



Irish Life
health

**Schedule
of Benefits**
for Professional
Fees 2019

Radiology

ANAESTHESIA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
192201	General anaesthesia for diagnostic scans, for child under the age of 2	Yes					€115.00	€55.00				
192203	General anaesthesia for diagnostic scans, for adults	Yes					€115.00	€55.00				

CONSULTATION & REPORTING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
1417	Angiography, as performed by an Interventional Radiologist	No		1417 is payable at 100% only for procedure codes 1419, 1421, 1422, 1423 and 1424 when angiography is performed by the interventional radiologist during the procedure. This benefit is additional to the endovascular procedure benefit for the treating consultant.							€171.18	€105.00
7034	Imaging supervision, interpretation and report for injection procedures during cardiac catheterisation; ventricular and/ or atrial angiography. Encapsulates all guidance for the procedure including plain films	No									€71.75	€46.00
7700	PET CT professional fee	Yes	Receipt of invoice from SVRG	Payable to SVRG only	€26.65						€26.65	
8696	Consultant Radiologist in-patient consultation	No							€153.56	€61.00	€153.56	€61.00

CT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
6101	Computed tomographic angiography, with or without contrast material(s), all sections including image post processing, pulmonary	No									€231.65	€127.00
6102	Brain, without contrast material	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time			€169.13	€105.00			€148.63	€81.00
6103	Brain, with contrast material	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time			€160.93	€105.00			€231.65	€127.00
6104	Orbit, sella or outer, middle, or inner ear; without contrast material	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time			€160.93	€105.00			€148.63	€81.00
6106	Orbit, sella or outer, middle, or inner ear; with contrast material	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time			€160.93	€105.00			€231.65	€127.00

CT												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
6107	Maxillofacial area, without contrast material	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time			€160.93	€105.00			€148.63	€81.00
6108	Maxillofacial area, with contrast material	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time			€160.93	€105.00			€231.65	€127.00
6109	Thorax, without contrast material	No					€160.93	€105.00			€148.63	€81.00
6111	CT scanning for biopsy or drainage	No	Side Room, Monitored Anaesthesia Care				€160.93	€105.00			€231.65	€127.00
6112	Thorax, with contrast material	No					€160.93	€105.00			€242.93	€127.00
6113	High resolution, lungs, without contrast	No					€160.93	€105.00			€231.65	€127.00
6114	Abdomen (including pelvis), without contrast	No		Code 6114 is not payable with 6116, if done at the same time			€160.93	€105.00			€148.63	€81.00
6116	Abdomen (including pelvis), with contrast	No		Code 6114 is not payable with 6116, if done at the same time			€160.93	€105.00			€231.65	€127.00
6123	CT Colonography	No	Side Room				€94.30	€60.00			€231.65	€127.00
6124	Ablation therapy for reduction or eradication of one or more pulmonary tumour(s) under CT guidance, including pleura or chest wall when involved by tumour extension, percutaneous, radiofrequency (benefit for CT guidance included) (I.P.)	No	Independent Procedure				€299.30	€135.00			€502.25	€127.00
6222	Computed tomographic (CT) coronary angiography, with or without contrast material(s), all sections, including image post processing	No		GP Referrals not accepted, only referral from Consultants will be considered							€231.65	€127.00
6224	Spine	No					€160.93	€105.00			€231.65	€127.00
6226	Long bones	No					€160.93	€105.00			€115.83	€78.00
6227	Joints	No					€160.93	€105.00			€148.63	€81.00
6228	Spine	No					€160.93	€105.00			€148.63	€81.00
6229	Feet/ hands	No					€160.93	€105.00			€148.63	€81.00

FLUOROSCOPIC GUIDANCE												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
770401	Repositioning of a nasogastric feeding tube into the jejunum under fluoroscopic guidance (not claimable with procedure code 7036)	No			€150.68	€103.00						

FLUOROSCOPIC GUIDANCE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
770402	Conversion of a gastrostomy feeding tube to a gastrojejunostomy feeding tube under fluoroscopic guidance (not claimable with procedure code 7036)	No		1 Night Only	€228.58	€156.00	€91.23	€65.00				
770403	Replacement of a gastrojejunostomy feeding tube under fluoroscopic guidance (not claimable with procedure code 7036)	No			€197.83	€135.00						

INTERVENTIONAL RADIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
1196	Stereotactic localisation core needle biopsy of breast (I.P.)	No	Independent Procedure, Diagnostic, Side Room				€169.13	€106.00			€198.85	€120.00
1197	Preoperative placement of needle localisation wire, breast, one or more lesions	No		This benefit is payable in addition to the surgery, at a separate operative session, for lesion(s) removal							€104.55	€65.00
6675	Angiogram (direct puncture, single vessel study, brachial, femoral) includes introduction of needles or catheter injection of contrast media and necessary pre and post injection care specifically related to the injection procedure	No	Day Care		€288.03	€174.00					€287.00	€174.00
6676	Placement of fiducial markers for radiation therapy guidance of prostate (via needle, any approach), single or multiple includes ultrasound guidance	No	Side Room, Monitored Anaesthesia Care				€94.30	€61.00			€171.18	€107.00
6680	Angiogram (selective catheter, single or multiple vessel study, coeliac, mesenteric, renal etc.), includes introduction of needle or catheter injection of contrast media and necessary pre and post injection care related to the injection procedure	No	Day Care		€325.95	€196.00					€324.93	€196.00
6681	Single selective carotid angiography and/ or vertebral study	No	Day Care		€288.03	€175.00					€287.00	€175.00
6682	Bilateral carotid angiography study	No	Day Care		€497.13	€303.00					€496.10	€303.00
6683	Bilateral carotid angiography and vertebral study	No	Day Care		€746.20	€453.00					€745.18	€453.00
6686	Biopsy of focal lesion in the liver, kidney, pancreas or spleen including embolisation (e.g. Gelfoam), if performed	No	Side Room, Monitored Anaesthesia Care				€94.30	€61.00			€254.20	€154.00

INTERVENTIONAL RADIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
6687	Biopsy of focal lesion, under CT guidance, in the liver, kidney, pancreas or spleen including embolisation (e.g. gelfoam), if performed	No	Side Room, Monitored Anaesthesia Care				€ 94.30	€ 61.00			€ 308.53	€ 189.00
6688	Radiofrequency ablation of liver tumour(s) including embolisation (e.g. gelfoam), if performed	No	Side Room				€ €396.68	€ 261.00			€ 657.03	€ 400.00
6691	Radiofrequency ablation of renal tumour(s) including embolisation (e.g. gelfoam), if performed	No	Side Room				€ 278.80	€ 184.00			€ 469.45	€ 297.00
6692	Biopsy of lymph nodes, deep, under CT guidance	No	Side Room, Monitored Anaesthesia Care				€ 143.50	€ 61.00			€ 441.78	€ 279.00
6706	Hepatic needle puncture/ catheterisation for biliary procedures	No	Side Room								€ 270.60	€ 164.00
6721	Spinal arteriogram	No	Side Room				€ 695.98	€ 334.00			€ 893.80	€ 543.00
6730	Venous sampling, adrenal, parathyroid, renal, etc.	No	Side Room								€ 270.60	€ 164.00
6740	Venography (selective, catheter, single vessel study and/or venous sampling, I.V.C., S.V.C., adrenal, renal, hepatic)	No	Side Room								€ 270.60	€ 164.00
6741	Transcatheter permanent occlusion or embolisation, percutaneous, any method non-central nervous system, head or neck (extracranial, brachiocephalic branch)	No	Side Room	Includes angiographic evaluation before, during and immediately after the procedure, at the same session, following a full assessment of the patient in a multidisciplinary team, which involves one or more consultants in the following specialities: Dermatology, Plastic Surgery, Haematology and Interventional Radiology			€ 699.05	€ 393.00			€ 1146.98	€ 700.00
6742	Transcatheter permanent occlusion or embolisation (e.g. for tumour destruction, to achieve haemostasis, to occlude a vascular malformation), percutaneous, any method non-central nervous system, non head or neck (extracranial, brachiocephalic branch) following a full assessment involving a consultant in one or more disciplines of Plastic Surgery, Dermatology, Haematology and Interventional Radiology	No	Side Room	Includes angiographic evaluation before, during and immediately after the procedure, at the same session, following a full assessment of the patient in a multidisciplinary team, which involves one or more consultants in the following specialities: Dermatology, Plastic Surgery, Haematology and Interventional Radiology			€ 762.60	€ 483.00			€ 1251.53	€ 663.00
6743	Image-guided percutaneous core needle biopsy, including consultant Radiologist interpretation and report (ultrasound or stereotactic localisation) (I.P.)	No	Independent Procedure, Side Room, Monitored Anaesthesia Care				€ 94.30	€ 61.00			€ 236.78	€ 151.00
6985	Hysterosalpingogram	No									€ 86.10	€ 42.00
7000	Myelogram	No	Side Room								€ 171.18	€ 105.00

INTERVENTIONAL RADIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
7005	Myelogram (direct lateral puncture, thoracic or cervical)	No	Side Room								€ 270.60	€ 164.00
7010	Needle biopsy (trans-thoracic, bone, abdominal)	No	Side Room								€ 171.18	€ 105.00
7072	Nerve block for pain control, peripheral joints, under image guidance and confirmed by contrast injection (I.P.)	No	Independent Procedure, Side Room								€ 192.70	€ 123.00
7073	Nerve block for pain control, spinal region, under image guidance and confirmed by contrast injection (I.P.)	No	Independent Procedure, Side Room								€ 293.15	€ 183.00
7843	Transcervical fallopian tube recanalisation under fluoroscopic guidance, unilateral or bilateral	No	Side Room								€ 325.95	€ 180.00
66684	Uterine artery embolisation for fibroids including angiography and fluoroscopy (I.P.)	No	Independent Procedure	<p>Conditions of payment for code 66684:</p> <p>(a) The Radiologist who performs the procedure must have specialised embolisation experience or undergone appropriate training and be registered with Irish Life Health Healthcare</p> <p>(b) All cases of uterine artery embolisation must be performed in a hospital listed in the Irish Life Health Directory of hospitals, by a consultant radiologist</p> <p>(c) Benefit will not be made in the following circumstances:</p> <p>(i) Where there is any evidence of current or recent infection in the genital tract</p> <p>(ii) When a patient is unwilling to consent to hysterectomy if the embolisation procedure is complicated</p> <p>(iii) If the above criteria are not satisfied in full</p>			€ 392.58	€ 259.00			€ 766.70	€ 466.00
66744	Completed radiological examination and evaluation including imaging (mammography and/ or ultrasound), and immediate image-guided percutaneous core needle biopsy; where performed on same day by a consultant Radiologist (I.P.)	No	Independent Procedure, Side Room, Diagnostic				€ 228.58	€ 151.00			€ 386.43	€ 244.00
558710	Cognitive fusion targeted prostate biopsy when performed by a Consultant Radiologist where it is performed in addition to biopsy of prostate (TRUS)	Yes									€ 256.25	€ 105.00
558711	Software fusion prostate biopsy targeted prostate biopsy when performed by a Consultant Radiologist where it is performed in addition to biopsy of prostate (TRUS)	Yes									€ 358.75	€ 105.00
601051	Percutaneous ultrasound guided fine needle aspiration of the neck, salivary gland (parotid or submandibular) of thyroid (I.P.)	No	Independent Procedure, Diagnostic, Side Room								€ 153.75	€ 63.00
745510	Vacuum assisted excision (VAC) of B3 breast lesion under ultrasound guidance	No									€ 458.18	€ 149.00

INTERVENTIONAL RADIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
745511	Vacuum assisted excision (VAC) of B3 breast lesion under stereotactic guidance	No									€ 458.18	€ 149.00
745513	Stereotactic placement of breast marker clip	No									€ 43.05	€ 24.00
745514	Breast tomosynthesis	No									€ 102.50	€ 24.00
745515	Image guided complete aspiration of abscess following mammographic and/ or ultrasound evaluation	No	Side Room								€ 251.13	€ 110.00
745516	Image guided percutaneous aspiration of a breast cyst following completed radiological examination including mammographic and ultrasound (I.P.)	No	Independent Procedure, Side Room								€ 226.53	€ 45.00
745517	Image guided percutaneous aspiration of a breast cyst following radiological examination including ultrasound (I.P.)	No	Independent Procedure, Side Room								€ 182.45	€ 45.00
770050	Exercise myocardial perfusion SPECT scan	No									€ 123.00	€ 60.00
770051	Regadenoson myocardial perfusion Spect scan or equivalent pharmacologic stress agent	No									€ 183.48	€ 93.00
770070	Ureteric stent removal	No									€ 85.08	€ 45.00
770071	Ureteric dilation	No									€ 85.08	€ 45.00
770072	Sphincterotomy (I.P.)	No	Independent Procedure, Day Care								€ 237.80	€ 91.00
770073	AV fistula creation	No									€ 76.88	€ 40.00
770074	Fiducial marker placement liver - other visceral organ	No	Side Room, Monitored Anaesthesia Care				€ 94.30	€ 61.00			€ 162.98	€ 77.00
770075	Parotid or submandibular gland fine needle aspiration (I.P.)	No	Independent Procedure, Side Room								€ 85.08	€ 45.00
770501	Microwave ablation of liver lesion(s)	No			€ 653.95	€ 428.00	€ 393.60	€ 280.00				
770717	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including image guidance under general anaesthetic	No	Day Care		€ 436.65	€ 183.00	€ 260.35	€ 110.00				
772376	Hysterocontrast sonography (HyCoSy)	No	Side Room								€ 299.30	€ 159.00

MRA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62300181	MRA for exclusion or further investigation of stroke	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300201	MRA for exclusion or further investigation of intracranial aneurysm	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300211	MRA for exclusion or further investigation of intracranial arteriovenous malformation	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300221	MRA for exclusion or further investigation of venous sinus thrombosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301761	MRA: vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301771	MRA: obstruction of the superior vena cava, inferior vena cava or a major pelvic vein	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301791	MRA: renal artery stenosis post renal transplant	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301801	MRA: renal artery stenosis in patients with refractory hypertension requiring multiple therapies, or in patients with documented renal insufficiency in whom renal vascular disease is being considered and in whom angioplasty and stenting is being considered	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307211	MRA: peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62310201	MRA for exclusion or further investigation of intracranial aneurysm	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310211	MRA for exclusion or further investigation of intracranial arteriovenous malformation	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310221	MRA for exclusion or further investigation of venous sinus thrombosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311761	MRA: vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

MRA												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62311771	MRA: obstruction of the superior vena cava, inferior vena cava or a major pelvic vein	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311791	MRA: renal artery stenosis post renal transplant	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311801	MRA: renal artery stenosis in patients with refractory hypertension requiring multiple therapies, or in patients with documented renal insufficiency in whom renal vascular disease is being considered and in whom angioplasty and stenting is being considered	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317211	MRA: peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
6233	Cardiac magnetic resonance imaging (MRI) with or without contrast enhancement	No		GP Referrals not accepted, only referral from Consultants will be considered Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 177.33	€ 105.00			€ 249.08	€ 133.00
6234	Paediatric cardiac magnetic resonance imaging, for congenital cardiac anomalies in infants and children under 16 years of age, including detailed segmental analysis, functional assessment of ventricular function, phase contrast quantification of great vessel AV valve outflow tract flow, ventricular volumes, angiography, three dimensional image reconstruction, tissue tagging and delayed gadolinium enhancement of myocardium, including imaging acquisition, post-processing of volume and flow data report of MRI MRA.	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 177.33	€ 105.00			€ 249.08	€ 133.00
6746	Breast biopsy with the use of MRI to guide localisation of breast lesion(s) which cannot be visualised with mammography or ultrasonography (I.P.)	No	Independent Procedure, Side Room, Monitored Anaesthesia Care	Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 177.33	€ 105.00			€ 324.93	€ 198.00
62300001	Tumour of the brain or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00

MRI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62300011	Skull base or orbital tumour	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300021	Acoustic neuroma	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300031	Pituitary tumour – in the case of females with elevated prolactin levels, MRI benefit is only allowable following repeated testing and exclusion of the presence of macro prolactin and there continues to be significant hyperprolactinaemia	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300041	Inflammation of the brain or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300051	Encephalopathy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300061	Encephalitis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300071	Suspect leukodystrophies	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300081	ENT problems – following consultation with a radiologist	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300091	Demyelinating disease of the brain	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300101	Congenital malformation of brain or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300111	Venous sinus thrombosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300121	Screening of intracranial aneurysm in the following high risk individuals – positive family history, defined as 2 or more first degree relatives with subarachnoid haemorrhages	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300131	Screening of intracranial aneurysm in the following high risk individuals – patients with polycystic kidney disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00

MRI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62300141	Epilepsy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300151	Stroke	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300161	Post-operative follow-up after brain surgery	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300191	Vertebral dissection	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300301	MRI: suspected intra-orbital or visual pathway lesions	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300311	MRI: dysthyroid eye disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300321	MRI: diplopia	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300401	Tumour of the CNS or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300411	Inflammation of the CNS or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300421	Demyelinating disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300431	Spinal cord compression (acute)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300441	Congenital malformations of the spinal cord, cauda equina or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300451	Syrinx – congenital or acquired	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300461	Myelopathy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62300471	Absent or reduced sensation on clinical examination	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300481	Absent or reduced reflexes	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300491	Muscle wasting	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300501	Severe intractable arm pain where symptoms have been present for more than 6 weeks	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300511	Cervical/ thoracic or lumbar radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300521	Axial neck pain/ thoracic back pain/ axial lumbar spine pain, persisting for greater than 3 months following referral by a consultant	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300531	Reduced power on physical examination	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300541	Previous spinal surgery	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300551	Trauma	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300561	Spinal disease in pregnancy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62300571	Tumour of the CNS or meninges (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300581	Inflammation of the CNS or meninges (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300591	Demyelinating disease (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300601	Acute spinal cord compression (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00

MRI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62300611	Congenital malformations of the spinal cord, cauda equina or meninges (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300621	Syrinx – congenital or acquired (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300631	Myelopathy (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300641	Absent or reduced sensation on clinical examination (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300651	Absent or reduced reflexes (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300661	Muscle wasting (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300671	Severe intractable arm pain where symptoms have been present for more than 6 weeks (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300681	Radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300691	Axial spine pain, persisting for greater than 3 months following referral by a consultant (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300701	Reduced power on physical examination (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300751	Previous spinal surgery (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300761	Trauma (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62300901	Spinal disease in pregnancy (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 535.05	€ 340.00
62301001	MRI: tumour arising in bone or other connective tissue	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00

MRI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62301011	MRI: infection arising in bone or other connective tissue	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301021	MRI: osteonecrosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301031	MRI: sacro-iliac joints in the following circumstances: (a) suspicion of the presence of ankylosing spondylitis and (b) patients have negative or inconclusive plan radiography films of the sacro-iliac joints and (c) patients are HLA B27 positive	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301101	MRI: slipped upper femoral epiphysis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301111	MRI: post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301121	MRI: complex cases of juvenile dermatomyositis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301131	MRI: Gaucher's disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301151	MRI: juvenile dermatomyositis by guiding biopsy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301161	MRI: for exclusion, further investigation and monitoring of derangement of one or both hips and supporting structures	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301171	MRI: for exclusion, further investigation and monitoring of derangement of one knee and supporting structures	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301181	MRI: for exclusion, further investigation and monitoring of derangement of both knees and supporting structures	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 358.75	€ 220.00
62301201	MRI cardiovascular system: congenital heart disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301211	MRI cardiovascular system: tumour of the heart or a great vessel	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62301221	MRI cardiovascular system: aortic dissection/aneurysm	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301231	MRI cardiovascular system: abnormality of thoracic aorta	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301241	MRI cardiovascular system: post operative aortic graft infection or dehiscence	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301251	MRI cardiovascular system: for further investigation, in persons under the age of 16 years, of the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301311	MRI abdomen: characterisation of equivocal liver lesions identified in ultrasound or CT	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301321	MRI abdomen: assessment of liver lesions in patients with known malignant disease for potential liver resection	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301331	MRI abdomen: staging of abdominal masses where CT is inconclusive	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301341	Pre procedure planning for uterine artery embolisation of uterine fibroids – adenomyosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301351	MRI abdomen: staging of gynaecologic malignancies (endometrial, cervical and ovarian)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301361	MRI abdomen: staging of rectal cancer	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301371	MRI abdomen: post operative recurrence of rectal cancer following CT and if tissue remains	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301381	MRI abdomen: staging of bladder cancer	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301391	MRI abdomen: detection of small pancreatic tumours not visible by CT, only if negative high resolution triphasic CT scan of pancreas	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301401	MRI abdomen: assessment of fistulae/ abscesses/ strictures in patients with established Crohn's disease following discussion with a multi-disciplinary team	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			176.30	93.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62301501	Perineal abscess	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301511	Perineal fistula	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301531	Assessment of the inferior vena cava in patients with known solid renal tumour	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301561	MR urography in pregnancy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62301601	Magnetic Resonance Cholangiopancreatography (MRCP): pancreatic and biliary disease where conventional methodology has failed and ERCP is considered undesirable	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62302501	Malignant soft tissue tumours for diagnosis and staging	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62302521	Congenital uterine or anorectal abnormality	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62302601	Bone metastases due to primary cancer	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62302611	Investigation of polymyalgia, if pathology suggests diagnosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 171.18	€ 93.00
62302621	Investigation of infiltrating marrow disorders	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 171.18	€ 93.00
62307001	Breast cancer – where mammogram and/ or ultrasound are negative for pathology but there continues to be a high index of clinical suspicion (e.g. in persons with inherited BRCA1 and BRCA2 mutations)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307011	MRI: one ankle – benefit payable for scanning of derangement of ankle and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307021	MRI: both ankles – benefit payable for scanning of derangement of ankles and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 358.75	€ 186.00
62307031	MRI: one foot (excludes hind foot)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62307041	MRI: both feet (excludes hind feet)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 358.75	€ 186.00
62307051	MRI: suspected tarsal coalition	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307061	MRI: soft tissue tumours in the feet	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307071	MRI: posterior tibial nerve compression in the presence of persistent symptoms and signs and failure to respond to at least 6 weeks of appropriate therapy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307081	MRI: one shoulder and supporting structures; benefit payable for scanning of derangement of shoulder and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307091	MRI: both shoulders and supporting structures; benefit payable for scanning of derangement of shoulders and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 358.75	€ 186.00
62307101	MRI: one elbow and supporting structures; benefit payable for scanning of derangement of elbow and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307111	MRI: both elbows and supporting structures; benefit payable for scanning of derangement of elbows and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 358.75	€ 186.00
62307121	MRI: one wrist and supporting structures; benefit payable for scanning of derangement of wrist and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307131	MRI: both wrists and supporting structures; benefit payable for scanning of derangement of wrists and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 358.75	€ 186.00
62307141	MRI abdomen: post surgical MRI following uterine artery embolisation for fibroids	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307151	MRI abdomen: further investigation of adrenal masses identified on CT scanning	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307161	MRI abdomen: further investigation of complex/ indeterminate/ solid renal parenchymal masses	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307171	MRI abdomen: placenta accreta/ percreta	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62307191	MR enterography/ enteroclysis: to assess disease activity in patients with Crohn's disease of the small bowel	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307201	MR enterography/ enteroclysis: to exclude Crohn's disease in patients with chronic abdominal pain, diarrhoea and weight loss when the referral for MRI is made by a consultant Gastroenterologist or surgeon with an interest in gastrointestinal disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307221	Breast: for pre-operative evaluation of patients with invasive lobular carcinoma	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307231	Breast: for pre-operative evaluation of patients with multi-focal or multi-centric disease and age less than 40 years	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307241	Breast: to rule out intra-capsular implant rupture following assessment by a breast or plastic surgeon, where breast ultrasound is equivocal or non-diagnostic	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62307251	Staging of prostate cancer	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62310001	Tumour of the brain or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310011	Skull base or orbital tumour	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310021	Acoustic neuroma	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310031	Pituitary tumour - in the case of females with elevated prolactin levels, MRI benefit is only allowable following repeated testing and exclusion of the presence of macro prolactin and there continues to be significant hyperprolactinaemia	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310041	Inflammation of the brain or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310051	Encephalopathy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310061	Encephalitis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

MRI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62310071	Suspect leukodystrophies	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310081	ENT problems – following consultation with a radiologist	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310091	Demyelinating disease of the brain	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310101	Congenital malformation of brain or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310111	Venous sinus thrombosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310121	Screening of intracranial aneurysm in the following high risk individuals – positive family history, defined as 2 or more first degree relatives with subarachnoid haemorrhages	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310131	Screening of intracranial aneurysm in the following high risk individuals – patients with polycystic kidney disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310141	Epilepsy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310151	Stroke	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310161	Post-operative follow-up after brain surgery	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310191	Vertebral dissection	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310301	MRI: suspected intra-orbital or visual pathway lesions	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310311	MRI: dysthyroid eye disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310321	MRI: diplopia	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

MRI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62310401	Tumour of the CNS or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310411	Inflammation of the CNS or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310421	Demyelinating disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310431	Spinal cord compression (acute)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310441	Congenital malformations of the spinal cord, cauda equina or meninges	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310451	Syrinx – congenital or acquired	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310461	Myelopathy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310471	Absent or reduced sensation on clinical examination	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310481	Absent or reduced reflexes	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310491	Muscle wasting	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310501	Severe intractable arm pain where symptoms have been present for more than 6 weeks	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310511	Cervical/ thoracic or lumbar radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310521	Axial neck pain/ thoracic back pain/ axial lumbar spine pain, persisting for greater than 3 months following referral by a consultant	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310531	Reduced power on physical examination	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62310541	Previous spinal surgery	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310551	Trauma	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310561	Spinal disease in pregnancy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62310571	Tumour of the CNS or meninges (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310581	Inflammation of the CNS or meninges (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310591	Demyelinating disease (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310601	Acute spinal cord compression (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310611	Congenital malformations of the spinal cord, cauda equina or meninges (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310621	Syrinx – congenital or acquired (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310631	Myelopathy (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310641	Absent or reduced sensation on clinical examination (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310651	Absent or reduced reflexes (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310661	Muscle wasting (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310671	Severe intractable arm pain where symptoms have been present for more than 6 weeks (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00

MRI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62310681	Radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310691	Axial spine pain, persisting for greater than 3 months following referral by a consultant (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310701	Reduced power on physical examination (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310751	Previous spinal surgery (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310761	Trauma (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62310901	Spinal disease in pregnancy (whole spine)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 601.68	€ 380.00
62311001	MRI: tumour arising in bone or other connective tissue	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311011	MRI: infection arising in bone or other connective tissue	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311021	MRI: osteonecrosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311031	MRI: sacro-iliac joints in the following circumstances; (a) suspicion of the presence of ankylosing spondylitis and (b) patients have negative or inconclusive plan radiography films of the sacro-iliac joints and (c) patients are HLA B27 positive	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311101	MRI: slipped upper femoral epiphysis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311111	MRI: post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311121	MRI: complex cases of juvenile dermatomyositis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62311131	MRI: Gaucher's disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311151	MRI: juvenile dermatomyositis by guiding biopsy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311161	MRI: for exclusion, further investigation and monitoring of derangement of one or both hips and supporting structures	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311171	MRI: for exclusion, further investigation and monitoring of derangement of one knee and supporting structures	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311181	MRI: for exclusion, further investigation and monitoring of derangement of both knees and supporting structures	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 425.38	€ 260.00
62311201	MRI cardiovascular system: congenital heart disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311211	MRI cardiovascular system: tumour of the heart or a great vessel	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311221	MRI cardiovascular system: aortic dissection/aneurysm	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311231	MRI cardiovascular system: abnormality of thoracic aorta	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311241	MRI cardiovascular system: post operative aortic graft infection or dehiscence	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311251	MRI cardiovascular system: for further investigation, in persons under the age of 16 years, of the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311311	MRI abdomen: characterisation of equivocal liver lesions identified in ultrasound or CT	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311321	MRI abdomen: assessment of liver lesions in patients with known malignant disease for potential liver resection	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

MRI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62311331	MRI abdomen: staging of abdominal masses where CT is inconclusive	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311341	Pre-procedure planning for uterine artery embolisation of uterine fibroids – adenomyosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311351	MRI abdomen: staging of gynaecologic malignancies (endometrial, cervical and ovarian)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311361	MRI abdomen: staging of rectal cancer	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311371	MRI abdomen: post operative recurrence of rectal cancer following CT and if tissue remains	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311381	MRI abdomen: staging of bladder cancer	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311391	MRI abdomen: detection of small pancreatic tumours not visible by CT, only if negative high resolution triphasic CT scan of pancreas	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311401	MRI abdomen: assessment of fistulae/ abscesses/ strictures in patients with established Crohn's disease following discussion with a multi-disciplinary team	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311501	Perineal abscess	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311511	Perineal fistula	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311531	Assessment of the inferior vena cava in patients with known solid renal tumour	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311601	Magnetic Resonance Cholangiopancreatography (MRCP): pancreatic and biliary disease where conventional methodology has failed and ERCP is considered undesirable	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62312501	Malignant soft tissue tumours for diagnosis and staging	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62312521	Congenital uterine or anorectal abnormality	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62312601	Bone metastases due to primary cancer	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62312611	Investigation of polymyalgia, if pathology suggests diagnosis	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62312621	Investigation of infiltrating marrow disorders	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317001	MRI: one ankle – benefit payable for scanning of derangement of ankle and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317031	MRI: one foot (excludes hind foot)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317041	MRI: both feet (excludes hind feet)	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 425.38	€ 226.00
62317051	MRI: suspected tarsal coalition	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317061	MRI: soft tissue tumours in the feet	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317071	MRI: posterior tibial nerve compression in the presence of persistent symptoms and signs and failure to respond to at least 6 weeks of appropriate therapy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317081	MRI: one shoulder and supporting structures; benefit payable for scanning of derangement of shoulder and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317091	MRI: both shoulders and supporting structures; benefit payable for scanning of derangement of shoulders and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 425.38	€ 226.00
62317101	MRI: one elbow and supporting structures; benefit payable for scanning of derangement of elbow and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317111	MRI: both elbows and supporting structures; benefit payable for scanning of derangement of elbows and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 425.38	€ 226.00

MRI												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62317121	MRI: one wrist and supporting structures; benefit payable for scanning of derangement of wrist and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317131	MRI: both wrists and supporting structures; benefit payable for scanning of derangement of wrists and supporting structures only	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 425.38	€ 226.00
62317141	MRI abdomen: post surgical MRI following uterine artery embolisation for fibroids	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317151	MRI abdomen: further investigation of adrenal masses identified on CT scanning	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317161	MRI abdomen: further investigation of complex/ indeterminate/ solid renal parenchymal masses	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317171	MRI abdomen: placenta accreta/ percreta	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317172	MRI during pregnancy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317173	MRI for paediatric investigations	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317181	MR enterography/ enteroclysis: exclusion of Crohn's disease in patients less than 18 years following review by a paediatrician	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317191	MR enterography/ enteroclysis: to assess disease activity in patients with Crohn's disease of the small bowel	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317201	MR enterography/ enteroclysis: to exclude Crohn's disease in patients with chronic abdominal pain, diarrhoea and weight loss when the referral for MRI is made by a consultant Gastroenterologist or surgeon with an interest in gastrointestinal disease	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317221	Breast: for pre-operative evaluation of patients with invasive lobular carcinoma	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62317231	Breast: for pre-operative evaluation of patients with multi-focal or multi-centric disease and age less than 40 years	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

[illegible]

MRU												
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
62301551	MR urography (MRU) in patients with urographic contrast allergy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00
62311551	MR urography (MRU) in patients with urographic contrast allergy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00
62311561	MR urography in pregnancy	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 242.93	€ 133.00

[illegible]

[illegible][illegible]

[illegible]

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
6223	CT scanogram of lower limbs (paediatric)	No					€ 160.93	€ 105.00			€ 115.83	€ 78.00
6850	Paediatric cranial	No									€ 121.98	€ 55.00
6896	Paediatric spine (child of six months or younger)	No									€ 121.98	€ 74.00
6897	Duplex scan of soft tissue (paediatric)	No									€ 93.28	€ 61.00
6898	Duplex scan of veins in neck and chest (paediatric)	No									€ 93.28	€ 28.00
6991	Videofluoroscopy feeding study (paediatric)	No									€ 171.18	€ 127.00
62307181	MR enterography/ enteroclysis: exclusion of Crohn's disease in patients less than 18 years following review by a paediatrician	No		Anaesthetist rate only applicable when a full general anaesthetic is administered. For all other anaesthesia, code 399 for monitored anaesthesia applies			€ 176.30	€ 105.00			€ 176.30	€ 93.00

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
5940	Duplex ultrasound scan, unilateral or bilateral, only one claimable per anatomical site (e.g. for lower extremity arteries or veins, one or both legs – one payment applies)	No	Diagnostic, Out-patient	Where code 5940 is performed on an out-patient basis the professional fee will be direct settled As this is an out-patient only procedure there should NOT be a technical fee Any technical fee incurred is only recoverable as an out-patient radiology expense subject to policy benefits	€ 60.00	€ 40.00						
6805	Biliary	No									€ 60.48	€ 28.00
6810	Breast	No									€ 60.48	€ 28.00
6811	Chest	No									€ 88.15	€ 42.00
6812	Duplex scan of extracranial or intracranial arteries; unilateral or bilateral study	No									€ 93.28	€ 61.00
6813	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or bilateral study	No									€ 60.48	€ 40.00
6814	Duplex scan of upper extremity arteries or bypass grafts; unilateral or bilateral study	No									€ 60.48	€ 40.00
6816	Duplex scan of extremity veins including response to compression and other manoeuvres; unilateral or bilateral study	No									€ 60.48	€ 40.00
6817	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/ or retroperitoneal organs; complete study	No									€ 115.83	€ 75.00

[illegible]

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
6000	Plain film, abdomen	No									€ 44.08	€ 15.00
6001	Plain film abdomen complete, including decubitus and/ or erect views	No									€ 60.48	€ 28.00
6005	Barium enema	No									€ 88.15	€ 42.00

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
6010	Barium enema, double contrast	No									€ 154.78	€ 58.00
6011	Barium enema, therapeutic for reduction of intussusception	No									€ 220.38	€ 81.00
6015	Barium meal and/ or swallow - single contrast	No									€ 60.48	€ 28.00
6020	Barium meal and follow through or small bowel study	No									€ 88.15	€ 42.00
6030	Barium swallow and meal - double contrast	No									€ 86.10	€ 53.00
6045	Screening diaphragm	No									€ 60.48	€ 28.00
6066	Defaecating proctogram	No									€ 220.38	€ 81.00
6070	T-tube cholangiogram	No									€ 60.48	€ 28.00
6078	Chest, PA, lateral and apical including ribs	No									€ 44.08	€ 27.00
6090	Larynx	No									€ 44.08	€ 14.00
6095	Sternum and chest	No									€ 44.08	€ 14.00
6100	Thoracic inlet	No									€ 44.08	€ 14.00
6115	Ankle	No									€ 44.08	€ 14.00
6119	Ankle, complete, minimum of three views including inversion/ eversion	No									€ 60.48	€ 28.00
6120	Bone age	No									€ 60.48	€ 28.00
6121	Acromioclavicular joints, bilateral, with or without weight distraction	No									€ 60.48	€ 28.00
6122	Knee, complete, including oblique(s), and tunnel, and/ or patellar and/ or standing views	No									€ 60.48	€ 28.00
6125	Calcaneus	No									€ 44.08	€ 14.00
6130	Clavicle	No									€ 44.08	€ 14.00
6135	Elbow	No									€ 44.08	€ 14.00
6140	Femur	No									€ 44.08	€ 14.00
6145	Finger/ toe	No									€ 44.08	€ 14.00
6150	Foot	No									€ 44.08	€ 14.00
6155	Hand	No									€ 44.08	€ 14.00

[illegible]

[illegible][illegible]

X-RAY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	PARTICIPATING CONSULTANT RATE	STANDARD CONSULTANT RATE	PARTICIPATING ANAESTHETIST RATE	STANDARD ANAESTHETIST RATE	PARTICIPATING MEDICAL RATE	STANDARD MEDICAL RATE	PARTICIPATING RADIOLOGIST RATE	STANDARD RADIOLOGIST RATE
6970	Dacrocystogram	No									€ 88.15	€ 80.00
6975	Discogram	No									€ 171.18	€ 42.00
7011	Nephrostogram	No									€ 121.98	€ 81.00
7020	Percutaneous transhepatic cholangiogram	No									€ 171.18	€ 42.00
7025	Pre-operative cholangiogram	No									€ 88.15	€ 34.00
7036	Radiological guidance during investigations or therapeutic procedure (use code 7034 for cardiology procedures). Encapsulates all guidance for the procedure including plain films	No									€ 71.75	€ 34.00
7037	Radiological guidance for mammographic wire guided biopsy	No									€ 71.75	€ 42.00
7040	Retrograde pyelogram	No									€ 88.15	€ 42.00
7051	Sialogram, parotid	No									€ 127.10	€ 42.00
7052	Sialogram, submandibular	No									€ 171.18	€ 28.00
7055	Sinogram (injection of sinus tract, diagnostic)	No									€ 60.48	€ 28.00
7065	Tomograms (+ area films)	No									€ 60.48	€ 28.00
7070	Ventriculogram	No									€ 171.18	€ 100.00
7071	Insertion of contrast materials to interspinous lumbar space to localise disc level prior to surgery under fluoroscopy with or without PA and lateral lumbar spine radiographs with or without review of CT and MRI scans followed by radiological guidance during the spinal surgery procedure	No									€ 176.30	€ 110.00