

General Surgery

Ground Rules

1. Out-Patient Rooms Consultation

An out-patient rooms consultation should include a full history and examination of a new patient or an existing patient with new symptoms. This consultation is an allowable out-patient Irish Life Health member benefit (subject to the policy held by the member).

For purposes of clarity, the consultant may charge the Irish Life Health member for the cost of the initial rooms consultation if performed at the time of the procedure and such consultation fee will be an eligible charge from the member to Irish Life Health for inclusion in their annual out-patient claim (subject to the policy held by the member).

No further out-patient consultation fee should be incurred by the Irish Life Health member where subsequent treatments are directly linked to the initial diagnosis and procedure performed (as listed).

2. Out-Patient Rooms and Minor Procedures Consultation and Procedures

Where a procedure, as set out in the “Minor Procedures Schedule” is performed, the procedure fee for the appropriate setting will be paid by Irish Life Health to the consultant by means of the direct settlement system.

No further out-patient consultation fee should be incurred by the Irish Life Health member where subsequent treatments are directly linked to the initial diagnosis and procedure performed (as listed).

Please see “Minor Procedures and Consultants Room Based Surgical Schedule”

3. General Surgery Benefit

The benefit for major and minor general surgery includes all care associated with the diagnostic procedure, pre-operative assessment, the operative procedure, autogenous graft material harvesting unless otherwise stated, removal of sutures after the main procedure, all radiological self-guidance associated with the procedure including ultrasound, conscious sedation, local or regional anaesthesia when administered by the consultant and all necessary follow-up care until the patient is discharged. In-patient attendance/ consultation benefit is not payable with the major and minor surgery and/ or diagnostic procedure benefit except as outlined below in rule 4.

4. Diagnostic Procedures

If a procedure is marked “Diagnostic” and is carried out during a medically necessary (as defined) hospital stay involving active treatment of the patient (each day of admission must include active treatment including weekends and public holidays) and the patient remains an in-patient in excess of three days, then 100% of the procedure benefit is payable in addition to in-patient attendance benefit for day 4.

5. Echocardiography

Where the admitting consultant requests a second opinion from a consultant cardiologist which satisfies Irish Life Health's criteria for in-patient consultation benefit, and a procedure code 5008, 5022, 5036, 5037, 5089, 5108, 5109, 5132 is performed at the same time or during the course of the in-patient stay, benefit for the in-patient consultation will be payable to the consultant cardiologist instead of the procedure benefit.

6. Multiple Procedures

Where more than one procedure is performed during the same admission, irrespective of whether or not the procedures are in fact carried out at the same time (unless indicated for the specific procedure), benefit is payable for a maximum of three such procedures as follows:

- > 100% of the highest valued procedure
- > 50% of the second highest valued procedure
- > 25% of the third highest valued procedure

A detailed submission must be made by the patient's consultant to Irish Life Health, if any such procedures are carried out at different times and it is suggested that it was medically appropriate to do this. The circumstances of each case will then be considered by Irish Life Health's clinical advisors.

When serious multiple injuries require an unusual and prolonged single session in theatre necessitating the repair of multiple fractures or injuries, these cases will be reviewed for benefit payment on an individual basis following the submission of a comprehensive medical report.

Irish Life Health recognises that there are valid circumstances when the procedure being done requires the participation of two or more consultant surgeons. In these cases, the additional surgeons are not acting as assistants at surgery but because of the procedure(s) or the patient's particular condition or both, two or more consultant surgeons are required to meet the patient's surgical needs. In certain cases, specific benefit is provided for, and the benefit is payable as per the applicable rates. In other cases, unspecified, benefit payable in these cases will be determined in consultation with Irish Life Health clinical advisors, upon receipt of supporting medical evidence. The general surgery benefits are inclusive of the services of a surgical assistant

The following code can be charged in cases of major reconstructive surgery that are in excess of 6 hours and involve more than one consultant

Code	Description
444800	Co-surgery benefit for two surgeons who perform complex breast flap surgery (bilateral) including flap raising and vessel harvesting, for a theatre session in excess of 6 hours - for each hour in excess of 6 hours base (I.P.) - Plastic or Breast surgeons benefit

For the less complex cases, the payment method is as outlined above.

7. Independent Procedures (I.P.)

A procedure marked “I.P.” is reimbursed only when it is performed alone or independently and not when it is performed on the same day as another procedure, unless where indicated for specific procedures. However, in the event that an I.P. is performed alongside another procedure, Irish Life Health will allow benefit for the higher valued outcome i.e. either the I.P. code, should the rate for that procedure be higher, or the codes used in combination, in the event that this combination is higher than the I.P. rate.

8. Scope of Benefit

Some of the procedures, by definition and by common use, embrace lesser procedures which may be listed in their own right in the schedule. The lesser procedures attract benefit only when performed alone for a specific purpose but not when they form an integral part of another procedure.

9. One Night Only

If a particular treatment or investigation is marked “One Night Only”, Irish Life Health will pay the full benefit for hospital charges, in accordance with the member’s plan, for admissions not exceeding 24 hours. If the member meets the eligibility criteria for a medically necessary in-patient stay, as listed below, Irish Life Health will pay the in-patient charges for one extra pre-operative night. The consultant benefits for these procedures are not affected by this rule.

Benefit for one pre-operative night will be provided for the following categories of patients:

ASA Class III

- > A patient with severe systemic disease. Substantive function limitations and/ or one or more moderate to severe disease, for example: poorly controlled diabetes or hypertension, COPD, alcohol dependence/ abuse, PPM or ESRD (undergoing regular dialysis)

ASA Class IV

- > A patient with severe systemic disease that is a constant threat to life. For example, recent history (< 3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischaemia, sepsis or ESRD (not undergoing regular dialysis)

Emergency Admissions

- > Where the patient was referred by the GP or from A&E to the consultant as an emergency on the day of admission and a decision was made by the consultant that admission was medically necessary.

Obese Patients

- > Patients with a BMI > 37

Medical Necessity

- > Where the patient requires a pre-operative night admission. This will be based exclusively on medical necessity. Supporting documentation must be submitted with claims pack.

Note:

The above refers to eligibility for Irish Life Health benefit. It does not preclude the patient from requesting in-patient admission for their own convenience. In such cases the patient would be liable themselves for the additional charges.

10. Day Care

If a particular treatment or investigation is marked “Day Care” and:

- a. It is the only treatment given or
- b. It is carried out for investigation only and is not part of continuing in-patient treatment

Irish Life Health will pay the benefit for hospital charges in accordance with the members plan only if the treatment is provided while the member is a day patient.

If the day care procedure is performed in an in-patient setting (private, semi-private, or public ward) the approved day care charge only is payable. If the member meets the eligibility criteria for a medically necessary in-patient stay, as listed below, we will pay the in-patient hospital charges. The consultant benefits for these procedures are not affected by this rule.

A day case procedure is in the main a procedure that requires medically necessary general anaesthesia or monitored anaesthesia care and MUST occupy a recognised and listed day case bed in an approved day care unit for six or more hours following the procedure.

The following are the specific criteria that determine eligibility for an in-patient stay for procedures that are designated as day care in the Schedule of Benefits for Professional Fees.

Patients categorised as falling into the following ASA classes are considered suitable for day case surgery and benefit will not be provided for an in-patient stay:

ASA Class I

- > A normal healthy patient.

ASA Class II

- > A patient with mild systemic disease. Without substantive functional limitations for example, smoker, social drinker, pregnancy, diabetes or hypertension

Patients Requiring Investigation Only

- > Patients undergoing designated day care procedures requiring other investigations, such as pathology, radiology, ultrasound or MRI, but who do not require the intensity of service that would justify an in-patient admission (for example, patients who do not require intravenous treatment, intensive monitoring of vital signs or other active management that could only have been provided in an acute hospital setting).

Note:

The above refers to eligibility for Irish Life Health benefit. It does not preclude the patient from requesting in-patient admission for their own convenience. In such cases the patient would be liable themselves for the additional charges.

Benefit for both a pre- and a post-operative night will be provided for ASA Class III, ASA Class IV patients, emergency admissions and obese patients as per the definitions above (see point 9).

Benefit will be provided for one post-operative in-patient night (or more than one if events are persistent) in the event of any of the following occurring:

- > Post-operative nausea and/ or vomiting not responsive to initial post-operative use of parenteral antiemetics
- > Post-operative pain persisting longer than the routine post-operative analgesia regime and requiring the use of parenteral analgesia
- > Parenteral antibiotic therapy required post-operatively
- > Where a drain is left in situ following the excision of a breast lump or lipoma
- > Haematuria post cystoscopy with obstruction severe enough to require manual sterile irrigation or continuous bladder irrigation overnight.
- > Abnormal vital signs post-operatively following anaesthesia
- > Previous adverse reaction to anaesthesia

11. Side Room Only

Certain procedures are designated “Side Room Only”. These are procedures carried out on a day care basis where it is not envisaged that the patient will require an extended period of recovery before resuming their normal activities of daily living.

Professional fee benefits are not affected by this designation. This will only apply in an Irish Life Health approved facility.

12. Eligibility Criteria for Day Care or In-patient Admission for Designated Side Room Procedures

The following are the specific criteria that determine eligibility for either a day care admission or an in-patient admission for procedures that are designated as side room in the Schedule of Benefits for Professional Fees.

Patients falling into the following categories are considered suitable to have designated side room procedures in the side room setting and benefit will not be provided for either a day care or in-patient admission.

- > ASA Classes I – III
- > Patients Requiring investigation only
- > Patients undergoing designated side room procedures requiring other investigations, such as pathology, radiology, ultrasound or MRI, but who do not require the intensity of service that would justify an in-patient admission.
- > Benefit will be provided for in-patient admission for the following patients only:
- > Where medically necessary. Supporting documentation must be submitted with claims pack
- > If the condition of the patient, the severity of the disease or the intensity of other services provided (for example, patients who require intravenous treatment, intensive monitoring of vital signs or other active management which could only have been provided in an acute hospital setting) would otherwise justify an in-patient stay

Such circumstances will be reviewed and approved by Irish Life Health's medical advisors.

13. Postponed Surgery

If, on examination, the patient is deemed unfit for surgery and the admitting consultant proceeds to treat the patient in a medical capacity, the in-patient attendance benefit is payable.

14. Surgery Complications

The overall surgery/ procedure benefit includes services furnished during an additional operating theatre setting to correct complications. (see also Note 6)

15. Incidental Surgery

Benefit is not payable for surgery which is not medically necessary, but which is performed incidental to other therapeutic surgery.

16. Pre-Approval

In order to qualify for benefit, for procedures marked "pre-approval", a detailed submission must be made by the patient's consultant to the Irish Life Health claims department in advance of treatment. The pre-approval must be authorised by Irish Life Health's medical advisors prior to being performed, as listed throughout the Schedule of Benefits for Professional Fees.

17. Branded / Generic & Biosimilar Drugs

It is the intention of Irish Life Health in the future to introduce protocols in cases where Irish Life Health reimburse drug charges to a private hospital, that the organisation will only pay for the agreed available Biosimilar or Generic Drug (reference pricing). The agreed payment to the private hospital for such drugs, is solely to cover the cost of same (including VAT) and is the net price.

For new patients treated on or after the commencement date of this program, consultants will be required to submit a pre-authorisation request to Irish Life Health, explaining why the Originator/ Brand version is required for treatment with supporting evidence. Upon review of this request, Irish Life Health may pay to the Private Hospital the Originator / Branded drug cost in such individual cases. This will not affect patients who are currently using the Originator/ Branded drugs.

18. Procedures which do not comply with Irish Life Health in Conditions of Payment

If a consultant decides to carry out a procedure which does not comply with the Irish Life Health's conditions of payment, for certain procedures as indicated throughout the Schedule, the consultant must give advance notice to the patient that the costs involved will not be payable by Irish Life Health. Any charges made are, therefore, a matter between the patient and the consultant.

19. Use of Robotic Surgery

Unless indicated otherwise, reimbursement for such procedures will be at the rate pertaining to laparoscopic surgery.

20. MOHS Surgery

Moh's micrographic surgery is a technique for the removal of complex or ill-defined skin cancer with histologic examination of 100% of the surgical margins. It requires a single consultant to act in two integrated but separate and distinct capacities: surgeon and pathologist. If either of these responsibilities is delegated to another consultant who reports the services separately, these codes should not be reported, please refer to specific procedure code notes