

Radiology Services

Ground Rules

1. In-Patient Radiologist Consultation

An in-patient consultation is payable to a consultant radiologist where the patient is transferred from one hospital to another for tertiary level care arising from a complicated illness. It involves a complete evaluation of the original radiological results in association with any additional clinical work-up that is necessary in the second hospital including the provision of a written report from the consultant radiologist. (Additional radiology procedures performed in the second hospital may be claimed separately).

2. Radiology Benefit

In addition to the General Ground Rules, the benefits payable in this section are payable subject to the general principle that:

- > The procedure is performed or personally supervised by the claiming radiologist
- > Written report and/ or discussion with the referring doctor was performed
- > It is restricted to the procedures listed in the Schedule of Benefits and carried out in approved hospital facilities for in-patients

The surgical benefit shown is inclusive of services such as ultrasound and/ or radiological guidance. Some of the procedures, by definition, embrace lesser procedures which may be listed in their own right in the Schedule of Benefits.

The lesser procedures attract benefit only when performed alone for a specific purpose but not when they form an integral part of another procedure.

3. Diagnostic Benefit

The benefits towards diagnostic radiology procedures are payable in respect of consultant radiologists' services only. Radiological procedures are only payable when they have been requested by the admitting consultant or by a second consultant who is attending the patient at the request of the admitting consultant in a complex case, and where Irish Life Health has agreed to pay a consultant professional fee benefit to the second consultant.

Diagnostic radiology procedures, performed on an out-patient basis, may only be included in an out-patient claim (standard rates applicable) except for a barium enema or CT colonography within 42 days following procedure code 450, 454 or 456 (colonoscopy one side or incomplete colonoscopy). The barium enema or CT colonography in this circumstance will be paid with the hospital claim for the colonoscopy procedure.

Diagnostic radiology procedures performed as part of a day case, or side room procedure are allowable as these types of claims are considered in-patient hospital claims.

Where an ultrasound is performed and the interpretation of this is performed by consultant radiologist personally for the assessment of suspicion of a thyroid lesion in cases where an FNA is considered unnecessary, code 770060 should be used for direct settlement

4. MRI Scans

MRI scans benefit is subject to the following criteria:

- > Performed at an Irish Life Health approved MRI centre or hospital
- > Been referred by a consultant physician/ surgeon/ general practitioner as appropriate
- > Cardiac MRI must be referred by the consultant cardiologist or consultant cardiac surgeon
- > Consultant radiologist benefit for MRI is payable for diagnosing or out-ruling agreed medical conditions only for those clinical indications listed and for the conditions as coded and this relevant code must be included on the invoice(s) for MRI services

5. CT and PET-CT scans

Computerised Axial Tomography (CT) scans are only payable following consultant referral

Positron Emission Tomography - Computerised Axial Tomography (PET-CT) scan benefit is subject to the following criteria:

- > Pre-approval from Irish Life Health
- > The member is being referred for a PET-CT scan by an Irish Life Health registered consultant
- > The PET-CT scan is carried out at a PET-CT facility approved by Irish Life Health for the purposes of providing benefit for its members
- > The PET-CT scan is carried out for one of the clinical indications specified and coded

6. Conditions of Payment

For hospitals which operate through the Irish Life Health direct settlement of hospital and associated consultant professional fee charges, the claiming of radiology benefit will continue on the basis of a fully completed and collated Irish Life Health claim form completed by the admitting consultant surgeon/ physician, which will be submitted by the hospital in conjunction with its own invoice for services provided.

In exceptional circumstances when there is a delay in the submission of a claim in excess of three months from the date of test/ service, the consultant may submit to Irish Life Health a completed claim form which must include:

- > A fully completed and signed claim form, both side 1 and 2
- > Members discharge summary
- > All other invoices related to the admission i.e., hospital and other secondary consultants, attached within twelve months discharge of the member

The Claims Manager in Irish Life Health must be notified by the consultant, explaining the reason for the use of this exception.

This exception may not be availed of for routine bill submission due to routine or on-going completion delays by either the submitting hospital or the admitting consultant.

All fees must be submitted within three years of the patients discharge and where an invoice is not submitted within this period, the consultant may not charge the patient for the non-submitted amount.

Interventional radiologists may only claim the procedure benefit in accordance with the ground rules included in the General Surgery Rules of the Schedule of Benefit for Professional Fees and is inclusive of ultrasound or radiological guidance.

In all cases, the code of the precise investigation(s) carried out and the date of the test(s) must be reported on the invoice to Irish Life Health.