

Medical Admissions

Schedule of Benefits
for Professional Fees

PRIVATE ROOMS TECHNICAL FEE BENEFIT

| Code | Description | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 441598 | Consultant in Medical Services Private Rooms Technical Fee - Minor Rate | | | An all-inclusive technical fee to the consultant, to be charged in conjunction with specified Schedule of Benefits procedure professional fee - payable at 100% of the stated amount in addition to procedure professional fee. Applicable only where a procedure is performed in the consultants own rooms and no invoice for a hospital/ scan centre/ approved ILH facility (as listed in the members handbook) is received. Please note the minor technical fee rate is only payable in conjunction with certain procedures (see Private Room Fee Rules for applicable codes). | € 42 | | | | | |
| 441599 | Consultant in Medical Services Private Rooms Technical Fee | | | An all-inclusive technical fee to the consultant, to be charged in conjunction with specified Schedule of Benefits procedure professional fee - payable at 100% of the stated amount in addition to procedure professional fee. Applicable only where a procedure is performed in the consultants own rooms and no invoice for a hospital/ scan centre/ approved ILH facility (as listed in the members handbook) is received. | € 92 | | | | | |

BLOOD AND LYMPHATICS

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| 1571 | Intravenous infusion of Ferinject (ferric carboxymaltose) for patients with resistant iron deficiency anaemia | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a ILH approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with ILH in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the Consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 1572 | Intravenous infusion of Monover (iron isomaltoside) for patients with resistant iron deficiency anaemia | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 118 | € 52 | | | | |

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| 1635 | Exchange transfusion (intra uterine) | | No | | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure codes 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1627, 1628 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. | € 475 | € 183 | | | | |
| 1641 | Therapeutic phlebotomy, by the consultant physician or under the consultant physician supervision, includes appropriate advice to the patient as necessary, including file report or report to the referring doctor. | Yes | No | Side Room | | € 77 | € 45 | | | | |
| 1642 | Isolated limb perfusion including exposure of major limb artery and vein, arteriotomy and venotomy | | No | | | € 1,181 | € 455 | € 594 | € 196 | | |
| 1643 | Intravenous iron infusion for patients with resistant iron deficiency anaemia | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 113 | € 52 | | | | |
| 1646 | Plasmapheresis | | No | Side Room | | € 113 | € 46 | | | | |
| 4288 | Peripheral blood stem cell harvesting (I.P.) | | No | Independent Procedure | | € 346 | € 136 | | | | |

CENTRAL VENOUS ACCESS

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| 1573 | Removal of tunnelled central venous catheter with subcutaneous access port under local anaesthetic, with or without sedation | | No | Side Room, Monitored Anaesthesia Care | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1628, 1634 1626, or 1627, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1628, 1634, and 1627 does not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. | € 192 | € 67 | € 113 | € 37 | | |
| 1574 | Insertion of tunnelled central venous catheter with subcutaneous access port (I.P.) | | No | Independent Procedure, Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1628, 1634 1626, or 1627, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1628, 1634, and 1627 does not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. | € 635 | € 223 | € 385 | € 134 | | |

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| 1626 | Insertion of tunnelled central venous access with externalized catheter end | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1627, 1628 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. | € 510 | € 256 | € 291 | € 143 | | |
| 1627 | Removal of catheter from central venous system, when it is medically necessary to perform this procedure under general anaesthetic, on completion of therapy or because of complications with the catheter (I.P.) | | No | Independent Procedure, Day Care | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1627, 1628 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. | € 284 | € 84 | € 202 | € 90 | | |

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| 1634 | Placement of non tunnelled central venous catheter (peripherally or centrally inserted) | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure codes 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1627, 1628 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior or inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. | € 350 | € 197 | € 113 | € 65 | | |

CLINICAL TESTING

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| 1309 | Fine needle aspiration (FNA), not otherwise specified in this Schedule, with or without preparation of smears; superficial or deep tissue with or without radiological guidance | Yes | No | Side Room | | € 99 | € 45 | | | | |
| 1667 | Aspirin desensitisation, to include all necessary sampling and monitoring of the patient during the procedure | | No | Day Care | Benefit allowable for each desensitisation procedure. Benefit for procedure code 1667 is payable only for those patients who have been identified as having a positive aspirin challenge following investigations carried out under the procedure code 5985. | € 186 | € 82 | | | | |

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| 5985 | Complete investigation of 'at risk' patients with allergy/ anaphylaxis requiring food and drug challenge studies (I.P.) | | No | Independent Procedure, Day Care | One or more of the following indications must be met for benefit: (a) A systemic reaction involving more than one system has occurred already (b) Clinical history indicates that airway, breathing or blood pressure control has been affected as a result of probably adverse activity in a manner likely to have caused concern to the clinician (c) The challenge involves agents (either food or drugs) likely to induce particularly severe reactions. (e.g. peanuts, NSAIDs) (d) Laboratory evidence of sensitisation is present at a disproportionate level (e) Time kinetics of reaction sought and need for observation dictates that OPD challenge will not resolve a serious concern (f) Other circumstances deemed by the attending consultant to require an in-patient challenge, in a situation where out-patient challenge would usually be undertaken, such circumstance to be specified on a case by case basis. Additional information required to establish medical necessity to be provided on the claim form for consideration by the Clinical Team of Irish Life Health. | € 186 | € 82 | | | | |
| 8700 | 24 hour electrocardiography (ECG) | | No | | | | | | | € 54 | |
| 8705 | Electroencephalogram (EEG) | | No | | | | | | | € 161 | |
| 8706 | 24 hour in-patient ambulatory EEG; monitoring for localisation of cerebral seizure focus | | No | | Benefit is paid once per admission only, irrespective of the number of tests carried out. | | | | | € 278 | € 132 |
| 8707 | In-patient EEG; monitoring for localisation of cerebral seizure focus with a minimum of 4 hour video recording | | No | | Benefit is paid once per admission only, irrespective of the number of tests carried out. | | | | | € 220 | € 104 |
| 8710 | Evoked potentials | | No | | | | | | | € 54 | |

CONSULTATION

[illegible]

CONSULTATION

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| 8964 | Consultant Neonatologist or Paediatrician in-patient consultation | | No | | Consultation benefit is payable to the consultant neonatologist or paediatrician for a patient being assessed for admission to the NICU and where it is deemed that the patient does not require admission to the neonatal intensive care unit. | | | | | € 133 | € 61 |
| 10000 | Medical management for specific paediatric medical day care procedures/ investigations | | No | Day Care | | | | | | € 228 | € 105 |
| 10064 | In-patient major medical illness | | No | | Payable when it is necessary for a consultant, in non-surgical cases, to give constant attention to an ill patient - see Medical Ground Rules for list of conditions applicable. This benefit is not payable for claims that involve a surgical procedure or an invasive diagnostic procedure listed in this schedule. Benefit is payable once only, and only for a single illness listed, per hospital admission and must be specifically claimed Major medical illness benefit is not payable to the same consultant that receives the ICU/ Neonatal intensive care benefit when the patient is being treated in an intensive care unit or neonatal intensive care unit. | | | | | € 229 | € 111 |
| 10065 | In-patient medical service attendance - day case | | No | | Side room or day care for claims where there was no overnight stay. | | | | | € 126 | € 61 |
| 10068 | Major in-patient psychiatric consultation | | No | | Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record (e) Duration of this consultation must be a minimum of 50 minutes. | | | | | € 261 | € 132 |
| 10072 | Consultant Palliative medicine in-patient consultation | | No | | Can only be billed once during a patient's admission and hospital stay and duration of this Consultation must be a minimum of 50 minutes. Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record | | | | | € 261 | € 132 |
| 11066 | In-patient consultation - second opinion | | No | | Payable on referral of a patient by the admitting Consultant, to a second Consultant, for a medically necessary second opinion Includes: (a) Full history and examination of all parts and systems (b) Evaluation of all necessary diagnostic tests (c) Giving an opinion and making an appropriate recording (d) Duration of this consultation must be a minimum of 30 minutes. | | | | | € 184 | € 63 |
| 179600 | Out-patient consultation - reassessment of patient for Rituximab | | No | | For extremely ill patients or suffering from Breast Cancer. Allowable once in every 6 months. | | | | | € 174 | |

DERMATOLOGICAL

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| 1528 | Patch Testing - consultant Dermatologist or Immunologist consultations on an out-patient basis, for the application and/ or supervision of patch testing, for contact dermatitis or atopic eczema (including testing with additional series and prick testing when indicated), interpretation and diagnosis, clinical evaluation and judgement including advice to patient (claimable once only in a lifetime) | | No | | Out-patient only. | € 186 | € 82 | | | | |
| 1529 | Phototherapy - Consultant Dermatologist consultations on an out-patient basis for a patient receiving a course of phototherapy (6 to 12 sessions) in a Irish Life Health approved hospital facility (list available on request from Irish Life Health). | | No | | Out-patient only. Must be provided in an Irish Life Health approved hospital facility (list available on request from Irish Life Health)For procedure code 1529 maximum benefit of one payment per twelve month period. | € 253 | € 113 | | | | |

ENDOCRINOLOGY

[illegible]

GASTROENTEROLOGY

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| 8475 | Massive gastrointestinal haemorrhage | | No | | | | | | | € 222 | € 111 |
| 8485 | Acute liver failure | | No | | | | | | | € 222 | € 111 |

HYPERBARIC THERAPY

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| 1631 | Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit in a hospital setting (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) initial, includes full medical evaluation | | No | | <p>This is an outpatient treatment unless the patient is admitted into an inpatient hospital bed. Conditions of payment are as follows:</p> <ul style="list-style-type: none"> (a) Acute air or gas embolism (b) Acute carbon monoxide poisoning and smoke inhalation (c) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb or life is threatened and HBOT is used in combination with standard therapy (d) Decompression illness (e) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available (f) Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management (g) Radiation necrosis (brain radio necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis) (h) Compromised skin grafts and flaps (i) Thermal burns, acute (second and third degree). | € 355 | € 136 | | | | |
| 1632 | Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit in a hospital setting (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) subsequent, per session | | No | | This benefit is payable in addition to the surgery, at a separate operative session, for lesion(s) removal. | € 118 | € 46 | | | | |

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| 301951 | Hyperbaric Oxygen Therapy (HBOT) - initial treatment including consultation | | No | | <p>Benefit is payable for treatment carried out in ILH approved treatment centres only (non-hospital setting). Patient must be referred for treatment by a Consultant. Where patient is receiving wound treatment, they must be referred in consultation with a tissue viability nurse specialist. Benefit is limited to the following conditions:</p> <ul style="list-style-type: none"> (a) Arterial insufficiency - treatment to prevent amputations; (b) Compromised skin grafts and flaps; (c) Radiation necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis; (d) Chronic refractory osteomyelitis; (e) Thermal burns including second- and third-degree burns; (f) Non-healing infected and ischaemic deep wounds/ulcerations unresponsive to at least 6 months of meticulous wound care, where transcutaneous oximetry during HBOT confirms an increase in wound oxygenation; (g) Acute air or gas embolism; (h) Acute carbon monoxide poisoning and smoke inhalation; (i) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb, or life is threatened and HBOT is used in combination with standard therapy; (j) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available; (k) Idiopathic sudden sensorineural hearing loss (ISSHL), where HBOT is initiated within two weeks of onset, in combination with medical therapy. | | | | | | |

HYPERBARIC THERAPY

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 301952 | Hyperbaric Oxygen Therapy - treatments 2-39 (per session fee) | | No | | Benefit is payable for treatment carried out in ILH approved treatment centres only (non-hospital setting). Patient must be referred for treatment by a Consultant. Where patient is receiving wound treatment, they must be referred in consultation with a tissue viability nurse specialist. Benefit is limited to the following conditions: (a) Arterial insufficiency - treatment to prevent amputations; (b) Compromised skin grafts and flaps; (c) Radiation necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis; (d) Chronic refractory osteomyelitis; (e) Thermal burns including second- and third-degree burns; (f) Non-healing infected and ischaemic deep wounds/ulcerations unresponsive to at least 6 months of meticulous wound care, where transcutaneous oximetry during HBOT confirms an increase in wound oxygenation; (g) Acute air or gas embolism; (h) Acute carbon monoxide poisoning and smoke inhalation; (i) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb, or life is threatened and HBOT is used in combination with standard therapy; (j) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available; (k) Idiopathic sudden sensorineural hearing loss (ISSHL), where HBOT is initiated within two weeks of onset, in combination with medical therapy. | | | | | | |

INJECTION

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| 309669 | Subcutaneous injection(s) of Tysabri (usually 2 x 150 mg pre filled syringe, or more if required) – all inclusive fee for use as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis | | Yes | Side Room | <p>Benefit is payable only for the following categories of adult patients:</p> <p>(a) Patients with single disease activity with at least one disease modifying therapy (DMT) with rapidly evolving severe relapsing remitting multiple sclerosis or with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling relapses in one year, and with 1 or more Gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a recent MRI</p> <p>(b) The procedure is subject to pre-certification for the initial infusion.</p> | € 113 | € 52 | | | | |

MEDICAL ONCOLOGY

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| 55 | Paracentesis abdominis with infusion of cytotoxic drugs | | No | | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultant providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 178 | € 79 | | | | |
| 1579 | Supervision and management by a consultant of a patient receiving intravenous infusion cytotoxic chemotherapy where the patient also receives a same day infusion of pamidronate or zoledronic acid, for patients with metastatic carcinoma | | No | Side Room | Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 211 | € 98 | | | | |
| 1608 | Emergency assessment of a patient on a course of chemotherapy where a decision is made, due to a medical problem, not to proceed with planned chemotherapy that day and may require further radiological and/ or pathological tests before discharge | | No | Side Room | Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the in-patient attendance fee is payable. | € 153 | € 71 | | | | |
| 1609 | Consultation and assessment by a consultant Medical Oncologist of a patient on a course of first line cytotoxic oral anti-cancer agents (I.P.) | | No | Independent Procedure | Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospital an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 153 | € 67 | | | | |

MEDICAL ONCOLOGY

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 1619 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy | | No | Side Room | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 153 | € 67 | | | | |
| 1624 | Intravenous infusion of zoledronic acid | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 1625 | Supervision and management by a consultant of a patient receiving denosumab to prevent skeletal related events from bone metastases as a result of solid tumours | | No | | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 113 | € 50 | | | | |
| 1628 | Cytotoxic Chemotherapy by subcutaneous injection (I.P.) | | No | Independent Procedure, Day Care | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 152 | € 67 | | | | |

MEDICAL ONCOLOGY

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| 1636 | Intravenous immunoglobulin for patients with a haematological malignancy or immune deficiencies | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 118 | € 44 | | | | |
| 1637 | Blood transfusion for patients with a haematological malignancy or immune deficiencies | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 118 | € 44 | | | | |
| 1638 | Intravenous antimicrobials for patients on cytotoxic chemotherapy regimens for malignant disease | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 113 | € 44 | | | | |
| 1639 | Electrolyte replacement for patients on cytotoxic chemotherapy regimens for malignant disease | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 113 | € 44 | | | | |

MEDICAL ONCOLOGY

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| 1677 | Supervision and management by a consultant of a patient receiving cytotoxic chemotherapy with Velcade or Vidaza by injection requiring monitoring in a hospital setting | | No | Side Room | | € 149 | € 61 | | | | |
| 1681 | Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, initial injection, requiring monitoring for six hours in a hospital setting | | No | Side Room | Benefit is inclusive of review and interpretation of all pre-treatment tests in addition to the prescribing and supervision of the course of treatment and any adverse events that may arise. | € 152 | € 55 | | | | |
| 1682 | Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, subsequent injection | | No | Side Room | Benefit is inclusive of review and interpretation of all pre-treatment tests in addition to the prescribing and supervision of the course of treatment and any adverse events that may arise. | € 152 | € 55 | | | | |
| 4293 | Allogeneic bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period | | No | | | € 6,641 | € 3,055 | | | | |
| 4294 | Matched unrelated donor bone marrow transplantation or blood derived peripheral stem cell transplantation for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period | | No | | | € 8,683 | € 3,995 | | | | |
| 4296 | Autologous bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, non-Hodgkin's lymphoma, Hodgkin's disease or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period | | No | | | € 6,641 | € 3,055 | | | | |

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| 4298 | High dose chemotherapy with autologous stem cell rescue, for children with high risk brain tumour: all inclusive benefits for in patient attendance, stem cell harvesting and chemotherapy; claimable once per treatment cycle | | No | | | € 1,657 | € 796 | | | | |
| 5240 | Paracentesis thoracis with infusion of cytotoxic drugs | | No | | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultant providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 172 | € 79 | | | | |
| 8580 | Sarcomas of bone | | No | | | | | | | € 222 | € 111 |
| 8585 | Ewing's sarcomas and other small blue round-cell tumours | | No | | | | | | | € 222 | € 111 |
| 16091 | Consultation and assessment by a consultant Medical Oncologist of a patient on a course of second line cytotoxic oral chemotherapy agents (I.P.) | | No | Independent Procedure, Side Room | Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. For the plans subject to excess it will be applied once off per course of treatment. | € 152 | € 67 | | | | |

MEDICAL ONCOLOGY

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 16092 | Consultation and assessment by a consultant Medical Oncologist of a patient on a course of third line cytotoxic oral chemotherapy agents (I.P.) | | No | Independent Procedure, Side Room | Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. For the plans subject to excess it will be applied once off per course of treatment. | € 152 | € 67 | | | | |
| 16191 | Sub-cutaneous cytotoxic chemotherapy (where not otherwise specified) | | No | Side Room | Payable once per day of attendance. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 113 | € 67 | | | | |
| 171619 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy by means of individual video link for a minimum of 10 minutes | | No | | | | | | | € 110 | |
| 299251 | Emergency consultation during a course of chemotherapy where an established patient presents mid-cycle with acute symptoms but does not require admission (I.P.) | | No | Independent Procedure, Side Room | Benefit not claimable by the hospital. For Professional Fee only - payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the in-patient attendance fee is payable. Only claimable once per chemotherapy treatment cycle. | € 152 | € 71 | | | | |

NEONATAL MEDICINE

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 1630 | Exchange transfusion, blood; new-born | | No | | | € 323 | € 136 | | | | |
| 8410 | Congenital conditions of the new-born associated with acute continuous respiratory distress | | No | | | | | | | € 222 | € 111 |
| 8450 | Congenital conditions of the new-born associated with cyanosis and heart failure | | No | | | | | | | € 222 | € 111 |
| 8490 | Congenital condition of the new-born associated with acute continuous digestive disturbances | | No | | | | | | | € 222 | € 111 |
| 8501 | Intussusception in neonates, diagnosis, resuscitation and medical management prior to referral to a consultant radiologist for closed reduction | | No | | | | | | | € 222 | € 111 |
| 10010 | Emergency overnight medical admission for neonates or medical care | | No | | | | | € 225 | € 105 | | |
| 10011 | Elective postoperative night medical admission for neonates or paediatrics | | No | | Benefit payable to consultant where PICU/ NICU admission is planned post-operatively due to clinical instability, is overnight and does not exceed 24 hours. | | | € 225 | € 105 | | |

NEUROLOGY

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 1614 | Infusion of Mitoxantrone (Novantrone) for patients with secondary progressive multiple sclerosis, progressive-relapsing multiple sclerosis and worsening relapsing-remitting multiple sclerosis | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 113 | € 52 | | | | |
| 1623 | Intravenous immunoglobulin for patients with myasthenia gravis, chronic inflammatory demyelinating polyneuropathy, multifocal motor neuropathy with conduction block and Guillain-Barre syndrome | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 1669 | Infusion of Tysabri as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis | | Yes | Side Room | Benefit is payable only for the following categories of adult patients: (a) Patients with single disease activity with at least one disease modifying therapy (DMT) with rapidly evolving severe relapsing remitting multiple sclerosis or with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling relapses in one year, and with 1 or more Gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a recent MRI (b) The procedure is subject to pre-certification for the initial infusion. | € 116 | € 52 | | | | |
| 5023 | Consultant consultation and evaluation including monitoring of cardiovascular status for 6 hours for a patient commencing a course of oral Gilenya (Fingolimod) to treat relapsing forms of multiple sclerosis. The evaluation to include a 12 lead ECG at baseline and 6 hours after first dose; continuous 6 hour ECG monitoring including blood pressure and heart rate measurement every hour | | No | Day Care | | € 211 | € 106 | | | | |

NEUROLOGY

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| 8505 | Acute vascular lesions affecting CNS requiring immediate intensive investigation: cerebral haemorrhage, embolism, thrombosis, acute with objective neurological signs of spontaneous subarachnoid haemorrhage | | No | | | | | | | € 229 | € 111 |
| 8506 | Generalised tonic-clonic seizures with major convulsions occurring | | No | | | | | | | € 222 | € 111 |

OBSTETRICS

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 8695 | Day care medical management of a miscarriage to include ultrasound, management and medication | | No | | | | | | | € 131 | € 61 |

OTHER MEDICAL CONDITIONS

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 1606 | Intravenous infusion of Zoledronic Acid (Aclasta) for treatment of osteoporosis in post menopausal women and men at increased risk of fracture including those with a recent low trauma hip fracture, who fail to tolerate oral bisphosphonates | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. Maximum benefit of one payment per twelve months, for a period of three years. | € 116 | € 52 | | | | |

OTHER MEDICAL CONDITIONS

[illegible]

PAEDIATRIC MEDICINE

[illegible]

PALLIATIVE MEDICINE

[illegible]

RENAL

[illegible][illegible]

RHEUMATOLOGY

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 1594 | Infusion of Tocilizumab (RoActemra) | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 1607 | Intravenous infusion of Abatecept with Methotrexate for the treatment of moderate to severe rheumatoid arthritis in adult patients, and moderate to severe active polyarticular juvenile idiopathic arthritis in paediatric patients six years of age and older, who have had an insufficient response or intolerance to other disease-modifying anti-rheumatic drugs including at least one tumour necrosis factor (TNF) inhibitor | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 1668 | Infusion of Rituximab (MabThera, Truxima or biosimilar) with methotrexate for the treatment of adult patients with severe active rheumatoid arthritis who have had an inadequate response or intolerance to other disease-modifying anti-rheumatic drugs including one or more tumour necrosis factor (TNF) inhibitor therapies | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 179506 | Polarising Microscopy | | No | | Rheumatologist benefit only. | € 107 | € 52 | | | | |

SYSTEMIC

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| 1611 | Intravenous infusion of Fabrazyme for patients with a confirmed diagnosis of Fabry's disease | Yes | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 113 | € 52 | | | | |
| 1613 | Intravenous infusion therapy for severe neurological disorders or auto-immune disease, not elsewhere specified and for Hurler's and Hunter's disease; by Consultant Neurologists, Immunologists, Rheumatologists, Haematologists, Nephrologists, Paediatricians, Respiratory Physicians, Gastroenterologists, General Physicians and Endocrinologists registered with Irish Life Health | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |

SYSTEMIC

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| 1633 | Infusion of Infliximab or biosimilar | | No | Side Room | <p>The following indications will apply:</p> <p>(a) Treatment of severe active Crohn's disease or Ulcerative Colitis where patients have not responded despite a full and adequate course of therapy with a cortico-steroid and/or an immuno-suppressant</p> <p>(b) Treatment of fistulating Crohn's disease in patients who have not responded despite a full and adequate course of therapy with conventional treatment</p> <p>(c) Rheumatoid Arthritis for patients over seventeen years of age with active disease. Benefit will be provided only when the drug is consultant prescribed and used as indicated below:</p> <p>(i) Benefit for an initial three infusions at 0, 2 and 6 weeks and repeated administration of one infusion every eight weeks will apply where indicated for Rheumatoid Arthritis</p> <p>(ii) The reduction of signs and symptoms in patients with active disease when the response to disease modifying drugs, including methotrexate, has been inadequate - Infliximab must be given concomitantly with methotrexate</p> <p>(iii) Patients with severe active and progressive disease not previously treated with methotrexate or other DMARD's (Disease Modifying Anti-Rheumatic Drug Therapy)</p> <p>(d) Treatment of ankylosing spondylitis, in patients who have severe axial symptoms, elevated serological markers of inflammatory activity and who have responded inadequately to conventional therapy</p> <p>(e) Treatment of active and progressive psoriatic arthritis in adults when the response to previous DMARD's has been inadequate - Infliximab should be administered in combination with methotrexate or alone in patients who show intolerance to methotrexate or for whom methotrexate is contraindicated</p> <p>(f) Treatment of moderate to severe plaque psoriasis in adults who have failed to respond to or have a contraindication to, or are intolerant to other systemic therapy including cyclosporine, methotrexate or PUVA. Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable.</p> | € 118 | € 52 | | | | |
| 8535 | Septicaemia/ endotoxic shock | | No | | | | | | | € 229 | € 111 |
| 8540 | Acute life endangering poisonings requiring high intensity intervention | | No | | | | | | | € 222 | € 111 |
| 309008 | Intravenous infusion of Iloprost for severe Reynauds disease | | No | | | € 114 | € 35 | | | | |

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