

General Surgery

Schedule of Benefits
for Professional Fees

ABDOMINAL WALL AND PERITONEUM

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
5	Abdominal wall, secondary suture of	No			€ 340.21	€ 136.00	€ 289.22	€ 88.00
15	Adhesions, division of by laparotomy or laparoscopy (I.P.)	No	Independent Procedure		€ 646.03	€ 227.00	€ 323.59	€ 88.00
20	Intra-abdominal injury with rupture of viscus, repair of (not including intraoperative injury) (I.P.)	No	Independent Procedure		€ 1,011.31	€ 409.00	€ 598.27	€ 136.00
25	Intra abdominal injury, multiple complicated with rupture of viscus (I.P.)	No	Independent Procedure		€ 1,238.50	€ 500.00	€ 710.24	€ 196.00
30	Laparotomy (I.P.)	No	Independent Procedure		€ 477.70	€ 183.00	€ 289.22	€ 88.00
35	Laparoscopy with or without biopsy (I.P.)	No	Independent Procedure	1 Night Only	€ 340.21	€ 136.00	€ 239.07	€ 69.00
45	Omentopexy	No			€ 452.06	€ 183.00	€ 358.03	€ 88.00
50	Paracentesis abdominis	No			€ 109.32	€ 46.00		
60	Pelvic abscess, drainage of	No			€ 320.41	€ 69.00	€ 192.43	€ 48.00
80	Peritoneum, drainage of (I.P.)	No	Independent Procedure		€ 446.80	€ 183.00	€ 285.59	€ 88.00
5794	Percutaneous implantation of neurostimulator electrodes for faecal incontinence; permanent implantation	No		2 nights only	€ 528.95	€ 259.00	€ 313.72	€ 162.00

ADRENAL GLANDS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
90	Laparotomy, intra-abdominal sepsis (I.P.)	No	Independent Procedure		€ 978.16	€ 364.00	€ 528.57	€ 88.00
95	Adrenalectomy, unilateral (I.P.)	No	Independent Procedure		€ 1,392.14	€ 364.00	€ 824.15	€ 136.00
101	Adrenalectomy for pheochromocytoma	No			€ 1,392.14	€ 364.00	€ 1,170.80	€ 136.00
102	Laparoscopy, surgical with adrenalectomy, partial or complete or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	No			€ 1,601.99	€ 795.00	€ 952.71	€ 497.00
106	Neuroblastoma, tru-cut biopsy	No	Diagnostic		€ 204.12	€ 84.00	€ 189.40	€ 48.00

ANAESTHESIA								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
190	Gastroenterostomy	No			€ 1,131.32	€ 364.00	€ 565.62	€ 88.00
397	Anorectal anomaly, posterior sagittal anorectoplasty (PSARP), for high/intermediate anorectal anomaly	No			€ 1,311.86	€ 538.00	€ 818.42	€ 225.00
5835	Peritoneal, venous shunt for ascites	No			€ 888.19	€ 364.00	€ 443.52	€ 117.00
192202	General anaesthesia for children under the age of 12, procedure not specified	No		Supporting documentation required			€ 134.12	€ 55.00

APPENDIX								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
107	Neuroblastoma, resection	No			€ 1,410.48	€ 579.00	€ 711.67	€ 225.00
110	Appendicectomy (with or without complications) (I.P.)	No	Independent Procedure		€ 506.85	€ 183.00	€ 284.66	€ 88.00

BILIARY SYSTEM								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
111	Appendicectomy, laparoscopic approach (with or without complications) (I.P.)	No	Independent Procedure		€ 506.85	€ 242.00	€ 284.66	€ 147.00
115	Cholecystojejunostomy	No			€ 1,100.86	€ 364.00	€ 550.97	€ 136.00
116	Choledochojejunostomy (Roux-En-Y)	No			€ 1,341.68	€ 549.00	€ 681.82	€ 136.00
117	Choledochoduodenostomy	No			€ 978.16	€ 399.00	€ 495.87	€ 136.00
118	Surgical repair of post-operative biliary stricture	No			€ 2,418.46	€ 598.00	€ 1,238.52	€ 136.00
129	Hepaticojejunostomy	No			€ 1,527.45	€ 549.00	€ 767.91	€ 136.00
132	Cholecystectomy with exploration of common bile duct	No			€ 1,218.97	€ 500.00	€ 612.95	€ 136.00
135	Cholecystectomy including pre operative cholangiogram	No			€ 940.72	€ 364.00	€ 482.83	€ 88.00
136	Percutaneous removal of gallstones from the bile ducts	No			€ 550.43	€ 227.00	€ 284.66	€ 88.00

BILIARY SYSTEM

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
140	Cholecystostomy with exploration, drainage or removal of calculus	No			€ 668.54	€ 227.00	€ 335.17	€ 88.00
145	Hepaticoduodenostomy	No			€ 1,106.60	€ 455.00	€ 538.34	€ 136.00
150	Trans-duodenal sphincteroplasty with or without transduodenal extraction of calculus	No			€ 1,218.97	€ 409.00	€ 612.95	€ 136.00
155	Antrectomy and drainage	No			€ 1,124.33	€ 455.00	€ 565.62	€ 88.00
156	Revision and/ or reinsertion of transhepatic stent (I.P.)	No	Independent Procedure		€ 470.71	€ 230.00	€ 277.56	€ 144.00
611	Major liver resection (I.P.)	No	Independent Procedure		€ 3,309.47	€ 998.00	€ 1,696.51	€ 331.00
443111	Repair laparoscopically of para-oesophageal hernia, including fundoplasty and mesh insertion (I.P.)	No	Independent procedure		€ 2,082.04	€ 1,252.00	€ 1,238.54	€ 775.00
456002	Day case laparoscopic cholecystectomy including pre-operative cholangiogram	No		Day Case	€ 957.55	€ 452.00	€ 481.39	€ 253.00

BREAST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1186	Resection of tonsil, tongue base, palate, mandible and radical neck dissection	No			€ 2,149.62	€ 867.00	€ 1,082.27	€ 331.00
1195	Percutaneous core needle biopsy of breast with or without ultrasound guidance (I.P.)	No	Independent Procedure, Side Room, Diagnostic	For fine needle biopsy use procedure code 1191	€ 153.93	€ 69.00	€ 188.32	€ 69.00
1198	Re-excision of margins arising from previous breast surgery (I.P.)	No	Independent Procedure, Day Care		€ 1,064.34	€ 449.00	€ 735.34	€ 327.00
1200	Cysts or tumours, excision of, or lumpectomy, segmental resection, quadrant mastectomy or partial mastectomy	No	Day Care		€ 434.58	€ 136.00	€ 257.74	€ 69.00
1205	Duct papilloma, excision of	No	Day Care		€ 340.21	€ 136.00	€ 219.25	€ 69.00

BREAST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1206	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s) and immediate deep rotation flap reconstruction, with or without prosthetic implant	No		1 Night Only	€ 1,619.59	€ 790.00	€ 965.06	€ 501.00
1207	Skin sparing mastectomy with free skin and/ or muscle flap with microvascular anastomosis (I.P.)	No	Independent Procedure		€ 2,984.99	€ 1,458.00	€ 1,773.84	€ 910.00
1209	Periprosthetic (Incl Open) capsulotomy breast (I.P.)	No	Independent Procedure		€ 688.40	€ 360.00	€ 440.84	€ 224.00
1210	Gynaecomastia (excision for), unilateral	Yes	Day Care	<p>Benefit for excision of gynaecomastia in accordance with procedure codes 1210 and 1211 is subject to pre-certification</p> <p>Gynaecomastia is defined as benign glandular breast enlargement due to ductal proliferation, stromal proliferation or both. The diagnosis must be based on both physical examination that confirms that the breast enlargement is true gynaecomastia and not pseudogynaecomastia, and laboratory, and other appropriate investigations as required should have been performed to identify any underlying reversible causes. Clinical Indications for procedure codes 1210, 1211 must be satisfied in full, included on the claim form for payment and are as follows:</p> <p>(a) Post-pubertal</p> <p>(b) BMI < 30</p> <p>(c) Unilateral or bilateral gynaecomastia grade III or IV (Grade III gynaecomastia being moderate breast enlargement exceeding the areola boundaries with edges that are distinct from the chest with skin redundancy. Grade IV being gynaecomastia being marked breast enlargement with skin redundancy and feminisation of the breast)</p> <p>(d) Gynaecomastia that has been present for at least 1 year and has persisted despite treatment for at least 4 months for the underlying pathological cause</p> <p>(e) > / = 6 months pain or discomfort, directly attributable to breast hypertrophy, that is unresolved despite the continuous use for at least 4 weeks of prescription analgesia or non-steroidal anti-inflammatory drugs and significantly impacts on activities of daily living</p>	€ 427.59	€ 170.00	€ 239.07	€ 69.00
1211	Gynaecomastia (excision for), bilateral	Yes		<p>Benefit for excision of gynaecomastia in accordance with procedure codes 1210 and 1211 is subject to pre-certification</p> <p>Gynaecomastia is defined as benign glandular breast enlargement due to ductal proliferation, stromal proliferation or both. The diagnosis must be based on both physical examination that confirms that the breast enlargement is true gynaecomastia and not pseudogynaecomastia, and laboratory, and other appropriate investigations as required should have been performed to identify any underlying reversible causes. Clinical Indications for procedure codes 1210, 1211 must be satisfied in full, included on the claim form for payment and are as follows:</p> <p>(a) Post-pubertal</p> <p>(b) BMI < 30</p> <p>(c) Unilateral or bilateral gynaecomastia grade III or IV (Grade III gynaecomastia being moderate breast enlargement exceeding the areola boundaries with edges that are distinct from the chest with skin redundancy. Grade IV being gynaecomastia being marked breast enlargement with skin redundancy and feminisation of the breast)</p> <p>(d) Gynaecomastia that has been present for at least 1 year and has persisted despite treatment for at least 4 months for the underlying pathological cause</p> <p>(e) > / = 6 months pain or discomfort, directly attributable to breast hypertrophy, that is unresolved despite the continuous use for at least 4 weeks of prescription analgesia or non-steroidal anti-inflammatory drugs and significantly impacts on activities of daily living</p>	€ 786.44	€ 319.00	€ 396.52	€ 88.00

BREAST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1212	Mastectomy, complete, with or without removal of sentinel node(s) and with or without immediate insertion of tissue expander, includes subsequent expansions (I.P.)	No	Independent Procedure		€ 1,257.15	€ 613.00	€ 748.72	€ 383.00
1213	Mastectomy, partial, with or without guidance with axillary clearance, or removal of sentinel node(s)	No		1 Night Only	€ 993.83	€ 485.00	€ 591.28	€ 303.00
1214	Mastectomy, partial, guided excision, for ductal carcinoma insitu	No		1 Night Only	€ 792.27	€ 273.00	€ 471.16	€ 88.00
1216	Mastectomy radical/ modified radical, with axillary clearance	No			€ 1,268.80	€ 434.00	€ 767.38	€ 88.00
1218	Mammographic wire guided excision breast biopsy	No	Diagnostic, Day Care		€ 520.80	€ 149.00	€ 358.03	€ 48.00
1219	Mastectomy and axillary clearance, immediate breast reconstruction with latissimus dorsi pedicle flap, with or without prosthetic implant or expanding prosthesis	No			€ 2,055.24	€ 962.00	€ 1,056.61	€ 541.00
1221	Mastectomy and axillary clearance, immediate breast reconstruction with extended latissimus dorsi pedicle flap	No			€ 2,274.29	€ 1,111.00	€ 1,352.83	€ 696.00
1222	Mastectomy, complete with or without removal of sentinel node(s) with immediate insertion of tissue expander, includes subsequent expansions	No			€ 1,257.15	€ 463.00	€ 748.72	€ 278.00
192204	General anaesthesia for adults, procedure not specified	No		Supporting documentation required			€ 134.12	€ 55.00
193001	Prophylactic unilateral mastectomy, without insertion of tissue expander	Yes			€ 1,246.66	€ 750.00	€ 816.36	€ 460.00
193002	Prophylactic unilateral mastectomy, complete with immediate insertion of tissue expander and subsequent expansions	Yes			€ 1,246.66	€ 750.00	€ 816.36	€ 460.00
193003	Prophylactic unilateral mastectomy, immediate breast reconstruction with latissimus dorsi pedicle flap, +/- prosthetic implant or expanding prosthesis	Yes			€ 2,097.19	€ 750.00	€ 1,399.48	€ 460.00
193004	Prophylactic unilateral mastectomy, immediate breast reconstruction with extended latissimus dorsi pedicle flap	Yes			€ 2,097.19	€ 750.00	€ 1,399.48	€ 460.00

BREAST								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
193005	Prophylactic bilateral mastectomy, complete, without immediate insertion of tissue expander	Yes			€ 1,868.83	€ 750.00	€ 1,160.40	€ 460.00
193006	Prophylactic bilateral mastectomy, complete, with immediate insertion of tissue expander, includes subsequent expansions	Yes			€ 1,868.83	€ 750.00	€ 1,160.40	€ 460.00
193007	Prophylactic bilateral mastectomy, immediate breast reconstruction with latissimus dorsi pedicle flap, +/- prosthetic implant or expanding prosthesis	Yes			€ 3,029.27	€ 750.00	€ 2,099.22	€ 690.00
381229	Laparoscopic splenectomy (I.P.)	No	Independent procedure		€ 895.96	€ 515.00	€ 451.33	€ 270.00

CONSULTATION								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
456003	In-patient laparoscopic cholecystectomy including pre-operative cholangiogram	No		1 Night Only	€ 957.55	€ 452.00	€ 481.39	€ 253.00

GASTRIC								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
151	Trans-hepatic insertion of biliary endoprosthesis or catheter for biliary drainage	No			€ 672.26	€ 273.00	€ 358.03	€ 117.00
157	Change of percutaneous tube or drainage catheter, includes radiological guidance	No	Side Room, Sedation		€ 118.84	€ 67.00	€ 107.30	€ 61.00
165	Duodenal diverticula, excision of	No			€ 1,011.31	€ 409.00	€ 478.16	€ 117.00
174	Wedge gastric excision for ulcer or tumour of stomach	No			€ 1,149.96	€ 538.00	€ 698.57	€ 357.00

GASTRIC

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
175	Gastrectomy, total or revision with anastomosis, pouch formation/ reconstruction/ Roux-en-Y reconstruction	No			€ 2,640.13	€ 546.00	€ 1,829.82	€ 166.00
180	Gastrectomy, partial with anastomosis, pouch formation/ reconstruction/Roux-en-Y reconstruction (Not Claimable for Morbid Obesity)	No			€ 2,595.85	€ 455.00	€ 1,799.50	€ 117.00
191	General anaesthesia for gastroscopy procedures (codes 192, 194, 198, 206) and colonoscopy procedures (codes 450, 455, 456, 457, 458, 459, 530, 535, 536) in children under 16 years of age	No					€ 201.75	€ 103.00
192	Capsule endoscopy	No	Diagnostic, Side Room, Monitored Anaesthesia Care	<p>Clinical indications for procedure code 192 are as follows: one of which must be included on claim form for payment:</p> <p>(a) For evaluation of loco-regional carcinoid tumours of the small bowel in persons with carcinoid syndrome</p> <p>(b) For initial diagnosis in persons with suspected Crohn's disease (abdominal pain or diarrhoea plus one or more signs of inflammation (fever, elevated white blood cell count, elevated erythrocyte sedimentation rate, or bleeding) without evidence of disease on conventional diagnostic tests, including small-bowel follow-through or abdominal CT scan/ CT enterography and upper and lower endoscopy</p> <p>(c) For investigation of patients with objective evidence of recurrent, obscure gastro intestinal bleeding (e.g. iron deficiency anaemia and positive faecal occult blood test, or visible bleeding) who have had upper and lower gastrointestinal endoscopies within the last 12 months that have failed to identify a bleeding source</p> <p>(d) For surveillance of small intestinal tumours in persons with Lynch syndrome, Peutz-Jeghers syndrome and other polyposis syndromes affecting the small bowel</p>	€ 166.57	€ 77.00	€ 105.69	€ 52.00

GASTRIC

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
194	Upper gastrointestinal endoscopy with or without biopsies (includes jejunal biopsy), with or without polypectomy	No	Diagnostic, Side Room, Monitored Anaesthesia Care	<p>Procedure code 194 is not payable in conjunction with procedure codes 198, 201, 202 or 271. Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment:</p> <ul style="list-style-type: none"> (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms <p>Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications:</p> <ul style="list-style-type: none"> (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication(s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes. 	€ 167.13	€ 77.00	€ 105.69	€ 52.00

GASTRIC

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
198	Upper gastrointestinal endoscopy including oesophagus, stomach and either the duodenum and/ or jejunum as appropriate, with endoscopic ultrasound examination	No	Diagnostic, Side Room, Sedation	<p>Procedure code 198 is not payable in conjunction with procedure codes 194, 201, 202 or 271</p> <p>Clinical indications for procedure code 198 are as follows: must be included on claim form for payment</p> <p>(a) Oesophageal cancer: pre-operative staging and assessment of the respectability in operable patients without distant metastases, especially when stage dependent treatment protocols are applied</p> <p>(b) Gastric carcinoma: pre-operative staging of gastric cancer in patients without distant metastases if the local stage has an impact on therapy (local resection, neoadjuvant chemotherapy)</p> <p>(c) Gastric</p> <p>(i) Gastrointestinal sub mucosal tumours to differentiate from extra luminal compression and to plan therapy (resection or follow-up)</p> <p>(ii) Gastric: For diagnosis of gastric malt lymphoma</p> <p>(d) Biliary tumours: pre-operative staging and distal bile duct tumours</p> <p>(e) Benign conditions of the biliary tract; microlithiasis associated with acute pancreatitis</p> <p>(f) Benign conditions of the biliary tract; microlithiasis associated with acute pancreatitis/ post-cholecystectomy patients presenting with suspected biliary colic and have normal abdominal ultrasound and normal liver function tests</p> <p>(g) Pancreatic tumours: staging</p> <p>(h) Neuroendocrine tumours: locating neuroendocrine tumours, including insulinomas and gastrinomas</p>	€ 383.32	€ 180.00	€ 107.30	€ 52.00
200	Gastrostomy	No			€ 672.26	€ 273.00	€ 340.54	€ 88.00
201	Insertion of percutaneous endoscopic gastrostomy (PEG) tube	No		Procedure code 201 is not payable in conjunction with procedure codes 194, 198, 202 or 271	€ 396.13	€ 136.00	€ 233.24	€ 69.00

GASTRIC

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
202	Upper gastrointestinal endoscopy with endoscopic ultrasound exam including oesophagus, stomach and either the duodenum and/ or jejunum as appropriate with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/ biopsy(s) of lymph nodes in oesophageal, gastric and lung cancer, biopsy of pancreatic lesion(s), mediastinal mass or submucosal lesion(s), with or without coeliac plexus neurolysis for pain arising from pancreatic cancer or chronic pancreatitis	No	Diagnostic, Side Room	<p>Procedure code 202 is not payable in conjunction with procedure codes 194, 198, 201 or 271</p> <p>Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment:</p> <ul style="list-style-type: none"> (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms <p>Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications:</p> <ul style="list-style-type: none"> (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. <p>New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication(s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.</p>	€ 464.88	€ 217.00	€ 327.71	€ 168.00

GASTRIC

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
203	Upper gastrointestinal endoscopy with transendoscopic stent placement (includes pre and post dilation) in patients with obstructing lesions or strictures (I.P.)	No	Independent Procedure, Side Room, Diagnostic	<p>Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment:</p> <ul style="list-style-type: none"> (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms <p>Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications:</p> <ul style="list-style-type: none"> (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. <p>New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication(s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.</p>	€ 509.15	€ 161.00	€ 307.89	€ 94.00
204	Gastric antral vascular ectasia, endoscopic argon plasma photocoagulation of	No	Side Room, Sedation		€ 383.32	€ 185.00	€ 170.09	€ 52.00

GASTRIC

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
205	Gastrostomy/ duodenotomy for haemorrhage	No			€ 1,049.75	€ 319.00	€ 535.31	€ 88.00
206	Upper gastrointestinal endoscopy with endoscopic mucosal resection	No	Diagnostic, Side Room, Sedation	<p>Clinical indications for an initial upper G.I. endoscopy (excludes repeat procedures within 12 months, for which there are other specific clinical indications), one of which must be included on claim form for payment:</p> <ul style="list-style-type: none"> (a) Upper abdominal symptoms that persist in patients that have been tested and received treatment for Helicobacter pylori and/ or been treated with a trial of PPI's for 6 weeks (b) Upper abdominal symptoms associated with other symptoms or signs suggesting serious organic disease (i.e. anorexia and weight loss) or in patients > 45 years old (c) Dysphagia or odynophagia (d) Oesophageal reflux symptoms that are persistent or recurrent despite appropriate treatment (e) Persistent vomiting of unknown cause (f) Biopsy for suspected coeliac disease (g) Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (h) Familial adenomatous polyposis syndromes (i) For confirmation and specific histologic diagnosis of radiological demonstrated lesions - suspected neoplastic lesion, gastric ulcer oesophageal ulcer, upper tract stricture or obstruction (j) Patients with active/ recent GI bleeding (k) Iron deficiency anaemia or chronic blood loss (l) Patients with suspected portal hypertension to document or treat oesophageal varices (m) To assess acute injury after caustic ingestion (n) Treatment of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy) (o) banding or sclerotherapy of oesophageal varices (p) Removal of foreign body (q) Dilatation of stenotic lesions (r) Further investigation of suspected achalasia (s) Palliative treatment of stenosing neoplasms <p>Clinical Indications for a repeat upper G.I. endoscopy - no consultant or hospital benefits are payable for a repeat upper G.I. endoscopy within a 12 month period except for the following clinical indications:</p> <ul style="list-style-type: none"> (1) Histological diagnosis of gastric or oesophageal ulcer (2) Coeliac disease – re-check for healing 3 months (once only) (3) Achalasia (4) Post banding of oesophageal varices (5) Patients diagnosed with an atypical (non-H. pylori-associated) or high-risk duodenal ulcer - benefit will be provided for one repeat endoscopy to re-biopsy (except by report) (6) Stent blockage (7) Re-biopsy of an oesophageal ulcer (8) Barrett's mucosa with dysplasia (9) Gastric mucosa showing dysplasia (10) Follow up of patients post gastric or oesophageal cancer - benefit will be provided for endoscopies as clinically indicated. <p>New clinical indications, unrelated to the indications for an earlier endoscopy, within the 12 month period, themselves an identified indication(s) for endoscopy, will not be excluded by a prior endoscopy. Please refer to the initial endoscopy codes.</p>	€ 307.59	€ 123.00	€ 138.69	€ 52.00

GASTRIC									
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES		Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
215	Over-sewing of perforated peptic ulcer	No				€ 736.35	€ 273.00	€ 370.86	€ 88.00
230	Ramstedt's operation	No				€ 672.26	€ 273.00	€ 383.69	€ 88.00

GENITALIA									
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES		Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
494351	Incision and drainage of axillary or inguinal lymph node abscess	No				€ 227.20	€ 131.00		

HEAD & NECK									
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES		Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1046	Excision of lesion of mucosa and submucosa, vestibule of mouth, with simple repair (I.P.)	No	Independent Procedure, Side Room	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks		€ 179.01	€ 75.00	€ 188.32	€ 90.00
1047	Excision of lesion of mucosa and submucosa, vestibule of mouth, complex, with or without excision of underlying muscle (I.P.)	No	Independent Procedure, Day Care	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks		€ 282.76	€ 119.00	€ 188.32	€ 90.00
1048	Excision of malignant growth of mucosa and submucosa, vestibule of mouth, wide excision with excision of underlying muscle, complex layered closure, with or without skin graft (I.P.)	No	Independent Procedure	Vestibule is considered to be the part of the oral cavity outside the dentoalveolar structure; it includes the mucosal and submucosal tissues of lips and cheeks		€ 905.29	€ 372.00	€ 459.50	€ 236.00
1055	Cyst or benign tumour on lip, excision of (I.P.)	No	Independent Procedure, Side Room			€ 165.33	€ 69.00	€ 188.32	€ 48.00
1058	Epithelioma of lip, lip shave	No	Side Room			€ 222.34	€ 91.00	€ 182.60	€ 69.00
1059	Epithelioma of lip, wedge excision	No	Day Care			€ 452.06	€ 183.00	€ 227.41	€ 69.00
1065	Branchial cyst, pouch or fistula, excision of	No				€ 905.29	€ 364.00	€ 452.50	€ 88.00
1075	Cysts or tuberculosis glands of neck (deep to deep fascia) excision of	No	Day Care			€ 672.26	€ 273.00	€ 340.54	€ 88.00
1080	Conservative neck dissection	No				€ 1,174.42	€ 364.00	€ 604.11	€ 136.00

HEAD & NECK								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1082	Radical neck dissection	No			€ 1,318.89	€ 434.00	€ 679.91	€ 136.00
1085	Thyroglossal cyst or fistula, excision of	No			€ 905.29	€ 364.00	€ 452.50	€ 88.00
1090	Torticollis, partial excision, open correction of	No			€ 559.25	€ 227.00	€ 283.39	€ 69.00
1095	Tuberculous caseous glands or sinuses, curettage of	No			€ 233.74	€ 91.00	€ 188.32	€ 48.00
1096	Oesophageal anastomosis, (repair and short circuit)	No			€ 1,878.15	€ 881.00	€ 981.97	€ 505.00
1097	Partial oesophagectomy	No			€ 3,193.55	€ 1,556.00	€ 2,214.68	€ 1,136.00
1098	Gastrointestinal reconstruction for previous oesophagectomy, for obstructing oesophageal lesion or fistula, or for previous oesophageal exclusion with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	No			€ 3,193.55	€ 1,495.00	€ 1,636.22	€ 843.00
1100	Laceration of palate, repair of	No			€ 222.34	€ 91.00	€ 214.56	€ 69.00
1104	Biopsy lesion of palate	No	Side Room		€ 107.19	€ 43.00	€ 192.43	€ 48.00
1105	Radical operation for malignant growth of palate	No			€ 1,124.33	€ 455.00	€ 615.77	€ 136.00
1106	Partial maxillectomy including plastic reconstruction	No			€ 1,627.65	€ 340.00	€ 837.36	€ 88.00

HERNIA								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
235	Stomach transection	No			€ 1,124.33	€ 455.00	€ 609.94	€ 88.00
241	Laparoscopic, surgical repair, epigastric/ ventral hernia (includes mesh insertion) initial or recurrent (I.P.)	No	Independent Procedure		€ 477.04	€ 178.00	€ 284.66	€ 107.00
243	Laparoscopic surgical repair, epigastric/ ventral hernia (initial or recurrent) (I.P.)	No	Independent Procedure	1 Night Only	€ 477.04	€ 173.00	€ 284.66	€ 107.00
244	Laparoscopic surgical repair, epigastric/ ventral hernia; incarcerated or strangulated (I.P.)	No	Independent Procedure		€ 841.71	€ 315.00	€ 501.61	€ 189.00
245	Epigastric/ ventral hernia, repair of (I.P.)	No	Independent Procedure	1 Night Only	€ 444.93	€ 183.00	€ 259.42	€ 69.00
246	Exomphalos, minor	No			€ 705.24	€ 290.00	€ 359.27	€ 88.00

HERNIA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
247	Exomphalos, major	No			€ 1,385.26	€ 569.00	€ 824.15	€ 225.00
248	Exomphalos, delayed	No			€ 1,385.26	€ 569.00	€ 824.15	€ 225.00
249	Laparoscopic, surgical repair, epigastric/ ventral hernia (includes mesh insertion) incarcerated or strangulated (I.P.)	No	Independent Procedure		€ 841.71	€ 315.00	€ 501.61	€ 189.00
250	Femoral hernia, repair of, bilateral	No			€ 834.83	€ 340.00	€ 421.26	€ 88.00
255	Femoral hernia, repair of, unilateral (I.P.)	No	Independent Procedure	1 Night Only	€ 550.43	€ 227.00	€ 278.92	€ 69.00
270	Hiatus hernia, abdominal repair of	No			€ 995.36	€ 409.00	€ 501.61	€ 117.00
271	Laparoscopic repair of hiatus hernia	No		<p>Clinical Indications for procedure code 271 are as follows:</p> <p>(a) Patients with a diagnosis of gastro-oesophageal reflux disease confirmed by both</p> <p>(i) Gastroscopy with photographic evidence of oesophagitis and 24 hour monitoring positive for reflux, i.e. identifying</p> <p>(1) a pH of less than 4 or greater than 5% of the day</p> <p>(2) a de Meester score greater than 15</p> <p>(ii) Failure to respond to at least 8 weeks of treatment with proton pump inhibitors</p> <p>Code 271 is not claimable in conjunction with procedure codes 194, 590 or 5917</p>	€ 1,100.86	€ 409.00	€ 562.44	€ 117.00
272	Laparoscopic repair of paraoesophageal hernia, including fundoplasty (I.P.)	No	Independent Procedure		€ 2,064.12	€ 1,168.00	€ 1,227.05	€ 723.00
275	Hiatus hernia, transthoracic, repair of (I.P.)	No	Independent Procedure		€ 995.36	€ 409.00	€ 513.08	€ 166.00
276	Laparoscopic surgical repair of incisional hernia (includes mesh insertion) (initial or recurrent) (I.P.)	No	Independent Procedure		€ 1,169.67	€ 437.00	€ 693.30	€ 262.00
277	Laparoscopic surgical repair of incisional hernia (includes mesh insertion), incarcerated or strangulated (I.P.)	No	Independent Procedure		€ 1,403.60	€ 527.00	€ 835.63	€ 316.00
278	Laparoscopic surgical repair of incisional hernia, initial or recurrent (I.P.)	No	Independent Procedure		€ 1,169.67	€ 437.00	€ 693.30	€ 262.00
279	Laparoscopic surgical repair of incisional hernia, incarcerated or strangulated (I.P.)	No	Independent Procedure		€ 1,403.60	€ 527.00	€ 835.63	€ 316.00
280	Incisional hernia, repair of (I.P.)	No	Independent Procedure		€ 891.01	€ 364.00	€ 445.36	€ 69.00
283	Inguinal hernia, neonate up to six weeks of age, laparoscopic repair of, unilateral (I.P.)	No	Independent Procedure		€ 526.35	€ 250.00	€ 284.66	€ 147.00

HERNIA								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
284	Inguinal hernia, laparoscopic repair of, bilateral (I.P.)	No	Independent Procedure	1 Night Only	€ 817.62	€ 405.00	€ 428.15	€ 223.00
285	Inguinal hernia, repair of, bilateral (I.P.)	No	Independent Procedure	1 Night Only	€ 817.62	€ 273.00	€ 428.15	€ 88.00
286	Inguinal hernia, neonate up to six weeks of age, laparoscopic repair of, bilateral (I.P.)	No	Independent Procedure		€ 791.25	€ 377.00	€ 428.15	€ 223.00
287	Inguinal hernia, laparoscopic repair of, unilateral (I.P.)	No	Independent Procedure	1 Night Only	€ 506.85	€ 242.00	€ 284.66	€ 147.00
288	Strangulated inguinal hernia, laparoscopic repair of, unilateral (I.P.)	No	Independent Procedure		€ 619.24	€ 295.00	€ 335.17	€ 172.00
289	Repair of inguinal hernia, neonate up to six weeks of age, bilateral (I.P.)	No	Independent Procedure		€ 791.25	€ 377.00	€ 428.15	€ 223.00
290	Inguinal hernia, repair of, unilateral (I.P.)	No	Independent Procedure	1 Night Only	€ 506.85	€ 183.00	€ 284.66	€ 69.00
291	Strangulated inguinal hernia, unilateral (I.P.)	No	Independent Procedure		€ 619.24	€ 255.00	€ 335.17	€ 69.00
292	Repair of inguinal hernia, neonate up to six weeks of age, unilateral (I.P.)	No	Independent Procedure		€ 526.35	€ 250.00	€ 284.66	€ 147.00
295	Patent urachus, closure and repair of abdominal muscles	No			€ 661.66	€ 273.00	€ 335.17	€ 69.00
305	Recurrent hernia, repair of (I.P.)	No	Independent Procedure	1 Night Only	€ 661.66	€ 273.00	€ 335.17	€ 88.00
442112	Prophylactic laparoscopic total colectomy	Yes			€ 2,163.60	€ 1,300.00	€ 1,284.02	€ 806.00

JEJUNUM & ILEUM								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
310	Umbilical hernia, repair of (I.P.)	No	Independent Procedure	1 Night Only	€ 441.91	€ 183.00	€ 257.41	€ 69.00
320	Congenital defects, correction of (including Meckel's diverticulum)	No			€ 512.59	€ 183.00	€ 284.66	€ 88.00
331	Gastroschisis	No			€ 1,645.57	€ 674.00	€ 835.63	€ 225.00

JEJUNUM & ILEUM

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
355	Ileostomy or laparoscopic loop ileostomy (I.P.)	No	Independent Procedure		€ 891.01	€ 364.00	€ 445.36	€ 88.00
356	Ileoscopy, through stoma, with or without biopsy	No	Diagnostic, Side Room, Monitored Anaesthesia Care		€ 142.19	€ 67.00	€ 105.61	€ 52.00
360	Resection of small intestine; single resection and anastomosis (I.P.)	No	Independent Procedure		€ 1,354.30	€ 364.00	€ 804.64	€ 117.00
361	Intestinal atresia, single/ multiple	No			€ 1,113.48	€ 456.00	€ 570.48	€ 136.00
362	Intestinal stricturalplasty (enterotomy & enterorrhaphy) with or without dilation, for intestinal obstruction	No			€ 1,237.33	€ 589.00	€ 891.88	€ 464.00
363	Intestinal stricturoplasty (enterotomy & enterorrhaphy) with or without dilation, for intestinal obstruction, multiple, 3 or more	No			€ 1,545.79	€ 736.00	€ 1,114.56	€ 581.00
364	Hydrostatic reduction of intussusception	No			€ 441.91	€ 183.00	€ 289.30	€ 88.00
370	Jejunostomy	No			€ 441.91	€ 183.00	€ 282.46	€ 88.00
384	Laparoscopic resection and anastomosis of jejunum or ileum	No			€ 1,807.26	€ 895.00	€ 1,077.82	€ 561.00
385	Resection and anastomosis of jejunum or ileum	No			€ 1,113.48	€ 364.00	€ 556.70	€ 88.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
386	Surgical reduction of intussusception including repair with or without appendectomy	No			€ 1,199.49	€ 594.00	€ 711.67	€ 372.00
389	Anal canal examination under anaesthesia (EUA) (I.P.)	No	Independent Procedure, Day Care		€ 98.62	€ 41.00	€ 189.40	€ 42.00
390	Anal canal, plastic repair of (for incontinence)	No			€ 661.66	€ 273.00	€ 335.17	€ 88.00
391	Laparoscopic, low anterior/ abdomino-perineal resection with colo-anal anastomosis	No			€ 2,709.73	€ 1,344.00	€ 1,610.43	€ 841.00
392	Laparoscopic, mid/ high anterior resection with colo-anal anastomosis	No			€ 2,145.54	€ 1,063.00	€ 1,275.25	€ 666.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
395	Anal fissure, dilatation of anus (I.P.)	No	Independent Procedure, Day Care		€ 166.27	€ 46.00	€ 189.40	€ 48.00
396	Anoplasty for low anorectal anomaly	No			€ 661.66	€ 273.00	€ 335.17	€ 88.00
399	Monitored anaesthesia benefit for surgical procedures	No					€ 97.85	€ 50.00
400	Lateral internal sphincterotomy (I.P.)	No	Independent Procedure, Day Care		€ 266.04	€ 91.00	€ 191.69	€ 53.00
401	Botulinum toxin injection of anal sphincter under general anaesthetic	No	Day Care		€ 223.61	€ 105.00	€ 189.40	€ 90.00
404	Parks' anal sphincter repair	No			€ 1,311.86	€ 538.00	€ 818.42	€ 225.00
410	Anus, excision of epithelioma of, with colostomy	No	Day Care		€ 891.01	€ 364.00	€ 470.62	€ 117.00
415	Anus, excision of epithelioma of, without colostomy	No	Day Care		€ 166.27	€ 69.00	€ 191.69	€ 53.00
420	Caecostomy (I.P.)	No	Independent Procedure		€ 891.01	€ 364.00	€ 445.36	€ 117.00
425	Caecostomy or colostomy, closure of	No			€ 891.01	€ 364.00	€ 445.36	€ 88.00
430	Colectomy, partial	No		Cannot be charged in conjunction with code 435, 436	€ 1,188.01	€ 364.00	€ 606.06	€ 117.00
431	Laparoscopic colectomy, partial	No			€ 2,028.57	€ 1,007.00	€ 1,206.39	€ 630.00
432	Laparoscopic colectomy, total	No			€ 2,207.37	€ 1,063.00	€ 1,310.74	€ 666.00
433	Laparoscopic colectomy, total with ileal pouch reconstruction	No			€ 2,480.38	€ 1,231.00	€ 1,473.84	€ 771.00
434	Laparoscopic surgical closure of enterostomy, large or small intestine, with resection and anastomosis	No			€ 2,214.35	€ 1,097.00	€ 1,313.14	€ 685.00
435	Colectomy, total	No		Cannot be charged in conjunction with code 430, 436	€ 1,608.87	€ 455.00	€ 824.15	€ 196.00
436	Total colectomy and ileal pouch construction with temporary ileostomy	No		Cannot be charged in conjunction with code 430, 435	€ 2,022.84	€ 636.00	€ 1,034.21	€ 254.00
437	Closure of ileostomy	No			€ 891.01	€ 227.00	€ 445.36	€ 88.00
438	Total colectomy for toxic megacolon	No			€ 1,898.99	€ 728.00	€ 972.23	€ 225.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
439	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and urethral transplantations, and/ or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(ies), or any combination thereof	No			€ 2,826.70	€ 1,344.00	€ 1,448.58	€ 757.00
448	Double balloon enteroscopy (antegrade or retrograde)	No	Diagnostic, Day Care, Sedation	<p>Clinical Indications for procedure code 448 are as follows:</p> <p>(a) For investigating suspected small intestinal bleeding in persons with objective evidence of recurrent, obscure gastrointestinal bleeding (e.g. iron-deficiency anaemia, positive faecal occult blood test, or visible bleeding) who have had upper and lower gastrointestinal endoscopies that have failed to identify a bleeding source</p> <p>(b) For initial diagnosis in persons with suspected Crohn's disease (abdominal pain, diarrhoea, elevated ESR, elevated white cell count, fever, gastrointestinal bleeding, or weight loss) without evidence of disease on conventional diagnostic tests, including small bowel follow through and upper and lower endoscopy</p> <p>(c) For treating members with gastrointestinal bleeding when the small intestine has been identified as the source of bleeding</p>	€ 459.05	€ 169.00	€ 107.30	€ 37.00
449	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen by brushing or washing, with or without biopsy, single or multiple	No	Day Care		€ 157.29	€ 74.00	€ 192.43	€ 90.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
450	Colonoscopy, left side	No	Diagnostic, Side Room, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 155.08	€ 69.00	€ 105.69	€ 51.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
454	Incomplete colonoscopy, claimable where the scope reached beyond the splenic flexure but where it was not possible to reach the caecum because of obstruction or lesion (for colonoscopy to the splenic flexure please use code 450)	No	Diagnostic, Side Room, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e) (i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 235.49	€ 88.00	€ 105.69	€ 102.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
455	Colonoscopy, full colon	No	Diagnostic, Side Room, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 365.30	€ 183.00	€ 105.69	€ 51.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
456	Colonoscopy, left side, plus polypectomy	No	Diagnostic, Side Room, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 205.48	€ 91.00	€ 106.20	€ 51.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
457	Colonoscopy plus polypectomy, full colon	No	Diagnostic, Side Room, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 407.31	€ 183.00	€ 106.20	€ 51.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
458	Left colonoscopy and laser photocoagulation of rectum	No	Diagnostic, Side Room, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e) (iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 337.08	€ 136.00	€ 106.20	€ 51.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
459	Colonoscopy, full colon and laser photocoagulation of rectum	No	Diagnostic, Side Room, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 666.08	€ 273.00	€ 106.20	€ 51.00
460	Colostomy (I.P.)	No	Independent Procedure		€ 891.01	€ 364.00	€ 445.36	€ 117.00
461	Reduction of prolapsed colostomy stoma	No			€ 157.29	€ 74.00	€ 192.43	€ 90.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
465	Resection of bowel and colostomy or anastomosis for diverticulitis	No			€ 1,311.86	€ 409.00	€ 662.31	€ 117.00
466	Endoscopic transanal resection of large (> 2cm) villous adenomas/ malignant tumours of rectum (ETART), using resectoscope	No			€ 760.28	€ 362.00	€ 396.00	€ 206.00
467	Colonoscopy with transendoscopic stent placement (includes pre-dilation)	No			€ 440.41	€ 207.00	€ 233.24	€ 118.00
468	Excision of rectal tumour, transanal approach	No			€ 772.46	€ 361.00	€ 396.52	€ 202.00
470	Faecal fistula, closure or resection	No			€ 1,332.87	€ 455.00	€ 672.92	€ 117.00
485	Anal fistulotomy (I.P.)	No	Independent Procedure, Day Care		€ 559.25	€ 227.00	€ 289.22	€ 88.00
486	Fistula-in-ano, excision with endo-anal flap and advancement (I.P.)	No	Independent Procedure		€ 672.26	€ 317.00	€ 346.37	€ 178.00
488	Ano-rectal manometry	No	Diagnostic, Side Room		€ 135.68	€ 65.00		
490	Haemorrhoidectomy (external) (I.P.)	No	Independent Procedure, Day Care		€ 283.12	€ 113.00	€ 194.76	€ 69.00
495	Haemorrhoidectomy, external, multiple (I.P.)	No	Independent Procedure, Day Care		€ 340.21	€ 136.00	€ 219.25	€ 69.00
500	Haemorrhoidectomy (internal) includes exploration of anal canal (I.P.)	No	Independent Procedure		€ 488.51	€ 183.00	€ 284.66	€ 69.00
501	Haemorrhoidopexy (e.g. for prolapsing internal haemorrhoids) by stapling	No		1 Night Only	€ 427.73	€ 212.00	€ 253.68	€ 133.00
506	Haemorrhoids, injection and/ or banding (I.P.)	No	Independent Procedure, Side Room		€ 108.33	€ 46.00		
513	Meconium ileus, open reduction with or without stoma	No			€ 1,113.48	€ 456.00	€ 711.67	€ 136.00
514	Meconium ileus reduction	No			€ 334.84	€ 136.00	€ 359.27	€ 69.00
515	Imperforate anus, simple incision	No			€ 108.85	€ 46.00	€ 187.59	€ 48.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
516	Necrotising enterocolitis, percutaneous drainage	No			€ 235.08	€ 97.00	€ 229.57	€ 48.00
517	Necrotising enterocolitis, laparotomy resection/stoma	No			€ 1,113.48	€ 456.00	€ 625.58	€ 136.00
518	Panproctocolectomy	No			€ 2,029.61	€ 951.00	€ 1,044.94	€ 536.00
520	Imperforate anus, with colostomy or pull through operation	No			€ 891.01	€ 364.00	€ 513.08	€ 136.00
525	Ischio-rectal abscess, incision and drainage (I.P.)	No	Independent Procedure	1 Night Only	€ 334.84	€ 162.00	€ 198.57	€ 125.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
530	Proctoscopy or sigmoidoscopy (I.P.)	No	Independent Procedure, Side Room, Diagnostic, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 98.06	€ 46.00	€ 105.00	€ 48.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
535	Proctoscopy or sigmoidoscopy, with biopsy (I.P.)	No	Independent Procedure, Side Room, Diagnostic, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 98.06	€ 46.00	€ 105.00	€ 48.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
536	Diagnostic flexible sigmoidoscopy and biopsies (I.P.)	No	Independent Procedure, Side Room, Diagnostic, Sedation	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 98.06	€ 46.00	€ 105.00	€ 51.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
540	Proctoscopy or sigmoidoscopy with biopsy of muscle coats of bowel, for megacolon	No	Diagnostic, Day Care	<p>Note: if CT Colonography or a barium enema is performed within 6 weeks of a colonoscopy, benefit for an incomplete colonoscopy only is payable (if performed)</p> <p>Initial colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(a) Benefit, in accordance with the Ground Rules, will be payable for an initial colonoscopic, proctoscopic or sigmoidoscopic examination</p> <p>Repeat colonoscopy, proctoscopy or sigmoidoscopy - clinical indications are as follows:</p> <p>(b) No consultant or hospital benefits are payable for repeat colonoscopic, proctoscopic or sigmoidoscopic examinations within 36 months of the initial examination except for the following clinical indications:</p> <ul style="list-style-type: none"> (i) Following removal of adenomas with dysplasia (ii) Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session (iii) Pre-operative assessment of chronic inflammatory bowel disease (IBD) (iv) Relapse of IBD following change of therapy - post-colonic cancer surgery at 1, 3 and 5 years (v) In Crohns disease, post resection, assessment of surgical anastomosis after 6 months (vi) Cancer surveillance in chronic pan ulcerative colitis (vii) Where the patient's presenting symptoms indicate that a one sided colonoscopy is necessary and where the findings from that procedure suggest the possibility of disease elsewhere in the colon necessitating complete colon examination. The findings are as follows: <ul style="list-style-type: none"> (1) Colonic polyps (2) Colonic carcinoma (3) Inflammatory bowel disease (4) Blood stained mucus or stool coming from beyond the range of a left sided colon examination <p>(viii) Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy</p> <p>(ix) Left colonoscopy to assess disease activity at the time of significant reduction or withdrawal of medication</p> <p>(x) Left colonoscopy at the time of significant symptomatic relapse</p> <p>(xi) Left colonoscopy where there is a failure to respond to treatment or where there is suspicion of a second diagnosis such as clostridium difficile infection with superimposed pseudo membranous colitis</p> <p>(xii) Evaluation of an abdominal mass</p> <p>(c) New clinical indications unrelated to the original indications for endoscopy, themselves an identified indication for endoscopy, will not be excluded by a prior endoscopy</p> <p>(d) When a barium enema is carried out following a colonoscopy, the benefit for a one side colonoscopy, proctoscopy or sigmoidoscopy only is payable</p> <p>(e) Clinical indications for which ILH pay for surveillance colonoscopy:</p> <ul style="list-style-type: none"> (i) Individuals who have two first degree relatives diagnosed with colorectal cancer (ii) Individuals with a family history of polyposis coli (iii) Individuals with a family history of hereditary non-polyposis coli (iv) Individuals who have a first degree relative who developed colorectal cancer before the age of sixty years will be entitled to benefit for colonoscopy every five years, beginning at age forty years or ten years before the age of the youngest affected relative, whichever is the first <p>For indications (e)(i) to (e)(iv) ILH will pay an initial colonoscopy and, if normal, repeats at 5 yearly intervals</p>	€ 157.29	€ 69.00	€ 192.43	€ 69.00
545	Prolapse of rectum, abdominal approach involving laparotomy, colostomy or intestinal anastomosis including laparoscopic approach	No			€ 1,470.36	€ 455.00	€ 742.89	€ 136.00
549	Delorme procedure	No			€ 1,124.33	€ 363.00	€ 622.77	€ 136.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
550	Prolapse of rectum, perineal repair (I.P.)	No	Independent Procedure		€ 559.25	€ 136.00	€ 402.35	€ 88.00
555	Closure of rectovesical fistula, with or without colostomy (I.P.)	No	Independent Procedure		€ 1,124.33	€ 455.00	€ 622.77	€ 136.00
556	Balloon dilation of the rectum	No	Day Care		€ 227.20	€ 91.00	€ 192.43	€ 69.00
560	Rectal or sigmoid polyps (removal by diathermy etc.)	No	Day Care		€ 340.21	€ 136.00	€ 219.25	€ 69.00
565	Rectum, excision of (all forms including perineoabdominal, perineal anterior resection and laparoscopic approach)	No			€ 1,862.30	€ 500.00	€ 952.71	€ 225.00
570	Rectum, partial excision of	No			€ 1,658.18	€ 500.00	€ 853.99	€ 225.00
574	Presacral teratoma, excision of	No			€ 1,663.91	€ 682.00	€ 835.63	€ 225.00
576	Revision/ refashioning of ileostomy and duodenostomy, complicated reconstruction in-depth (I.P.)	No	Independent Procedure		€ 978.16	€ 227.00	€ 495.87	€ 88.00
577	Low anterior resection with colo-anal anastomosis for cancer	No			€ 2,257.92	€ 772.00	€ 1,165.06	€ 225.00
578	Soave procedure	No			€ 1,924.23	€ 772.00	€ 984.86	€ 225.00
579	Internal sphincter myomectomy in children with Hirschsprung disease	No			€ 503.32	€ 235.00	€ 257.74	€ 131.00
581	Sigmoidoscopy including dilatation of intestinal strictures	No	Day Care		€ 283.12	€ 113.00	€ 192.43	€ 48.00
582	Proctectomy for recurrent rectal cancer in a radiated and previously operated pelvis	No			€ 2,431.57	€ 1,139.00	€ 1,252.53	€ 641.00
585	Stricture of rectum (dilation of) (I.P.)	No	Independent Procedure, Day Care		€ 113.01	€ 46.00	€ 192.43	€ 48.00
590	Volvulus (stomach, small bowel or colon, including resection and anastomosis)	No			€ 1,106.60	€ 455.00	€ 556.70	€ 136.00
1365	Primary or secondary retroperitoneal, lymphadenectomy complete, transabdominal (I.P.)	No	Independent Procedure		€ 1,464.53	€ 546.00	€ 887.51	€ 117.00

LARGE INTESTINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
487	Fistula-in-ano, insertion/ change of seton (I.P.)	No	Independent Procedure, Day Care		€ 550.43	€ 264.00	€ 284.66	€ 147.00
5793	Percutaneous implantation of neurostimulator pulse generator and electrodes for faecal incontinence; trial stage	Yes		1 Night Only	€ 420.60	€ 154.00	€ 251.90	€ 93.00
441196	Skin sparing mastectomy (I.P.)	No	Independent Procedure		€ 2,984.99	€ 1,458.00	€ 1,773.84	€ 910.00
442110	Prophylactic total colectomy	Yes			€ 1,620.66	€ 935.00	€ 830.36	€ 520.00

LIVER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
591	Correction of malrotation by lysis of duodenal bands and/ or resection of midgut volvulus (e.g. Ladd procedure)	No			€ 1,707.49	€ 813.00	€ 873.51	€ 456.00
595	Hepatotomy for drainage of abscess or cyst, one or two stages	No			€ 710.98	€ 183.00	€ 428.15	€ 88.00
600	Biopsy of liver (by laparotomy) (I.P.)	No	Independent Procedure, Diagnostic		€ 401.36	€ 183.00	€ 284.66	€ 88.00
601	Transjugular liver biopsy	No	Diagnostic		€ 401.36	€ 183.00	€ 235.30	€ 69.00
605	Biopsy of liver (needle)	No	Diagnostic	1 Night Only	€ 204.12	€ 91.00	€ 189.40	€ 48.00
608	Management of liver haemorrhage; simple suture of liver wound or injury	No			€ 958.67	€ 456.00	€ 488.98	€ 257.00
612	Portoenterostomy (e.g. Kasai procedure)	No			€ 1,410.48	€ 579.00	€ 725.44	€ 166.00
616	Wedge resection of liver	No			€ 730.47	€ 300.00	€ 699.04	€ 166.00
617	Intrahepatic cholangioenteric anastomosis	No			€ 1,763.68	€ 649.00	€ 897.61	€ 166.00
618	Resection of hilar bile duct tumour (I.P.)	No	Independent Procedure		€ 2,974.63	€ 772.00	€ 1,528.93	€ 331.00
619	Management of liver haemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/ or suture, with or without packing of liver	No			€ 2,343.93	€ 649.00	€ 1,200.65	€ 331.00

LIVER								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
622	Insertion of hepatic artery catheter and reservoir pump	No			€ 705.24	€ 227.00	€ 335.17	€ 88.00
625	Liver, left lateral lobectomy	No			€ 2,170.77	€ 546.00	€ 1,114.56	€ 331.00
626	Intra-operative radiofrequency ablation of liver metastases	No			€ 736.20	€ 350.00	€ 445.36	€ 231.00

LYMPHATICS								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1223	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s), with immediate deep rotation flap reconstruction, with prosthetic implant	No			€ 1,634.64	€ 603.00	€ 974.97	€ 362.00
1310	Open superficial lymph node biopsy	No	Day Care		€ 222.34	€ 93.00	€ 214.56	€ 53.00
1311	Biopsy or excision of lymph node(s); by needle, superficial (e.g. cervical, inguinal, axillary)	No	Side Room		€ 92.35	€ 45.00		
1314	Sentinel node biopsy with injection of dye and identification	No	Day Care		€ 622.17	€ 260.00	€ 435.01	€ 190.00
1315	Axillary lymph nodes, complete dissection of	No			€ 786.44	€ 319.00	€ 396.52	€ 88.00
1320	Axillary or inguinal lymph nodes, incision of abscess	No	Side Room		€ 222.34	€ 93.00	€ 188.32	€ 48.00
1326	Biopsy or excision of lymph node(s); open, deep cervical or axillary node(s)	No	Diagnostic, Day Care		€ 357.68	€ 93.00	€ 213.42	€ 48.00
1335	Inguinal or pelvic lymph node block dissection, unilateral (I.P.)	No	Independent Procedure		€ 848.20	€ 340.00	€ 428.01	€ 117.00
1336	Inguinal or pelvic lymph node block dissection, bilateral (I.P.)	No	Independent Procedure		€ 1,262.97	€ 510.00	€ 635.60	€ 117.00

LYMPHATICS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
493205	Metabolic surgery - laparoscopy, surgical, longitudinal gastrectomy (i.e. gastric sleeve) (I.P.)	Yes	Independent Procedure	<p>Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021</p> <p>(a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification</p> <p>(b) Benefit is restricted to those patients who satisfy all of the following criteria:</p> <ul style="list-style-type: none"> (i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37 (ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity (iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist (iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation (v) Patients must be 18 years or older (vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss (vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for three appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients (viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical or psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health (ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up (x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request) (xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request 	€ 1,703.39	€ 977.00	€ 1,012.29	€ 611.00

METABOLIC SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
456699	Consultant General Surgeon Private Rooms Technical Fee	No		<p>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</p> <p>Payable in conjunction with procedure codes outlined in the ground rules</p>	€ 88.95			

METABOLIC SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
493201	Metabolic surgery - gastric restrictive procedure with gastric by-pass with Roux-En-Y gastroenterostomy (I.P.)	Yes	Independent Procedure	<p>Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021</p> <p>(a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification</p> <p>(b) Benefit is restricted to those patients who satisfy all of the following criteria:</p> <p>(i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37</p> <p>(ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity</p> <p>(iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist</p> <p>(iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation</p> <p>(v) Patients must be 18 years or older</p> <p>(vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss</p> <p>(vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for three appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients</p> <p>(viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health</p> <p>(ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up</p> <p>(x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request)</p> <p>(xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request</p>	€ 2,306.90	€ 1,125.00	€ 1,597.74	€ 822.00

METABOLIC SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
493202	Metabolic surgery - gastric restrictive procedure, with partial gastrectomy, pylorus preserving duodenileostomy and ileostomy (50 to 100 cm common channel) to limit absorption/ biliopancreatic diversion with duodenal switch	Yes		<p>Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021</p> <p>(a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification</p> <p>(b) Benefit is restricted to those patients who satisfy all of the following criteria:</p> <p>(i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37</p> <p>(ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity</p> <p>(iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist</p> <p>(iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation</p> <p>(v) Patients must be 18 years or older</p> <p>(vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss</p> <p>(vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for three appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients</p> <p>(viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health</p> <p>(ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up</p> <p>(x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request)</p> <p>(xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request</p>	€ 2,614.49	€ 1,275.00	€ 1,811.16	€ 932.00

METABOLIC SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
493203	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (I.P.)	Yes	Independent Procedure	<p>Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021</p> <p>(a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification</p> <p>(b) Benefit is restricted to those patients who satisfy all of the following criteria:</p> <p>(i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37</p> <p>(ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity</p> <p>(iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist</p> <p>(iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation</p> <p>(v) Patients must be 18 years or older</p> <p>(vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss</p> <p>(vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for three appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients</p> <p>(viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical of psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health</p> <p>(ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up</p> <p>(x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request)</p> <p>(xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request</p>	€ 2,306.90	€ 1,125.00	€ 1,597.74	€ 822.00

METABOLIC SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
493204	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g. gastric band and subcutaneous port component) benefits include all subsequent restrictive device adjustment(s)	Yes		<p>Procedure only covered privately in Bon Secours Hospital Cork, Blackrock Clinic, MPH Dublin, Galway Clinic and SVPH - list for review in July 2021</p> <p>(a) Clinical indications for metabolic surgery to correct diabetes, chronic heart failure, sleep apnoea, hypertension and improve fertility are payable only once in a lifetime and the benefit is subject to pre-certification</p> <p>(b) Benefit is restricted to those patients who satisfy all of the following criteria:</p> <p>(i) Benefit is restricted to those patients whose BMI is currently and has been for at least 2 years greater than 37</p> <p>(ii) Bariatric surgery is only payable in hospitals listed in the Irish Life Health directory of Hospitals and has a multi-disciplinary programme for the treatment of obesity</p> <p>(iii) The multi disciplinary team must consist of a consultant recognised by Irish Life Health who has a special interest in the management of obesity, endocrinologist, diabetologist</p> <p>(iv) Patients that are seeking metabolic surgery for severe obesity must have received management in an appropriate programme with integrated components of a dietary regime, appropriate exercise and behavioural modification and support for at least 6 months within 2 years of the proposed surgery and be supported with relevant documentation</p> <p>(v) Patients must be 18 years or older</p> <p>(vi) Evidence must be provided that all appropriate measures have been adequately tried but the member has failed to maintain weight loss</p> <p>(vii) Patients who are candidates for surgical procedures must have been evaluated by a multi-disciplinary team including dietician, a physiotherapist, nurse, psychological, consultant Physician with a special interest in this field and a consultant Surgeon with a special interest in bariatric surgery. Arrangements must be in place for three appropriate healthcare professionals (as listed above) to provide pre-operative and post-operative counselling and support to patients</p> <p>(viii) Psychological clearance must be obtained through a consultant Psychiatrist or a clinical Psychologist registered with the Psychological Society of Ireland. There should be no specific clinical or psychological contra-indications for this type of surgery and documentation to support this must be provided to Irish Life Health</p> <p>(ix) Individuals should generally be fit for anaesthesia and for surgery and understand the need for long term follow up</p> <p>(x) The operation should be performed by a consultant Surgeon who is registered with Irish Life Health for the performance of these procedures (application form upon request)</p> <p>(xi) Lifelong surveillance is advised and thus a report on progress may be required to be sent to Irish Life Health post-surgery on request</p>	€ 1,407.45	€ 687.00	€ 837.36	€ 430.00

PANCREAS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
630	Excision of hydatid cyst	No			€ 978.16	€ 400.00	€ 699.04	€ 166.00
771	ERCP sphincterotomy and extraction of stones	No			€ 697.24	€ 251.00	€ 348.62	€ 69.00
772	ERCP sphincterotomy and insertion of endoprosthesis	No			€ 864.63	€ 273.00	€ 436.36	€ 88.00

PANCREAS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
773	Biopsy of pancreas, percutaneous needle, includes radiological or ultrasound guidance	No			€ 288.95	€ 135.00	€ 207.59	€ 108.00
774	ERCP (endoscopic retrograde cholangiogram of pancreas)	No	Diagnostic		€ 514.97	€ 227.00	€ 289.22	€ 69.00
775	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple - type procedure); with pancreateojejunostomy	No			€ 3,043.57	€ 1,516.00	€ 1,559.21	€ 785.00
776	Pancreatic biopsy	No	Diagnostic		€ 615.17	€ 273.00	€ 358.03	€ 117.00
778	Pancreaticojejunostomy	No			€ 1,470.36	€ 592.00	€ 723.07	€ 196.00
779	ERCP ampullectomy with insertion of endoprosthesis	No			€ 872.67	€ 409.00	€ 440.84	€ 214.00
780	Distal pancreatectomy including splenectomy	No			€ 1,936.40	€ 455.00	€ 994.79	€ 166.00
781	Endoscopic cannulation of papilla with direct visualisation (spy glass probe) of common bile duct(s) and/ or pancreatic ducts	No	Diagnostic	Benefit shown is payable in full with the code for main procedures 771,772,774,779 or 782	€ 177.10	€ 65.00		
782	ERCP with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	No			€ 792.27	€ 291.00	€ 465.33	€ 175.00
785	Total pancreatectomy, distal, with gastrectomy, splenectomy, duodenectomy, cholecystectomy and resection of distal bile duct	No			€ 2,771.78	€ 636.00	€ 1,453.13	€ 254.00
786	Simultaneous pancreas/ kidney transplant	No			€ 3,638.62	€ 773.00	€ 1,868.31	€ 390.00
790	Open surgical drainage of pancreatic abscess or pseudocyst	No			€ 1,194.23	€ 455.00	€ 710.24	€ 254.00

PARATHYROID GLANDS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1107	Total maxillectomy including plastic reconstruction	No			€ 1,853.69	€ 455.00	€ 950.48	€ 136.00
1110	Parathyroid adenoma, excision of	No			€ 1,149.96	€ 455.00	€ 598.27	€ 136.00
1111	Transcatheter ablation of function of parathyroid glands	No			€ 672.26	€ 273.00	€ 365.03	€ 88.00
1112	Parathyroid hyperplasia, excision of (4 glands, frozen section)	No			€ 1,395.79	€ 510.00	€ 831.53	€ 136.00
1113	Total parathyroidectomy with auto transplant or mediastinal exploration/ intra-thoracic	No			€ 1,653.28	€ 603.00	€ 981.97	€ 136.00

SALIVARY GLANDS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1114	Parathyroid re-exploration	No			€ 1,653.28	€ 603.00	€ 981.97	€ 136.00
1115	Abscess of salivary gland, incision and drainage	No			€ 197.25	€ 69.00	€ 190.60	€ 69.00
1120	Fistula of salivary duct, repair of	No			€ 786.44	€ 319.00	€ 435.01	€ 69.00
1125	Parotid or submandibular duct, dilatation of	No			€ 109.85	€ 46.00	€ 189.12	€ 48.00
1126	Submandibular duct, relocation (I.P.)	No	Independent Procedure		€ 1,124.33	€ 455.00	€ 565.62	€ 136.00
1133	Excision of parotid tumour or parotid gland, lateral lobe, (superficial parotidectomy) with dissection and preservation of facial nerve (I.P.)	No	Independent Procedure		€ 1,307.25	€ 340.00	€ 672.92	€ 69.00
1134	Excision of parotid tumour or parotid gland, total, en bloc removal with sacrifice of facial nerve	No			€ 999.66	€ 432.00	€ 515.47	€ 95.00
1135	Excision of parotid tumour or parotid gland, total with dissection and preservation of facial nerve	No			€ 1,433.08	€ 523.00	€ 723.07	€ 117.00
1136	Excision of parotid tumour or parotid gland, lateral lobe, without nerve dissection	No			€ 736.35	€ 344.00	€ 446.67	€ 229.00
1140	Salivary calculus, removal of	No	Day Care		€ 222.34	€ 91.00	€ 214.56	€ 69.00
1141	Sialendoscopy with sialolithiasis, any method; complicated intraoral (I.P.)	No	Independent Procedure	1 Night Only	€ 270.30	€ 99.00	€ 219.25	€ 82.00
1150	Submandibular salivary gland, excision of	No			€ 528.95	€ 136.00	€ 263.57	€ 69.00

SPLEEN

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
795	Pancreatotomy for drainage of pancreatitis, abscess or cyst with exploration of biliary and pancreatic duct	No			€ 1,703.39	€ 546.00	€ 873.51	€ 254.00
800	Open splenectomy (I.P.)	No	Independent Procedure		€ 905.29	€ 364.00	€ 452.50	€ 117.00
806	Transcatheter ablation of function of spleen	No			€ 672.26	€ 273.00	€ 346.37	€ 88.00

SPLEEN								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
193008	Prophylactic bilateral mastectomy, immediate breast reconstruction with extended latissimus dorsi pedicle flap	Yes			€ 3,029.27	€ 750.00	€ 2,099.22	€ 690.00

THYROID								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1151	Excision of sublingual gland	No			€ 351.86	€ 137.00	€ 219.25	€ 69.00
1152	Thyroid cyst(s) aspiration/ fine needle biopsy (I.P.)	No	Independent Procedure, Side Room		€ 92.35	€ 37.00		
1154	Excision of thyroid cyst	No			€ 792.27	€ 320.00	€ 435.01	€ 117.00
1155	Total/ revision thyroidectomy	No			€ 1,268.80	€ 455.00	€ 754.56	€ 117.00
1156	Core biopsy of thyroid, neck lymph node or head and neck mass under ultrasound guidance (I.P.)	No	Independent Procedure, Side Room, Diagnostic		€ 157.29	€ 63.00		

TONGUE								
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1157	Partial/ subtotal thyroidectomy	No			€ 1,194.23	€ 437.00	€ 710.24	€ 117.00
1165	Excision of epithelioma of tongue with radical operation on glands	No			€ 1,124.33	€ 455.00	€ 565.62	€ 117.00
1170	Frenectomy (tongue tie)	No	Side Room		€ 134.77	€ 46.00	€ 186.85	€ 48.00
1174	Glossectomy; less than one-half tongue	No			€ 766.63	€ 361.00	€ 396.52	€ 203.00
1175	Hemi-glossectomy	No			€ 816.74	€ 227.00	€ 421.01	€ 69.00
1176	Total glossectomy	No			€ 1,433.08	€ 455.00	€ 704.41	€ 117.00
1180	Growths of tongue, diathermy to	No	Side Room		€ 109.85	€ 46.00	€ 186.85	€ 48.00

TONGUE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES	Participating Consultant Rate	Standard Consultant Rate	Participating Anaesthetist Rate	Standard Anaesthetist Rate
1185	Excision biopsy, oral cavity (I.P.)	No	Independent Procedure, Side Room		€ 165.33	€ 69.00	€ 188.32	€ 48.00