

# Ear, Nose & Throat

Schedule of Benefits  
for Professional Fees

## ABDOMINAL WALL AND PERITONEUM

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
941921	Combined bronchoscopy with laser ablation/ resection of tumour and full pulmonary function studies for the diagnosis and assessment of obstructive or restrictive lung disease (I.P.)	No	Independent Procedure, Side Room, Diagnostic	To be eligible for this benefit, the rules from codes 1999 & 2113 apply plus the procedures must be performed: (a) On the same day and (b) In the same approved Irish Life Health approved hospital and (c) By the same consultant

## BRONCHOSCOPY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1993	Nasal/ sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus, including ethmoidectomy	No	Day Care	May not be charged in conjunction with code 1992
1995	Abscess (retropharyngeal), incision and drainage (internal pharyngotomy)	No		
1999	Bronchoscopy with laser ablation/ resection of tumour (I.P.)	No	Independent Procedure	
2007	Inhalation bronchial challenge with histamine, methacholine, or similar compounds (I.P.)	No	Independent Procedure, Side Room	
2012	Bronchoscopy with or without bronchial biopsy (claimable for patients less than 2 years old) (I.P.)	No	Independent Procedure, Diagnostic	Benefit is claimable for patients less than 2 years old only
2013	Bronchoscopy, rigid, under general anaesthetic (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
2014	Bronchoscopy and airway evaluation in patients with suspected (on the basis of severe sleep disturbance) or proven sleep apnoea (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
231260	Plastic repair of nasal septum (complete procedure, includes the removal of splints, washouts) with nasal/ sinus endoscopy and antrostomy (I.P.)	No	Independent Procedure	Procedure codes 1904 or 1905 are not payable at a subsequent session
231652	Bronchoscopy, rigid or flexible including fluoroscopic guidance with EBUS (endobronchial ultrasound) guided transtracheal and/or transbronchial sampling from one or two mediastinal and/ or hilar lymph node stations or structures (I.P.)	No	Independent Procedure, Side Room	
231653	Bronchoscopy, rigid or flexible including fluoroscopic guidance with EBUS (endobronchial ultrasound) guided transtracheal and/or transbronchial sampling from three or more mediastinal and/ or hilar lymph node stations or structures (I.P.)	No	Independent Procedure, Side Room	

## BRONCHOSCOPY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
946699	Consultant Ear Nose Throat Surgeon Private Rooms Technical Fee	No		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 Payable in conjunction with procedure codes outlined in the ground rules

## CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
309022	Transmastoid excision of glomus tympanicum tumour (I.P.)	No	Independent procedure	

## EAR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1665	Atresia of auricle, 2 or 3 stages, correction of (per stage) (I.P.)	No	Independent Procedure	
1666	Attico antrostomy, unilateral	No		
1670	Excision/ repair external ear; soft tissue lesion(s), polyp/ polyps or repair of split ear lobe(s) or other trauma, one or both ears	No	Side Room	
1671	Debridement of ear canal and micro inspection of tympanic membrane unilateral or bilateral, requiring the use of an operating microscope and a hospital operating theatre e.g. in chronic otitis media or keratosis obturans (not for routine syringing, cleaning or the removal of impacted cerumen) (I.P.)	No	Independent Procedure, Side Room	
1672	Labyrinthectomy, with or without cryosurgery including other non excisional destructive procedures or perfusion of vestibuloactive drugs, single perfusion, transcanal	No	Side Room	
1675	Drainage of external ear, abscess or haematoma	No	Day Care	
1680	External auditory canal, excision of tumour	No	Day Care	
1685	External auditory canal, removal of exostosis or osteoma	No		
1686	External auditory canal, reconstruction of (meatoplasty) (e.g. for stenosis due to trauma, infection) (I.P.)	No	Independent Procedure, Day Care	
1690	Facial nerve decompression (in temporal bone)	No		

## EAR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1695	Facial nerve graft (in temporal bone)	No		
1700	Foreign body, removal from ear, under general anaesthetic (I.P.)	No	Independent Procedure, Day Care	
1701	Labyrinthectomy; transcanal	No		
1710	Mastoidectomy, radical with or without labyrinthectomy	No		
1715	Mastoidectomy, simple	No		
1730	Myringoplasty, surgery confined to drumhead and donor area (not for the removal of myringotomy tubes) (I.P.)	No	Independent Procedure, Day Care	
1735	Myringotomy, unilateral	No	Day Care	
1740	Myringotomy, bilateral	No	Day Care	
1745	Nostril closure, for atrophic rhinitis	No		
1751	Pinna, total excision	No		
1752	Pinna, partial excision with flap reconstruction	No	Side Room	
1753	Pinna, partial excision and graft	No	Day Care	
1755	Preauricular sinus, excision of	No	Day Care	
1760	Sacculus endolymphaticus for Meniere's Disease	No		
1770	Stapedectomy	No		
1771	Stapedectomy with plastic reconstruction of ossicles	No		
1785	Myringotomy with insertion of grommet	No	Day Care	
1786	Myringotomy, bilateral, with insertion of grommets	No	Day Care	
1788	Tympanic membrane repair, with or without site preparation or perforation for closure, with or without patch (not for the removal of myringotomy tubes) (I.P.)	No	Independent Procedure, Day Care	
5975	Rhinoplasty, primary, including major septal repair (I.P.)	No	Independent Procedure	1 Night Only. Complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session

## EAR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
304010	Surgical nasal/ sinus endoscopy with ethmoidectomy (partial or total), unilateral	No		1 Night Only
309012	Debridement of post-mastoidectomy cavity and micro-inspection of tympanic membrane, unilateral and/ or bilateral, in a hospital theatre via microscope	No		
309021	Transcranial excision of glomus tympanicum tumour (I.P.)	No	Independent procedure	

## LARYNX

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2020	Bronchoscopy with removal of foreign body (includes foreign body removal by rigid endoscopy) (I.P.)	No	Independent Procedure, Diagnostic	
2030	Laryngoscopy, flexible/ rigid under topical anaesthesia (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
2031	Laryngoscopy, direct, operative with biopsy (I.P.)	No	Independent Procedure, Day Care	
2032	Laryngoscopy, direct, with or without tracheostomy, with dilatation (I.P.)	No	Independent Procedure, Day Care	
2040	Laryngectomy, all forms including vertical hemi-laryngectomy and tracheostomy	No		
2050	Laryngofissure, external operation on	No		
2051	Laryngoplasty, (type 1 thyroplasty) including transcervical placement of an implant (e.g. for burns, reconstruction after partial laryngectomy or post thyroid surgery)	No		
2053	Aryepiglottoplasty for the management of laryngomalacia in a multi-disciplinary team approach to care for a child under one year of age	No		
2054	Microsurgery with CO2 laser for the complete removal of laryngeal cancer	No		
2055	Lateral pharyngotomy	No		
2056	Microsurgery of larynx with complete removal of benign or malignant lesions (not for biopsy of lesions - code 2031) (I.P.)	No	Independent Procedure, Day Care	
2057	Vocal cord augmentation (injection of teflon)	No		

## NOSE AND ACCESSORY SINUSES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1741	Removal of drain tube(s) under general anaesthetic	No	Day Care	

## NOSE AND ACCESSORY SINUSES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1790	Tympanoplasty with elevation of tympanomeatal flap (I.P.)	No	Independent Procedure	1 Night Only
1805	Epistaxis - posterior packing and/ or cautery (I.P.)	No	Independent Procedure, Side Room	
1810	Epistaxis, anterior ethmoidal and/ or internal maxillary artery ligation (I.P.)	No	Independent Procedure	
1815	Foreign body, removal from nose, under general anaesthetic	No	Day Care	
1820	Polypectomy, single (I.P.)	No	Independent Procedure, Day Care	
1825	Polypectomy, multiple (I.P.)	No	Independent Procedure, Day Care	
1830	Accessory sinuses, open operations on, unilateral (including Caldwell Luc)	No		
1840	Accessory sinuses, open operations on, bilateral (including Caldwell Luc)	No		
1850	Antral biopsy	No	Diagnostic	
1855	Antral puncture (antrotomy) and washout unilateral (I.P.)	No	Independent Procedure, Side Room	
1860	Antral puncture (antrotomy) and washout bilateral (I.P.)	No	Independent Procedure, Day Care	
1875	Sinusotomy with or without biopsy, with mucosal stripping or removal of polyp(s)	No	Day Care	
1879	Nasal/ sinus endoscopy, surgical, with control of nasal haemorrhage, when medically necessary to perform under general anaesthetic (I.P.)	No	Independent Procedure, Day Care	
1880	Nasal/ sinus endoscopy, surgical, with antrostomy, unilateral	No	Day Care	
1885	Nasal/ sinus endoscopy, surgical, with antrostomy, bilateral	No	Day Care	
1890	Repair of choanal atresia, intranasal	No		
1895	Repair of choanal atresia, transpalatine	No		
1896	Crawford tube insertion, unilateral	No		
1897	Crawford tube insertion, bilateral	No		
1900	Ethmoid area, malignant tumour excision	No		
1904	Nasal/ sinus endoscopy (using an endoscope), diagnostic, unilateral or bilateral (this code is not payable for planned routine follow-ups to any other ENT procedure e.g. for splint, removal, washout, healing check etc.) (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
1905	Nasal/ sinus endoscopy, surgical with biopsy, polypectomy or removal of diseased mucosa, lesions or debridement (this code is not payable for planned routine follow-ups to any other ENT procedure e.g. for splint, removal, washout, healing check etc.) (I.P.)	No	Independent Procedure, Side Room, Diagnostic	

## NOSE AND ACCESSORY SINUSES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1910	Ethmoidectomy, extranasal, unilateral	No		
1915	Ethmoidectomy, extranasal, bilateral	No		
1920	Ethmoidectomy, intranasal, unilateral	No		1 Night Only
1925	Ethmoidectomy, intranasal, bilateral (includes code 1992)	No		1 Night Only. Includes Code 1992
1935	External frontal sinus exploration	No		
1940	External frontal sinus operation for malignant disease	No		
1945	External rhinotomy, with drainage of ethmoid frontal or maxillary sinuses	No		
1968	Nasal septum, insertion of prosthetic button	No	Day Care	
1969	Plastic repair of nasal septum (complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session) (I.P.)	No	Independent Procedure	1 Night Only
1970	Nasal septum, submucous resection of	No		
1980	Naso pharyngeal tumour, excision of	No		
1985	Oro antral fistula, closure of by means of surgical advancement of mucoperiosteal flap (does not apply for simple suturing or closure of socket immediately following extraction e.g. tooth/ teeth) (I.P.)	No	Independent Procedure, Day Care	
1990	Cauterisation and/ or ablation, mucosa of turbinates, unilateral or bilateral, any method, superficial (I.P.)	No	Independent Procedure, Day Care	
1992	Nasal/ sinus endoscopy, surgical with ethmoidectomy (partial or total) bilateral	No		1 Night Only. May not be charged in conjunction with code 1993
2157	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate and oxygen saturation, unattended by a technologist (I.P.)	No	Independent Procedure	1 Night Only
5900	Cricopharyngeal myotomy (I.P.)	No	Independent Procedure	
5980	Combined approach tympanoplasty (with mastoidotomy)	No		1 Night Only

## NOSE AND ACCESSORY SINUSES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
292144	Nasal CPAP titration for sleep apnoea (I.P.)	No	Independent Procedure	<p>1 Night Only. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report</p> <p>This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography</p> <p>Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> <li>(a) ECG</li> <li>(b) Airflow</li> <li>(c) Ventilation and respiratory effort</li> <li>(d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis</li> <li>(e) Extremity muscle activity, motor activity-movement</li> <li>(f) Extended EEG monitoring</li> <li>(g) Penile tumescence</li> <li>(h) Gastro-oesophageal reflux</li> <li>(i) Continuous blood pressure monitoring</li> </ul> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> <li>(a) Patients with COPD whose awake PaO<sub>2</sub> is &gt; 55 mm Hg and are free of complications</li> <li>(b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue</li> <li>(c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea</li> <li>(d) Patients with systemic hypertension</li> <li>(e) Patients with nocturnal non-specific cardiac arrhythmias</li> </ul>

## OESOPHAGUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2058	Botulinum toxin injections for laryngeal dysphonia	No	Side Room	
2062	Oesophagoscopy, rigid under general anaesthesia, with or without biopsy, with or without dilatation (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
2063	Oesophagoscopy with radiofrequency ablation for Barrett's oesophagus with high grade dysplasia	No		
2070	Oesophagoscopy with removal of foreign body (I.P.)	No	Independent Procedure	
2074	Upper gastrointestinal endoscopy with oesophageal dilatation and laser therapy	No	Day Care	
2079	Oesophagoscopy with multiple injection or banding of oesophageal varices	No	Day Care	

## OESOPHAGUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2131	Tonsils or tonsils and adenoids, secondary surgical intervention for the arrest of haemorrhage requiring general anaesthetic, following the first operation	No		
4525	Rhinoplasty (complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session) (I.P.)	No	Independent Procedure	1 Night Only
5840	Oesophageal motility (manometric) studies with or without 24 hour pH recording	No	Diagnostic, Side Room	

## OTHER ENT PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2090	Pharyngeal pouch or diverticulum, endoscopic diathermy division	No		
2115	Incision and drainage, abscess; retropharyngeal or parapharyngeal	No		

## PHARYNX

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1994	Bronchoscopy; diagnostic, flexible with or without one of the following: (a) bronchoalveolar lavage, (b) cell washing or brushing, (c) bronchial biopsy (I.P.)	No	Independent Procedure, Day Care, Diagnostic	Where a code 2004 or a code 2113 is performed on the same day and in a different physical location in the hospital with gap of 2 hours or more, then the payment indicator Independent Procedure will not apply for Consultant fees only.
2081	Balloon dilatation of the oesophagus (includes endoscopy)	No	Side Room	
2085	Pharyngeal pouch or diverticulum, excision of	No		
2096	Drainage and marsupialisation of cyst	No	Day Care	
2113	Full pulmonary function studies for the diagnosis and assessment of obstructive or restrictive lung disease (I.P.)	No	Independent Procedure, Side Room, Diagnostic	<p>Full pulmonary function studies only claimable in the circumstances described as follow and must include as a minimum:</p> <ul style="list-style-type: none"> <li>(a) Spirometry</li> <li>(b) Flow volume loop</li> <li>(c) Measurement of static lung volumes</li> <li>(d) Diffusing capacity</li> </ul> <p>Where a Code 1994 or 2004 is performed on the same day and in a different physical location in the hospital with gap of 2 hours or more, then the payment indicator Independent Procedure will not apply for Consultant fees only.</p>

## PULMONARY FUNCTION TESTS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2004	Bronchoscopy with transbronchial biopsy of tumour(s), nodule(s) or lymph node(s) with or without fluoroscopic or endobronchial ultrasound (EBUS) guidance (includes washing or brushings, if performed) (I.P.)	No	Independent Procedure, Day Care, Diagnostic	Where a Code 1994 is performed on the same day and in a different physical location in the hospital with gap of 2 hours or more, then the payment indicator Independent Procedure will not apply for Consultant fees only.
2100	Pharyngolaryngectomy	No		
2139	Polysomnography, full study	No		<p>1 Night Only. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> <li>(a) ECG</li> <li>(b) Airflow</li> <li>(c) Ventilation and respiratory effort</li> <li>(d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis</li> <li>(e) Extremity muscle activity, motor activity-movement</li> <li>(f) Extended EEG monitoring</li> <li>(g) Penile tumescence</li> <li>(h) Gastro-oesophageal reflux</li> <li>(i) Continuous blood pressure monitoring</li> </ul> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> <li>(a) Patients with COPD whose awake PaO<sub>2</sub> is &gt; 55 mm Hg and are free of complications</li> <li>(b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue</li> <li>(c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea</li> <li>(d) Patients with systemic hypertension</li> <li>(e) Patients with nocturnal non-specific cardiac arrhythmias</li> </ul>

## SLEEP STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2116	Panendoscopy under general anaesthetic for patients with a biopsy-confirmed diagnosis of cancer to include oral cavity, oro-pharynx, naso-pharynx, hypo-pharynx and larynx, oesophagoscopy, with or without bronchoscopies, initial work-up prior to surgery, radiotherapy or both	No	Day Care	

## SLEEP STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2117	Panendoscopy under general anaesthetic for patients with a biopsy-confirmed diagnosis of cancer to include oral cavity, oro-pharynx, naso-pharynx, hypo-pharynx and larynx, oesophagoscopy, with or without bronchoscopies, initial work-up prior to surgery, radiotherapy or both	No	Independent Procedure, Side Room	<p>1 Night or Side Room. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report            This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography            Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> <li>(a) ECG</li> <li>(b) Airflow</li> <li>(c) Ventilation and respiratory effort</li> <li>(d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis</li> <li>(e) Extremity muscle activity, motor activity-movement</li> <li>(f) Extended EEG monitoring</li> <li>(g) Penile tumescence</li> <li>(h) Gastro-oesophageal reflux</li> <li>(i) Continuous blood pressure monitoring</li> </ul> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> <li>(a) Patients with COPD whose awake PaO2 is &gt; 55 mm Hg and are free of complications</li> <li>(b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue</li> <li>(c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea</li> <li>(d) Patients with systemic hypertension</li> <li>(e) Patients with nocturnal non-specific cardiac arrhythmias</li> </ul>

## SLEEP STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2118	Polysomnography, limited sleep study together with two nasal CPAP titration procedures for sleep apnoea performed during the same admission (I.P.)	No	Independent Procedure	<p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report                      This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography                      Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> <li>(a) ECG</li> <li>(b) Airflow</li> <li>(c) Ventilation and respiratory effort</li> <li>(d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis</li> <li>(e) Extremity muscle activity, motor activity-movement</li> <li>(f) Extended EEG monitoring</li> <li>(g) Penile tumescence</li> <li>(h) Gastro-oesophageal reflux</li> <li>(i) Continuous blood pressure monitoring</li> </ul> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> <li>(a) Patients with COPD whose awake PaO2 is &gt; 55 mm Hg and are free of complications</li> <li>(b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue</li> <li>(c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea</li> <li>(d) Patients with systemic hypertension</li> <li>(e) Patients with nocturnal non-specific cardiac arrhythmias</li> </ul>

## SLEEP STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2119	Polysomnography, full study with initiation of nasal CPAP titration for sleep apnoea together with a second nasal CPAP titration procedure performed for sleep apnoea during the same admission (I.P.)	No	Independent Procedure	<p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:                      (a) ECG                      (b) Airflow                      (c) Ventilation and respiratory effort                      (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis                      (e) Extremity muscle activity, motor activity-movement                      (f) Extended EEG monitoring                      (g) Penile tumescence                      (h) Gastro-oesophageal reflux                      (i) Continuous blood pressure monitoring</p> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:                      (a) Patients with COPD whose awake PaO2 is &gt; 55 mm Hg and are free of complications                      (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue                      (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea                      (d) Patients with systemic hypertension                      (e) Patients with nocturnal non-specific cardiac arrhythmias</p>
2121	Polysomnography, full study with Multiple Sleep Latency testing (MSLT) or maintenance of wakefulness, testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness during the same admission (I.P.)	No	Independent Procedure	<p>Payable in the following circumstances only:                      (a) When excessive daytime sleepiness interferes with the performance of routine daily tasks and clinical features do not suggest a diagnosis of sleep apnoea                      (b) When the Multiple Sleep Latency Test is needed to demonstrate sleep onset REM periods for the diagnosis of narcolepsy</p> <p>Procedure codes 2148 and 2121 refer to multiple trials during the day to objectively assess sleep tendency by measuring the number of minutes it takes a patient to fall asleep Parameters necessary for sleep staging (including 1-4 channels of EEG, EOG and EMG) are recorded</p>
2132	Tracheoesophageal puncture and insertion of prosthesis	No		
2141	Prolonged post exposure evaluation of bronchospasm after exercise, with multiple spirometric determinations as in 2113 including measurement of thoracic gas volume and expired gas determinations	No	Side Room	

## SLEEP STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2142	Polysomnography, limited sleep study	No	Side Room	<p>1 Night or Side Room. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report                      This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography                      Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> <li>(a) ECG</li> <li>(b) Airflow</li> <li>(c) Ventilation and respiratory effort</li> <li>(d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis</li> <li>(e) Extremity muscle activity, motor activity-movement</li> <li>(f) Extended EEG monitoring</li> <li>(g) Penile tumescence</li> <li>(h) Gastro-oesophageal reflux</li> <li>(i) Continuous blood pressure monitoring</li> </ul> <p>Reimbursement for polysomnography procedures is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> <li>(a) Patients with COPD whose awake PaO2 is &gt; 55 mm Hg and are free of complications</li> <li>(b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue</li> <li>(c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea</li> <li>(d) Patients with systemic hypertension</li> <li>(e) Patients with nocturnal non-specific cardiac arrhythmias</li> </ul>

## SLEEP STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2143	Polysomnography, full study with initiation of nasal continuous airway pressure (CPAP) titration for sleep apnoea (I.P.)	No	Independent Procedure	<p>1 Night Only. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report            This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography            Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> <li>(a) ECG</li> <li>(b) Airflow</li> <li>(c) Ventilation and respiratory effort</li> <li>(d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis</li> <li>(e) Extremity muscle activity, motor activity-movement</li> <li>(f) Extended EEG monitoring</li> <li>(g) Penile tumescence</li> <li>(h) Gastro-oesophageal reflux</li> <li>(i) Continuous blood pressure monitoring</li> </ul> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> <li>(a) Patients with COPD whose awake PaO2 is &gt; 55 mm Hg and are free of complications</li> <li>(b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue</li> <li>(c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea</li> <li>(d) Patients with systemic hypertension</li> <li>(e) Patients with nocturnal non-specific cardiac arrhythmias</li> </ul>

## SLEEP STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2144	Nasal CPAP titration for sleep apnoea (I.P.)	No	Independent Procedure	<p>1 Night Only. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report                      This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography                      Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:                      (a) ECG                      (b) Airflow                      (c) Ventilation and respiratory effort                      (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis                      (e) Extremity muscle activity, motor activity-movement                      (f) Extended EEG monitoring                      (g) Penile tumescence                      (h) Gastro-oesophageal reflux                      (i) Continuous blood pressure monitoring</p> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:                      (a) Patients with COPD whose awake PaO2 is &gt; 55 mm Hg and are free of complications                      (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue                      (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea                      (d) Patients with systemic hypertension                      (e) Patients with nocturnal non-specific cardiac arrhythmias</p>
2148	Multiple Sleep Latency Testing (MSLT) or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	No		<p>Payable in the following circumstances only:                      (a) When excessive daytime sleepiness interferes with the performance of routine daily tasks and clinical features do not suggest a diagnosis of sleep apnoea                      (b) When the Multiple Sleep Latency Test is needed to demonstrate sleep onset REM periods for the diagnosis of narcolepsy - procedure codes 2148 and 2121 refer to multiple trials during the day to objectively assess sleep tendency by measuring the number of minutes it takes a patient to fall asleep                      (c) Parameters necessary for sleep staging (including 1-4 channels of EEG, EOG and EMG) are recorded</p>
292116	Polysomnography, home based, initiation of CPAP / non invasive ventilation (NIV) incorporating patient education and the use of telemonitoring system	No		<p>Out of Hospital Code - where the patient attends an education session in the hospital, is linked with a CPAP device which is used in the patients home. The CPAP device must enable the Irish Life Health recognised consultant to monitor the patient remotely over several nights (rather than a single inpatient titration study) and adjust pressures / settings etc remotely. home-based initiation of CPAP / non invasive ventilation (NIV) incorporating patient education and the use of telemonitoring system</p>

## SLEEP STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
292117	Polysomnography, limited sleep study together with initiation of nasal CPAP titration for sleep apnoea (I.P.)	No	Independent Procedure	<p>Out of Hospital code. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. Sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography may or may not include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> <li>(a) ECG</li> <li>(b) Airflow</li> <li>(c) Ventilation and respiratory effort</li> <li>(d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis</li> <li>(e) Extremity muscle activity, motor activity-movement</li> <li>(f) Extended EEG monitoring(g) Penile tumescence</li> <li>(h) Gastro-oesophageal reflux</li> <li>(i) Continuous blood pressure monitoring.</li> </ul> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> <li>(a) Patients with COPD whose awake PaO2 is &gt; 55 mm Hg and are free of complications</li> <li>(b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue</li> <li>(c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea</li> <li>(d) Patients with systemic hypertension</li> <li>(e) Patients with nocturnal non-specific cardiac arrhythmias</li> </ul>
292142	Polysomnography, home based, limited sleep study	No	Independent Procedure	<p>Out of Hospital Code - The procedure is performed under the supervision of an Irish Life Health recognised consultant with an approved, technically adequate diagnostic device which incorporates a minimum of the following sensors: nasal pressure, chest and abdominal respiratory inductance plethysmography, and oximetry and is for the diagnosis of OSA (obstructive sleep apnoea) in patients with a high pre-test probability of moderate to severe OSA</p>
292143	Polysomnography, home based, limited sleep study including the supply and use of an approved clinical Sleep Apnoea measurement device	No		<p>Out of Hospital Code - The procedure is performed under the supervision of an Irish Life Health recognised consultant and includes the supply and use of an approved, technically adequate diagnostic device is used which incorporates a minimum of the following sensors: : peripheral arterial tonometry (PAT) with oximetry and actigraphy and is for the diagnosis of OSA (obstructive sleep apnoea) in patients with a high pre-test probability of moderate to severe OSA</p>

## TONSILS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2122	Initial nasal CPAP titration for sleep apnoea together with a second nasal CPAP titration procedure performed for sleep apnoea during the same admission (I.P.)	No	Independent Procedure	<p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> <li>(a) ECG</li> <li>(b) Airflow</li> <li>(c) Ventilation and respiratory effort</li> <li>(d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis</li> <li>(e) Extremity muscle activity, motor activity-movement</li> <li>(f) Extended EEG monitoring</li> <li>(g) Penile tumescence</li> <li>(h) Gastro-oesophageal reflux</li> <li>(i) Continuous blood pressure monitoring</li> </ul> <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> <li>(a) Patients with COPD whose awake PaO<sub>2</sub> is &gt; 55 mm Hg and are free of complications</li> <li>(b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue</li> <li>(c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea</li> <li>(d) Patients with systemic hypertension</li> <li>(e) Patients with nocturnal non-specific cardiac arrhythmias</li> </ul>
2125	Tonsils and/ or adenoids (adults and children over 12), removal of	No		1 Night Only
2130	Tonsils and/ or adenoids (children under 12 years), removal of	No		1 Night Only