Irish Life health

Anaesthesiology

Ground Rules

2023

1. Consultations: In-Patient and Day Care

An in-patient consultation benefit is payable when, at the request of another consultant, the consultant anaesthesiologist is asked to assess the overall operative risk in a patient of ASA category III, IV, V as defined by the American Society of Anaesthesiologists.

This consultation must include the following:

- A comprehensive history
- A comprehensive multi-system examination
- Medical decision making of high complexity

This benefit is not payable where the consultation is followed by surgery.

This refers to the American Society of Anaesthesiologists ranking of patient's status as defined below:

- ASA III: a patient with severe systemic disease
- ASA IV: a patient with severe systemic disease that is a constant threat to life
- ASA V: a moribund patient who is not expected to survive without the operation

2. Anaesthesia Benefit

Anaesthesia benefit applies to general anaesthesia, intensive intravenous sedation, monitored anaesthesia care or regional anaesthesia given by the consultant anaesthesiologist (including spinals, epidurals, and other blocks, but not local infiltration). In the case of regional anaesthesia, sedation if used is included. To claim benefit, the medical indications for monitored anaesthesia must be stated on the claim form.

The benefit includes pre-operative assessment, induction and maintenance of the anaesthetic and all necessary monitoring and supportive therapy. Benefit also includes pre-operative trans-oesophageal echocardiography in certain circumstances as detailed in the notes for procedure code 5109.

Supervision of care in the Post-Anaesthetic Care Unit (PACU) following surgery is included, as is supervision within any high dependence type care and for the first 24 hours following surgery required by virtue of the procedure the patient underwent, regardless of whether such care is delivered in a high dependency unit or an intensive care unit. Supervision of post-operative acute pain relief therapy is also included.

3. Anaesthesia Care

This benefit is payable to a consultant anaesthesiologist who attends a patient throughout the course of a surgical procedure (regional anaesthesia by the operator) and provides the monitoring and supportive therapy which is routine during general or regional anaesthesia. The benefit is only payable where the patient is unstable, or the procedure is likely to provoke instability, and particularly if the patient is ASA III, IV or V. The relevant medical details must be provided on the claim form.

When it is necessary for a general anaesthetic to be administered for valid medical reasons, the general anaesthesia benefit will be considered provided that full medical details are furnished on an accompanying medical report.

Where no valid medical reason(s) are provided for giving a general anaesthetic e.g., general anaesthesia administered primarily for the convenience of the patient or doctor, then monitored anaesthesia benefit will apply. In these circumstances any additional charge made for the anaesthetic is a matter between the patient and the consultant anaesthesiologist.

4. Rates of Benefit

The anaesthesia rates of benefit associated with procedures only apply to anaesthesia services personally administered by a consultant anaesthesiologist.

To avoid any misunderstanding, if it is found that procedures claimed were not personally performed by the consultant anaesthesiologist, Irish Life Health has the right to withhold and/ or recover fees.

5. Multiple Procedures

Where more than one procedure is performed during the same admission, irrespective of whether or not the procedures are in fact carried out at the same time, benefit is payable for a maximum of three such procedures as follows:

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

A special application must be completed and submitted by the patient's consultant, if any such procedures are carried out at different times and it is suggested that it was medically appropriate to do this. The circumstances of each case will then be considered by Irish Life Health.

When serious multiple injuries require an unusual and prolonged single session in theatre necessitating the repair of multiple fractures or injuries, these cases will be reviewed for benefit payment on an individual basis following the submission of a comprehensive medical report.

For less complex cases, the payment method is as outlined above.

The following code can be charged in cases of major surgery that are in excess of 6 hours and involve more than one consultant Anaesthesiologists

Code	Description
444801	Additional benefit where two Anaesthesiologists attend complex surgery for a theatre session in excess of 6 hours - rate for each hour in excess of 6 hours base level. Note the primary Anaesthesiologist will be paid the procedure code fee and the second attending consultant will be paid the fee as set out in this code

6. Claiming Benefit

For hospitals which operate through the Irish Life Health direct settlement of hospital and associated consultant professional fee charges, the claiming of anaesthesia 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.

7. Anaesthesia block procedures

The below codes are payable except when performed in conjunction with surgery or anaesthesia.

Code	Description
3540	Epidural injection (I.P.)
3541	Caudal injection (I.P.)
3545	Epidural infusion with cannula
5615	Nerve block for pain control (I.P.)
5620	Sympathetic block including coeliac ganglion and stellate ganglion
5621	Intravenous block (Bier's technique)
5624	Injection, anaesthetic agent, intercostal nerve, single (I.P.)
5625	Injection, anaesthetic agent, intercostal nerve, multiple, regional block (I.P.)
5719	Chemical lumbar sympathectomy

Note: this benefit is only claimable when the consultant anaesthesiologist administers the anaesthetic. It is not payable when local/ regional anaesthesia is administered by the surgeon.

8. Anaesthesia for Endoscopy

The benefit payable for general anaesthetic for the procedures of endoscopy will only be considered in the following situations:

- Prolonged or therapeutic procedures requiring deep sedation
- Anticipated intolerance to standard sedatives
- Increased risk for adverse event because of severe comorbidity (ASA class IV or V)
- Increased risk for obstruction because of anatomic variant

9. Anaesthesia for Radiology (MRI)

Anaesthesiologist rate is only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies.

10. Anaesthesia for Paediatric Dental Procedures

For use for approved paediatric dentistry procedures where the child is treated under General Anaesthesia.

Code	Description
398	Paediatric Dental - General Anaesthesia (I.P.)

11. Combined Practitioner Fee

Where the annotation "Combined Practitioner Fee" is recorded beside a procedure code, then only one professional fee is payable to the consultant anaesthesiologists(s) present. Should a second consultant anaesthesiologist be present, the reason and explanation for their attendance is required for Irish Life Health to consider any additional payment.

12. Special Reporting Process

The special reporting process is a method to allow the consultant anaesthesiologist to make a comprehensive report of the type and extent of certain services provided to patients.

It applies to an anaesthetic service that is rarely provided, unusual or new, where agreement has been reached with Irish Life Health that the service is eligible for benefit. The special reporting process details should also be completed for procedures that are designated monitored anaesthesia care where a general anaesthetic is administered. In these cases, the information provided should include an adequate definition or description of the nature, extent and need for the procedure including the time, effort and equipment necessary to provide the service.

The special reporting process will be evaluated by a monitoring group consisting of one member nominated by each of the following: The Private Practice Committee of the Association of Anaesthetists of Great Britain and Ireland and Irish Life Health. The decision made by the monitoring group is final.

As per point 3 above, in the case of monitored anaesthesia care where no valid medical reason(s) are provided for giving a general anaesthetic e.g., general anaesthesia administered primarily for the convenience of the patient or doctor, then monitored anaesthesia benefit will apply. In these circumstances any additional charge made for the anaesthetic is a matter between the patient and the consultant anaesthesiologist.

Irish Life health

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