

General

Ground Rules

1. Background

This Schedule of Benefits for Professional Fees outlines the professional fee, services and benefits provided to Consultants* for the treatment of private patients, when the Consultant has chosen to participate with Irish Life Health. Professional services and benefits are reimbursed for medically necessary procedures which have been undertaken in an Irish Life Health approved hospital or treatment centre.

** Consultant - means a registered medical practitioner who is engaged in hospital practice and who, by reason of their training, skill and experience in a designated specialty (including appropriate specialist training) is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in their care, or that aspect of care on which they have been consulted, without supervision in professional matters by any other person. The Consultant is registered as a specialist with the Medical Council of Ireland and is listed on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland.*

Please note the Consultant must be registered with Irish Life Health prior to performance of the relevant medical, surgical or diagnostic investigation and have received an Irish Life Health Consultant registration number.

2. Medically Necessary

Medically necessary means treatment or a hospital stay as defined in the Irish Life Health member's handbook. This means that any treatment or diagnostic investigation will be provided solely for medical necessity, in accordance with best medical standards of practice, will be consistent with the symptoms or diagnosis of treatment, and will not be furnished primarily for the convenience of the patient, the doctor or other provider.

The treatment/ diagnostic investigation will be performed in the most appropriate medical setting.

Medical necessity for in-patient, day care and side room procedures/ treatments will not extend to those services which are appropriate to out-patient settings based on the opinions of our clinical advisors, international standards and evidence-based best practice. Thus, with the exception of designated day care and side room procedures, Consultant and hospital benefit is not provided for patients requiring investigation only, such as radiology (MRI scans), pathology etc., unless the patient also requires the intensity of service that would justify an in-patient admission.

3. Application of Professional Fee Benefit

Benefits listed in the Schedule apply to admissions on or after 17th June 2025.

The professional fee benefits apply to listed in-patient, day care and side room procedures/ treatments where these services are listed in this Schedule and where a service is provided to a patient in an Irish Life Health approved facility, in an Irish Life

Health approved hospital, treatment centre listed in the Irish Life Health Directory of Hospitals, or a Consultant's private rooms for listed specified procedures and where Irish Life Health has agreed to reimburse the professional fee and hospital charges.

Approved hospitals and treatment centres are those facilities that Irish Life Health recognises for the purpose of providing treatment to Irish Life Health members. These are facilities where the specific technology, treatments, procedures and services have been approved and are subject to the rules, terms and conditions of membership that apply to the patient's health insurance contract and level of cover with Irish Life Health at the time of treatment.

In the case of a public Consultant post, the professional fee benefits apply only where the Consultant holds the relevant Health Service Executive Consultant payment category contract, enabling them to charge for their professional services i.e., the payment category contract which the Consultant holds with the HSE, by virtue of the Buckley or 2008 Consultant Contract criteria, or any successor category.

The values recorded in this Schedule as Participating Benefits are payable to Consultants who have agreed to participate in the full cover scheme. These remuneration values are in full and final settlement for the Irish Life Health patient's bill, including the submission of and provision of all necessary medical reports and documentation to allow for the finalisation and payment of the patients' bill. By accepting the participating benefit, Consultants acknowledge that they are not permitted to, and agree not to balance bill the patient.

4. Conditions of Payment

On certain dates each month Irish Life Health will pay to the Consultant the due value of properly collated invoices, which have been assessed to be eligible for payment and where Irish Life Health's Claims Department have received the appropriate completed claim form and any other medical information which they deem necessary to assess the claim.

The benefit payable for a procedure or medical service is subject to the ground rules within the relevant section where the service is listed.

A full description of the actual service(s), treatment(s) and procedure(s) including the date(s) of service(s) provided to a private patient should be documented on the appropriate claim form, as this ensures the correct assessment of benefit for fees submitted. The Consultant may include supplementary reports with the claim form, if necessary, which will assist Irish Life Health in the assessment of claims and eliminate the need for supplementary enquiries.

All Consultant benefits listed in this Schedule are only payable when the Consultant admits the patient to the hospital in which they have admitting rights and where these admission rights have been accepted as valid by Irish Life Health for that specific Consultant.

For rooms-based treatments, payments will only apply for specified listed procedures.

The procedures and services are only payable when personally provided by the Consultant to the patient.

The procedures and services are payable subject to any conditions of payment indicators and ground rules shown in this Schedule.

A separate fee is not payable for the completion of claim forms or any other medical report.

Calculation of benefit will be based on the relevant Schedule of Benefits for Professional Fees that is current on the date of admission to hospital (not discharge).

Where an Irish Life Health member is treated under a Consultant in an approved Irish Life Health hospital and is then transferred to another Irish Life Health approved hospital for a surgical or diagnostic procedure under the care of the same Consultant, for the purpose of professional fees payable to the admitting Consultant and to any Consultant involved in the patient's care, the admission date of care will refer to the date of admission to the first hospital and the discharge date will be the latest discharge date from either facility. All rules in relation to billing will be applied to the episode of care as distinct to the individual admissions.

In the event of a previously rejected claim becoming subsequently payable on the production of new information, the participating Consultants will agree to accept the participating rates of benefit for the services rendered to the patient.

New conditions of payments or changes to existing conditions of payment or hospital settings may be made by Irish Life Health throughout the term of this agreement. Any such changes will be notified on the website of Irish Life Health.

5. New Procedure Codes

Consultants cannot claim for a different procedure or medical service in lieu of the actual procedure or service given to the patient. In the instance that a new procedure code is required, the Consultant must contact Irish Life Health in order for this to be considered.

All new procedures and medical services must be notified to Irish Life Health and will be evaluated in consultation with Irish Life Health's medical advisors.

Following evaluation of the request where Irish Life Health do not agree to include the procedure or medical service and a Consultant carries out such a procedure or service, the Consultant must give advance notice to the patient that the costs involved will not be payable by Irish Life Health. Any charges made are, therefore, a matter between the patient and the Consultant.

6. Payment Exclusions

Irish Life Health will not be responsible for costs incurred in the rectification of matters for members prior to their commencement of contract of health insurance in the Irish healthcare market.

Benefit is *not payable* to a Consultant for supervision of another doctor who performs the procedure or medical service.

Investigations which include pathology and radiology, performed prior to hospital admission (in-patient, day care or side room) e.g., in an emergency department, Covid-19PCR testing or during a pre-admission consultation, cannot be included as part of the claim for any subsequent hospital admission. As a consequence, the date of each individual test is required in order that Irish Life Health can eliminate the possibility that a test was performed pre- or post-admission. Such expenses may be included for assessment as part of the patient's out-patient benefits.

Benefit is not payable for cosmetic treatment except where surgery is required to:

- > Restore the members appearance after an accident, or:
- > Because the member was severely disfigured at birth, or:
- > As clinically indicated in the relevant procedure code

Irish Life Health will not pay fees for procedures that are regarded as experimental or a clinical trial.

7. Submission of Claims

The basis for claiming professional fee benefits is the completed Irish Life Health claim form, by the admitting Consultant surgeon/ physician together with an individual account (invoice) in respect of the services provided to each patient.

Accounts must include:

- > Consultant Group and/ or Name
- > Irish Life Health Provider Registration Code
- > The Consultants own personal PPS number/ Company Tax number (a hospital PPS / Tax number is not acceptable)
- > Reference/ invoice number
- > Patient's name and address
- > Patient Irish Life Health Membership Number
- > Irish Life Health procedure code
- > Date of service
- > Agreed rate for service

Where appropriate the following additional information must be supplied on the claim form, subject to the Rules of Irish Life Health:

- > Medical attendance – start and end date.
- > Consultations – date and specify whether major or ordinary
- > Radiology and pathology – date of service, unit charge, volume, and total amount billed
- > Anaesthesia – specify type of anaesthesia e.g. General, Local, Regional
- > Transfer of care – specify date of transfer and number of days billed for
- > Intensive care medical benefit – specify number of days in ICU

As an insurance company, one of the criteria for payment of a claim is the onset and presence of symptoms. Thus, Irish Life Health may request records of a patient's relevant medical history to understand the signs and symptoms that required clinical input and intervention. This is to ensure the condition is not subject to the pre-existing waiting periods as set out in the members handbook. Irish Life Health may request details of:

- > Date patient first became aware of issue.
- > Date patient first visited their General Practitioner and/ or Consultant regarding these symptoms.
- > The timing of the diagnosis is not the deciding factor as the patient may not have a formal diagnosis until they attend for diagnostic evaluation to a Consultant, which may precede their contract of insurance and thus be regarded as a pre-existing condition for insurance purposes.

For hospitals which operate direct settlement with Irish Life Health, for hospital and associated Consultant professional fee charges, the claiming of the pathologist or radiologist 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.

Where an invoice is not submitted within three years of the patients discharge, the Consultant may not charge the patient for the non-submitted amount.

8. Pre-Approval

Where the indicator “Pre-Approval” is stated beside a procedure or for a listed High-Cost Drug or implant, such pre-approval must be received *at least seven working days* in advance of the procedure being performed. Post approval requests will **not** be accepted for payment.

9. Standards of Care

It is agreed that all guidelines issued by the National Clinical Effectiveness Committee (NCEC), by the Health Information and Quality Authority (HIQA) and the National Quality Assurance Programmes (currently Radiology/ Histopathology/ Endoscopy) will be applied in so far as is possible to procedures and treatments performed on Irish Life Health members. Any deviation from the above guidelines will be notified to Irish Life Health at time of claim to validate the medical necessity of the performance of the procedure/ treatment.



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