



Irish Life
health

**Schedule
of Benefits**
for Professional
Fees 2020

Dermatology

CONSULTATION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES | PARTICIPATING CONSULTANT RATE | STANDARD CONSULTANT RATE | PARTICIPATING ANAESTHETIST RATE | STANDARD ANAESTHETIST RATE |
|--------|--|-----------------------|--------------------|--|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 811599 | Consultant Dermatologist Private Rooms Technical Fee | No | | 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 Payable in conjunction with procedure codes outlined in the ground rules | € 75.00 | | | |

ABCESS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES | PARTICIPATING CONSULTANT RATE | STANDARD CONSULTANT RATE | PARTICIPATING ANAESTHETIST RATE | STANDARD ANAESTHETIST RATE |
|------|--|-----------------------|--------------------|---------------|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1560 | Incision and drainage of pilonidal abscess | No | | 1 Night Only | € 146.73 | € 66.00 | € 172.93 | € 48.00 |
| 1663 | Drainage of abscess or haematoma, (deep tissues) requiring general anaesthetic | No | | | € 166.07 | € 91.00 | € 174.71 | € 48.00 |

BONE MARROW

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES | PARTICIPATING CONSULTANT RATE | STANDARD CONSULTANT RATE | PARTICIPATING ANAESTHETIST RATE | STANDARD ANAESTHETIST RATE |
|------|-----------------------------------|-----------------------|-----------------------|---------------|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 4281 | Bone marrow aspiration | No | Diagnostic, Side Room | | € 90.97 | € 46.00 | € 174.71 | € 48.00 |
| 4282 | Bone marrow biopsy | No | Diagnostic, Side Room | | € 142.80 | € 69.00 | € 174.71 | € 48.00 |
| 4286 | Bone marrow harvesting (I.P.) | No | Independent Procedure | | € 308.88 | € 136.00 | € 262.59 | € 88.00 |
| 4287 | Bone marrow aspiration and biopsy | No | Diagnostic, Side Room | | € 188.29 | € 91.00 | € 174.71 | € 48.00 |

EXCISIONS

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|------|--|-----------------------|--------------------|--|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1507 | Angioma of skin and subcutaneous tissue or mucous surfaces, excision and repair of | No | Side Room | | € 153.38 | € 70.00 | | |
| 1531 | Biopsies of the skin, subcutaneous tissue and/ or mucous membrane including simple closure (I.P.) (the areas biopsied must be specified on the claim form) | No | | | € 113.69 | € 44.00 | | |
| 1550 | Malignant melanoma, wide excisional biopsy | No | Side Room | A copy of the histology report for all claims for this procedure must be available for review on request | € 299.75 | € 136.00 | € 181.31 | € 88.00 |

EXCISIONS

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|--------|--|-----------------------|----------------------------------|--|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1551 | Malignant melanoma, wide excisional biopsy with flap or graft repair | No | Day Care | If grafting was performed, the donor site for grafting material must be specified on the claim form and a copy of the histology report for all claims for this procedure must be included with the claim | € 628.33 | € 273.00 | € 314.47 | € 88.00 |
| 1561 | Pilonidal sinus or cyst, excision of | No | Day Care | | € 416.77 | € 183.00 | € 257.29 | € 69.00 |
| 1562 | Pilonidal sinus, excision of, with rhomboid flap/ z-plasty for closure of large defect; multiple layer closure | No | | 1 Night Only | € 496.11 | € 260.00 | € 257.29 | € 145.00 |
| 1575 | Basal cell carcinoma/ squamous cell carcinoma/ non melanoma – simple excision | No | Side Room | A copy of the histology report for all claims for this procedure must be included with the claim | € 302.53 | € 136.00 | € 174.71 | € 88.00 |
| 1576 | Basal cell carcinoma/ squamous cell carcinoma/ non melanoma, excision and graft or local flap | No | Side Room | If grafting was performed, the donor site for grafting material must be specified on the claim form and a copy of the histology report for all claims for this procedure must be included with the claim For this procedure (code 1576), if an earlier excision or biopsy (code 1575 or 1509) was performed within 6 weeks and the histology report confirmed BCC or SCC, then this cod, 1576 may be claimed for the second procedure when repair is carried out in accordance with this codes description, with or without additional margin excision Please include a copy of the original histology report that confirmed the earlier diagnosis of BCC or SCC | € 650.55 | € 273.00 | € 336.71 | € 88.00 |
| 1591 | Hydradenitis suppurativa, excision and suture | No | Side Room | | € 254.06 | € 113.00 | € 172.51 | € 48.00 |
| 1592 | Hydradenitis suppurativa, excision and graft | No | | | € 610.35 | € 273.00 | € 314.47 | € 88.00 |
| 1593 | Hydradenitis suppurativa, extensive debridement | No | Day Care | | € 610.35 | € 317.00 | € 314.47 | € 179.00 |
| 4290 | Chondroma, removal | No | Day Care | | € 912.88 | € 540.00 | € 462.71 | € 280.00 |
| 4546 | Keloids and hypertrophic scars (I.P.) | No | Independent Procedure, Side Room | | € 90.97 | € 50.00 | | |
| 254105 | Genital biopsy (male or female) (I.P.) | No | Independent Procedure, Side room | | € 95.20 | € 62.00 | | |
| 825000 | Biopsies of the skin, subcutaneous tissue and/ or mucous membranes, any method multiple lesions (I.P.) | No | Independent Procedure | | € 111.07 | € 74.00 | | |

HYPERBARIC THERAPY

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES | PARTICIPATING CONSULTANT RATE | STANDARD CONSULTANT RATE | PARTICIPATING ANAESTHETIST RATE | STANDARD ANAESTHETIST RATE |
|------|--|-----------------------|--------------------|---|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1631 | Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) initial, including full medical evaluation | No | | This is an outpatient treatment unless the patient is admitted into an inpatient hospital bed. Conditions of payment are as follows: (a) Acute air or gas embolism (b) Acute carbon monoxide poisoning and smoke inhalation (c) Acute traumatic peripheral ischemia (including crush injuries and suturing of severed limbs) when loss of function, limb or life is threatened and HBOT is used in combination with standard therapy (d) Decompression illness (e) Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available (f) Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management (g) Radiation necrosis (brain radio necrosis, myoradionecrosis, osteoradionecrosis and other soft tissue radiation necrosis) (h) Compromised skin grafts and flaps (i) Thermal burns, acute (second and third degree) | € 307.37 | € 136.00 | | |
| 1632 | Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) subsequent, per session | No | | This benefit is payable in addition to the surgery, at a separate operative session, for lesion(s) removal | € 102.11 | € 46.00 | | |

MOHS SURGERY

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|------|--|-----------------------|--------------------|--|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1581 | Mohs micrographic technique, first layer (stage) for removal of lesions from head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves or vessels; up to five tissue blocks. (If the tissue layer is large enough that it must be cut into six or more specimens producing six or more blocks of tissue in order to examine the entire surgical margin, then use code 1596 for each block beyond the first five) | No | Side Room | Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (>/= 2cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours with ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request. If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis. | € 532.40 | € 280.00 | | |

MOHS SURGERY

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|------|--|-----------------------|--------------------|--|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1582 | Each additional layer (stage) after the first layer (stage) claimed under 1581, up to 5 tissue blocks | No | Side Room | <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (\geq 2cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours will ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request.</p> <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> | € 234.55 | € 125.00 | | |
| 1583 | Mohs micrographic technique, including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the Consultant, of the trunk, arms, or legs; first layer (stage), up to 5 tissue blocks. | No | Side Room | <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (\geq 2cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours will ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request.</p> <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> | € 481.55 | € 255.00 | | |

MOHS SURGERY

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|------|---|-----------------------|--------------------|--|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1584 | Each additional layer (stage) after the first layer (stage) claimed under code 1583, up to 5 tissue blocks | No | Side Room | <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (\geq 2cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours will ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request.</p> <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> | € 212.75 | € 110.00 | | |
| 1596 | Each additional block after the first 5 tissue blocks, any layer (stage), (Benefit is payable in full in conjunction with 1581 to 1584) | Yes | Side Room | <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face ,especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (\geq 2cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours will ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request.</p> <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> | € 68.76 | € 35.00 | | |

MOHS SURGERY

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|------|--|-----------------------|--------------------|---|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1597 | Repair by layered closure associated with Mohs surgery, head and neck, all sizes | No | Side Room | <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (\geq 2cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours will ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request.</p> <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> | € 445.33 | € 230.00 | | |
| 1598 | Repair by layered closure associated with Mohs surgery, non-head and neck, all sizes | No | Side Room | <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (\geq 2cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours will ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director - on request.</p> <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> | € 308.88 | € 160.00 | | |

MOHS SURGERY

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES | PARTICIPATING CONSULTANT RATE | STANDARD CONSULTANT RATE | PARTICIPATING ANAESTHETIST RATE | STANDARD ANAESTHETIST RATE |
|------|---|-----------------------|--------------------|--|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1599 | Adjacent tissue transfer or rearrangement or full thickness graft, free (incl direct closure of donor site) associated with Mohs surgery, (e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap), head, neck, all sizes (benefit shown is payable in full) | No | Side Room | <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (≥ 2 cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours with ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery – usually a consultant Dermatologist – must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director – on request.</p> <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> | € 963.66 | € 500.00 | € 394.94 | € 215.00 |

PORT WINE STAINS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES | PARTICIPATING CONSULTANT RATE | STANDARD CONSULTANT RATE | PARTICIPATING ANAESTHETIST RATE | STANDARD ANAESTHETIST RATE |
|--------|---|-----------------------|-----------------------|---|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 158711 | Laser treatment to port wine stains only, one to three sessions – per session fee | No | Independent Procedure | Photographic evidence must be supplied on request | € 105 | € 0 | € 75 | € 0 |
| 158712 | Laser treatment to port wine stains only, sessions four to six – per session fee | No | Independent Procedure | Photographic evidence must be supplied on request | € 50 | € 0 | € 75 | € 0 |
| 158713 | Laser treatment to port wine stains only, sessions 7 and subsequent – per session fee | No | Independent Procedure | Photographic evidence must be supplied on request | € 25 | € 0 | € 75 | € 0 |

WOUNDS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES | PARTICIPATING CONSULTANT RATE | STANDARD CONSULTANT RATE | PARTICIPATING ANAESTHETIST RATE | STANDARD ANAESTHETIST RATE |
|------|--|-----------------------|----------------------------------|--|-------------------------------|--------------------------|---------------------------------|----------------------------|
| 1603 | Wounds greater than 7.5cm in total length, suture or staple of lacerated or torn tissue, single or multi layered closure with or without irrigation or debridement (I.P.) | No | Independent Procedure, Side Room | For procedure code 1601, 1602, 1603, benefit includes wound closure by tissue adhesives (e.g. Two-cyanoacrylate) either singly or in combination with sutures or staples or in combination with adhesive strips. Wound closures utilising adhesive strips as the sole repair material may only be claimed under our out-patient products. | € 114.24 | € 80.00 | € 174.71 | € 105.00 |
| 1604 | Adjacent tissue transfer/ rearrangement/ full thickness graft, free (incl direct closure of donor site) associated with Mohs surgery, (e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap), non-head and neck, all sizes (benefit shown is payable in full) | No | Side Room | <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis. Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598: (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; or (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; or (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; or (4) Previously irradiated skin areas in any anatomic region; or (5) For exceptionally large (\geq 2cm in diameter) or rapidly growing lesions in any anatomic region; or (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; or (7) Tumours will ill defined borders; or (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery – usually a consultant Dermatologist – must have a special interest in Mohs surgery as demonstrated by (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health healthcare with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health healthcare with a training log of completed Mohs surgery cases validated by the training programme director – on request.</p> <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant Plastic Surgeon. If an In-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> | € 781.71 | € 410.00 | € 325.06 | € 207.00 |
| 1620 | Complex wound(s) repair, (torn, crushed, deep) lacerations or avulsions requiring prolonged debridement and irrigation, extensive undermining and/or trimming of defect edges and multi-layered closure (involving deeper layers in addition to skin closure) with or without stents or retention sutures (I.P.) | No | Independent Procedure, Day Care | | € 308.88 | € 171.00 | € 188.47 | € 127.00 |