

# Pathology

Schedule of Benefits  
for Professional Fees

## CATEGORY 3

Code	Description	Pre-Approval Required	Payment Rules
8970	MSU + culture	No	
9030	Sweat investigation	No	
9045	Stool: ova, cysts and parasites (microscopy)	No	
9050	Immunofluorescence - single antibody	No	For example ANF (not claimable with code 9392 or if this leads to typing in Categories 4 or 5)
9059	Catecholamine's and porphyrins	No	Once only per claim
9060	Cholinesterase/ pseudo cholinesterase	No	Once only per claim
9061	Acylcarnitine carnites - total and free	No	
9100	Interpretive review of culture result, bacterial, any source, by consultant Microbiologist or Clinical Pathologist, with isolates where indicated with or without definitive identification of isolates to the genus or species level including any additional necessary tests.	No	This is not claimable in relation to screening swabs for MRSA (9101) or any other antimicrobial resistant organisms
9101	MRSA or other antimicrobial resistant organism, interpretive review of culture from all screening swabs from the patient, for "at risk patients" only as defined by the SARI Infection Control Subcommittee and not for routine screening.	No	Please note that Code 9101 is not payable during a side room, day case or 1 night only admission. Definition of "at risk patient" for MRSA testing: (a) Previously known as being MRSA positive (b) Transfers from a hospital or medical institution (c) High risk patients for cardiac surgery, implantation surgery (d) Deep Body cavity surgery (e) Members suffering from wounds or ulcers (f) Intensive Care Unit admission. If the patient has an MRSA or another antimicrobial infection, there is a general expectation that such re-test them, but only be payable at 3 day interval, unless specifically advised differently.
9202	Antibiotic assay	No	Maximum payable, four per claim
9204	MIC - minimum inhibitory concentration	No	
9207	Toxin levels (e.g. clostridium difficile/ botulinum) - exact toxin being investigated must be specified	No	
9223	HIV, STD or hepatitis screen	No	
9385	Interpretive review of viral, bacterial or fungal serology or viral culture by consultant Microbiologist or Clinical Pathologist	No	

## CATEGORY 4

Code	Description	Pre-Approval Required	Payment Rules
9160	Electrophoresis and chromatographic procedures (serum, lipoprotein, urine)	No	
9175	CSF including oligoclonal bands	No	

## CATEGORY 4

Code	Description	Pre-Approval Required	Payment Rules
9180	Myeloma screen including electrophoresis	No	
9182	Vitamins A, D or E	No	
9205	Antibody identification (transfusion) (one or more antibodies)	No	
9210	Haemoglobin electrophoresis	No	
9226	Thrombophilia screen	No	This code consists of three or more of the following items: Antithrombin 3, Protein C, Protein S, APCR, Factor V Leiden mutation, prothrombin mutation, lupus anticoagulant, anti-cardiolipin antibodies, fibrinogen
9507	Flow cytometry for CD4, CD8 and CD34 counts	No	
9694	Gene rearrangement studies	No	

## CATEGORY 5

Code	Description	Pre-Approval Required	Payment Rules
9161	Gas chromatographic/ mass spectrometer for organic acid(s), assay	No	
9270	Paraprotein typing	No	
9301	Diabetic ketoacidosis/ hyperosmolar non-ketotic coma	No	
9302	Acute renal failure	No	
9303	Acute hepatic failure	No	
9304	Dynamic endocrine function tests (insulin stress test, synacthen test, dexamethasone suppression test, water deprivation test)	No	Includes supervision, management, interpretation and report by Consultant.
9306	Porphyria investigation	No	
9307	Full endocrinological investigation of infertility	No	
9309	Full investigations for inborn errors of metabolism in paediatric patients	No	Does not include examinations from the National Newborn Screening Programme for inherited metabolic and genetic disorders and not claimable with 9359
9312	Hypoglycaemia - not secondary to any previously diagnosed condition (includes hypoglycaemia associated with insulin overdose).	No	Investigation must include some or all of the following: (a) Insulin and C-Peptide, Ketones (b) Beta-hydro butyrate and acetoacetate (c) Non-esterified fatty acids (d) Cortisol and growth hormone (e) Lactate and Pyruvate

## CATEGORY 5

Code	Description	Pre-Approval Required	Payment Rules
9360	Surgical pathology, gross and microscopic examination, requiring examination of between 1 and 2 tissue blocks from specimen(s) retrieved during a single operation	No	When two or more tissue sources from separate sites require examination they must be assigned one code only reflective of the number of blocks necessary to examine. The separate sites must be available for identification on request. Skin lesion(s) are payable based on the total number of blocks it is necessary to examine and only one of codes 9360, 9530 or 9650 is payable. A total of only 5+ blocks from a specific site is payable under code 9650.
9381	Interpretive review of culture of CSF, blood by a consultant Microbiologist or a Clinical Pathologist	No	
9391	Antisperm antibodies	No	
9392	Immunofluorescence - autoantibody screen and/ or DNA Abs and/ or subtyping	No	Not claimable with Code 9050
9393	Polymerase chain reaction	No	
9605	Immune complex assays, not otherwise listed in Category 1	No	

## CATEGORY 6

Code	Description	Pre-Approval Required	Payment Rules
9501	Marrow aspirate, not immunocyto - see Category 8	No	
9502	Marrow trephine	No	
9503	HLA typing	No	
9504	Immunofluorescence - microbial antibodies	No	
9506	Electron microscopy	No	
9508	Peripheral blood stem harvesting examination	No	
9530	Surgical pathology, gross and microscopic examination, requiring examination of between 3 and 5 tissue blocks from specimen(s) retrieved during a single operation	No	When two or more tissue sources from separate sites require examination they must be assigned one code only reflective of the number of blocks necessary to examine. The separate sites must be available for identification if requested. Skin lesion(s) are payable based on the total number of blocks it is necessary to examine and only one of codes 9360, 9530 or 9650 is payable. A total of only 5+ blocks from a specific site is payable under code 9650.
9531	Cell block and smear examination from fine needle aspiration biopsy	No	
9535	Lymph node	No	
9539	Upper G.I. series	No	
9540	Colonoscopy series	No	
9541	Prostate series	No	
9545	Parathyroid gland	No	

## CATEGORY 6

Code	Description	Pre-Approval Required	Payment Rules
9550	Clinical (i.e. non screening) cytology, not including smear + section, see Category 7	No	
9604	Platelet aggregation studies	No	

## CATEGORY 7

Code	Description	Pre-Approval Required	Payment Rules
9601	Liver, renal biopsies including special stains	No	
9603	Marrow aspirate and trephine done together (i.e. by same Pathologist)	No	
9606	Multimer analysis for Von Willebrand disease	No	
9650	Surgical pathology, gross and microscopic examination, requiring examination of more than 5 tissue blocks from specimen(s) retrieved during a single operation	No	When two or more tissue sources from separate sites require examination they must be assigned one code only reflective of the number of blocks necessary to examine. The separate sites must be available for identification on request. Skin lesion(s) are payable based on the total number of blocks it is necessary to examine and only one of codes 9360, 9530 or 9650 is payable. A total of only 5+ blocks from a specific site is payable under code 9650.
9670	Frozen section immunofluorescence - direct or indirect	No	

## CATEGORY 8

Code	Description	Pre-Approval Required	Payment Rules
9505	Immunocytochemistry	No	
9691	Immunohistochemistry (includes fluorescence in-situ hybridisation)	No	
9693	Frozen section for rapid intraoperative diagnosis	No	
9695	Tumour aneuploidy by flow cytometry	No	
9696	Gene re-arrangement studies for the diagnosis of leukaemia or lymphoma	No	This includes molecular isolation or extraction; enzymatic separation and nuclei acid probes
965125	Molecular (genetic) testing of tumour tissue to determine suitability for specific Oncology therapies	No	This includes molecular isolation and/ or extraction; report and MDT attendance

## CATEGORY 9

Code	Description	Pre-Approval Required	Payment Rules
9700	All tests associated with obstetrics, including normal delivery, caesarean section and miscarriage	No	

## CONSULTATION & TESTING

Code	Description	Pre-Approval Required	Payment Rules
8691	Consultant Pathologist in-patient consultation	No	Please refer to specific rule, with special reference and applicability to tertiary level hospital review only
8899	Tests as listed for day case patients where clinically required and not as a screening tool for "not at risk patients".	No	This code will not apply for testing in respect of members attending for day case chemotherapy (all codes applicable to oral, subcutaneous or IV chemo administration) where code 8900 will apply
8900	Tests as listed (in-patient only), where clinically required	No	Note: not as a screening tool for "not at risk patients".