



Irish Life  
health

# Anaesthesia Ground Rules

2020

## 1. ANAESTHESIA BENEFIT

Anaesthesia benefit applies to general anaesthesia, intensive interventional sedation, monitored anaesthesia care or regional anaesthesia given by the consultant anaesthetist (including spinals, epidurals, plexus blocks and other blocks but not local infiltration).

In the case of regional anaesthesia, sedation if used is also included. 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 recovery unit following surgery is included, as is supervision of any high dependency type care (e.g. ICU) 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.

## 2. RATES OF BENEFIT

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

To avoid any misunderstanding, the fees claimable by the consultant anaesthetist are not paid where the consultant anaesthetist does not personally attend the Irish Life Health member and personally administer the anaesthesia, with the exception of monitored anaesthesia care as set out below.

## 3. MONITORED ANAESTHESIA CARE

This benefit is payable to a consultant anaesthetist who attends a patient throughout the course of a surgical procedure (regional anaesthesia by the operator or no anaesthesia required) 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 3, 4 or 5. 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 anaesthetist.

## 4. 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 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 in (a) above.

## 5. CONSULTATIONS: IN-PATIENT AND DAY CARE

An in-patient consultation benefit is payable when, at the request of another consultant, the consultant anaesthetist is asked to assess the overall operative risk in a patient of category 3, 4 or 5 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 3: a patient with severe systemic disease
- > ASA 4: a patient with severe systemic disease that is a constant threat to life
- > ASA 5: a moribund patient who is not expected to survive without the operation

## 6. SPECIAL REPORTING PROCESS

The special reporting process is a method to allow the consultant anaesthetist 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 anaesthetist.

## 7. 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.

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 anaesthetist 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 explaining the reason for the use of this exception to ensure that issues arising from the use of this exemption are maintained at a minimal level

## 8. 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 anaesthetist administers the anaesthetic. It is not payable when local/ regional anaesthesia is administered by the surgeon*

## 9. CLAIM FOR MONITORED ANAESTHESIA

To claim benefit, the medical indications for monitored anaesthesia must be stated on the claim form.

## 10. ANAESTHESIA FOR ENDOSCOPY, GASTROSCOPY AND COLONOSCOPY

The benefit payable for general anaesthetic for the procedures of endoscopy, gastroscopy and colonoscopy 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

## 11. PROCEDURES WITH 2 ANAESTHETISTS PRESENT FOR DAY CASE/ SIDE ROOM CASES

Where an anaesthetist is the lead Consultant on a procedure such as a nerve block, the only 1 fee is payable to the lead anaesthetists where anaesthesia is administered

## 12. FUTURE BASIS FOR PAYMENT FOR ANAESTHESIA SERVICE

Irish Life Health continues to commit to work with consultant anaesthetists during the course of this agreement to review the basis for payment and reimbursement of such fees.

## 13. COMBINED PRACTITIONER FEE

Where the annotation "Combined Practitioner Fee" is recorded beside a procedure code then only 1 professional fees is payable to the consultant anaesthetists(s) present. Should a second consultant anaesthetist be presents, then the reason and explanation for their attendance is required for Irish Life Health to consider any additional payment

## 14. INTENSIVIST

From 01 June 2020 Irish Life Health as requested has created a new category of anaesthetist called "Intensivist". Details of payments are set out in the ICU Rules.