurostimulator pulse generator and electrodes for faecal incontinence; trial stage		Yes		
5794	Percutaneous implantation of neurostimulator electrodes for faecal incontinence; permanent implantation		No		
442110	Prophylactic total colectomy		Yes		
442112	Prophylactic laparoscopic total colectomy		Yes		

LIVER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
595	Hepatotomy for drainage of abscess or cyst, one or two stages		No		
600	Biopsy of liver (by laparotomy) (I.P.)		No	Independent Procedure, Diagnostic	
601	Transjugular liver biopsy		No	Diagnostic	
605	Biopsy of liver (needle)		No	Diagnostic	
608	Management of liver haemorrhage; simple suture of liver wound or injury		No		
611	Major liver resection (I.P.)		No	Independent Procedure	
616	Wedge resection of liver		No		
617	Intrahepatic cholangioenteric anastomosis		No		
618	Resection of hilar bile duct tumour (I.P.)		No	Independent Procedure	
619	Management of liver haemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/ or suture, with or without packing of liver		No		
622	Insertion of hepatic artery catheter and reservoir pump		No		
625	Liver, left lateral lobectomy		No		
626	Intra-operative radiofrequency ablation of liver metastases		No		
630	Excision of hydatid cyst		No		

LYMPHATICS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1310	Open superficial lymph node biopsy	Yes	No	Day Care	
1311	Biopsy or excision of lymph node(s); by needle, superficial (e.g. cervical, inguinal, axillary)	Yes	No	Side Room	
1314	Sentinel node biopsy with injection of dye and identification		No	Day Care	
1315	Axillary lymph nodes, complete dissection of		No		

LYMPHATICS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1320	Axillary or inguinal lymph nodes, incision of abscess	Yes	No	Side Room	
1326	Biopsy or excision of lymph node(s); open, deep cervical or axillary node(s)		No	Diagnostic, Day Care	
1335	Inguinal or pelvic lymph node block dissection, unilateral (I.P.)		No	Independent Procedure	
1336	Inguinal or pelvic lymph node block dissection, bilateral (I.P.)		No	Independent Procedure	
1365	Primary or secondary retroperitoneal, lymphadenectomy complete, transabdominal (I.P.)		No	Independent Procedure	
494351	Incision and drainage of axillary or inguinal lymph node abscess	Yes	No		

METABOLIC SURGERY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
493201	Metabolic surgery - gastric restrictive procedure with gastric by-pass with Roux-En-Y gastroenterostomy (I.P.)		Yes	Independent Procedure	Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 35 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.

METABOLIC SURGERY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
493202	Metabolic surgery - gastric restrictive procedure, with partial gastrectomy, pylorus preserving duodenileostomy and ileostomy (50 to 100 cm common channel) to limit absorption/ biliopancreatic diversion with duodenal switch		Yes		Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 35 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.
493203	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (I.P.)		Yes	Independent Procedure	Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 35 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.

METABOLIC SURGERY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
493204	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g. gastric band and subcutaneous port component) benefits include all subsequent restrictive device adjustment(s)		Yes		Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 35 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.
493205	Metabolic surgery - laparoscopy, surgical, longitudinal gastrectomy (i.e. gastric sleeve) (I.P.)		Yes	Independent Procedure	Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021 (a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification (b) Benefit is restricted to those patients who satisfy all of the following criteria: (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 35 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for thee appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request.

MUSCLE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1380	Muscle, repair and suture of		No		
1385	Muscle biopsy	Yes	No	Diagnostic, Side Room	

NERVES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1390	Nerve biopsy	Yes	No	Diagnostic	
1395	Nerve repairs (primary) (I.P.)		No	Independent Procedure	
1400	Nerve suture (secondary, including grafting and anastomosis)		No		
1406	Neuroma, excision of		No	Day Care	
1407	Neurectomy		No		

PAIN BLOCK/ INJECTION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3543	Percutaneous lysis of epidural adhesions using solution injection (e.g. hypertonic saline, enzyme) or mechanical means (e.g. catheter) including radiological localisation (includes local anaesthesia and contrast when administered), one or more sessions (I.P.)		No	Independent Procedure, Day Care	Benefit is limited to 2 treatments per year and only for patients with low back pain in post lumbar surgery syndrome.

PANCREAS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
771	ERCP sphincterotomy and extraction of stones		No		
772	ERCP sphincterotomy and insertion of endoprosthesis		No		
773	Biopsy of pancreas, percutaneous needle, includes radiological or ultrasound guidance		No		
774	ERCP (endoscopic retrograde cholangiogram of pancreas)		No	Diagnostic	
775	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple - type procedure); with pancreatojejunostomy		No		
776	Pancreatic biopsy		No	Diagnostic	
778	Pancreaticojejunostomy		No		
779	ERCP ampullectomy with insertion of endoprosthesis		No		
780	Distal pancreatectomy including splenectomy		No		
781	Endoscopic cannulation of papilla with direct visualisation (spy glass probe) of common bile duct(s) and/ or pancreatic ducts		No	Diagnostic	Benefit shown is payable in full with the code for main procedures 771,772,774,779 or 782.
782	ERCP with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method		No		
785	Total pancreatectomy, distal, with gastrectomy, splenectomy, duodenectomy, cholecystectomy and resection of distal bile duct		No		
786	Simultaneous pancreas/ kidney transplant		No		
790	Open surgical drainage of pancreatic abscess or pseudocyst		No		
795	Pancreatotomy for drainage of pancreatitis, abscess or cyst with exploration of biliary and pancreatic duct		No		

PARATHYROID GLANDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1110	Parathyroid adenoma, excision of		No		
1111	Transcatheter ablation of function of parathyroid glands		No		
1112	Parathyroid hyperplasia, excision of (4 glands, frozen section)		No		

PARATHYROID GLANDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1113	Total parathyroidectomy with auto transplant or mediastinal exploration/ intra-thoracic		No		
1114	Parathyroid re-exploration		No		

SALIVARY GLANDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1115	Abscess of salivary gland, incision and drainage	Yes	No		
1120	Fistula of salivary duct, repair of		No		
1125	Parotid or submandibular duct, dilatation of	Yes	No		
1126	Submandibular duct, relocation (I.P.)		No	Independent Procedure	
1133	Excision of parotid tumour or parotid gland, lateral lobe, (superficial parotidectomy) with dissection and preservation of facial nerve (I.P.)		No	Independent Procedure	
1134	Excision of parotid tumour or parotid gland, total, en bloc removal with sacrifice of facial nerve		No		
1135	Excision of parotid tumour or parotid gland, total with dissection and preservation of facial nerve		No		
1136	Excision of parotid tumour or parotid gland, lateral lobe, without nerve dissection		No		
1140	Salivary calculus, removal of	Yes	No	Day Care	
1141	Sialendoscopy with sialolithiasis, any method; complicated intraoral (I.P.)		No	Independent Procedure	
1150	Submandibular salivary gland, excision of		No		
1151	Excision of sublingual gland		No		

SPLEEN

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
800	Open splenectomy (I.P.)		No	Independent Procedure	
806	Transcatheter ablation of function of spleen		No		
807	Aspiration of splenic cysts		No		
381229	Laparoscopic splenectomy (I.P.)		No	Independent procedure	

TENDONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1410	Tendon repairs (primary), single		No		
1415	Tendon repairs (primary), multiple		No		
1420	Tendon sheath, incision of		No		
1425	Tenotomy	Yes	No	Day Care	
1426	Tenolysis (I.P.)		No	Independent Procedure, Day Care	

THYROID

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1152	Thyroid cyst(s) aspiration/ fine needle biopsy (I.P.)	Yes	No	Independent Procedure, Side Room	
1154	Excision of thyroid cyst		No		
1155	Total/ revision thyroidectomy		No		
1156	Core biopsy of thyroid, neck lymph node or head and neck mass under ultrasound guidance (I.P.)		No	Independent Procedure, Side Room, Diagnostic	
1157	Partial/ subtotal thyroidectomy		No		

TONGUE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1165	Excision of epithelioma of tongue with radical operation on glands		No		
1170	Frenectomy (tongue tie)	Yes	No	Side Room	
1174	Glossectomy; less than one-half tongue		No		
1175	Hemi-glossectomy		No		
1176	Total glossectomy		No		
1180	Growths of tongue, diathermy to	Yes	No	Side Room	
1185	Excision biopsy, oral cavity (I.P.)	Yes	No	Independent Procedure, Side Room	
1186	Resection of tonsil, tongue base, palate, mandible and radical neck dissection		No		