

Medical Admissions

Schedule of Benefits for Professional Fees



PRIVATE ROOMS TECHNICAL FEE BENEFIT

| | Code | Description | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| | 441598 | Consultant in Medical Services Private Rooms Technical Fee - Minor Rate | | | An all-inclusive technical fee to the consultant, to be charged in conjunction with specified Schedule of Benefits procedure professional fee - payable at 100% of the stated amount in addition to procedure professional fee. Applicable only where a procedure is performed in the consultants own rooms and no invoice for a hospital/ scan centre/ approved ILH facility (as listed in the members handbook) is received. Please note the minor technical fee rate is only payable in conjunction with certain procedures (see Private Room Fee Rules for applicable codes). | € 43 | | | | | |
| - | 441599 | Consultant in Medical Services Private Rooms Technical Fee | | | An all-inclusive technical fee to the consultant, to be charged in conjunction with specified Schedule of Benefits procedure professional fee - payable at 100% of the stated amount in addition to procedure professional fee. Applicable only where a procedure is performed in the consultants own rooms and no invoice for a hospital/ scan centre/ approved ILH facility (as listed in the members handbook) is received. | € 94 | | | | | |

BLOOD AND LYMPHATICS

| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 1571 | Intravenous infusion of Ferinject (ferric carboxymaltose) for patients with resistant iron deficiency anaemia | | No | Side Room | "Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a ILH approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with ILH in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the Consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given." | € 119 | € 52 | | | | |
| 1572 | Intravenous infusion of Monover (iron isomaltoside) for patients with resistant iron deficiency anaemia | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 121 | € 52 | | | | |

| BLO | OD AND LYMPHATICS | | | | | | | | | | |
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| 1635 | Exchange transfusion (intra uterine) | | No | | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure codes 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1627, 1628, 1573, 195858 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. | € 475 | € 183 | | | | |
| 1641 | Therapeutic phlebotomy, by the consultant physician or under the consultant physician supervision, includes appropriate advice to the patient as necessary, including file report or report to the referring doctor. | Yes | No | Side Room | | € 78 | € 45 | | | | |
| 1642 | Isolated limb perfusion including exposure of major limb artery and vein, arteriotomy and venotomy | | No | | | € 1,181 | € 455 | € 594 | € 196 | | |
| 1643 | Intravenous iron infusion for patients with resistant iron deficiency anaemia | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 1646 | Plasmapheresis | | No | Side Room | | € 116 | € 46 | | | | |

| BLO | BLOOD AND LYMPHATICS | | | | | | | | | | | | | |
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| 4288 | Peripheral blood stem cell harvesting (I.P.) | | No | Independent Procedure | | € 355 | € 136 | | | | | | | |
| 8530 | Primary blood dyscrasia or lymphoma with acute manifestations | | No | | | | | | | € 228 | € 111 | | | |
| 8565 | Hodgkin's disease | | No | | | | | | | € 222 | € 111 | | | |
| 8570 | Aggressive non-Hodgkin's lymphomas | | No | | | | | | | € 228 | € 111 | | | |
| 309011 | Infusion of MabThera with glucocorticoids for the induction of remission in adult patients with severe, active Wegners Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA) (I.P.) | | No | Independent Procedure, Side Room, Diagnostic | | € 117 | € 63 | | | | | | | |

| CAR | CARDIAC | | | | | | | | | | | | |
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| 8435 | Acute myocardial infarction | | No | | | | | | | € 228 | € 111 | | |
| 8437 | Life threatening rhythm disturbances | | No | | | | | | | € 228 | € 111 | | |
| 8440 | Cardiogenic shock | | No | | | | | | | € 228 | € 111 | | |
| 8445 | Acute rheumatic heart disease | | No | | | | | | | € 222 | € 111 | | |
| 8455 | Hypotensive shock | | No | | | | | | | € 228 | € 111 | | |
| 8460 | Hypertensive crisis | | No | | | | | | | € 228 | € 111 | | |
| 8465 | Cardiac arrest | | No | | | | | | | € 228 | € 111 | | |
| 8470 | Acute bacterial endocarditis (myocarditis or pericarditis) | | No | | | | | | | € 228 | € 111 | | |

| CEN | TRAL VENOUS ACCESS | | | | | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|
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| 1573 | Removal of tunnelled central venous catheter with subcutaneous access port under local anaesthetic, with or without sedation | | No | Side Room, Monitored Anaesthesia Care | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1628, 1634 1626, or 1627, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1626, 1627,1573 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures | € 197 | € 67 | € 116 | € 37 | | |
| 1574 | Insertion of tunnelled central venous catheter with subcutaneous access port (I.P.) | | No | Independent Procedure, Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1628, 1634 1626, or 1627, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultant. The benefits for procedure codes 1628, 1634, 1573, 195858 and 1627 does not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. | € 651 | € 223 | € 395 | € 134 | | |

| CEN | TRAL VENOUS ACCESS | | | | | | | | | | |
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| 1626 | Insertion of tunnelled central venous access with externalized catheter end | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1626,1627,1573 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. | € 523 | € 256 | € 298 | € 143 | | |
| 1627 | Removal of catheter from central venous system, when it is medically necessary to perform this procedure under general anaesthetic, on completion of therapy or because of complications with the catheter (I.P.) | | No | Independent Procedure, Day Care | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1626, 1627, 1573 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. | € 291 | € 84 | € 207 | € 90 | | |

| CENTRAL VENOUS ACCESS | | | | | | | | | | | | |
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| 1634 | Placement of non tunnelled central venous catheter (peripherally or centrally inserted) | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable. These procedures are not for monitoring central venous pressure. In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure codes 1626, 1627, 1628 or 1634, benefit will be paid to the second consultant. Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur. Please report full details on a claim form or on a separate report. The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation. The benefits for procedure codes 1626, 1627,1573 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures. To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium. The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein). The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump. | € 359 | € 197 | € 116 | € 65 | | | |

CLINICAL TESTING

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| 1309 | Fine needle aspiration (FNA), not otherwise specified in this Schedule, with or without preparation of smears; superficial or deep tissue with or without radiological guidance | Yes | No | Side Room | | € 101 | € 45 | | | | |
| 1667 | Aspirin desensitisation, to include all necessary sampling and monitoring of the patient during the procedure | | No | Day Care | Benefit allowable for each desensitisation procedure. Benefit for procedure code 1667 is payable only for those patients who have been identified as having a positive aspirin challenge following investigations carried out under the procedure code 5985. | € 186 | € 82 | | | | |

CLINICAL TESTING

| | ICAL TESTING | | | | | | | | | | |
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| 5985 | Complete investigation of 'at risk' patients with allergy/ anaphylaxis requiring food and drug challenge studies (I.P.) | | No | Independent Procedure, Day Care | One or more of the following indications must be met for benefit: (a) A systemic reaction involving more than one system has occurred already (b) Clinical history indicates that airway, breathing or blood pressure control has been affected as a result of probably adverse activity in a manner likely to have caused concern to the clinician (c) The challenge involves agents (either food or drugs) likely to induce particularly severe reactions. (e.g. peanuts, NSAIDs) (d) Laboratory evidence of sensitisation is present at a disproportionate level (e) Time kinetics of reaction sought and need for observation dictates that OPD challenge will not resolve a serious concern (f) Other circumstances deemed by the attending consultant to require an in-patient challenge, in a situation where out-patient challenge would usually be undertaken, such circumstance to be specified on a case by case basis. Additional information required to establish medical necessity to be provided on the claim form for consideration by the Clinical Team of Irish Life Health. | € 191 | € 82 | | | | |
| 8700 | 24 hour electrocardiography (ECG) | | No | | | | | | | € 55 | |
| 8705 | Electroencephalogram (EEG) | | No | | | | | | | € 165 | |
| 8706 | 24 hour in-patient ambulatory EEG; monitoring for localisation of cerebral seizure focus | | No | | Benefit is paid once per admission only, irrespective of the number of tests carried out. | | | | | € 285 | € 132 |
| 8707 | In-patient EEG; monitoring for localisation of cerebral seizure focus with a minimum of 4 hour video recording | | No | | Benefit is paid once per admission only, irrespective of the number of tests carried out. | | | | | € 226 | € 104 |
| 8710 | Evoked potentials | | No | | | | | | | € 54 | |

CONSULTATION

| CON | SULIATION | | | | | | | | | | |
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| 8690 | Palliative care consultation - subsequent inpatient admission | | No | | Benefit for in-patient consultation does not include any form of therapy or continued involvement with the patient. (a) It can be claimed 1 in every 4 days, irrespective of the number of examinations or visits involved in forming an opinion (b) Consultation benefit is not payable to a consultant with the same speciality as the admitting consultant (c) A consultation benefit is not payable to a consultant if a diagnostic procedure is payable to another consultant, both consultants having the same speciality (d) Where a procedure listed in the Schedule of Benefits for Professional Fees is performed at the time of a consultation then only the procedure benefit is payable (e) This benefit is not payable where, as a matter of policy, all patients are routinely examined by a second doctor (f) This benefit is not payable for the routine screening of patients pre-operatively | | | | | € 279 | € 111 |
| 8692 | Consultant Geriatrician in-patient consultation | | No | | Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record (e) Duration of this consultation must be a minimum of 50 minutes. | | | | | € 279 | € 132 |
| 8693 | Day care in-patient management (specified procedures) | | No | | Benefit is payable when one of the following procedures is performed by another consultant in a different speciality: 605, 713, 717, 844, 955, 1152, 1191, 1196, 1309, 5136, 5137, 59101, 59102, 6111, 6743, 6746, 6680, 6681, 6682, 6683, 66744, 770717. | | | | | € 134 | € 61 |
| 8694 | Consultant Neonatologist or Paediatrician in-patient consultation - out of hours | | No | | Benefit is limited to one fee per patient per episode of care and will not be payable where its coincides with the consultants normal time for meeting patients or family or for consultant personal choice or availability. This fee is paid on the basis that the consultant neonatologist or consultant paediatrician is required to travel to the hospital, at the request of the hospital staff for the evaluation of the neonate between 18.00hrs and 09.00hrs. | | | | | € 279 | € 132 |
| 8697 | Consultant Neurologist in-patient consultation | | No | | Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Providing an opinion and making an appropriate record (d) Duration of this consultation must be a minimum of 50 minutes. | | | | | € 279 | € 132 |
| 8698 | Day Care Oncology/ Radiation Oncology Department Consultation | | No | | | | | | | € 119 | € 61 |

CONSULTATION

| CON | SULTATION | | | | | | | | | | |
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| 8964 | Consultant Neonatologist or Paediatrician in-patient consultation | | No | | Consultation benefit is payable to the consultant neonatologist or paediatrician for a patient being assessed for admission to the NICU and where it is deemed that the patient does not require admission to the neonatal intensive care unit. | | | | | € 133 | € 61 |
| 10000 | Medical management for specific paediatric medical day care procedures/ investigations | | No | Day Care | | | | | | € 234 | € 105 |
| 10064 | In-patient major medical illness | | No | | Payable when it is necessary for a consultant, in non-surgical cases, to give constant attention to an ill patient - see Medical Ground Rules for list of conditions applicable. This benefit is not payable for claims that involve a surgical procedure or an invasive diagnostic procedure listed in this schedule. Benefit is payable once only, and only for a single illness listed, per hospital admission and must be specifically claimed Major medical illness benefit is not payable to the same consultant that receives the ICU/ Neonatal intensive care benefit when the patient is being treated in an intensive care unit or neonatal intensive care unit. | | | | | € 235 | €111 |
| 10065 | In-patient medical service attendance - day case | | No | | Side room or day care for claims where there was no overnight stay. | | | | | € 129 | € 61 |
| 10068 | Major in-patient psychiatric consultation | | No | | Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record (e) Duration of this consultation must be a minimum of 50 minutes. | | | | | € 268 | € 132 |
| 10072 | Consultant Palliative medicine in- patient consultation | | No | | Can only be billed once during a patient's admission and hospital stay and duration of this Consultation must be a minumum of 50 minutes. Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record | | | | | € 268 | € 132 |
| 11066 | In-patient consultation - second opinion | | No | | Payable on referral of a patient by the admitting Consultant, to a second Consultant, for a medically necessary second opinion Includes: (a) Full history and examination of all parts and systems (b) Evaluation of all necessary diagnostic tests (c) Giving an opinion and making an appropriate recording (d) Duration of this consultation must be a minimum of 30 minutes. | | | | | € 189 | € 63 |
| 179600 | Out-patient consultation - reassessment of patient for Rituximab | | No | | For extremely ill patients or suffering from Breast Cancer. Allowable once in every 6 months. | | | | | € 174 | |

DERMATOLOGICAL

| | MATOLOGICAL | | | | | | | | | | |
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| 1528 | Patch Testing - consultant Dermatologist or Immunologist consultations on an out-patient basis, for the application and/ or supervision of patch testing, for contact dermatitis or atopic eczema (including testing with additional series and prick testing when indicated), interpretation and diagnosis, clinical evaluation and judgement including advice to patient (claimable once only in a lifetime) | | No | | Out-patient only. | € 191 | € 82 | | | | |
| 1529 | Phototherapy - Consultant Dermatologist consultations on an out-patient basis for a patient receiving a course of phototherapy (6 to 12 sessions) in a Irish Life Health approved hospital facility (list available on request from Irish Life Health). | | No | | Out-patient only. Must be provided in an Irish Life Health approved hospital facility (list available on request from Irish Life Health)For procedure code 1529 maximum benefit of one payment per twelve month period. | € 259 | € 113 | | | | |

ENDOCRINOLOGY

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| 1664 | Insulin stress test (IST) to include initial consultation for a new patient or major reassessment of an established patient, in addition intravenous administration of insulin, sampling for basal level setting and all necessary sampling and monitoring of the patient during the procedure (I.P.) | Yes | No | Independent Procedure, Day Care | | € 191 | € 82 | | | | |
| 1673 | Endocrine assessment of pituitary function, following pituitary surgery, to include initial consultation and assessment of the hypothalamic pituitary adrenal access, with or without free thyroxine testing and testosterone/ estradiol testing and all necessary sampling and monitoring of a patient during the procedure | | No | | | € 191 | € 82 | | | | |
| 8525 | Diabetic ketoacidosis | | No | | | | | | | € 235 | € 111 |
| 8526 | Hyperosmolar nonketotic coma (hyperglycemic) in patients with plasma glucose in the range of 55.5mmol/L and calculated serum osmolality in the region of 385 mOsm/kg, on presentation. The average fluid deficit is 10L | | No | | | | | | | € 222 | € 111 |

| GAS ⁻ | GASTROENTEROLOGY | | | | | | | | | | | | | |
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| 8475 | Massive gastrointestinal haemorrhage | | No | | | | | | | € 228 | € 111 | | | |
| 8485 | Acute liver failure | | No | | | | | | | € 228 | € 111 | | | |

HYPERBARIC THERAPY

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| 1631 | Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit in a hospital setting (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) initial, includes full medical evaluation | | No | | This is an outpatient treatment unless the patient is admitted into an inpatient hospital bed. Conditions of payment are as follows: (a) Acute air or gas embolism (b) Acute carbon monoxide poisoning and smoke inhalation (c) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb or life is threatened and HBOT is used in combination with standard therapy (d) Decompression illness (e) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available (f) Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management (g) Radiation necrosis (brain radio necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis) (h) Compromised skin grafts and flaps (i) Thermal burns, acute (second and third degree). | € 364 | € 136 | | | | |
| 1632 | Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit in a hospital setting (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) subsequent, per session | | No | | This benefit is payable in addition to the surgery, at a separate operative session, for lesion(s) removal. | € 121 | € 46 | | | | |

| HYP | ERBARIC THERAPY | | | | | | | | | | |
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| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 301951 | Hyperbaric Oxygen Therapy (HBOT) - initial treatment including consultation | | No | | Benefit is payable for treatment carried out in ILH approved treatment centres only (non-hospital setting). Patient must be referred for treatment by a Consultant. Where patient is receiving wound treatment, they must be referred in consultation with a tissue viability nurse specialist. Benefit is limited to the following conditions: (a) Arterial insufficiency - treatment to prevent amputations; (b) Compromised skin grafts and flaps; (c) Radiation necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis; (d) Chronic refractory osteomyelitis; (e) Thermal burns including second- and third-degree burns; (f) Non-healing infected and ischaemic deep wounds/ulcerations unresponsive to at least 6 months of meticulous wound care, where transcutaneous oximetry during HBOT confirms an increase in wound oxygenation; (g) Acute air or gas embolism; (h) Acute carbon monoxide poisoning and smoke inhalation; (i) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb, or life is threatened and HBOT is used in combination with standard therapy; (j) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available; (k) Idiopathic sudden sensorineural hearing loss (ISSHL), where HBOT is initiated within two weeks of onset, in combination with medical therapy. | | | | | | |

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

INTECTION

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

| | RAVENOUS | | | | | | | | | | |
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| 16192 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy - Trastuzumab | | No | | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in- patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 152 | € 67 | | | | |

MEDICAL ATTENDANCE

| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 10049 | In-patient medical service attendance - 1 night stay | | No | | | | | | | € 231 | € 64 |

| MED | ICAL ATTENDANCE | | | | | | | | | | |
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| 10050 | In-patient medical service attendance - 2 night stay | | No | | | | | | | € 283 | € 64 |
| 10051 | In-patient medical service attendance - 3 night stay | | No | | | | | | | € 339 | € 64 |
| 10052 | In-patient medical service attendance - 4 night stay | | No | | | | | | | € 339 | € 64 |
| 10053 | In-patient medical service attendance - 5 night stay | | No | | | | | | | € 379 | € 64 |
| 10054 | In-patient medical service attendance - 6 night stay | | No | | | | | | | € 379 | € 64 |
| 10055 | In-patient medical service attendance - 7 night stay | | No | | | | | | | € 412 | € 75 |
| 10056 | In-patient medical service attendance - 8 night stay | | No | | | | | | | € 412 | € 85 |
| 10057 | In-patient medical service attendance - 9 night stay | | No | | | | | | | € 425 | € 95 |
| 10058 | In-patient medical service attendance - 10 night stay | | No | | | | | | | € 425 | € 107 |
| 10059 | In-patient medical service attendance - 11 night stay | | No | | | | | | | € 427 | € 117 |
| 10060 | In-patient medical service attendance - 12 night stay | | No | | | | | | | € 460 | € 127 |
| 10061 | In-patient medical service attendance - 13 night stay | | No | | | | | | | € 489 | € 138 |
| 10062 | In-patient medical service attendance - 14 night stay | | No | | | | | | | € 519 | € 149 |
| 10063 | In-patient medical service attendance - 15 night stay | | No | | | | | | | € 551 | € 159 |
| 10070 | In-patient medical service attendance - per night after night 15 of stay | | No | | | | | | | € 29 | € 10 |

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| 55 | Paracentesis abdominis with infusion of cytotoxic drugs | | No | | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultant providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 178 | € 79 | | | | |
| 1579 | Supervision and management by a consultant of a patient receiving intravenous infusion cytotoxic chemotherapy where the patient also receives a same day infusion of pamidronate or zoledronic acid, for patients with metastatic carcinoma | | No | Side Room | Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 216 | € 98 | | | | |
| 1608 | Emergency assessment of a patient on a course of chemotherapy where a decision is made, due to a medical problem, not to proceed with planned chemotherapy that day and may require further radiological and/ or pathological tests before discharge | | No | Side Room | Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the in-patient attendance fee is payable. | € 157 | € 71 | | | | |
| 1609 | Consultation and assessment by a consultant Medical Oncologist of a patient on a course of first line cytotoxic oral anti-cancer agents (I.P.) | | No | Independent Procedure | Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub- cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospital an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 157 | € 67 | | | | |

| MED | ICAL ONCOLOGY | | | | | | | | | | |
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| 1619 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy | | No | Side Room | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in- patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 157 | € 67 | | | | |
| 1624 | Intravenous infusion of zoledronic acid | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 119 | € 52 | | | | |
| 1625 | Supervision and management by a consultant of a patient receiving denosumab to prevent skeletal related events from bone metastases as a result of solid tumours | | No | | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 113 | € 50 | | | | |
| 1628 | Cytotoxic Chemotherapy by subcutaneous injection (I.P.) | | No | Independent Procedure, Day Care | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in- patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 156 | € 67 | | | | |

| MED | ICAL ONCOLOGY | | | | | | | | | | |
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| 1636 | Intravenous immunoglobulin for patients with a haematological malignancy or immune deficiencies | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 121 | € 44 | | | | |
| 1637 | Blood transfusion for patients with a haematological malignancy or immune deficiencies | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 121 | € 44 | | | | |
| 1638 | Intravenous antimicrobials for patients on cytotoxic chemotherapy regimens for malignant disease | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 113 | € 44 | | | | |
| 1639 | Electrolyte replacement for patients on cytotoxic chemotherapy regimens for malignant disease | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 44 | | | | |

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| 1677 | Supervision and management by a consultant of a patient receiving cytotoxic chemotherapy with Velcade or Vidaza by injection requiring monitoring in a hospital setting | | No | Side Room | | € 153 | € 61 | | | | |
| 1681 | Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, initial injection, requiring monitoring for six hours in a hospital setting | | No | Side Room | Benefit is inclusive of review and interpretation of all pre-treatment tests in addition to the prescribing and supervision of the course of treatment and any adverse events that may arise. | € 156 | € 55 | | | | |
| 1682 | Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, subsequent injection | | No | Side Room | Benefit is inclusive of review and interpretation of all pre-treatment tests in addition to the prescribing and supervision of the course of treatment and any adverse events that may arise. | € 156 | € 55 | | | | |
| 4293 | Allogeneic bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in- patient and out-patient treatment for a three month period | | No | | | € 6,641 | € 3,055 | | | | |
| 4294 | Matched unrelated donor bone marrow transplantation or blood derived peripheral stem cell transplantation for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period | | No | | | € 8,900 | € 3,995 | | | | |
| 4296 | Autologous bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, non-Hodgkin's lymphoma, Hodgkin's disease or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period | | No | | | € 6,807 | € 3,055 | | | | |

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| 4298 | High dose chemotherapy with autologous stem cell rescue, for children with high risk brain tumour: all inclusive benefits for in patient attendance, stem cell harvesting and chemotherapy; claimable once per treatment cycle | | No | | | € 1,657 | € 796 | | | | |
| 5240 | Paracentesis thoracis with infusion of cytotoxic drugs | | No | | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultant providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 172 | € 79 | | | | |
| 8580 | Sarcomas of bone | | No | | | | | | | € 228 | € 111 |
| 8585 | Ewing's sarcomas and other small blue round-cell tumours | | No | | | | | | | € 228 | € 111 |
| 16091 | Consultation and assessment by a consultant Medical Oncologist of a patient on a course of second line cytotoxic oral chemotherapy agents (I.P.) | | No | Independent Procedure, Side Room | Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub- cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. For the plans subject to excess it will be applied once off per course of treatment. | € 156 | € 67 | | | | |

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| 16092 | Consultation and assessment by a consultant Medical Oncologist of a patient on a course of third line cytotoxic oral chemotherapy agents (I.P.) | | No | Independent Procedure, Side Room | Maximum one per three weekly interval. The oral drug must be named on the claim form. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub- cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in-patient and undergoes in patient attendance fee is payable. For the plans subject to excess it will be applied once off per course of treatment. | € 156 | € 67 | | | | |
| 16191 | Sub-cutaneous cytotoxic chemotherapy (where not otherwise specified) | | No | Side Room | Payable once per day of attendance. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. Benefit payable to a consultant Medical Oncologist or Haematologist only. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospitals an in- patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 116 | € 67 | | | | |
| 16193 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Bevacizumab | | yes | Side Room | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of immunotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, planning and delivery, only the inpatient attendance fee is payable. | € 121 | € 52 | | | | |

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| 16194 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Pembrolizumab | | yes | Side Room | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of immunotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, planning and delivery, only the inpatient attendance fee is payable. | € 121 | € 52 | | | | |
| 16195 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Nivolumab | | yes | Side Room | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of immunotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, planning and delivery, only the inpatient attendance fee is payable. | € 121 | € 52 | | | | |
| 16196 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Irinotecan | | yes | Side Room | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in- patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 152 | € 67 | | | | |
| 16197 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of Doxorubicin | | No | Side Room | Payable once per day of attendance. Benefit payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other immunotherapy or chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in- patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable. | € 152 | € 67 | | | | |

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| 171619 | Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy by means of individual video link for a minimum of 10 minutes | | No | | | | | | | € 110 | |
| 299251 | Emergency consultation during a course of chemotherapy where an established patient presents mid-cycle with acute symptoms but does not require admission (I.P.) | | No | Independent Procedure, Side Room | Benefit not claimable by the hospital. For Professional Fee only - payable to a consultant Medical Oncologist or Haematologist only. Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion. The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the in-patient attendance fee is payable. Only claimable once per chemotherapy treatment cycle. | € 152 | € 71 | | | | |

NEONATAL MEDICINE

| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
|------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|---------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|
| 1630 | Exchange transfusion, blood; new- born | | No | | | € 323 | € 136 | | | | |
| 8410 | Congenital conditions of the new-born associated with acute continuous respiratory distress | | No | | | | | | | € 222 | € 111 |
| 8450 | Congenital conditions of the new-born associated with cyanosis and heart failure | | No | | | | | | | € 222 | € 111 |
| 8490 | Congenital condition of the new-born associated with acute continuous digestive disturbances | | No | | | | | | | € 222 | € 111 |

| NEONATAL MEDICINE | | | | | | | | | | | | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|--|
| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate | |
| 8501 | Intussusception in neonates, diagnosis, resuscitation and medical management prior to referral to a consultant radiologist for closed reduction | | No | | | | | | | € 222 | € 111 | |
| 10010 | Emergency overnight medical admission for neonates or medical care | | No | | | | | € 225 | € 105 | | | |
| 10011 | Elective postoperative night medical admission for neonates or paediatrics | | No | | Benefit payable to consultant where PICU/ NICU admission is planned post-operatively due to clinical instability, is overnight and does not exceed 24 hours. | | | € 225 | € 105 | | | |

NEUROLOGY

| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 1614 | Infusion of Mitoxantrone (Novantrone) for patients with secondary progressive multiple sclerosis, progressive-relapsing multiple sclerosis and worsening relapsing- remitting multiple sclerosis | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 1623 | Intravenous immunoglobulin for patients with myasthenia gravis, chronic inflammatory demyelinating polyneuropathy, multifocal motor neuropathy with conduction block and Guillain-Barre syndrome | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 119 | € 52 | | | | |

| NEU | ROLOGY | | | | | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|
| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 1669 | Infusion of Tysabri as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis | | Yes | Side Room | Benefit is payable only for the following categories of adult patients: (a) Patients with single disease activity with at least one disease modifying therapy (DMT) with rapidly evolving severe relapsing remitting multiple sclerosis or with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling relapses in one year, and with 1 or more Gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a recent MRI (b) The procedure is subject to pre-certification for the initial infusion. | € 119 | € 52 | | | | |
| 5023 | Consultant consultation and evaluation including monitoring of cardiovascular status for 6 hours for a patient commencing a course of oral Gilenya (Fingolimod) to treat relapsing forms of multiple sclerosis. The evaluation to include a 12 lead ECG at baseline and 6 hours after first dose; continuous 6 hour ECG monitoring including blood pressure and heart rate measurement every hour | | No | Day Care | | € 216 | €106 | | | | |
| 8505 | Acute vascular lesions affecting CNS requiring immediate intensive investigation: cerebral haemorrhage, embolism, thrombosis, acute with objective neurological signs of spontaneous subarachnoid haemorrhage | | No | | | | | | | € 235 | € 111 |
| 8506 | Generalised tonic-clonic seizures with major convulsions occurring | | No | | | | | | | € 228 | € 111 |

| OBS | OBSTETRICS | | | | | | | | | | | | |
|------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|---------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|--|--|
| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate | | |
| 8695 | Day care medical management of a miscarriage to include ultrasound, management and medication | | No | | | | | | | € 134 | € 61 | | |

OTHER MEDICAL CONDITIONS

| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|
| 1606 | Intravenous infusion of Zoledronic Acid (Aclasta) for treatment of osteoporosis in post menopausal women and men at increased risk of fracture including those with a recent low trauma hip fracture, who fail to tolerate oral bisphosphonates | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. Maximum benefit of one payment per twelve months. | € 119 | € 52 | | | | |
| 1629 | Intravenous infusion of Pamidronate (Aredia) | | No | Side Room | Clinical indications for code 1629: (a) Pain control for patients with metastatic carcinoma (b) Tumour induced osteolysis with or without tumour induced hypercalcemia (c) Paget's disease Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |

| OTH | OTHER MEDICAL CONDITIONS | | | | | | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|---------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|--|
| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate | |
| 8541 | Total marrow failure, acute manifestations arising as a result of a disease process. Not claimable for the management of a patient with marrow suppression while on cytotoxic chemotherapy | | No | | | | | | | € 222 | € 111 | |
| 8545 | Major trauma, not involving surgery | | No | | | | | | | € 222 | € 111 | |
| 8550 | Other reasons, by report as notified and approved for benefit by Irish Life Health | | Yes | | | | | | | € 228 | € 111 | |
| 8575 | Testicular and other germ cell tumours | | No | | | | | | | € 222 | € 111 | |
| 8586 | Anorexia nervosa, severely symptomatic patients with body weight (75% or less than expected) whose condition must be stabilised and/ or require intensive monitoring for medical problems Including electrolyte imbalances, cardiac arrhythmias, profound hypoglycaemia, self mutilation, impaired capacity for self-care or active suicide ideation | | No | | | | | | | € 228 | € 111 | |

PAEDIATRIC MEDICINE

| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
|------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|---------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|
| 8430 | Acute bronchiolitis in infants | | No | | | | | | | € 235 | € 111 |
| 8432 | Severe/ acute asthma in a child requiring supplemental oxygen therapy | | No | | | | | | | € 228 | € 111 |
| 8480 | Acute infantile diarrhoeal disease, causing dehydration and metabolic disturbance | | No | | | | | | | € 222 | € 111 |

| PAE | DIATRIC MEDICINE | | | | | | | | | | |
|------|---------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|---------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|
| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 8495 | Paediatric conditions requiring hyperalimentation | | No | | | | | | | € 222 | € 111 |
| 8500 | Paediatric necrotising enterocolitis | | No | | | | | | | € 222 | € 111 |
| 8515 | Reye's syndrome | | No | | | | | | | € 222 | € 111 |
| 8560 | Paediatric malignancies including leukaemia | | No | | | | | | | € 228 | € 111 |

PALLIATIVE MEDICINE

| 1712 | | | | | | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|---------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|
| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 8551 | Complex discharge planning by a consultant in palliative medicine, including meeting with the patient's family and healthcare professionals to plan the patient''s future needs | | No | | | | | | | € 302 | € 111 |
| 8552 | Care provided by a consultant in Palliative Medicine that requires the intensity of service appropriate in the case of a dying patient in the final days of life | | No | | | | | | | € 302 | € 111 |
| 8553 | Complex discharge planning by a consultant in Palliative Medicine, where the patient is transferred from hospital to a hospice into the care of another a consultant in Palliative Medicine | | No | | | | | | | € 302 | € 111 |

| REN | AL | | | | | | | | | | |
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| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 8520 | Acute renal failure | | No | | | | | | | € 233 | € 111 |

| RESP | PIRATORY | | | | | | | | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-----------------------|---------------|-----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------|
| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 8400 | Acute severe ventilatory failure (PaO2 less than 8 kPa) occurring as an acute event | | No | | | | | | | € 233 | € 111 |
| 8401 | Acute pulmonary oedema | | No | | | | | | | € 228 | € 111 |
| 8405 | Life-threatening broncho-pulmonary haemorrhage | | No | | | | | | | € 222 | € 111 |
| 8415 | Hyaline membrane disease, ventilation and/ or CPAP | | No | | | | | | | € 228 | € 111 |
| 8420 | Pneumothorax or pneumomediastinum necessitating insertion of underwater seal | | No | | | | | | | € 228 | € 111 |
| 8425 | Acute airway obstruction by foreign body | | No | | | | | | | € 222 | € 111 |
| 8433 | Acute respiratory failure for patients requiring ventilation assist and management with initiation of pressure or volume preset ventilators for assisted or controlled breathing | | No | | | | | | | € 228 | € 111 |

RHEUMATOLOGY

| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
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| 1594 | Infusion of Tocilizumab (RoActemra) | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 119 | € 52 | | | | |

RHEUMATOLOGY

| | UMATOLOGY | | | | | | | | | | |
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| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 1607 | Intravenous infusion of Abatecept with Methotrexate for the treatment of moderate to severe rheumatoid arthritis in adult patients, and moderate to severe active polyarticular juvenile idiopathic arthritis in paediatric patients six years of age and older, who have had an insufficient response or intolerance to other disease-modifying anti-rheumatic drugs including at least one tumour necrosis factor (TNF) inhibitor | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 119 | € 52 | | | | |
| 1668 | Infusion of Rituximab (MabThera, Truxima or biosimilar) with methotrexate for the treatment of adult patients with severe active rheumatoid arthritis who have had an inadequate response or intolerance to other disease-modifying anti- rheumatic drugs including one or more tumour necrosis factor (TNF) inhibitor therapies | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 119 | € 52 | | | | |
| 179506 | Polarising Microscopy | | No | | Rheumatologist benefit only. | € 107 | € 52 | | | | |

| SYST | ГЕМІС | | | | | | | | | | |
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| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 1611 | Intravenous infusion of Fabrazyme for patients with a confirmed diagnosis of Fabry's disease | Yes | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 116 | € 52 | | | | |
| 1613 | Intravenous infusion therapy for severe neurological disorders or auto-immune disease, not elsewhere specified and for Hurler's and Hunter's disease; by Consultant Neurologists, Immunologists, Rheumatologists, Nephrologists, Paediatricians, Respiratory Physicians, Gastroenterologists, General Physicians and Endocrinologists registered with Irish Life Health | | No | Side Room | Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a Irish Life Health approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given. | € 119 | € 52 | | | | |

| SYST | ГЕМІС | | | | | | | | | | |
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| Code | Description | Payable with Private Rooms Technical Benefit | Pre- Approval Required | Payment Indicators | Payment Rules | Participating Consultant Surgeon/ Physician Rate | Standard Consultant Surgeon/ Physician Rate | Participating Consultant Anaesthesiologist Rate | Standard Consultant Anaesthesiologist Rate | Participating Medical Rate | Standard Medical Rate |
| 1633 | Infusion of Infliximab or biosimilar | | No | Side Room | The following indications will apply: (a) Treatment of severe active Crohn's disease or Ulcerative Colitis where patients have not responded despite a full and adequate course of therapy with a cortico-steroid and/or an immuno-suppressant (b) Treatment of fistulating Crohn's disease in patients who have not responded despite a full and adequate course of therapy with conventional treatment (c) Rheumatoid Arthritis for patients over seventeen years of age with active disease. Benefit will be provided only when the drug is consultant prescribed and used as indicated below: (i) Benefit for an initial three infusions at, 2 and 6 weeks and repeated administration of one infusion every eight weeks will apply where indicated for Rheumatoid Arthritis (ii) The reduction of signs and symptoms in patients with active disease when the response to disease modifying drugs, including methotrexate, has been inadequate - Infliximab must be given concomitantly with methotrexate (iii) Patients with severe active and progressive disease not previously treated with methotrexate or other DMARD's (Disease Modifying Anti-Rheumatic Drug Therapy) (d) Treatment of ankylosing spondylitis, in patients who have severe axial symptoms, elevated serological markers of inflammatory activity and who have responded inadequately to conventional therapy (e) Treatment of active and progressive poriatic arthritis in adults when the response to previous DMARD's has been inadequate - Infliximab should be administered in combination with methotrexate or alone in patients who show intolerance to severe plaque psoriasis in adults who have failed to respond to or have a contraindication to, or are intolerant to other systemic therapy including cyclosporine, methotrexate or PUVA. Where it is medically necessary for a patient to be admitted to hospital as an inpatient, the in-patient attendance daily rates of benefit only is payable. | € 121 | € 52 | | | | |
| 8535 | Septicaemia/ endotoxic shock | | No | | | | | | | € 235 | € 111 |
| 8540 | Acute life endangering poisonings requiring high intensity intervention | | No | | | | | | | € 222 | € 111 |
| 309008 | Intravenous infusion of Iloprost for severe Reynauds disease | | No | | | € 114 | € 35 | | | | |

Irish Life Health, PO Box 13028, Dublin 1 01 562 5100 www.irishlifehealth.ie