Irish Life health

# Consultant Pathologist Services Ground Rules

2019

1. The benefit payable covers:
   - Performance or personal supervision of the investigation/s
   - Evaluation of the results of the investigation/s
   - Written report and/or discussion with the referring doctor
2. For the period of this agreement, benefit for the procedures listed under codes 8899/ 8900 are a general fee intended to recognise the managerial, quality control and global interpretative input of **all** consultant pathologists within a multi-disciplinary group/ hospital setting into the clinical laboratory management of a patient.

   The inclusion of a schedule of largely automated analyses in the category is a non-volume related indicator of the above activities carried out by consultant pathologist and is not intended to specifically reflect the input of individual sub-specialities in which most of these investigations are carried out.

   Irish Life Health will recognise only one such charge for code 8899/ 8900 for a patients' episode of care which requires the use of consultant pathologist services but will not pay this fee where any charges for this service benefit (code 8899/ 8900) are raised by any other consultant pathologist or consultant pathologist group during the same episode of care.
3. Where a specialist clinical pathologist admits a patient and provides continuing care, the in-patient attendance benefit is payable.
4. The benefits towards pathology investigations are payable in respect of the consultant pathologists' services only.
5. The code of the precise investigations(s) carried out must be reported to Irish Life Health in order that benefit may be paid.
6. Pathology investigations performed on an outpatient basis may only be included in an outpatient claim and will not be paid as part of an in-patient or day case procedure claim.
7. Pathology investigations performed as part of a day care case may be included in the day care claim.
8. For hospitals which operate through the Irish Life Health direct settlement of hospital and associated consultant professional fee charges, the claiming of pathology 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.

   However, in exceptional circumstances when unforeseen delays occur in the submission of a claim in excess of three months from the date of test/ service due to extenuating circumstances, the consultant pathologist may submit to Irish Life Health, a completed claim form which must include side 1 of the form completed and signed by the Irish Life Health member, side 2 of the claim form completed in as far as is possible by an attending consultant, to comprise clinical data including member discharge summary (where available), and all other invoices related to the admission are attached to the claim i.e. hospital and other secondary consultants.

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. For a specific consultant (or consultant group) to avail of this facility they must notify the Claims Manager of Irish Life Health in advance of the submission of the claim(s) explaining the reason for the submission to ensure that issues arising from the use of this exemption are maintained at a minimal level.

9. Benefit is not payable for samples sent to an external laboratory, because the external laboratory results are inclusive of the consultant pathologist's interpretation of the test(s).

10. Pathology investigations not specifically listed in the pathology section of the schedule of benefits will be deemed to be listed under code 9988/ 8900.

11. An in-patient consultation is payable to a consultant pathologist where the patient is transferred from one hospital to another for tertiary level care arising from complicated illness e.g. oncology, neurosurgery, serious trauma etc. It involves an evaluation of the results of the original pathology tests in association with any additional clinical work up necessary in the second hospital including the provision of a written report from the consultant pathologist. (Additional pathology tests performed in the second hospital may be claimed separately).

| CODE | DESCRIPTION |
|---|---|
| 8691 | Consultant Pathologist in-patient consultation (refer to specific rule, with special reference and applicability to tertiary level hospital review only) |

## BIOCHEMISTRY CODES

| CODE | DESCRIPTION |
|---|---|
| 9301 | Diabetic KA/ hyperosmolar coma |
| 9302 | Acute Renal failure |
| 9303 | Acute hepatic failure |
| 9306 | Porphyria investigation |
| 9312 | Hypoglycaemia – full biochemical investigation of |

These codes are only claimable once per claim and are claimable only for the test when the results are outside normal or expected ranges of result for the patient's condition.

For clarity Irish Life Health will only pay per disease/ condition investigation – thus usually only one payment will arise – unless multiple pathologies are investigated.

For code 9312 the investigation must include a combination of some of the following:

- Insulin & C-peptide
- Keynotes
- Beta-hydroxbutyrate and acetoacetate
- Non-esterified fatty acids
- Lactate and Pyruvate
- Cortisol and growth hormone

## ENDOCRINOLOGY CODES

| CODE | DESCRIPTION |
|---|---|
| 9309 | Full investigation for inborn errors of metabolism in paediatric patients (excluding examinations from the National New-born Screening Programme for Inherited Metabolic and Genetic Disorders |

Code 9309 is not claimable with code 9359.

## HAEMATOLOGY CODES

| CODE | DESCRIPTION |
|---|---|
| 9205 | Ab identification (transfusion) (one or more antibodies) |
| 9226 | Thrombophilia screen |

Code 9205 is only payable where:

- An antibody has been identified as part of the group and uncomplicated cross match incorporated into code 8899/ 8900 and/ or there is a high clinical suspicion that an antibody of rare clinical significance is present.

Code 9226 is only payable where three or more of the following were screened for:

- Antithrombin 3
- Protein C
- Protein S
- Factor 7
- Factor 12
- Platelet aggregation (spontaneous, second wave of aggregation with weak ADP, and response to dilutions of epinephrine)

## HISTOPATHOLOGY CODES

| CODE | DESCRIPTION |
|---|---|
| 9360 | Small (1-2 blocks) include cytology and neuropathology |
| 9530 | Surgical Pathology, gross microscopic examination, medium. requiring examination of between 3 and 5 blocks |
| 9650 | Large (5 + blocks and all major dissections) |

- When two or more tissue sources from separate sites require examination they must be assigned one code only reflective of the number of blocks necessary to examine. The separate sites must be identified on the claim form.
- Skin lesion(s) are payable based on the total number of blocks it is necessary to examine and only one of codes 9360, 9530 or 9650 is payable.
- A total of only 5+ blocks from a specific site is payable under code 9650.

## IMMUNOLOGY

Code 9050 is not payable with code 9392.

| CODE | DESCRIPTION |
|---|---|
| 9050 | IF - single antibody e.g. ANF (not claimable if this leads to typing in Categories 4 or 5) |

## MICROBIOLOGY CODES

| CODE | DESCRIPTION |
|---|---|
| 9100 | Interpretive review of culture result, bacterial, any source, by consultant microbiologist or clinical pathologist, with isolates where indicated with or without definitive identification of isolates to the genus or species level including any other tests |
| 9101 | MRSA or other antimicrobial resistant organism, interpretive review of culture from all screening swabs from the patient, for "at risk patients" only as defined by Irish Life Health and not for routine screening, in line with National Clinical Guidelines on Healthcare Associated Infections and is only claimable once in every 5 days |
| 9202 | Antibiotic assay - maximum payable, four per claim |

Code 9101 is not claimable for day case procedures unless supporting documentation is supplied.

Criteria for "at risk" patients for MRSA testing:

- Previously known as being MRSA positive
- Transfers from a hospital or medical institution that is not MRSA free
- High risk patients for cardiac surgery, implantation surgery
- Deep body cavity surgery
- Patients suffering from wounds or ulcers
- Intensive Care Unit admission

## CODES FOR TESTING

| CODE | DESCRIPTION |
|---|---|
| 8899 | Tests as listed for day case patients where clinically required and not as a screening tool for "not at risk patients". This code will not apply for testing in respect of members attending for day case chemotherapy (codes 1608 and 1619), where code 8900 will apply |
| 8900 | Tests as listed for in-patient only patients where clinically required and not as a screening tool for "not at risk patients" |

Codes 8899 and 8900 include all codes not listed in the Schedule of Benefits and specifically:

| | |
|---|---|
| Haematology | APTT, PT & INR |
| | Blood Group & uncomplicated Xmatch |
| | Coagulation Factor Assays |
| | Cold Aggluts |
| | FBC no film |
| | FBC & manual film +- eosinophil count |
| | Ferritin |
| | Fibrinogen |
| | HbH |
| | In/ direct Coombs's test |
| | Iron |
| | Monospot |
| | RBC autohaemolysis |
| | RBC osm. frag. |
| | Platelet Agg. |
| | Serum Folate |
| | Red Cell Folate |

| | |
|---|---|
| Biochemistry | All nuclear medicine in-vitro investigations (except for those listed in Category 5) |
| | Biochemical profiles:<br>• Renal - 1 or more<br>• Hepatic - 1 or more<br>• Cardiac - 1 or more<br>• Thyroid - 1 or more<br>• Bone (not PTH) - 1 or more<br>• Lipid - 1 or more |
| | Biochemistry of hypertension |
| | Drug levels (including RIA) |
| | OGTT |
| | HbAIC |
| | HPLC |
| | Single analytes |
| | Tumour markers |

| | |
|---|---|
| Immunology | ά-1-Antitrypsin |
| | Allergens |
| | C3 |
| | C4 |
| | Caeruloplasmin |
| | CRP |
| | Cryoglobulins |
| | IgE |
| | Igs |
| | PFB |
| | Rλ Screen |
| | Streptolysin |
| | Thyroid Abs |
| | Transferrin |

| | |
|---|---|
| Endocrinology | Hormone Levels |
| | Pregnancy test (serum) |

| | |
|---|---|
| Microbiology | MRSA or other antimicrobial resistant organism, interpretive review of culture from all screening swabs from the patient (unless for "at risk patients" as defined by Irish Life Health) |
| | Stool for O/B |
| | All other cultures not listed |

## TRACE METAL SCREENING

| CODE | DESCRIPTION |
|---|---|
| 9181 | Trace metals |

This is payable only once per claim and includes:

| TEST SUBSTANCE | | | | |
|---|---|---|---|---|
| **BLOOD** | **URINE** | **HAIR** | **PLASMA** | **OTHER** |
| Aluminium | Aluminium* | Arsenic | Zinc | Bismuth |
| Antimony | Antimony | | | Boron |
| Cadmium | Arsenic^ | | | Bromide |
| Chromium | Cadmium | | | Molybdenum |
| Copper | Chromium | | | Nickel |
| Lead | Copper | | | Platinum |
| Manganese | Lead | | | Strontium |
| Selenium | Manganese | | | Tin |
| Thallium | Selenium | | | |
| | Thallium | | | |
| | Zinc | | | |

* urine/ dialysate
^ urine - spectated

## EXPLANATION OF CATEGORIES

| CATEGORY | CODES | TITLE | LAYMAN'S TERMS | RULES |
|---|---|---|---|---|
| 1 | 8899<br>8900 | One or more investigations per admission is covered | We will only pay once per episode of admission irrespective of quantity of these tests performed | |
| 3 | 8970<br>9045<br>9100<br>9101<br>9202*<br>9204<br>9207<br>9223<br>9385<br>*max of 4 | Per investigation | Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated | Only where relevant test are reviewed AND reported upon by the relevant consultant microbiologist/ clinical pathologist |
| 3 | 9030<br>9050<br>9059<br>9061 | Per investigation | Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated | |
| 3 | 9060 | Once per claim | This will only be paid once for each claim made | |
| 4 | 8940<br>9160<br>9175<br>9180<br>9181<br>9182<br>9205<br>9210<br>9226<br>9280<br>9507<br>9694 | Per investigation | Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated | |
| 5 (A) | 9161 | Per investigation | | |

| CATEGORY | CODES | TITLE | LAYMAN'S TERMS | RULES |
|---|---|---|---|---|
| 5 (A) | 9301<br>9302<br>9303<br>9306<br>9307<br>9309<br>9312<br>9313 | Once per claim | | Only where relevant test are reviewed AND reported upon by the relevant consultant biochemist/ clinical pathologist |
| 5 (B) | 9270<br>9304<br>9360<br>9381<br>9391<br>9392<br>9393<br>9605 | Per investigation | Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated | |
| 6 | 9501<br>9502<br>9503<br>9504<br>9506<br>9508<br>9530<br>9531<br>9535<br>9539<br>9540<br>9541<br>9545<br>9550 | Per investigation | Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated | |
| 7 | 9601<br>9603<br>9604<br>9606<br>9610<br>9650<br>9670 | Per investigation | Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated | |
| 8 | 9505<br>9691<br>9695<br>9696 | Once per claim | This will only be paid once for each claim made | |
| 9 | 9700 | Once per claim | | |