



Irish Life  
health

# Intensive Care Medicine Ground Rules

2020

## 1. INTENSIVE CARE MEDICINE BENEFIT

The intensive care benefits are only payable to consultants in Intensive Care Medicine or Consultant Anaesthetists with a special interest in intensive care medicine who are registered with Irish Life Health. All consultants should be eligible for registration on the Medical Council of Ireland, intensive care medicine division and should endeavour to register themselves on this division. The benefits relate to the intensive care management of appropriately admitted patients to an Irish Life Health approved intensive care unit (ICU), the patient having been admitted under the care of the appropriately qualified intensive care consultant\* or the critical care of a patient having been transferred to the intensive care consultant by another hospital consultant.

In non-surgical cases when a patient is admitted under the care of a consultant physician and requires active medical attention from the admitting physician, including the period of the patient's stay in the intensive care unit, the in-patient attendance benefit is payable to the admitting physician and the intensive care benefit is payable to the intensive care consultant who treats the patient in the ICU.

\*Intensive care consultant refers to the intensive care consultant(s) who take(s) responsibility for the patient during their stay in the intensive care unit and is a member of the Joint Faculty of Intensive Care Medicine of Ireland.

## 2. INTENSIVE CARE UNIT

Irish Life Health approved ICU must be a separate designated hospital facility for the care of the critically ill patient. It must be equipped and staffed to be able to support common single and multi-organ system failures, in particular respiratory, circulatory, neurological and renal failure.

The minimal monitoring for each bed space should consist of:

- > Continuous ECG monitoring
- > Invasive and non-invasive haemodynamic monitoring (Arterial line, CVP, NIBP)
- > Pulse oximetry
- > Central and/or cutaneous temperature measurement
- > Continuous monitoring of mechanical ventilation (alarm parameters, ABG sampling, oximetry)
- > End -tidal capnography (BJA, 2016)
- > Oxygen supply failure alarm

The ICU must have a designated consultant as medical director, supported by other suitable qualified consultants, with allocated intensive care sessions providing 24 hour continuous consultant availability. In addition, non-consultant medical doctors must be immediately available to the ICU and provide 24 hour cover for the unit.

All invasive mechanically ventilated patients and other similarly critically ill patients must be nursed in a 1:1 ratio by a suitably qualified registered nurse. 50% of nurses in ICU should have worked in the setting for greater than 2 years or should have post-registration qualification in intensive care attained to graduate certificate level as a minimum (Joint Faculty of

Intensive Care Medicine of Ireland, 2011). The nurse in charge of the unit must have a post registration qualification in intensive care (or equivalent) at graduate certificate level as a minimum. At least two registered nurses must be present at all times in the unit should a patient be admitted.

### 3. INTENSIVE CARE MEDICINE SERVICES

The intensive care medicine benefit is payable for the care of a patient appropriately admitted to an Irish Life Health approved ICU (see attached list). The patient must require organ supports or be at risk of a sudden, precipitous deterioration in requiring immediate commencement of organ supports including mechanical ventilation.

If a patient is not extubated prior to return from theatre, an ICU benefit is only payable where there is a clinically sound rationale for continued invasive mechanical ventilation.

If a patient requires unplanned admission to an ICU, arising from a post-operative emergency (i.e. non elective surgery), ICU benefit will be considered on submission of full details to Irish Life Health.

For those patients who require post-operative care in an ICU setting, by virtue of the complex nature of their surgery and/or underlying co-morbidities, but where they do not require and are unlikely to require organ supports, reimbursement at the standard inpatient rate (not the ICU anaesthetic rate) will be made where the admission is in line with standard practice nationally and where the ICU consultant demonstrably contributed to their care.

Patient care also includes but is not limited to the following:

- > Assessment of the patient including blood gases and/ or pulmonary function testing
- > Minute to minute attendance with the patient with frequent re-assessment of blood gases/ clinical state and pulmonary function, hereafter, frequent review (i.e. several visits by the consultant to the patient during each 24 hour period)
- > Continuous Renal Replacement Therapy (CRRT)
- > Single or multi-organ support
- > Prescription of appropriate sedative/ analgesia regimes – these may include narcotic infusions, PCAs and/ or epidurals
- > IV drugs
- > Vaso-active agents
- > Venous pressure and blood volume studies
- > Oximetry
- > IV cannulation
- > Continuous ECG monitoring
- > Nasogastric tube
- > Transtracheal aspiration
- > Laryngoscopy
- > Endotracheal intubation including induction of general anaesthesia
- > Invasive neurological monitoring

- > Urinary catheterisation
- > Total parenteral nutrition
- > Performance and interpretation of other tests and procedures as appropriate

## 4. CONSULTATIONS

Consultation benefit is payable to the intensive care consultant for a patient being assessed for admission to the ICU as defined in intensive care medicine and where it is deemed that the patient does not require admission to the ICU.

## 5. FEE RATE

### 5.1 Daily Fee

The following is the daily fee rate payment for all services provided by an intensivist/ anaesthetist for care provided within a listed Intensive Care Unit (see below).

CODE	DESCRIPTION	SPECIALTY 2
10034	Anaesthesia - ICU in-patient medicine benefit - 1 night stay	INTENSIVIST
10035	Anaesthesia - ICU in-patient medicine benefit - 2 night stay	INTENSIVIST
10036	Anaesthesia - ICU in-patient medicine benefit - 3 night stay	INTENSIVIST
10037	Anaesthesia - ICU in-patient medicine benefit - 4 night stay	INTENSIVIST
10038	Anaesthesia - ICU in-patient medicine benefit - 5 night stay	INTENSIVIST
10039	Anaesthesia - ICU in-patient medicine benefit - 6 night stay	INTENSIVIST
10040	Anaesthesia - ICU in-patient medicine benefit - 7 night stay	INTENSIVIST
10041	Anaesthesia - ICU in-patient medicine benefit - 8 night stay	INTENSIVIST
10042	Anaesthesia - ICU in-patient medicine benefit - 9 night stay	INTENSIVIST
10043	Anaesthesia - ICU in-patient medicine benefit - 10 night stay	INTENSIVIST
10044	Anaesthesia - ICU in-patient medicine benefit - 11 night stay	INTENSIVIST
10045	Anaesthesia - ICU in-patient medicine benefit - 12 night stay	INTENSIVIST
10046	Anaesthesia - ICU in-patient medicine benefit - 13 night stay	INTENSIVIST
10047	Anaesthesia - ICU in-patient medicine benefit - 14 night stay	INTENSIVIST
10048	Anaesthesia - ICU in-patient medicine benefit - 15 night stay	INTENSIVIST
10069	Anaesthesia - ICU in-patient medicine benefit - per night after night 15 of stay	INTENSIVIST

### 5.2 Procedures for which benefit is available when carried out in an ICU in addition to the daily fee

Benefit for the following medical services and procedures is payable in addition to the ICU medicine benefit and is payable once only during the patient's stay in the ICU:

CODE	DESCRIPTION
5921	Tracheostomy, permanent
5091	Cardioversion
5109	Echocardiography, transoesophageal (TOE)
5952	Insertion of tube drain into pleural cavity

CODE	DESCRIPTION
5065	Insertion or replacement of temporary transvenous single chamber cardiac electrode

Benefit for the following is payable in addition to the ICU medicine benefit and is payable once only during the patient's stay in the ICU:

CODE	DESCRIPTION
1626	Tunnelled central venous access
195858	Placement of subsequent central venous access in ICU by a qualified ICU Intensivist
1634	Placement of non-tunnelled central venous catheter (peripherally or centrally inserted)
195859	Placement of second non tunnelled central venous catheter in ICU by a qualified ICU Intensivist

Benefit for the following medical procedure is payable in addition to the ICU medicine benefit during the patient's stay in the ICU:

CODE	DESCRIPTION
837	Continuous veno-venous haemofiltration or dialysis (CVVH/CVVHD) in a critically ill patient, per day
1994	Bronchoscopy; diagnostic, flexible with or without one of the following: (a) bronchoalveolar lavage, (b) cell washing or brushing, (c) bronchial biopsy (I.P.)

The benefits for procedure codes 1627 and 1628 does not apply to patients being treated in ICU as the intensive care benefit is inclusive of these procedures.

*To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in either the subclavian, brachiocephalic (innominate) or iliac veins, the superior or inferior cava, or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump.*

### 5.3. Notes for Admitting Consultant

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

### 5.4. One Night Rule

In accordance with the rules governing payments made to consultant anaesthetists for the attendance and treatment of Irish Life Health members to include (but not limited to) pre surgical, surgical anaesthesia and recovery, (as per the anaesthesia ground rules), where the anaesthetists performs the above function, he/ she will not be entitled to claim for payment for the first night of intensive care admission and treatment. The payment for ICU attendance by the case anaesthetist will only commence when the member completes the first 24 hour period of ICU treatment (i.e. day 2) and payment will be set to the Day 1 rate of ICU benefit. Where an anaesthetist is part of an anaesthetist group this will also apply to that individual anaesthetist in the group practice.

Where the clinical care of a post-operative patient is handed over on admission to ICU to the duty intensivist (who is delivering a separate and distinct ICU service whereby the Intensivist is wholly and exclusively delivering ICU care without concomitant anaesthesia commitments) the ICU fees payable will commence from time of admission to ICU.

## 5.5. Consultation Benefit

For the assessment of patient for admission to the ICU and where it is deemed that the patient does not require and is not admitted to the ICU.

Consultation benefit is payable to the intensivist in such a case where critical clinical making decision, decides that upon detailed review and examination that the patient being assessed for admission to the ICU as defined is deemed not to require admission to the ICU.

Details must be submitted of actions performed to support this payment.

## 6. CONDITIONS OF PAYMENT

The claiming of benefit will continue on the basis of a fully completed Irish Life Health claim form from the primary treating consultant.

# INTENSIVE CARE MEDICINE

## CURRENT IRISH LIFE HEALTH LIST OF ICU BEDS

**Only effective until 31/12/20 and subject to note 1**

*Note 1: The standards and specifications of the facility must be confirmed as being in accordance with Irish Life Health requirements by the Hospital (below) before 31 December 2020.*

*Note 2: The Consultant intensivist/ anaesthetist is most welcome to make recommendations to Irish Life Health on this matter at [provider.affairs@irishlifehealth.ie](mailto:provider.affairs@irishlifehealth.ie).*

*Note 3: The intensive care medicine benefits are only applicable to patients in receipt of intensive care in the agreed intensive care beds in the hospitals listed below.*

COUNTY	HOSPITAL NAME	BEDS
Cavan	Cavan General Hospital	2
Cork	Mercy Hospital	5
	Bon Secours Hospital System - Cork	6*
	Cork University Hospital	19
Donegal	Letterkenny General Hospital	5
Dublin	Tallaght University Hospital	9
	Beacon Hospital	8
	Beaumont Hospital	17
	Blackrock Clinic	12
	Connolly Hospital Blanchardstown	4
	Hermitage Medical Clinic	6
	Mater Misericordiae University Hospital	17
	Mater Private Hospital	9
	St. James's Hospital	29
	St. Vincent's University Hospital Elm Park	10

Galway	Galway Clinic	8
	Portiuncula Hospital Ballinasloe	4
	University Hospital Galway	12
Kerry	Kerry University Hospital	4
	Bon Secours Hospital System - Tralee	1*
Kildare	Naas General Hospital	4
Kilkenny	St. Luke's General Hospital	4*
Laois	Midland Regional Hospital, Portlaoise	2*
Limerick	University Hospital Limerick	10
Louth	Our Lady of Lourdes Hospital Drogheda	5
Meath	Navan Hospital	2*
Mayo	Mayo University Hospital Castlebar	3
Offaly	Midland Regional Hospital Tullamore	4
Sligo	General Hospital Sligo	5
Tipperary	South Tipperary Hospital (Clonmel)	4
Waterford	Waterford Regional Hospital	5
Westmeath	Midlands Regional Hospital (Mullingar)	5
Wexford	Wexford General Hospital	5

\* Under review