

Ophthalmology

Schedule of Benefits
for Professional Fees

ANTERIOR SEGMENT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2523	Removal of foreign body from anterior chamber, non-magnetic		No		
2524	Removal of implanted material from anterior chamber		No		
2525	Paracentesis of anterior chamber of eye with or without diagnostic aspiration of aqueous (I.P.)		No	Independent Procedure, Day Care	
2580	Paracentesis of anterior chamber of eye for hyphaema with or without irrigation and/ or air injection		No		
2586	Reform anterior chamber secondary to trabeculectomy or post cataract surgery		No	Day Care	
266835	Implantation of iStent		No		For patients with mild to moderate open angle glaucoma undergoing cataract surgery or having previously had cataract surgery who require additional intraocular pressure control and for patients who experience side effects of topical drops, poor tolerance of topical drops due to severe dry eye, allergy or other systemic disease interactions, poor adherence to drop treatment regime or difficulty inserted drops due to coexisting illness or disability.

CONJUNCTIVA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2490	Conjunctival flap	Yes	No		
2493	Conjunctivectomy		No		
2495	Conjunctival graft		No		
2496	Cryotherapy, unilateral		No	Day Care	
2497	Cryotherapy, bilateral		No	Day Care	
2498	Conjunctival tumour with or without graft		No	Day Care	
2500	Conjunctival cyst/ granuloma, one or more excision of	Yes	No	Side Room	
2505	Foreign body, removal of, from conjunctiva	Yes	No	Side Room	
2520	Conjunctival wounds, repair	Yes	No	Day Care	
2521	Symblepharon division	Yes	No		
2522	Removal of foreign body from anterior chamber, magnetic		No	Day Care	
2526	Symblephora, division of (includes conjunctival graft)		No		

CONJUNCTIVA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2527	Conjunctival biopsy	Yes	No	Side Room	

CORNEA AND SCLERA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2510	Pterygium removal	Yes	No	Day Care	
2511	Pterygium removal and conjunctival graft		No	Day Care	
2530	Corneal grafting of un-cut graft, penetrating/ lamellar		No		
2531	Removal of sutures (late stage) post corneal grafting; corneal/ sclera	Yes	No	Side Room, Local Anaesthetic	
2535	Corneal surface removed and EDTA application	Yes	No	Side Room, Monitored Anaesthesia Care	
2540	Corneal tattooing	Yes	No		
2546	Corneal scraping	Yes	No	Day Care	
2547	Corneal biopsy	Yes	No		
2548	Ulcer/ recurrent erosion, surgical treatment/ cautery with or without pricking, with or without debridement, with or without cryotherapy, one or more treatments, per episode of illness	Yes	No	Side Room	
2549	Corneal grafting of pre-cut graft, penetrating/ lamellar (not INTACS)		No		
2555	Corneal or scleral tumour, excision		No		
2556	Perforating injury cornea and/ or sclera not involving uveal tissue		No		
2565	Perforating injury cornea and/ or sclera with reposition or resection of uveal tissue		No		
2566	Repair of scleral staphyloma with or without graft		No		
2575	Foreign body, removal of, from cornea	Yes	No	Side Room	
2577	Keratotomy, corneal relaxing incision or wedge resection for correction of surgically induced astigmatism that resulted from previous surgery (not for the correction of refractive errors to correct short sightedness, long sightedness or astigmatism) (I.P.)		No	Independent Procedure, Day Care	

CORNEA AND SCLERA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2579	Excimer laser therapy for the correction of corneal diseases e.g. corneal dystrophy, epithelial membrane dystrophy, irregular corneal surfaces due to Salzmann's nodular degeneration or keratoconus nodules, or post traumatic corneal scars and opacities or recurrent corneal erosions. Not for the correction of refractive errors (LASIK), the treatment of infectious keratitis or for the correction of post surgical corneal scars that arise as a result of surgery for which Irish Life Health benefit is not payable	Yes	No	Side Room	
2761	Lacrimal sac, syringing and probing, unilateral or bilateral (I.P.)	Yes	No	Independent Procedure, Side Room	
2773	Lacrimal canaliculi and sac, probing with or without syringing, one or both eyes (I.P.)	Yes	No	Independent Procedure	
2775	Lacrimal sac, syringing (I.P.)	Yes	No	Independent Procedure, Side Room	
2800	Intacs for members suffering from keratoconous (I.P.)		Yes	Independent Procedure, Side Room	Only for members suffering from keratoconous and has a clear central cornea.
2801	Corneal cross linking (I.P.)		No	Independent Procedure, Side Room	

EYELIDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2591	Botulinum injection for blepharospasm or to induce ptosis (I.P.)	Yes	No	Independent Procedure, Side Room	
2592	Repair of ectropion; suture or thermo cauterization	Yes	No	Side Room	
2595	Repair of ectropion; excision of tarsal wedge/ extensive (e.g. tarsal strip operations)		No	Day Care	
2596	Blepharophimosis, for pathology (not cosmetic)		No	Daycare	<p>For patients under 65 years old preapproval is required if performed as a standalone procedure.</p> <p>Medical necessity is established based on clinical indicators</p> <ul style="list-style-type: none"> (i) documented visual field obstruction (ii) significant interference with activities such as reading or driving. (iii) Other symptoms based on individual clinical circumstances that will be reviewed by our medical team <p>Comprehensive documentation including visual field testing and clinical photographs may be required to support medical necessity."</p>

EYELIDS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2600	Repair of entropion; excision tarsal wedge/ extensive (e.g. tarsal strip or capsulopalpebral fascia repairs operation)		No	Day Care	
2601	Repair of entropion; suture or thermo cauterization	Yes	No	Side Room	
2605	Epilation, trichiasis, correction of, by other than forceps (e.g. electrosurgery, cryotherapy, laser surgery), unilateral or bilateral. (I.P.)	Yes	No	Independent Procedure, Side Room	
2610	Injury to eyelid, repair (superficial)	Yes	No	Side Room, Local Anaesthetic	
2611	Opening of tarsorrhaphy (I.P.)		No	Independent Procedure, Side Room, Local Anaesthetic	
2615	Injury to eyelid, repair (deep)		No		
2621	Excision of chalazion, papilloma, dermoid or other cyst or lesion, single, involving skin, lid margin, tarsus, and/ or palpebral conjunctiva (I.P.)	Yes	No	Independent Procedure, Side Room	
2622	Excision of chalazions, papilloma's, dermoids or other cysts or lesions, one or both eyelids, involving skin, lid margin, tarsus and/ or palpebral conjunctiva (I.P.)	Yes	No	Independent Procedure, Side Room, Local Anaesthetic	
2626	Canthotomy (I.P.)	Yes	No	Independent Procedure, Side Room	
2630	Tarsorrhaphy		No	Day Care	
669901	Dermatochalasis causing visual field obstruction (not cosmetic)	Yes	No	Day Care	

GLOBE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2635	Evisceration of eye		No		
2635	Evisceration of eye		No		
2640	Excision of eye plus implant		No		
2645	Removal of intraocular foreign body		No		
2660	Removal of eye		No		

INTRAVITREAL IMPLANTATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
669542	Right eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)		No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required.
669543	Bilateral, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)		No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required.
669544	Right eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)		No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required.
669545	Bilateral, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)		No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required.
669580	Left eye, implantation of 190mcg Iluvien flucanone acetone device (I.P.)		Yes	Independent Procedure, Side Room	Treatment of vision impairments caused by Chronic diabetic macular oedema (DMO) , that is unresponsive to available therapies.
669581	Right eye, implantation of 190mcg Iluvien flucanone acetone device (I.P.)		Yes	Independent Procedure, Side Room	Treatment of vision impairments caused by Chronic diabetic macular oedema (DMO) , that is unresponsive to available therapies.

INTRAVITREAL INJECTIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2508	Left eye, intravitreal injection of Beovu for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	Benefit is payable for 1 injection per month for the first 3 months. On an ongoing basis cover is applied for up to 4 injections per eye in any 12 month period. (note: in some cases 6 injections may be required), thereafter pre authorisation is required.
2509	Right eye, intravitreal injection of Beovu for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	Benefit is payable for 1 injection per month for the first 3 months. On an ongoing basis cover is applied for up to 4 injections per eye in any 12 month period. (note: in some cases 6 injections may be required), thereafter pre authorisation is required.
2512	Left eye, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2513	Right eye, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2516	Left eye, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2517	Right eye, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2518	Left eye, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)		No	Independent Procedure, Side Room	

INTRAVITREAL INJECTIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2519	Right eye, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)		No	Independent Procedure, Side Room	
2528	Intravitreal injection of a pharmacological agent with or without paracentesis. Only for use where the intravitreal agents are not listed separately in this schedule (I.P.)		No	Side Room	Not for use where the intravitreal agents are listed separately in this Schedule. The intravitreal agent used must be stated on the claim form.
2541	Left eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)		No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required.
2543	Left eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)		No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required.
2551	Left eye, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2552	Right eye, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2553	Left eye, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2554	Right eye, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2559	Bilateral intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2561	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2562	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2563	Bilateral intravitreal injection of Eylea (Aflibercept) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2564	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2567	Left eye, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)		No	Independent Procedure, Side Room	

INTRAVITREAL INJECTIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2568	Right eye, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)		No	Independent Procedure, Side Room	
2569	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2571	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)		No	Independent Procedure, Side Room	
2572	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)		No	Independent Procedure, Side Room	
2581	Left eye, intravitreal injection of Vabysmo (faricimab-svoa) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2582	Right eye, intravitreal injection of Vabysmo (Faricimab-Svoa) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2583	Bilateral intravitreal injection of Vabysmo (Faricimab-Svoa) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
2587	Left eye, intravitreal injection of Vabysmo (faricimab-svoa) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2588	Right eye, intravitreal injection of Vabysmo (faricimab-svoa) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2589	Bilateral, intravitreal injection of Vabysmo (faricimab-svoa) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
2678	Left eye, intravitreal injection of Jetrea (Ocriplasmin) in adults for the treatment of vitreomacular traction (VMT), including when associated with macular hole of a diameter less than or equal to 400 microns. Claimable once only per lifetime (I.P.)		No	Independent Procedure, Side Room	For procedures 2678 and 2679 benefit is only payable where the intravitreal agent listed is used for the stated indication.
2679	Right eye, intravitreal injection of Jetrea (Ocriplasmin) in adults for the treatment of vitreomacular traction (VMT), including when associated with macular hole of a diameter less than or equal to 400 microns. Claimable once only per lifetime (I.P.)		No	Independent Procedure, Side Room	For procedures 2678 and 2679 benefit is only payable where the intravitreal agent listed is used for the stated indication.

INTRAVITREAL INJECTIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
669514	Bilateral, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
669518	Bilateral, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
669520	Bilateral, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)		No	Independent Procedure, Side Room	
669551	Bilateral, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)		No	Independent Procedure, Side Room	
669555	Bilateral, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)		No	Independent Procedure, Side Room	
669569	Bilateral, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)		No	Independent Procedure, Side Room	
669573	Bilateral, intravitreal injection of Eylea (aflibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)		No	Independent Procedure, Day Care	
669575	Bilateral, intravitreal injection of left and right eyes with different pharmaceutical drugs for AMD/diabetic macular oedema secondary to CRVO (I.P.)		No	Independent Procedure, Day Care	To avoid payment delay, notification of the drugs used and the reason why, should be submitted on the claim form. Applicable for combination of Eylea, Lucentis, Ozurdex and/or Avastin.

IRIS, CILIARY BODY AND CHOROID

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2680	Division of anterior synechiae (I.P.)		No	Independent Procedure, Day Care	
2685	Cyclodialysis		No		
2696	Ciliary body destruction; cyclocryotherapy or diathermy		No	Day Care	
2700	Goniotomy and/or Viscoanaloplasty (dilation of Schlemm's canal) and/or Trabeculotomy (ab interno removal of Trabecular Meshwork)		No		
2710	Iridectomy		No		

IRIS, CILIARY BODY AND CHOROID

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2711	Pupil reconstruction post trauma, post surgery		No		
2725	Iris tumour, removal		No		
2726	Iris biopsy (I.P.)		No	Independent Procedure	
2740	Trabeculectomy/ drainage procedure		No		
2741	Laser trabeculoplasty, one or more treatments		No	Side Room	
2742	Trabeculectomy and tubes, etc.		No	Day Care	
2845	Local resection of ciliary body or choroidal tumour		No		

LACRIMAL APPARATUS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2750	Canaliculus repair with or without tube		No	Day Care	
2755	Dacryocystorhinostomy with or without tubes (I.P.)		No	Independent Procedure, Day Care	
2756	Removal of D.C.R. tube	Yes	No	Side Room	
2760	Lacrimal abscess, (dacrocystitis) incision	Yes	No	Side Room	
2764	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent (I.P.)	Yes	No	Independent Procedure, Day Care	
2766	Punctal closure with cautery or controller	Yes	No	Side Room	
2768	3 snip operation of lacrimal punctum	Yes	No	Side Room	
2769	Correction of everted punctum: cautery only	Yes	No	Side Room	
2770	Lacrimal sac excision (dacryocystectomy)		No		
2771	Lacrimal gland tumour excision		No		
2772	Conjunctivo - dacryocystorhinostomy with Lester Jones tube		No	Day Care	
608418	Dacryocystorhinostomy		No		

LASER/ LIGHT COAGULATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2644	Argon or Diode laser or Xenon Arc, for treatment of retinal or choroidal disease, glaucoma, one or more treatments (I.P.)		No	Independent Procedure, Side Room	
2647	YAG laser, for pupil formation, iridectomy, membranectomy, ciliary body treatment, glaucoma, one or more treatments (I.P.)		No	Independent Procedure, Side Room	
2648	YAG laser capsulotomy, post cataract surgery, one or more treatments (details of previous cataract surgery must be provided on the claim form)	Yes	No	Side Room	Details of previous cataract surgery must be provided on the claim form.
2649	Bilateral YAG laser capsulotomy, post cataract surgery, one or more treatments (details of previous cataract surgery must be provided on the claim form)	Yes	No	Side Room	Details of previous cataract surgery must be provided on the claim form.
2806	Argon laser therapy for pan-retinal photocoagulation of diabetic retinopathy or central retinal vein occlusion (per course of therapy)		No	Side Room	
2807	Photodynamic therapy for exudative macular degeneration (one eye) - all inclusive benefit including pre-therapy assessment and counselling, infusion of Visudyne and post-therapy assessment. Also inclusive of out-patient consultations within one week of treatment to provide pre-therapy counselling and post therapy assessment (excluding fluorescein angiography)		No	Side Room	Benefit is payable for codes 2807 and 2808 for: (1) The treatment of wet age related degeneration for individuals who have a confirmed diagnosis of: (i) Predominantly classic lesions (ii) Pure occult lesions. Benefit is not payable for minimally classic or mixed lesions (2) Best corrected visual acuity 6/60 or better.
2808	Photodynamic therapy for exudative macular degeneration (both eyes) - all inclusive benefit including pre-therapy assessment and counselling, infusion of Visudyne and post-therapy assessment. Also inclusive of out-patient consultations within one week of treatment to provide pre-therapy counselling and post therapy assessment (excluding fluorescein angiography)		No	Side Room	Benefit is payable for codes 2807 and 2808 for: (1) The treatment of wet age related degeneration for individuals who have a confirmed diagnosis of: (i) Predominantly classic lesions (ii) Pure occult lesions. Benefit is not payable for minimally classic or mixed lesions (2) Best corrected visual acuity 6/60 or better.

LENS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2779	Repositioning of intraocular lens prosthesis requiring an incision (I.P.)		No	Independent Procedure, Day Care	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met, and in addition, for patients with ASA I to III in the following exceptional circumstances (a) patients with only one eye (b) co-existing eye disease e.g. glaucoma, uveitis (c) previous retinal surgery (d) eye injury causing corneal scarring (d) lens subluxation.

LENS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2780	Intraocular lens insertion not associated with concurrent cataract removal secondary implant, for exchange lens associated with previous cataract surgery only (I.P.)		No	Independent Procedure, Day Care	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met, and in addition, for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation.
2781	Artisan lens implantation for aphakia (I.P.)		Yes	Independent Procedure, Day Care	Procedure must be secondary to: (a) Congenital cataract surgery where the best corrected vision using contact lens is 6/12 or there are medical contraindications to the wearing of contact lenses (details of such contraindications to be provided) (b) Lens dislocation where the best corrected vision using contact lenses is 6/12 or worse or there are medical contraindications to the wearing of contact lenses (details of such contraindications to be provided) (c) Cataract surgery where it is certified that a secondary implant is medically necessary because of a displaced lens or capsule rupture (d) Cataract surgery following previous retinal detachment treated by vitrectomy.
2785	Dissection of secondary membranous cataract (opacified posterior lens capsule and/ or anterior hyaloid); stab incision technique (I.P.)		No	Independent Procedure	
2786	Revision or repair of operative wound of anterior segment of the eye, any type, early or late, major or minor procedure (I.P.)		No	Independent Procedure	
2795	Lens extraction		No	Day Care	Benefit is not payable for elective refractive lens replacement surgery. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met, and in addition, for patients with ASA I or III, in the following exceptional circumstances: (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation.
2802	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - Monitored anaesthesia care/ nerve block/ local/ regional anaesthesia		No	Day Care	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met, and in addition, for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation.

LENS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2803	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - General anaesthesia		No	Day Care	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met, and in addition, for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation.
2804	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) Children up to 16 years of age.		No	Day Care	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met, and in addition, for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation.
668261	Left and right eye, same day cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - monitored anaesthesia care		No	Day Care	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation. If a second procedure is performed within 60 days of the initial procedure, benefit at the rate of 50% only will be paid.
668262	Left and right eye, same day cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - general anaesthesia		No	Day Care	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation. If a second procedure is performed within 60 days of the initial procedure, benefit at the rate of 50% only will be paid.

LENS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
668280	Insertion of artificial lens and extraction of Cataract and the insertion of a trans-trabecular micro-stent for aqueous drainage		No	Day Care	<p>Prosthesis benefit is payable up to the value of monofocal lens only Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances</p> <ul style="list-style-type: none"> (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation <p>If a second procedure is performed within 60 days of the initial procedure, benefit at the rate of 50% only will be paid.</p>
668281	Insertion of artificial lens and extraction of Cataract in conjunction with goniotomy and/or canaloplasty (dilation of Schlemm's canal) e.g. OMNI		No		<p>Not to be used for 'Insertion of artificial lens and extraction of cataract' only. Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met, and in addition, for patients with ASA I or III in the following exceptional circumstances</p> <ul style="list-style-type: none"> (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation. <p>For use in mild or moderate open angle glaucoma or ocular hypertension. Not to be used in angle-closure glaucoma.</p>
668282	Implantation of Ab Externo MicroShunt subconjunctival device (e.g. PRESERFLO MicroShunt) for aqueous drainage for the management of Open Angle Glaucoma (OAG)		No		For use in open-angle glaucoma.
668283	Clear lens extraction plus insertion of intraocular lens implant		Yes	Day Care	<p>Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the member to the hospital. In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health. Benefit is not payable for lens extraction for prevention or treatment of glaucoma. Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met, and in addition, for patients with ASA I or III in the following exceptional circumstances</p> <ul style="list-style-type: none"> (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation.

OCULAR MUSCLES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2870	Initial Strabismus, squint operation, horizontal, vertical or oblique		No	Day Care	
2871	Transposition surgery		No		
2872	Post operative adjustment(s) of suture(s)	Yes	No	Side Room	Claimable once per primary procedure.
2873	Botulinum toxin injection to extraocular muscles	Yes	No	Side Room	
2874	Muscle biopsy (I.P.)	Yes	No	Independent Procedure	
657883	Subsequent strabismus/ squint operation - horizontal, vertical or oblique		No	Day Care	

ORBIT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2890	Orbit, exenteration of		No		
2895	Orbit, exploration of, including biopsy		No	Day Care	
2900	Orbit, removal of foreign body from		No		
2905	Orbit, removal of tumour from (Kronlein's operation)		No		
2910	Orbit, repair of fracture of		No	Day Care	
2911	Orbitotomy		No		
2912	Transnasal wiring		No		
2915	Orbit, repair of fracture of, with plastic implant		No		

POSTERIOR SEGMENT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
2506	Removal of silicone oil not associated with retinal repair at same operative session		No	Day Care	
2665	Prophylaxis of retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser		No	Side Room	Codes 2665, 2675 and 2676 cannot be combined for benefit payment purposes.
2675	Repair of retinal detachment, retinopexy with scleral buckling, scleral resection or scleral implant, etc. (for diathermy, cryotherapy or photocoagulation use code 2665)		No		Codes 2665, 2675 and 2676 cannot be combined for benefit payment purposes.
2676	Vitrectomy - including prophylaxis for retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser		No		Codes 2665, 2675 and 2676 cannot be combined for benefit payment purposes.
2677	Complex repair of retinal detachment, retinopexy with scleral buckling, scleral resection or scleral implant, includes vitrectomy, claimable only when membrane dissection is also involved - including Prophylaxis of retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser (I.P.)		No	Independent Procedure	
2875	Retrobulbar, orbital floor, subconjunctival, subtenons and facial nerve injections (I.P.)	Yes	No	Independent Procedure, Side Room	
2880	Examination of eye under general anaesthetic (I.P.)	Yes	No	Independent Procedure, Day Care, Diagnostic	
2926	Fluorescein angiography (I.P.)	Yes	No	Independent Procedure, Side Room, Diagnostic	
2927	Tensilon (Edrophonium) test	Yes	No	Side Room	