Irish Life health

Consultant Pathologist Services

Ground Rules

2025

1. In-Patient Pathology Consultation

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 a complicated illness. It involves a complete evaluation of the original pathology results in association with any additional clinical work-up that is 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)

2. Pathologist Benefit

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

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. Thus, the inclusion of a schedule of largely automated analyses 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.

Therefore, 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. In-Patient Pathologist Benefit

Where a specialist clinical pathologist admits a patient and provides continuing care, the in-patient medical attendance benefit is payable.

The benefits towards pathology investigations are payable in respect of the Consultant pathologists' services only.

The code of the precise investigations(s) carried out must be reported to Irish Life Health in order that benefit may be paid.

4. Day Care and Out-Patient Pathologist Benefit

Pathology investigations performed as part of a day care case may be included in the day care claim.

Pathology investigations performed on an out-patient basis may only be included in an out-patient claim and will not be paid as part of an in-patient or day case procedure claim.

5. Conditions of Payment

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.

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 patient's discharge.

Where an invoice is not submitted within this period, the Consultant may not charge the patient for the non-submitted amount.

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).

Pathology investigations not specifically listed in the pathology section of the Schedule of Benefits will be deemed to be listed under code 8899/ 8900.

.

6. 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 can only be claimed 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 the following:

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

7. Endocrinology Codes

Code	Description
9309	Full investigation for inborn errors of metabolism in paediatric patients (does not include examinations from the National New-born Screening Programme for Inherited Metabolic and Genetic Disorders and not claimable with 9359)

Code 9309 is not claimable with code 9359.

8. 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)

9. Immunology

Code 9050 is not payable with code 9392.

Code	Description
9050	Immunofluorescence - single antibody
9392	Immunofluorescence - autoantibody screen and/ or DNA Abs and/ or subtyping

10. Histopathology Codes

Code	Description
9360	Surgical pathology, gross and microscopic examination, requiring examination of between 1 and 2 tissue blocks from specimen(s) retrieved during a single operation
9530	Surgical pathology, gross and microscopic examination, requiring examination of between 3 and 5 tissue blocks from specimen(s) retrieved during a single operation
9650	Surgical pathology, gross and microscopic examination, requiring examination of more than 5 tissue blocks from specimen(s) retrieved during a single operation

- 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.

11. 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

Appendices:

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 (all codes applicable to oral, subcutaneous or IV chemo administration) in these cases code 8900 will apply"
8900	Tests as listed (in-patient only), where clinically required. This code will also apply for testing in respect of members attending for day case chemotherapy (all codes applicable to oral, subcutaneous or IV chemo administration)

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

Biochemistry
All nuclear medicine in-vitro investigations (category)
Profile - Renal - 1 or more
Profile - Hepatic - 1 or more
Profile - Thyroid - 1 or more
Profile - Bone (not PTH) - 1 or more
Profile Lipid - 1 or More
Biochemistry of Hypertension
Drugs level (including RIA)
OGTT
HbA1c
HPLC
Single Analytes
Tumour Markers
Trace metals (blood, urine and/ or dialysate)

Endocrinology
Hormone Levels
Pregnancy Test (serum)

Haematology
APTT, PT & INR
Blood Group & uncomplicated Xmatch
Coagulation Factor Assay
Cold Aggluts
FBC no film
FBC * manual film +/- eosinophil count
Ferritin
Fibrinogen
HbH
In/ direct Coombes test
Iron
Monospot
RBC auto haemolysis
RBC osm frag.
Platelet Agg.
Serum Folate
Red Cell Folate

Immunology
a-1-AT
Allergens
C3
C4
Caeruloplasmin
CRP
Cryoglobulins

IgE
Igs
PFB
RA Screen Streptolysin
Thyroid Abs
Transferrin

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 O/B
All other cultures not listed

These are payable only once per claim and include:

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

Cat.	Codes	Title	Layman's Terms	Rules
1	8899, 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, 9045, 9100, 9101, 9202*, 9204, 9207, 9223, 9385 *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 tests are reviewed AND reported upon by the relevant consultant microbiologist/ clinical pathologist
3	9030, 9050, 9059, 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	9160, 9175, 9180, 9182, 9205, 9210, 9226, 9280, 9507, 9694	Per Investigation	Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated	
5	9161	Per Investigation		
5 (A)	9301, 9302, 9303, 9306, 9307, 9309, 9312	Once per claim		Only where relevant tests are reviewed AND reported upon by the relevant Consultant biochemist/ clinical pathologist
5B	9304, 9360, 9381, 9391, 9392, 9393, 9605	Per Investigation	Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated	

Cat.	Codes	Title	Layman's Terms	Rules
6	9501, 9502, 9503, 9504, 9506, 9508, 9530, 9531, 9535, 9539, 9540, 9541, 9545, 9550	Per Investigation	Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated	
7	9601, 9603, 9604, 9606, 9610, 9650, 9670	Per Investigation	Payable per disease/ condition investigation, thus usually only one payment will arise unless multiple pathologies are investigated	
8	9505, 9691, 9693, 9695, 9696, 965125	Once per claim	This will only be paid once for each claim made	
9	9700	Once per claim		

Irish Life health

Irish Life Health, P.O. Box 13028, Dublin 1.
Irish Life Health dac is regulated by the Central Bank of Ireland.
Terms and Conditions apply. Registered in Ireland No. 376607.
Registered Office: Irish Life Centre, Lower Abbey Street, Dublin 1

ILH_10169-25-06