Irish Life health

Pain Medicine

Schedule of Benefits for Professional Fees

2022

ARTHROCENTESIS/ INJECTIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5622	E.C.T. (each session)	No	Day Care	
5624	Injection, anaesthetic agent, intercostal nerve, single (I.P.)	No	Independent Procedure, Side Room	

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
636052	Removal of implanted neurostimulator	No		

CONSULTATION & TESTING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
636999	Combined fee for insertion of spinal cord stimulator - trial and implantation stage on same day (I.P.)	Yes	Independent Procedure	Benefit for the insertion of spinal cord stimulators will be subject to the following criteria being satisfied: (a) Whether or not low or high frequency spinal cord stimulator is used must be specified on the claim form (b) Prior approval is sought by a consultant recognised by Irish Life Health and who also has a Diploma in Pain Medicine (c) The procedure is performed in a hospital that is listed in the Irish Life Health Directory of Hospitals (d) Benefit will be provided for the trial stage and subsequent implantation for members who satisfy the following criteria: (i) An observable pathology concordant with the pain complaint (ii) Further corrective surgical interventions are unlikely to relieve the patient's pain (iii) Non interventional or other conservative therapies have failed (iv) Oral medications are not effective or cause intolerable side effects (v) No untreated chemical dependency exists (vi) Psychological clearance has been obtained through a consultant psychiatrist or clinical psychologist registered with the Psychological Society of Ireland (vii) No contra indications to surgery are present (sepsis, coagulopathy) (viii) Trial screening with the proposed therapy is successful (e) Benefit will be provided for implantation following a successful trial if the procedure is performed for one of the following clinical reasons: (i) Failed back surgery (ii) Complications, including leg pain, from unsuccessful multiple lumbar surgery to repair lower back problems (iii) Reflex sympathetic dystrophy (iv) Arachnoiditis (v) Radiculopathies (vi) Chronic refractory angina (vii) Painful neuropathies (viii) Spinal cord injury (f) Benefit for a day case hospital stay will be provided for the trial stage (g) Benefit for a three day stay for the implantation stage will be provided (h) Benefit will be provided for five days for members who proceed immediately following the trial to implantation during a single hospital admission Note: the relevant documentation to support the precertification application must be submitted to Irish Life Health in advance of treatment Maximum once every 7 years, stimulator or modulator or battery replacement performed within that period will not be payable Only for Irish Life Health approved brands of stimulators

EEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5881	Electromyography (EMG) study, rectal mucosal sensitivity testing	No	Diagnostic, Side Room	
5905	Video telemetric electroencephalogram (EEG) recordings including full clinical evaluation and placement of sphenoidal electrodes	No		For procedure codes 5905 and 5906 the benefit incorporates all in-patient attendance
5719	Chemical sympathectomy, lumbar or coeliac plexus under image guidance (I.P.)	No	Independent Procedure, Side Room	
5880	Electromyography (EMG)	No	Diagnostic, Side Room	

EPIDURAL

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3540	Epidural injection (I.P.)	No	Independent Procedure	
3541	Caudal epidural (I.P.)	No	Independent Procedure, Side Room	
3543	Percutaneous lysis of epidural adhesions using solution injection (e.g. hypertonic saline, enzyme) or mechanical means (e.g. catheter) including radiological localisation (includes local anaesthesia and contrast when administered), one or more sessions (I.P.)	No	Independent Procedure, Day Care	Benefit is limited to 2 treatments per year and only for patients with low back pain in post lumbar surgery syndrome

IMPLANTABLE PUMPS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3545	Epidural infusion with cannula	No	Day Care	
5038	Refilling and maintenance of implantable pump or reservoir including access to pump port (I.P.)	No	Independent Procedure, Side Room	Benefit for implantation and maintenance of pain pumps, procedure codes 5038 and 5039, applies for one of the following clinical indications: (a) Diffuse cancer pain (b) Failed back surgery (c) Osteoporosis (d) Arachnoiditis (e) Axial somatic pain (f) Painful neuropathies (g) Spinal cord injury (h) Spasticity arising from multiple sclerosis or cerebral palsy

IMPLANTABLE PUMPS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5039	Implantation of catheter system and reservoir; tunnelled, intrathecal or epidural catheter for long term medication administration via an external pump or implantable reservoir/ infusion pump (I.P.)	No	Independent Procedure	

NERVES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5580	Destruction by radiofrequency lesioning of trigeminal ganglion via foramen ovule under x-ray guidance via foramen ovule (I.P.)	No	Independent Procedure, Day Care	
5586	Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve (e.g. for blepharospasm, hemifacial spasm)	No		
5606	Implantation of neurostimulator electrodes, Vagus nerve	No		
5621	Intravenous regional block/ sympathectomy by Bier's technique (I.P.)	No	Independent Procedure, Side Room	

NEURO STIMULATORS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5042	Removal of subcutaneous implantable pump (does not apply to removal of CVC) (I.P.)	No	Independent Procedure, Side Room	Does not apply to removal of CVC
5043	Removal of spinal neurostimulator pulse generator or receiver, or neurostimulator electrode percutaneous array(s) or plate/ paddle(s) (I.P.)	No	Independent Procedure, Day Care	

NEURO STIMULATORS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5044	Revision including replacement, when performed, or re-positioning of spinal neurostimulator electrode percutaneous array(s) or plate/ paddle(s); includes fluoroscopy (I.P.)	Yes	Independent Procedure, Day Care	Benefit for the insertion of spinal cord stimulators will be subject to the following criteria being satisfied: (a) Whether or not low or high frequency spinal cord stimulator is used must be specified on the claim form. (b) Prior approval is sought by a consultant recognised by Irish Life Health and who also has a Diploma in Pain Medicine. (c) The procedure is performed in a hospital that is listed in the Irish Life Health Directory of Hospitals. (d) Benefit will be provided for the trial stage and subsequent implantation for members who satisfy the following criteria: (i) An observable pathology concordant with the pain complaint (ii) Further corrective surgical interventions are unlikely to relieve the patient's pain (iii) Non interventional or other conservative therapies have failed (iv) Oral medications are not effective or cause intolerable side effects (v) No untreated chemical dependency exists (vi) Psychological clearance has been obtained through a consultant psychiatrist or clinical psychologist registered with the Psychological Society of Ireland (vii) No contra indications to surgery are present (sepsis, coagulopathy) (viii) Trial screening with the proposed therapy is successful (e) Benefit will be provided for implantation following a successful trial if the procedure is performed for one of the following clinical reasons: (i) Failed back surgery (ii) Complications, including leg pain, from unsuccessful multiple lumbar surgery to repair lower back problems (iii) Reflex sympathetic dystrophy (iv) Arachnoiditis (v) Radiculopathies (vi) Chronic refractory angina (vii) Painful neuropathies (viii) Spinal cord injury (f) Benefit for a day case hospital stay will be provided for the trial stage. (g) Benefit for a three day stay for the implantation stage will be provided. (h) Benefit will be provided for five days for members who proceed immediately following the trial to implantation during a single hospital admission. Note: the relevant documentation to support the precertification application must be submitted to Irish Life Health in advance of treatment. Maximum once every 7 years, stimulator or modulator or battery replacement performed within that period will not be payable. Only for Irish Life Health approved brands of stimulators.
5906	Video telemetric electroencephalogram (EEG) recordings including full clinical evaluation following placement of sub dural electrodes	No		For procedure codes 5905 and 5906 the benefit incorporates all in-patient attendance

NEURO STIMULATORS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5984	Insertion of spinal cord stimulator - trial stage (I.P.)	Yes	Independent Procedure, Day Care	Benefit for the insertion of spinal cord stimulators will be subject to the following criteria being satisfied: (a) Prior approval is sought by a consultant recognised by Irish Life Health and who also has a Diploma in Pain Medicine (b) The procedure is performed in a hospital that is listed in the Irish Life Health Directory of Hospitals (c) Benefit will be provided for the trial stage and subsequent implantation for members who satisfy the following criteria: (i) An observable pathology concordant with the pain complaint (ii) Further corrective surgical interventions are unlikely to relieve the patient's pain (iii) Non interventional or other conservative therapies have failed (iv) Oral medications are not effective or cause intolerable side effects (v) No untreated chemical dependency exists (vi) Psychological clearance has been obtained through a consultant psychiatrist or clinical psychologist registered with the Psychological Society of Ireland (vii) No contra indications to surgery are present (sepsis, coagulopathy) (viii) Trial screening with the proposed therapy is successful (d) Benefit will be provided for implantation following a successful trial if the procedure is performed for one of the following clinical reasons: (i) Failed back surgery (ii) Complications, including leg pain, from unsuccessful multiple lumbar surgery to repair lower back problems (iii) Reflex sympathetic dystrophy (iv) Arachnoiditis (v) Radiculopathies (vi) Chronic refractory angina (vii) Painful neuropathies (viii) Spinal cord injury (e) Benefit for a day case hospital stay will be provided for the trial stage (f) Benefit for a three day stay for the implantation stage will be provided (g) Benefit will be provided for a three day stay for members who proceed immediately following the trial to implantation during a single hospital admission Note: the relevant documentation to support the precertification application must be submitted to Irish Life Health in advance of treatment Maximum once every 7 years, stimulator or modulator or battery replacement performed within that period will not be payable Only for Irish Life Health approved brands of stimulators

NEURO STIMULATORS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5999	Insertion of spinal cord stimulator - implantation stage (I.P.)	Yes	Independent Procedure	Benefit for the insertion of spinal cord stimulators will be subject to the following criteria being satisfied: (a) Prior approval is sought by a consultant recognised by Irish Life Health and who also has a Diploma in Pain Medicine (b) The procedure is performed in a hospital that is listed in the Irish Life Health Directory of Hospitals (c) Benefit will be provided for the trial stage and subsequent implantation for members who satisfy the following criteria: (i) An observable pathology concordant with the pain complaint (ii) Further corrective surgical interventions are unlikely to relieve the patient's pain (iii) Non interventional or other conservative therapies have failed (iv) Oral medications are not effective or cause intolerable side effects (v) No untreated chemical dependency exists (vi) Psychological clearance has been obtained through a consultant psychiatrist or clinical psychologist registered with the Psychological Society of Ireland (vii) No contra indications to surgery are present (sepsis, coagulopathy) (viii) Trial screening with the proposed therapy is successful (d) Benefit will be provided for implantation following a successful trial if the procedure is performed for one of the following clinical reasons: (i) Failed back surgery (ii) Complications, including leg pain, from unsuccessful multiple lumbar surgery to repair lower back problems (iii) Reflex sympathetic dystrophy (iv) Arachnoiditis (v) Radiculopathies (vi) Chronic refractory angina (vii) Painful neuropathies (viii) Spinal cord injury (e) Benefit for a day case hospital stay will be provided for the trial stage (f) Benefit for a three day stay for the implantation stage will be provided (g) Benefit will be provided for a three day stay for members who proceed immediately following the trial to implantation during a single hospital admission Note: the relevant documentation to support the precertification application must be submitted to Irish Life Health in advance of treatment Maximum once every 7 years, stimulator or modulator or battery replacement performed within that period will not be payable Only for Irish Life Health approved brands of stimulators
636699	Consultant in Pain Management 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

PAIN BLOCK

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5614	Peripheral nerve lesioning including pulsed radiofrequency or electrical stimulation (I.P.)	No	Independent Procedure, Side Room	

PAIN BLOCK

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5619	Subsequent procedure 5617 to the same anatomical site, one or more levels, cervical - less than 18 months after initial procedure (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	The following information must be provided on the claim form before benefit can be considered for payment: (a) Date of initial treatment (b) Details of the level(s) that were treated by rhizotomy i.e. C3 to C5 (c) Confirm the temperature used to perform the procedure (d) Side of the Spine – left or right
5620	Sympathetic block, under image guidance (I.P.)	No	Independent Procedure, Side Room	
5625	Injection, anaesthetic agent, intercostal nerve, multiple, regional block (I.P.)	No	Independent Procedure, Side Room	

PAIN INJECTION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3542	Epidural injection, of anaesthetic substances and/ or therapeutic substances, diagnostic or therapeutic under radiological guidance one or more levels at the same session (I.P.)	No	Independent Procedure, Side Room	
5051	Replacement of spinal neurostimulator pulse generator or receiver direct or inductive coupling (I.P.)	Yes	Independent Procedure, Day Care	Benefit for the insertion of spinal cord stimulators will be subject to the following criteria being satisfied: (a) Prior approval is sought by a consultant recognised by Irish Life Health and who also has a Diploma in Pain Medicine (b) The procedure is performed in a hospital that is listed in the Irish Life Health Directory of Hospitals (c) Benefit will be provided for the trial stage and subsequent implantation for members who satisfy the following criteria: (i) An observable pathology concordant with the pain complaint (ii) Further corrective surgical interventions are unlikely to relieve the patient's pain (iii) Non interventional or other conservative therapies have failed (iv) Oral medications are not effective or cause intolerable side effects (v) No untreated chemical dependency exists (vi) Psychological clearance has been obtained through a consultant psychiatrist or clinical psychologist registered with the Psychological Society of Ireland (vii) No contra indications to surgery are present (sepsis, coagulopathy) (viii) Trial screening with the proposed therapy is successful (d) Benefit will be provided for implantation following a successful trial if the procedure is performed for one of the following clinical reasons: (i) Failed back surgery (ii) Complications, including leg pain, from unsuccessful multiple lumbar surgery to repair lower back problems (iii) Reflex sympathetic dystrophy (iv) Arachnoiditis (v) Radiculopathies (vi) Chronic refractory angina (vii) Painful neuropathies (viii) Spinal cord injury (e) Benefit for a day case hospital stay will be provided for the trial stage (f) Benefit for a three day stay for the implantation stage will be provided (g) Benefit will be provided for a three day stay for members who proceed immediately following the trial to implantation during a single hospital admission Note: the relevant documentation to support the precertification application must be submitted to Irish Life Health in advance of treatment Maximum once every 7 years, stimulator or modulator or battery replacement performed within that period will not be payable Only for Irish Life Health approved brands of stimulators

PAIN INJECTION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5575	Injection of trigeminal ganglion via foramen ovule under image guidance (I.P.)	No	Independent Procedure, Side Room	Combined Practitioner Fee - may only be claimed by the anaesthesiologist or the surgeon but not both.
5610	Sensory nerve, neurectomy	No		

PULSED RADIOFREQUENCY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5611	Transforaminal injection of anaesthetic agent, assessment of response and application of steroid if indicated to medial branch nerve or dorsal root ganglion at one or more levels under image guidance (I.P.)	No	Independent Procedure, Side Room, Local Anaesthetic	
5612	Pulsed radiofrequency (PRF) lesioning of medial branch nerve or dorsal root ganglion, one or more levels under image guidance with sensorimotor testing (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	

RHIZOTOMY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5615	Peripheral nerve block for pain control using nerve stimulator or ultrasound guidance (I.P.)	No	Independent Procedure, Side Room	
5616	Per site - first neurodestructive thermal rhizotomy (temperature > 69°C) under image guidance, with sensory and motor testing, three levels, lumbar, sacral or thoracic (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	The following information must be provided on the claim form before benefit can be considered for payment: (a) Details of the level(s) that were treated by rhizotomy i.e. L3 to L5 And/or S1 to S3 (b) Confirm the temperature used to perform the procedure (c) Side of the spine – left or right
5617	Per site - first neurodestructive thermal rhizotomy (temperature > 69°C) under image guidance, with sensory and motor testing, three levels, cervical (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	The following information must be provided on the claim form before benefit can be considered for payment: (a) Details of the level(s) that were treated by rhizotomy i.e. C3 to C5 (b) Confirm the temperature used to perform the procedure (c) Side of the Spine – left or right
5618	Subsequent procedure 5616 to the same anatomical site, one or more levels, lumbar, sacral or thoracic - less than 18 months after initial procedure (I.P.)	No	Independent Procedure, Day Care	The following information must be provided on the claim form before benefit can be considered for payment: (a) Date of initial treatment (b) Details of the level(s) that were treated by rhizotomy i.e. L3 to L5 And/or S1 to S3 (c) Confirm the temperature used to perform the procedure (d) Side of the spine – left or right