

# Dermatology

## – Skin & Subcutaneous Tissues

Schedule of Benefits  
for Professional Fees

## ABSCESS

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules |
|------|--|--|-----------------------|--------------------|---------------|
| 1560 | Incision and drainage of pilonidal abscess                                     | Yes  | No                    |                    |               |
| 1663 | Drainage of abscess or haematoma, (deep tissues) requiring general anaesthetic |  | No                    |                    |               |

## BIOPSY

| Code | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators                           | Payment Rules |
|------|---|--|-----------------------|--|---------------|
| 1509 | Biopsy of skin, subcutaneous tissue and/ or mucous membrane, any method (e.g. punch, incision or shave), including simple closure; single lesion (I.P.) | Yes  | No                    | Independent Procedure, Side Room, Diagnostic |               |

## BONE MARROW

| Code | Description                       | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators    | Payment Rules |
|------|-----------------------------------|--|-----------------------|-----------------------|---------------|
| 4281 | Bone marrow aspiration            | Yes  | No                    | Diagnostic, Side Room |               |
| 4282 | Bone marrow biopsy                | Yes  | No                    | Diagnostic, Side Room |               |
| 4286 | Bone marrow harvesting (I.P.)     |  | No                    | Independent Procedure |               |
| 4287 | Bone marrow aspiration and biopsy | Yes  | No                    | Diagnostic, Side Room |               |

## CLOSURE

| Code | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators               | Payment Rules   |
|------|---|--|-----------------------|----------------------------------|---|
| 1603 | Wounds greater than 7.5cm in total length, suture or staple of lacerated or torn tissue, single or multi layered closure with or without irrigation or debridement (I.P.) | Yes  | No                    | Independent Procedure, Side Room | For procedure code 1601, 1602, 1603, benefit includes wound closure by tissue adhesives (e.g. Two-cyanoacrylate) either singly or in combination with sutures or staples or in combination with adhesive strips. Wound closures utilising adhesive strips as the sole repair material may only be claimed under our out-patient products. |

## DEBRIDEMENT

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators              | Payment Rules |
|------|--|--|-----------------------|---------------------------------|---------------|
| 1578 | Wounds or ulcers requiring debridement when it is medically necessary to perform the procedure under general anaesthetic (I.P.)  | Yes  | No                    | Independent Procedure, Day Care |               |
| 1620 | Complex wound(s) repair, (torn, crushed, deep) lacerations or avulsions requiring prolonged debridement and irrigation, extensive undermining and/or trimming of defect edges and multi-layered closure (involving deeper layers in addition to skin closure) with or without stents or retention sutures (I.P.) |  | No                    | Independent Procedure, Day Care |               |

## EXCISIONS

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators               | Payment Rules  |
|------|--|--|-----------------------|----------------------------------|--|
| 1507 | Angioma of skin and subcutaneous tissue or mucous surfaces, excision and repair of   | Yes  | No                    | Side Room                        |  |
| 1516 | Destruction by cryotherapy or diathermy of actinic keratosis or warts, with or without surgical curettement - (initial session only) (I.P.)                | Yes  | No                    | Independent Procedure, Side Room | Initial treatment session only. Subsequent treatments within 60 days see code 1517.  |
| 1517 | Destruction by cryotherapy or diathermy of actinic keratosis or warts, with or without surgical curettement - (subsequent sessions, per session fee)       | Yes  | No                    | Side Room                        | Subsequent treatment sessions, per session fee. A subsequent session is where treatment is 60 days or less from date of previous treatment. Please include number of sessions and dates on Claim Form. Dates of treatment must be outlined on submitted claim form. Where further sessions are needed pre-approval is required. Repeat treatment of up to a maximum of four sessions (including initial treatment session)."   |
| 1531 | Biopsies of the skin, subcutaneous tissue and/ or mucous membrane including simple closure (I.P.) (the areas biopsied must be specified on the claim form) | Yes  | No                    | Independent Procedure            |  |
| 1546 | Enucleation or excision of lipoma  | Yes  | No                    | Side Room                        |  |
| 1550 | Malignant melanoma, wide excisional biopsy   | Yes  | No                    | Side Room                        | A copy of the histology report for all claims for this procedure must be available for review on request.  |
| 1551 | Malignant melanoma, wide excisional biopsy with flap or graft repair   | Yes  | No                    | Day Care                         | If grafting is performed, the donor site for grafting material must be specified on the claim form and a copy of the histology report for all claims for this procedure must be included with the claim.   |
| 1561 | Pilonidal sinus or cyst, excision of   |  | No                    | Day Care                         |  |
| 1562 | Pilonidal sinus, excision of, with rhomboid flap/ z-plasty for closure of large defect; multiple layer closure   |  | No                    |                                  |  |
| 1575 | Basal cell carcinoma/ squamous cell carcinoma/ non melanoma - simple excision  | Yes  | No                    | Side Room                        | A copy of the histology report for all claims for this procedure must be included with the claim.  |
| 1576 | Basal cell carcinoma/ squamous cell carcinoma/ non melanoma, excision and graft or local flap  | Yes  | No                    | Side Room                        | If grafting is performed, the donor site for grafting material must be specified on the claim form and a copy of the histology report for all claims for this procedure must be included with the claim. For this procedure (code 1576), if an earlier excision or biopsy (code 1575 or 1509) was performed within 6 weeks and the histology report confirmed BCC or SCC, then this cod, 1576 may be claimed for the second procedure when repair is carried out in accordance with this codes description, with or without additional margin excision. Please include a copy of the original histology report that confirmed the earlier diagnosis of BCC or SCC. |

## EXCISIONS

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|------|--|--|-----------------------|--------------------|--|
| 1581 | Mohs micrographic technique, first layer (stage) for removal of lesions from head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves or vessels; up to five tissue blocks. (If the tissue layer is large enough that it must be cut into six or more specimens producing six or more blocks of tissue in order to examine the entire surgical margin, then use code 1596 for each block beyond the first five) |  | No                    | Side Room          | <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> <li>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or</li> <li>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or</li> <li>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or</li> <li>(4) Previously irradiated skin areas in any anatomic region; or</li> <li>(5) For exceptionally large (&gt;/= 2cm in diameter) or rapidly growing lesions in any anatomic region; or</li> <li>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or</li> <li>(7) Tumours will ill defined borders; or</li> <li>(8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions</li> <li>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> <li>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</li> <li>(b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</li> <li>(c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</li> </ol> </li> </ol> |
| 1582 | Each additional layer (stage) after the first layer (stage) claimed under 1581, up to 5 tissue blocks  |  | No                    | Side Room          | <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> <li>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or</li> <li>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or</li> <li>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or</li> <li>(4) Previously irradiated skin areas in any anatomic region; or</li> <li>(5) For exceptionally large (&gt;/= 2cm in diameter)or rapidly growing lesions in any anatomic region; or</li> <li>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or</li> <li>(7) Tumours will ill defined borders; or</li> <li>(8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions</li> <li>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> <li>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</li> <li>(b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</li> <li>(c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</li> </ol> </li> </ol>  |

## EXCISIONS

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|------|--|--|-----------------------|--------------------|--|
| 1583 | Mohs micrographic technique, including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the Consultant, of the trunk, arms, or legs; first layer (stage), up to 5 tissue blocks. |  | No                    | Side Room          | <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> <li>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or</li> <li>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or</li> <li>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or</li> <li>(4) Previously irradiated skin areas in any anatomic region; or</li> <li>(5) For exceptionally large (&gt;/= 2cm in diameter) or rapidly growing lesions in any anatomic region; or</li> <li>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or</li> <li>(7) Tumours will ill defined borders; or</li> <li>(8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions</li> <li>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> <li>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</li> <li>(b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</li> <li>(c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</li> </ol> </li> </ol> |
| 1584 | Each additional layer (stage) after the first layer (stage) claimed under code 1583, up to 5 tissue blocks   |  | No                    | Side Room          | <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> <li>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or</li> <li>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or</li> <li>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or</li> <li>(4) Previously irradiated skin areas in any anatomic region; or</li> <li>(5) For exceptionally large (&gt;/= 2cm in diameter) or rapidly growing lesions in any anatomic region; or</li> <li>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or</li> <li>(7) Tumours will ill defined borders; or</li> <li>(8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions</li> <li>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> <li>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</li> <li>(b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</li> <li>(c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</li> </ol> </li> </ol> |
| 1591 | Hydradenitis suppurativa, excision and suture  | Yes  | No                    | Side Room          |  |
| 1592 | Hydradenitis suppurativa, excision and graft   |  | No                    |                    |  |

## EXCISIONS

| Code   | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators               | Payment Rules  |
|--------|---|--|-----------------------|----------------------------------|--|
| 1593   | Hydradenitis suppurativa, extensive debridement   |  | No                    | Day Care                         |  |
| 1596   | Each additional block after the first 5 tissue blocks, any layer (stage), (Benefit is payable in full in conjunction with 1581 to 1584) |  | Yes                   | Side Room                        | <p>Benefit is payable in full in conjunction with 1581 to 1584. Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> <li>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas;</li> <li>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals;</li> <li>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions;</li> <li>(4) Previously irradiated skin areas in any anatomic region;</li> <li>(5) For exceptionally large (<math>\geq</math> 2cm in diameter) or rapidly growing lesions in any anatomic region;</li> <li>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular;</li> <li>(7) Tumours will ill defined borders;</li> <li>(8) SCC associated with high risk of metastasis, including those arising in the following: Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions</li> <li>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> <li>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</li> <li>(b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</li> <li>(c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</li> </ol> </li> </ol> |
| 4290   | Chondroma, removal  |  | No                    | Day Care                         |  |
| 4546   | Keloids and hypertrophic scars (I.P.)   | Yes  | No                    | Independent Procedure, Side Room |  |
| 49371  | Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, 4 sq. cm or less (I.P.)                | Yes  | No                    | Independent Procedure, Side Room | <p>Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultant Plastic Surgeons and the following notes apply:</p> <ol style="list-style-type: none"> <li>(a) Payable for: Z-plasty, W-plasty, V-Y plasty, local flap, transposition flap, distant flap rotation flap, random island flap, advancement flap</li> <li>(b) Undermining of adjacent tissue to achieve closure, without additional incisions, does not constitute adjacent tissue transfer</li> <li>(c) Skin grafting where necessary to close secondary defect is considered an additional procedure, refer to codes 4942, 4943 and 4946 This is applicable to consultants with relevant specialist training in this area and registered as such with Irish Life Health.</li> </ol>  |
| 170555 | Multiple stage surgical excision of benign lesion for congenital naevi (includes sebaceous cysts) (I.P.)                                | Yes  | No                    | Independent Procedure, Side Room |  |
| 254105 | Genital biopsy (male or female) (I.P.)  | Yes  | No                    | Independent procedure, Side room |  |
| 825000 | Biopsies of the skin, subcutaneous tissue and/ or mucous membranes, any method multiple lesions (I.P.)                                  | Yes  | No                    | Independent procedure            |  |

## GRAFT TRANSFER

| Code | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|------|---|--|-----------------------|--------------------|--|
| 1599 | Adjacent tissue transfer or rearrangement or full thickness graft, free (incl direct closure of donor site) associated with Mohs surgery, (e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap), head, neck, all sizes (benefit shown is payable in full) |  | No                    | Side Room          | <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis. Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> <li>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or</li> <li>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or</li> <li>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or</li> <li>(4) Previously irradiated skin areas in any anatomic region; or</li> <li>(5) For exceptionally large (&gt;= 2cm in diameter) or rapidly growing lesions in any anatomic region; or</li> <li>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or</li> <li>(7) Tumours will ill defined borders; or</li> <li>(8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions; or</li> <li>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> <li>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</li> <li>(b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</li> <li>(c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</li> </ol> </li> </ol> |

## GRAFT TRANSFER

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|------|--|--|-----------------------|--------------------|---|
| 1604 | Adjacent tissue transfer/ rearrangement/ full thickness graft, free (incl direct closure of donor site) associated with Mohs surgery, (e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap), non-head and neck, all sizes (benefit shown is payable in full) |  | No                    | Side Room          | <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis. Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> <li>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or</li> <li>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or</li> <li>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or</li> <li>(4) Previously irradiated skin areas in any anatomic region; or</li> <li>(5) For exceptionally large (&gt;= 2cm in diameter)or rapidly growing lesions in any anatomic region; or</li> <li>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or</li> <li>(7) Tumours with ill defined borders; or</li> <li>(8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions; or</li> <li>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> <li>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</li> <li>(b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</li> <li>(c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</li> </ol> </li> </ol> |

## INCISION

| Code | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators               | Payment Rules |
|------|---|--|-----------------------|----------------------------------|---------------|
| 1540 | Skin abscess, (superficial) incision and drainage of (I.P.) | Yes  | No                    | Independent Procedure, Side Room |               |

## LASER

| Code   | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|--------|--|--|-----------------------|--------------------|--|
| 158711 | Laser treatment to port wine stains only, one to five sessions - per session fee | Yes  | No                    | Side Room          | Location and measurements of treated port wine stain must be included on Claim Form. Please include number of sessions and dates on Claim Form. Photographic evidence must be supplied on request. |



## LASER

| Code   | Description   | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators               | Payment Rules  |
|--------|---|--|-----------------------|----------------------------------|--|
| 158712 | Laser treatment to port wine stains only, sessions six and subsequent - per session fee | Yes  | No                    | Independent Procedure, Side Room | Location and measurements of treated port wine stain must be included on Claim Form. Please include number of sessions and dates on Claim Form. Photographic evidence must be supplied on request. |

## REPAIR

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|------|--|--|-----------------------|--------------------|--|
| 1597 | Repair by layered closure associated with Mohs surgery, head and neck, all sizes |  | No                    | Side Room          | <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis. Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <p>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or</p> <p>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or</p> <p>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or</p> <p>(4) Previously irradiated skin areas in any anatomic region; or</p> <p>(5) For exceptionally large (&gt;= 2cm in diameter) or rapidly growing lesions in any anatomic region; or</p> <p>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) arising from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or</p> <p>(7) Tumours with ill defined borders; or</p> <p>(8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ) ; discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions; or</p> <p>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by</p> <p>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</p> <p>(b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</p> <p>(c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> |

## REPAIR

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules  |
|------|--|--|-----------------------|--------------------|--|
| 1598 | Repair by layered closure associated with Mohs surgery, non-head and neck, all sizes |  | No                    | Side Room          | <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis. Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> <li>(1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or</li> <li>(2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or</li> <li>(3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or</li> <li>(4) Previously irradiated skin areas in any anatomic region; or</li> <li>(5) For exceptionally large (<math>\geq</math> 2cm in diameter) or rapidly growing lesions in any anatomic region; or</li> <li>(6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or</li> <li>(7) Tumours with ill defined borders; or</li> <li>(8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions; or</li> <li>(9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> <li>(a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre</li> <li>(b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised</li> <li>(c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</li> </ol> </li> </ol> |

## WOUNDS

| Code | Description  | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators               | Payment Rules   |
|------|--|--|-----------------------|----------------------------------|---|
| 1601 | Wounds up to 2.5 cm in total length, suture or staple of lacerated or torn tissue, single or multi layered closure with or without irrigation or debridement (I.P.)          | Yes  | No                    | Independent Procedure, Side Room | Benefit includes wound closure by tissue adhesives (e.g. two-cyanoacrylate) either singly or in combination with sutures or staples or in combination with adhesive strips. Wound closures utilising adhesive strips as the sole repair material may only be claimed under ILH out-patient benefit. |
| 1602 | Wounds from 2.6 cm to 7.5 cm in total length, suture or staple of lacerated or torn tissue, single or multi layered closure with or without irrigation or debridement (I.P.) | Yes  | No                    | Independent Procedure, Side Room | Benefit includes wound closure by tissue adhesives (e.g. two-cyanoacrylate) either singly or in combination with sutures or staples or in combination with adhesive strips. Wound closures utilising adhesive strips as the sole repair material may only be claimed under ILH out-patient benefit. |