Irish Life health

In-Patient Attendance and Other Medical Services

Ground Rules

2023

1. General Medical Consultation

A major in-patient consultation is the referral of a patient by the admitting consultant to a second consultant for a medically necessary second opinion.

This consultation includes:

- A full history and medical examination of all systems
- Evaluation of appropriate diagnostic tests
- Formal symptom assessment
- Providing an opinion and/ or diagnosis and making an appropriate record of this

The duration of this consultation must be for a minimum of 30 minutes and the reason stated with claim submitted.

Code	Description
11066	In-patient consultation - second opinion

Notes:

- *The benefit for in patient consultation does not include any form of therapy or continued involvement with the patient. It is paid once only, irrespective of the number of examinations or visits involved in forming an opinion.*
- *Multiple consultation benefits are not payable to consultants within the same specialty*
- *A consultation benefit is not payable to a consultant if a diagnostic procedure is payable to another consultant, both consultants having the same specialty*
- *Where a procedure listed in the General Surgical Procedures is performed at the time of a consultation then only the procedure benefit is payable (except as specified in the General Surgery Ground Rules)*
- *his benefit is not payable where, as a matter of policy, all patients are routinely examined by a second doctor, except for the circumstances as detailed below for:*
  - *Those patients falling into ASA Class III, IV and V*
  - *Insulin dependent patients with diabetes*
  - *Where a pre-operative assessment identifies an undiagnosed acute problem that requires management prior to anaesthesia*

Definitions:

ASA Class III

- A patient with severe systemic disease. Substantive function limitations and/ or one or more moderate to severe disease, for example: poorly controlled diabetes or hypertension, COPD, alcohol dependence/ abuse, PPM or ESRD (undergoing regular dialysis)

ASA Class IV

> A patient with severe systemic disease that is a constant threat to life. For example; recent history (< 3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischaemia, sepsis or ESRD (not undergoing regular dialysis)

ASA Class V

> A moribund patient who is not expected to survive without the operation. For example; ruptured abdominal/ thoracic aneurysm, massive trauma, intracranial bleed or multiple organ/ system dysfunction

2. In-Patient Medical Attendance Benefit

In-patient attendance benefit is payable when it is medically necessary for a consultant to admit a patient to a hospital bed for a period of 24 hours or longer for investigation, observation and treatment. The benefit includes all appropriate clinical tests and their interpretation.

Please refer to the General Surgery Ground Rules for an explanation of the benefit payable. For less serious conditions where an admission is for less than 24 hours duration, these claims will be regarded as day cases admissions where the relevant criteria are met.

The in-patient attendance benefit is payable to a consultant for services provided by them to the patient for each full day of the patient's stay in hospital, being a minimum of 24 hours.

3. Medically Necessary

Medically necessary refers to treatment or a hospital stay which in the opinion of Irish Life Health's medical advisors is generally accepted by the medical profession as appropriate with regard to good standards of medical practice and is:

> Consistent with the symptoms or diagnosis and treatment of the injury or illness

> Necessary for such a diagnosis or treatment

> Not furnished primarily for the convenience of the patient, the doctor or other provider

> Furnished at the most appropriate level which can be safely and effectively provided to the patient

Medical necessity will NOT apply where in the opinion of Irish Life Health the admission was NOT clinically appropriate e.g. inappropriate or premature admission, conservative practice whereby the medical treatment falls outside the standards of normal clinical practice, treatment is for the convenience of the consultant/ patient or their family.

Separate ground rules apply to day care procedures, side room procedures and one night only procedures which are available under the General Surgery Ground Rules in the Schedule. These claims are adjudicated by Irish Life Health's Claims Division in accordance with protocols determined by the Schedule of Benefits for Professional Fees.

Please note that investigations which may include pathology/ radiology etc., performed prior to admission to hospital (in-patient, day care or side room) e.g. in an emergency department or on a pre-admission basis consultation, cannot be included as part of the claim for any subsequent hospital admission. With the exception of designated day care and side room procedures, consultant and hospital benefits are not provided for patients requiring investigations only unless they also require the intensity of service that would justify an in-patient admission.

4. Neonatology and Paediatrics

In complex neonatal or paediatric cases, in-patient attendance benefit is payable for the entire hospital stay to a consultant neonatologist or consultant paediatrician, when active medical attention is given to a child who has had a surgical procedure performed (see ground rules for the relevant section).

5. Transfer of Care

When the admitting consultant transfers the care of the patient to a second consultant for the same illness, a single in-patient attendance benefit is payable. The available benefit is divided by the total number of days in hospital and each consultant is allowed benefit on a proportional basis equal to the number of days he/ she attended that patient.

Where a consultant transfers the care of a patient to a consultant surgeon for surgery, the in-patient attendance benefit is payable to the consultant for the period of attendance up to the date of surgery. The surgery benefit is also payable to the consultant surgeon.

6. Complex Cases

When the management of a patient with complex or multiple medical problems necessitates the ongoing services of two or more consultants with different specialties and when confirmed by Irish Life Health's medical advisors to be appropriate, then the in-patient attendance benefit is payable to each consultant for the period he/ she attends the patient.

7. In Patient Clinical Tests

When the admitting consultant requests one of the tests listed below and seeks an interpretation and report from another consultant, the stated benefit is paid to the second consultant only.

The benefit is not payable where the test is done routinely as a matter of policy for each patient admitted to hospital.

These benefits do not apply to the admitting consultant nor are they payable in addition to benefit for a consultation.

The participating benefit is paid once only, irrespective of the number of tests carried out

Code	Description
1309	Fine needle aspiration (FNA), not otherwise specified in this Schedule, with or without preparation of smears; superficial or deep tissue with or without radiological guidance
5985	Complete investigation of 'at risk' patients with allergy/ anaphylaxis requiring food and drug challenge studies (I.P.)
8700	24 hour electrocardiography (ECG)
8705	Electroencephalogram (EEG)
8706	24 hour in-patient ambulatory EEG; monitoring for localisation of cerebral seizure focus
8707	In-patient EEG; monitoring for localisation of cerebral seizure focus with a minimum of 4 hour video recording
8710	Evoked potentials

8. In-Patient Neurological Consultation

An in-patient neurological consultation arising from the referral of a patient by the admitting consultant to a consultant neurologist registered with Irish Life Health for the purpose of managing the care of a complex case.

This consultation is only payable for the initial consultation with a new patient. Any subsequent consultations in future in patient claims are payable at the ordinary or major consultation rate, whichever is appropriate.

This consultation includes:

- A full history and medical examination of all systems
- Evaluation of appropriate diagnostic tests
- Formal symptom assessment
- Providing an opinion and/ or diagnosis and making an appropriate record of this

The duration of this consultation must be for a minimum of 50 minutes and the reason stated with claim submitted.

Code	Description
8697	Consultant Neurologist in-patient consultation

Notes:

- *The benefit for in-patient consultation does not include any form of therapy or continued involvement with patient*
- *It is paid once only, irrespective of the number of examinations or visits involved in forming an opinion*
- *A consultation benefit is not payable to a consultant if a diagnostic procedure is payable to another consultant, both consultants having the same specialty*
- *Where a procedure listed in the Schedule of Benefits for Professional Fees is performed at the time of a consultation then only the procedure benefit is payable*
- *This benefit is not payable where, as a matter of policy, all patients are routinely examined by a second doctor*

9. At home and In-Patient Dialysis Treatment/ Consultation (see Urology Schedule)

Code	Description	Rule
823	Home based peritoneal dialysis, self-dialysis training (max. 18 sessions)	Max. 18 Sessions
824	Management of chronic peritoneal dialysis, in the patient's home or at a hospital outpatient department (minimum of three dialysis sessions per week, inclusive of all Consultant care), Monthly benefit	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)	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	
828	Intermittent peritoneal dialysis during a subsequent hospital admission, of one night or more, necessitated by an intercurrent illness, per session	
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)	Paid once only for 1st session
831	For each subsequent peritoneal dialysis exchange during an overnight hospital stay	
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	Monthly benefit, inclusive of all consultant care.

10. In-Patient Cardiology Treatment/ Consultation

If more than one cardiology procedure (excluding specifically grouped procedures or where the procedure description states) is inclusive of another procedure(s) performed on a patient, (regardless of whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows:

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

Where the admitting consultant requests a second opinion from a consultant cardiologist which satisfies Irish Life Health's criteria for in-patient consultation benefit, and a procedure code 5008, 5022, 5036, 5037, 5089, 5108, 5109, 5132 is performed at the same time or during the course of the in-patient stay, benefit for the in-patient consultation will be payable to the consultant cardiologist instead of the procedure benefit.

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

11. Day Care Patient Management

The professional fee paid for the management of a patient (pre-operative assessment and post-operative care including evaluation of all necessary tests) where the Irish Life Health member is admitted under consultant care for one of the procedures listed below and where the procedure is performed by another consultant in a different speciality is as follows:

Code	Description
8693	Day care in-patient management (specified procedures)

The benefit is only payable when one of the following procedures is performed by another consultant in a different speciality:

Code	Description
605	Biopsy of liver (needle)
713	Biopsy of prostate (perineal or transrectal) includes ultrasound guidance (I.P.)
844	Trials of micturition for urinary retention post-surgery (I.P.)
955	Renal biopsy (needle)
1152	Thyroid cyst(s) aspiration/ fine needle biopsy (I.P.)
1191	Breast cyst(s) aspiration/ fine needle biopsy (diagnostic or therapeutic) (I.P.)
1196	Stereotactic localisation core needle biopsy of breast (I.P.)

1309	Fine needle aspiration (FNA), not otherwise specified in this Schedule, with or without preparation of smears; superficial or deep tissue with or without radiological guidance
5136	Percutaneous transthoracic biopsy
5137	Percutaneous transthoracic biopsy under CAT guidance
59101	Extracorporeal shock wave lithotripsy (ESWL) - as directed by a consultant Urologist for urinary tract stone(s), who has interpreted the relevant radiological tests/ scans and is present as the commencement and cessation of the session of therapy
59102	Extracorporeal shock wave lithotripsy (ESWL) - as directed and prescribed by a consultant Urologist for urinary tract stone(s), who has interpreted the relevant radiological tests/ scans and where the consultant is not present for the duration of the treatment
6111	CT scanning for biopsy or drainage
6743	Image-guided percutaneous core needle biopsy, including consultant Radiologist interpretation and report (ultrasound or stereotactic localisation) (I.P.)
6746	Breast biopsy with the use of MRI to guide localisation of breast lesion(s) which cannot be visualised with mammography or ultrasonography (I.P.)
6680	Angiogram (selective catheter, single or multiple vessel study, coeliac, mesenteric, renal etc.), includes introduction of needle or catheter injection of contrast media and necessary pre and post injection care related to the injection procedure
6681	Single selective carotid angiography and/ or vertebral study
6682	Bilateral carotid angiography study
6683	Bilateral carotid angiography and vertebral study
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.)
770717	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including image guidance under general anaesthetic

Outside of the above criteria, the following code can be billed:

Code	Description
10065	In-patient medical service attendance - day case

12. Miscarriage

The following code is to be used in this circumstance

Code	Description
8695	Day care medical management of a miscarriage to include ultrasound, management and medication

13. Diagnostic Procedures

Where a procedure marked diagnostic in the schedule is carried out by the consultant, the benefit for the procedure is payable.

If a procedure marked diagnostic is carried out during a medically necessary hospital stay involving active treatment of the patient, in excess of three days, 100% of the procedure benefit is payable in addition to the in-patient attendance benefit for day four and each subsequent three-day period where medically necessary

14. Out-Patient Consultation

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

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

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

No further out-patient consultation fee should be incurred by the Irish Life Health member where subsequent treatments are directly linked to the initial diagnosis and procedure performed.

Please see "Minor Procedures" list as part of this Schedule of Benefits for Professional Fees.

15. In-patient Major Medical Illness

A major medical illness benefit is payable when it is necessary for a consultant, in non-surgical cases, to give constant attention to an ill patient.

This benefit is not payable for claims that involve a surgical procedure, or an invasive diagnostic procedure listed in this schedule.

Benefit is payable once only, and only for a single illness listed, per hospital admission and must be specifically claimed.

Major medical illness benefit is not payable to the same consultant that receives the Intensive Care Unit (ICU)/ Neonatal Intensive Care Unit (NICU) benefit when the patient is being treated in an ICU/ NICU.

Code	Description
10064	In-patient major medical illness

16. Approved Facilities

Irish Life Health require that, to be eligible for benefit, procedures (listed below) must be undertaken in an approved centre which still require specific contract requirements between Irish Life Health and the relevant hospital.

Code	Description
6101	Computed tomographic angiography, with or without contrast material(s), all sections including image post processing, pulmonary
6123	CT Colonography
6233	Cardiac magnetic resonance imaging (MRI) with or without contrast enhancement
59103	Intra renal flexible ureterorenoscopy for intra renal stones
493201	Metabolic surgery - gastric restrictive procedure with gastric by-pass with Roux-En-Y gastroenterostomy (I.P.)
493202	Metabolic surgery - gastric restrictive procedure, with partial gastrectomy, pylorus preserving duodeno-ileostomy and ileostomy (50 to 100 cm common channel) to limit absorption/ biliopancreatic diversion with duodenal switch
493203	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (I.P.)
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)
493205	Metabolic surgery - laparoscopy, surgical, longitudinal gastrectomy (i.e. gastric sleeve) (I.P.)

17. Conditions of Payment

For hospitals which operate through the Irish Life Health direct settlement of hospital and associated consultant professional fee charges, the claiming of benefit will continue on the basis of a fully completed and collated Irish Life Health claim form as completed by the admitting consultant surgeon/ physician, which will be submitted by the hospital in conjunction with its own invoice for services provided.

In exceptional circumstances when there is a delay in the submission of a claim in excess of three months from the date of test/ service, the consultant may submit to Irish Life Health a completed claim form which must include:

- A fully completed and signed claim form, both side 1 and 2
- Members discharge summary
- All other invoices related to the admission i.e. hospital and other secondary consultants, attached within twelve months discharge of the member

The Claims Manager in Irish Life Health must be notified by the consultant, explaining the reason for the use of this exception.

This exception **may not be availed of** for routine bill submission due to routine or on-going completion delays by either the submitting hospital or the admitting consultant.

All Fees must be submitted within three years of the patients discharge.

Where an invoice is not submitted within this period, the consultant may not charge the patient for the non-submitted amount.

Irish Life health

Information correct as of 01 June 2023.

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ILH_10161-23-06