



Irish Life
health

Schedule
of Benefits
for Professional
Fees 2019

Medical
Admissions

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
8690	Palliative care consultation - subsequent inpatient admission	No		Benefit for in-patient consultation does not include any form of therapy or continued involvement with the patient. (a) It is paid once only, irrespective of the number of examinations or visits involved in forming an opinion (b) Consultation benefit is not payable to a consultant with the same speciality as the admitting consultant (c) A consultation benefit is not payable to a consultant if a diagnostic procedure is payable to another consultant, both consultants having the same speciality (d) Where a procedure listed in the Schedule of Benefits for Professional Fees is performed at the time of a consultation then only the procedure benefit is payable (e) This benefit is not payable where, as a matter of policy, all patients are routinely examined by a second doctor (f) This benefit is not payable for the routine screening of patients pre-operatively
8692	Consultant Geriatrician in-patient consultation	No		Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record (e) Duration of this consultation must be a minimum of 50 minutes
8693	Day care in-patient management (specified procedures)	No	Benefit for management of patient (pre-operative assessment, post-operative care) when one of the procedures listed in the payment rules is performed by another consultant	Benefit is payable when one of the following procedures is performed by another consultant in a different speciality: 605, 713, 717, 844, 955, 1152, 1191, 1196, 1309, 5136, 5137, 59101, 59102, 6111, 6743, 6746, 6680, 6681, 6682, 6683, 66744, 770717
8694	Consultant Neonatologist or Paediatrician in-patient consultation - out of hours	No		Benefit is limited to one fee per patient per episode of care and will not be payable where it coincides with the consultants normal time for meeting patients or family or for consultant personal choice or availability. This fee is paid on the basis that the consultant neonatologist or consultant paediatrician is required to travel to the hospital, at the request of the hospital staff for the evaluation of the neonate between 18.00hrs and 09.00hrs
8697	Consultant Neurologist in-patient consultation	No		Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Providing an opinion and making an appropriate record (d) Duration of this consultation must be a minimum of 50 minutes
8964	Consultant Neonatologist or Paediatrician in-patient consultation	No		Consultation benefit is payable to the consultant neonatologist or paediatrician for a patient being assessed for admission to the NICU and where it is deemed that the patient does not require admission to the neonatal intensive care unit
10000	Medical management for specific paediatric medical day care procedures/ investigations	No	Day Care	
10032	Neonatal/ paediatric intensive care - second opinion	No		Payable on referral of a patient by the admitting Consultant, to a second Consultant, for a medically necessary second opinion Includes: (a) Full history and examination of all parts and systems (b) Evaluation of all necessary diagnostic tests (c) Giving an opinion and making an appropriate recording (d) Duration of this consultation must be a minimum of 30 minutes
10064	In-patient major medical illness	No	Payable when it is necessary for a consultant, in non-surgical cases, to give constant attention to an ill patient - see Medical Ground Rules for list of conditions applicable	This benefit is not payable for claims that involve a surgical procedure or an invasive diagnostic procedure listed in this schedule Benefit is payable once only, and only for a single illness listed, per hospital admission and must be specifically claimed Major medical illness benefit is not payable to the same consultant that receives the ICU/ Neonatal intensive care benefit when the patient is being treated in an intensive care unit or neonatal intensive care unit
10065	In-patient medical service attendance - day case	No	Side Room or Day Care for claims where there was no overnight stay	

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
10068	Major in-patient psychiatric consultation	No		Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record (e) Duration of this consultation must be a minimum of 50 minutes
10072	Consultant Palliative medicine in-patient consultation	No		Includes: (a) Full history and examination of all parts and systems (b) Evaluation of appropriate diagnostic tests (c) Formal symptom and quality of life assessment (d) Providing an opinion and making an appropriate record (e) Duration of this consultation must be a minimum of 50 minutes
11066	In-patient consultation – second opinion	No		Payable on referral of a patient by the admitting Consultant, to a second Consultant, for a medically necessary second opinion Includes: (a) Full history and examination of all parts and systems (b) Evaluation of all necessary diagnostic tests (c) Giving an opinion and making an appropriate recording (d) Duration of this consultation must be a minimum of 30 minutes
195859	Placement of second non tunnelled central venous catheter in ICU by a qualified ICU Intensivist	No		
441598	Consultant Haematologist Private Rooms Technical Fee	No	To be charged in conjunction with specified Schedule of Benefits procedures – payable at 100% in addition to procedure code	Applicable 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
441599	Consultant Oncologist Private Rooms Technical Fee	No	To be charged in conjunction with specified Schedule of Benefits procedures – payable at 100% in addition to procedure code	Applicable 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

BLOOD AND LYMPHATICS

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1571	Intravenous infusion of Ferinject (ferric carboxymaltose) for patients with resistant iron deficiency anaemia (maximum of two treatments per year)	No	Side Room	Treatment is available twice per policy year. Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable. This code may only be claimed when performed in a ILH approved facility. Consultant benefit applies to the prescription and supervision of the infusion. The consultants providing the infusion service must be registered with ILH in the specialty associated with the disease type that is the subject of the infusion. The hospital facility and the Consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given.
1572	Intravenous infusion of Monover (iron isomaltoside) for patients with resistant iron deficiency anaemia	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given

BLOOD AND LYMPHATICS

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1635	Exchange transfusion (intra uterine)	No		<p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable</p> <p>These procedures are not for monitoring central venous pressure</p> <p>In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634 benefit will be paid to the second consultant</p> <p>Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur</p> <p>Please report full details on a claim form or on a separate report</p> <p>The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation</p> <p>The benefits for procedure codes 1627, 1628 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures</p> <p>To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium</p> <p>The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein)</p> <p>The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump</p>
1641	Therapeutic phlebotomy, by the consultant physician or under the consultant physician supervision, includes appropriate advice to the patient as necessary, including file report or report to the referring doctor	No	Side Room	Where these procedures are done in an out-patient setting there is an enhanced surgeon fee - see G.P. Schedule
1642	Isolated limb perfusion including exposure of major limb artery and vein, arteriotomy and venotomy	No		
1643	Intravenous iron infusion for patients with resistant iron deficiency anaemia	No	Side Room	<p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable</p> <p>This code may only be claimed when performed in a Irish Life Health approved facility</p> <p>Consultant benefit applies to the prescription and supervision of the infusion</p> <p>The consultant providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion</p> <p>The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given</p>
1646	Plasmapheresis	No	Side Room	
4288	Peripheral blood stem cell harvesting (I.P.)	No	Independent Procedure	
8530	Primary blood dyscrasia or lymphoma with acute manifestations	No		
8565	Hodgkin's disease	No		
8570	Aggressive non-Hodgkin's lymphomas	No		
309011	Infusion of MabThera with glucocorticoids for the induction of remission in adult patients with severe, active Wegners Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA)	No	Payable when performed in an Irish Life Health approved hospital facility.	

CARDIAC

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
8435	Acute myocardial infarction	No		
8437	Life threatening rhythm disturbances	No		
8440	Cardiogenic shock	No		
8445	Acute rheumatic heart disease	No		
8455	Hypotensive shock	No		
8460	Hypertensive crisis	No		
8465	Cardiac arrest	No		
8470	Acute bacterial endocarditis (myocarditis or pericarditis)	No		

CENTRAL VENOUS ACCESS

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1573	Removal of tunnelled central venous catheter with subcutaneous access port under local anaesthetic, with or without sedation	No	Side Room, Monitored Anaesthesia Care	<p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable</p> <p>These procedures are not for monitoring central venous pressure</p> <p>In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1628, 1634 1626, or 1627 benefit will be paid to the second consultant</p> <p>Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur</p> <p>Please report full details on a claim form or on a separate report</p> <p>The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation</p> <p>The benefits for procedure codes 1628, 1634, and 1627 does not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures</p>
1574	Insertion of tunnelled central venous catheter with subcutaneous access port (I.P.)	No	Independent Procedure, Side Room	<p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable</p> <p>These procedures are not for monitoring central venous pressure</p> <p>In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1628, 1634 1626, or 1627 benefit will be paid to the second consultant</p> <p>Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur</p> <p>Please report full details on a claim form or on a separate report</p> <p>The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation</p> <p>The benefits for procedure codes 1628, 1634, and 1627 does not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures</p>

CENTRAL VENOUS ACCESS

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1626	Insertion of tunnelled central venous access with externalized catheter end	No	Side Room	<p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable</p> <p>These procedures are not for monitoring central venous pressure</p> <p>In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634 benefit will be paid to the second consultant</p> <p>Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur</p> <p>Please report full details on a claim form or on a separate report</p> <p>The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation</p> <p>The benefits for procedure codes 1627, 1628 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures</p> <p>To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium</p> <p>The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein)</p> <p>The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump</p>
1627	Removal of catheter from central venous system, when it is medically necessary to perform this procedure under general anaesthetic, on completion of therapy or because of complications with the catheter (I.P.)	No	Independent Procedure, Day Care	<p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable</p> <p>These procedures are not for monitoring central venous pressure</p> <p>In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634 benefit will be paid to the second consultant</p> <p>Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur</p> <p>Please report full details on a claim form or on a separate report</p> <p>The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation</p> <p>The benefits for procedure codes 1627, 1628 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures</p> <p>To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium</p> <p>The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein)</p> <p>The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump</p>
1634	Placement of non tunnelled central venous catheter (peripherally or centrally inserted)	No	Side Room	<p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only are payable</p> <p>These procedures are not for monitoring central venous pressure</p> <p>In exceptional circumstances where there is a requirement for medical reasons for a consultant other than the primary consultant to carry out procedure code 1626, 1627, 1628 or 1634 benefit will be paid to the second consultant</p> <p>Repeat procedures performed by the second consultant are payable where line sepsis associated with neutropenia and general debilitation occur</p> <p>Please report full details on a claim form or on a separate report</p> <p>The benefit does not apply to the admitting consultant nor is it payable in addition to the benefit for a consultation</p> <p>The benefits for procedure codes 1627, 1628 or 1634 do not apply to patients being treated in intensive care units as the intensive care benefit is inclusive of these procedures</p> <p>To qualify as a central venous access catheter or device, the tip of the catheter/ device must terminate in the subclavian, brachiocephalic (innominate) or iliac veins, the superior of inferior cava or the right atrium</p> <p>The venous access device may be either centrally inserted (jugular, subclavian, femoral vein or inferior vena cava catheter entry site) or peripherally inserted (e.g. basilic or cephalic vein)</p> <p>The device may be accessed for use either via exposed catheter (external to the skin), via a subcutaneous port or via a subcutaneous pump</p>

CLINICAL TESTING

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1309	Fine needle aspiration (FNA), not otherwise specified in this Schedule, with or without preparation of smears; superficial or deep tissue with or without radiological guidance	No	Side Room	
1667	Aspirin desensitisation, to include all necessary sampling and monitoring of the patient during the procedure	No	Day Care	Benefit allowable for each desensitisation procedure Benefit for procedure code 1667 is payable only for those patients who have been identified as having a positive aspirin challenge following investigations carried out under the procedure code 5985
5985	Complete investigation of 'at risk' patients with allergy/ anaphylaxis requiring food and drug challenge studies (I.P.)	No	Independent Procedure, Day Care	One or more of the following indications must be met for benefit: (a) A systemic reaction involving more than one system has occurred already (b) Clinical history indicates that airway, breathing or blood pressure control has been affected as a result of probably adverse activity in a manner likely to have caused concern to the clinician (c) The challenge involves agents (either food or drugs) likely to induce particularly severe reactions. (e.g. peanuts, NSAIDs) (d) Laboratory evidence of sensitisation is present at a disproportionate level (e) Time kinetics of reaction sought and need for observation dictates that OPD challenge will not resolve a serious concern (f) Other circumstances deemed by the attending consultant to require an in-patient challenge, in a situation where out-patient challenge would usually be undertaken, such circumstance to be specified on a case by case basis. Additional information required to establish medical necessity to be provided on the claim form for consideration by the Medical Director of Irish Life Health
8700	24 hour electrocardiography (ECG)	No		Benefit is paid once per admission only, irrespective of the number of tests carried out
8705	Electroencephalogram (EEG)	No		Benefit is paid once per admission only, irrespective of the number of tests carried out
8706	24 hour in-patient ambulatory EEG; monitoring for localisation of cerebral seizure focus	No		Benefit is paid once per admission only, irrespective of the number of tests carried out
8707	In-patient EEG; monitoring for localisation of cerebral seizure focus with a minimum of 4 hour video recording	No		Benefit is paid once per admission only, irrespective of the number of tests carried out
8710	Evoked potentials	No		Benefit is paid once per admission only, irrespective of the number of tests carried out

DERMATOLOGICAL

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1528	Patch Testing - Consultant Dermatologist or Immunologist consultations on an out-patient basis, for the application and/ or supervising of patch testing, for contact dermatitis or atopic eczema (including testing with additional series and prick testing when indicated), interpretation and diagnosis, clinical evaluation and judgement including advice to patient (claimable once only in a lifetime)	No		Out-patient only
1529	Phototherapy - Consultant Dermatologist consultations on an out-patient basis for a patient receiving a course of phototherapy in a Irish Life Health approved hospital facility (list available on request from Irish Life Health). For procedure code 1529 maximum benefit of one payment per twelve month period	No		Out-patient only

ENDOCRINOLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1664	Insulin stress test (IST) to include initial consultation for a new patient or major reassessment of an established patient, in addition intravenous administration of insulin, sampling for basal level setting and all necessary sampling and monitoring of the patient during the procedure (I.P.)	No	Independent Procedure, Day Care	

ENDOCRINOLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1673	Endocrine assessment of pituitary function, following pituitary surgery, to include initial consultation and assessment of the hypothalamic pituitary adrenal axis, with or without free thyroxine testing and testosterone/ estradiol testing and all necessary sampling and monitoring of a patient during the procedure	No		1 Night Only
8525	Diabetic ketoacidosis	No		
8526	Hyperosmolar nonketotic coma (hyperglycemic) in patients with plasma glucose in the range of 55.5mmol/L and calculated serum osmolality in the region of 385 mOsm/kg, on presentation. The average fluid deficit is 10L	No		

GASTROENTEROLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
8475	Massive gastrointestinal haemorrhage	No		
8485	Acute liver failure	No		

INTENSIVIST CARE - ICU

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
10034	Anaesthesia - ICU in-patient medicine benefit - 1 night stay	No		
10035	Anaesthesia - ICU in-patient medicine benefit - 2 night stay	No		
10036	Anaesthesia - ICU in-patient medicine benefit - 3 night stay	No		
10037	Anaesthesia - ICU in-patient medicine benefit - 4 night stay	No		
10038	Anaesthesia - ICU in-patient medicine benefit - 5 night stay	No		
10039	Anaesthesia - ICU in-patient medicine benefit - 6 night stay	No		
10040	Anaesthesia - ICU in-patient medicine benefit - 7 night stay	No		
10041	Anaesthesia - ICU in-patient medicine benefit - 8 night stay	No		
10042	Anaesthesia - ICU in-patient medicine benefit - 9 night stay	No		
10043	Anaesthesia - ICU in-patient medicine benefit - 10 night stay	No		
10044	Anaesthesia - ICU in-patient medicine benefit - 11 night stay	No		
10045	Anaesthesia - ICU in-patient medicine benefit - 12 night stay	No		
10046	Anaesthesia - ICU in-patient medicine benefit - 13 night stay	No		
10047	Anaesthesia - ICU in-patient medicine benefit - 14 night stay	No		
10048	Anaesthesia - ICU in-patient medicine benefit - 15 night stay	No		

INTENSIVIST CARE - ICU

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
10069	Anaesthesia - ICU in-patient medicine benefit - per night after night 15 of stay	No		

INTENSIVIST CARE - NEONATAL

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
10017	Neonatal intensive care - in-patient attendance benefit - 1 night stay	No		
10018	Neonatal intensive care - in-patient attendance benefit - 2 night stay	No		
10019	Neonatal intensive care - in-patient attendance benefit - 3 night stay	No		
10020	Neonatal intensive care - in-patient attendance benefit - 4 night stay	No		
10021	Neonatal intensive care - in-patient attendance benefit - 5 night stay	No		
10022	Neonatal intensive care - in-patient attendance benefit - 6 night stay	No		
10023	Neonatal intensive care - in-patient attendance benefit - 7 night stay	No		
10024	Neonatal intensive care - in-patient attendance benefit - 8 night stay	No		
10025	Neonatal intensive care - in-patient attendance benefit - 9 night stay	No		
10026	Neonatal intensive care - in-patient attendance benefit - 10 night stay	No		
10027	Neonatal intensive care - in-patient attendance benefit - 11 night stay	No		
10028	Neonatal intensive care - in-patient attendance benefit - 12 night stay	No		
10029	Neonatal intensive care - in-patient attendance benefit - 13 night stay	No		
10030	Neonatal intensive care - in-patient attendance benefit - 14 night stay	No		
10031	Neonatal intensive care - in-patient attendance benefit - 15 night stay	No		
10071	Neonatal intensive care - in-patient attendance benefit - per night after night 15 of stay	No		

INTENSIVIST CARE - PAEDIATRICS

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
10081	Paediatric intensive care - in-patient attendance benefit - 1 night stay	No		
10082	Paediatric intensive care - in-patient attendance benefit - 2 night stay	No		
10083	Paediatric intensive care - in-patient attendance benefit - 3 night stay	No		
10084	Paediatric intensive care - in-patient attendance benefit - 4 night stay	No		
10085	Paediatric intensive care - in-patient attendance benefit - 5 night stay	No		

INTENSIVIST CARE - PAEDIATRICS

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
10086	Paediatric intensive care - in-patient attendance benefit - 6 night stay	No		
10087	Paediatric intensive care - in-patient attendance benefit - 7 night stay	No		
10088	Paediatric intensive care - in-patient attendance benefit - 8 night stay	No		
10089	Paediatric intensive care - in-patient attendance benefit - 9 night stay	No		
10090	Paediatric intensive care - in-patient attendance benefit - 10 night stay	No		
10091	Paediatric intensive care - in-patient attendance benefit - 11 night stay	No		
10092	Paediatric intensive care - in-patient attendance benefit - 12 night stay	No		
10093	Paediatric intensive care - in-patient attendance benefit - 13 night stay	No		
10094	Paediatric intensive care - in-patient attendance benefit - 14 night stay	No		
10095	Paediatric intensive care - in-patient attendance benefit - 15 night stay	No		
10096	Paediatric intensive care - in-patient attendance benefit - per night after night 15 of stay	No		

MEDICAL ATTENDANCE

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
10049	In-patient medical service attendance - 1 night stay	No		
10050	In-patient medical service attendance - 2 night stay	No		
10051	In-patient medical service attendance - 3 night stay	No		
10052	In-patient medical service attendance - 4 night stay	No		
10053	In-patient medical service attendance - 5 night stay	No		
10054	In-patient medical service attendance - 6 night stay	No		
10055	In-patient medical service attendance - 7 night stay	No		
10056	In-patient medical service attendance - 8 night stay	No		
10057	In-patient medical service attendance - 9 night stay	No		
10058	In-patient medical service attendance - 10 night stay	No		
10059	In-patient medical service attendance - 11 night stay	No		
10060	In-patient medical service attendance - 12 night stay	No		
10061	In-patient medical service attendance - 13 night stay	No		
10062	In-patient medical service attendance - 14 night stay	No		

MEDICAL ATTENDANCE

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
10063	In-patient medical service attendance - 15 night stay	No		
10070	In-patient medical service attendance - per night after night 15 of stay	No		

MEDICAL ONCOLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
55	Paracentesis abdominis with infusion of cytotoxic drugs	No		Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultant providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1579	Supervision and management by a consultant of a patient receiving intravenous infusion cytotoxic chemotherapy where the patient also receives a same day infusion of pamidronate or zoledronic acid, for patients with metastatic carcinoma	No	Side Room	Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion Benefit payable to a consultant Medical Oncologist or Haematologist only The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise Where it is medically necessary for a patient to be admitted to hospital an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable
1608	Emergency assessment of a patient on a course of chemotherapy where a decision is made, due to a medical problem, not to proceed with planned chemotherapy that day and may require further radiological and/ or pathological tests before discharge	No	Side Room	Benefit payable to a consultant Medical Oncologist or Haematologist only Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the in-patient attendance fee is payable
1609	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of first line cytotoxic oral anti-cancer agents (I.P.)	No	Independent Procedure	Maximum one per three weekly interval The oral drug must be named on the claim form Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion Benefit payable to a consultant Medical Oncologist or Haematologist only The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise Where it is medically necessary for a patient to be admitted to a hospital an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable
1619	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy	No	Side Room	Payable once per day of attendance Benefit payable to a consultant Medical Oncologist or Haematologist only Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable

MEDICAL ONCOLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1624	Intravenous infusion of zoledronic acid	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1625	Supervision and management by a consultant of a patient receiving denosumab to prevent skeletal related events from bone metastases as a result of solid tumours	No		Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1628	Cytotoxic Chemotherapy by subcutaneous injection	No	Independent Procedure, Day Care	Payable once per day of attendance Benefit payable to a consultant Medical Oncologist or Haematologist only Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable
1636	Intravenous immunoglobulin for patients with a haematological malignancy or immune deficiencies	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1637	Blood transfusion for patients with a haematological malignancy or immune deficiencies	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1638	Intravenous antimicrobials for patients on cytotoxic chemotherapy regimens for malignant disease	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given

MEDICAL ONCOLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1639	Electrolyte replacement for patients on cytotoxic chemotherapy regimens for malignant disease	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1677	Supervision and management by a consultant of a patient receiving cytotoxic chemotherapy with Velcade or Vidaza by injection requiring monitoring in a hospital setting	No	Side Room	
1681	Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, initial injection, requiring monitoring for six hours in a hospital setting	No	Side Room	Benefit is inclusive of review and interpretation of all pre-treatment tests in addition to the prescribing and supervision of the course of treatment and any adverse events that may arise
1682	Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, subsequent injection	No	Side Room	Benefit is inclusive of review and interpretation of all pre-treatment tests in addition to the prescribing and supervision of the course of treatment and any adverse events that may arise
4293	Allogeneic bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period	No		
4294	Matched unrelated donor bone marrow transplantation or blood derived peripheral stem cell transplantation for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period	No		
4296	Autologous bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, non-Hodgkin's lymphoma, Hodgkin's disease or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period	No		
4298	High dose chemotherapy with autologous stem cell rescue, for children with high risk brain tumour: all inclusive benefits for in patient attendance, stem cell harvesting and chemotherapy; claimable once per treatment cycle	No		
5240	Paracentesis thoracis with infusion of cytotoxic drugs	No		Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultant providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
8580	Sarcomas of bone	No		
8585	Ewing's sarcomas and other small blue round-cell tumours	No		

MEDICAL ONCOLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
16091	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of second line cytotoxic oral chemotherapy agents (I.P.)	No	Independent Procedure, Side Room	Maximum one per three weekly interval The oral drug must be named on the claim form Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion Benefit payable to a consultant Medical Oncologist or Haematologist only The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospital as an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable For the plans subject to excess it will be applied once off per course of treatment
16092	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of third line cytotoxic oral chemotherapy agents (I.P.)	No	Independent Procedure, Side Room	Maximum one per three weekly interval The oral drug must be named on the claim form Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion Benefit payable to a consultant Medical Oncologist or Haematologist only The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospital as an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable For the plans subject to excess it will be applied once off per course of treatment
16191	Sub-cutaneous cytotoxic chemotherapy (where not otherwise specified)	No	Side Room	Payable once per day of attendance Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion Benefit payable to a consultant Medical Oncologist or Haematologist only The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to a hospital as an in-patient and undergoes in patient evaluation, cytotoxic planning and delivery, only the inpatient attendance fee is payable
299251	Emergency consultation during a course of chemotherapy where an established patient presents mid-cycle with acute symptoms but does not require admission (I.P.)	No	Side Room, Independent Procedure	Benefit not claimable by the hospital. For Professional Fee only - payable to a consultant Medical Oncologist or Haematologist only Cannot be charged in conjunction with other chemotherapy treatments/ interventions i.e. codes for oral, sub-cutaneous and IV infusion The service includes examination and assessment of the patient, patient and family counselling (if required), evaluation of all pre-treatment diagnostic tests, prescription and supervision of chemotherapy, and management of any adverse events that may arise. Where it is medically necessary for a patient to be admitted to hospital as an in-patient and undergoes in-patient evaluation, cytotoxic planning and delivery, only the in-patient attendance fee is payable Only claimable once per chemotherapy treatment cycle

NEONATAL MEDICINE

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
8501	Intussusception in neonates, diagnosis, resuscitation and medical management prior to referral to a consultant radiologist for closed reduction	No		
10010	Emergency overnight medical admission for neonates or medical care	No		
10011	Elective postoperative night medical admission for neonates or paediatrics	No		Benefit payable to consultant where PICU/ NICU admission is planned post-operatively due to clinical instability, is overnight and does not exceed 24 hours

NEUROLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1614	Infusion of Mitoxantrone (Novantrone) for patients with secondary progressive multiple sclerosis, progressive-relapsing multiple sclerosis and worsening relapsing-remitting multiple sclerosis	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1623	Intravenous immunoglobulin for patients with myasthenia gravis, chronic inflammatory demyelinating polyneuropathy, multifocal motor neuropathy with conduction block and Guillain-Barre syndrome	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1669	Infusion of Tysabri as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis	Yes	Side Room	Benefit is payable only for the following categories of patients who are aged under 65 years: (a) Patients with high disease activity despite treatment with beta-interferon or patients with rapidly evolving severe relapsing remitting multiple sclerosis (b) The procedure is subject to pre-certification for the initial infusion and, if approved, benefit will be payable for a maximum of six monthly infusions (c) If treatment is to be continued beyond six months pre-certification is again required and benefit will only be payable in patients who show evidence of therapeutic benefit (d) Where benefit is approved beyond six months the benefit will be provided initially for a maximum of two years (e) If treatment is to be continued beyond two years, benefit will be provided for a maximum of three years for patients enrolled in the TYGRIS (Tysabri global observation program in safety) study (f) We will consider benefit beyond 2 years for other members who are not enrolled in this study, provided similar documentation to that collected as part of the TYGRIS study is collected on a pilot basis
5023	Consultant consultation and evaluation including monitoring of cardiovascular status for 6 hours for a patient commencing a course of oral Gilenya (Fingolimod) to treat relapsing forms of multiple sclerosis. The evaluation to include a 12 lead ECG at baseline and 6 hours after first dose; continuous 6 hour ECG monitoring including blood pressure and heart rate measurement every hour	No	Day Care	For all procedures listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: <ul style="list-style-type: none"> • 100% of the highest valued procedure • 50% of the second highest valued procedure • 25% of the third highest valued procedure
8505	Acute vascular lesions affecting CNS requiring immediate intensive investigation: cerebral haemorrhage, embolism, thrombosis, acute with objective neurological signs of spontaneous subarachnoid haemorrhage	No		
8506	Generalised tonic-clonic seizures with major convulsions occurring	No		

PAEDIATRIC MEDICINE

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1630	Exchange transfusion, blood; new-born	No		
8410	Congenital conditions of the new-born associated with acute continuous respiratory distress	No		
8450	Congenital conditions of the new-born associated with cyanosis and heart failure	No		
8480	Acute infantile diarrhoeal disease, causing dehydration and metabolic disturbance	No		

PAEDIATRIC MEDICINE

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
8490	Congenital condition of the new-born associated with acute continuous digestive disturbances	No		
8495	Paediatric conditions requiring hyperalimentation	No		
8500	Paediatric necrotising enterocolitis	No		
8515	Reye's syndrome	No		
8560	Paediatric malignancies including leukaemia	No		
8551	Complex discharge planning, by a consultant in Palliative Medicine, including meeting with the patient's family and healthcare professionals and planning the patient's future needs	No		
8552	Care provided by a consultant in Palliative Medicine that requires the intensity of service appropriate in the case of a dying patient in the final days of life	No		
8553	Complex discharge planning by a consultant in Palliative Medicine, where the patient is transferred from hospital to a hospice into the care of another a consultant in Palliative Medicine	No		

RENAL

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
8520	Acute renal failure	No		

RESPIRATORY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
8400	Acute severe ventilatory failure (PaO ₂ less than 8 kPa) occurring as an acute event	No		
8401	Acute pulmonary oedema	No		
8405	Life-threatening broncho-pulmonary haemorrhage	No		
8415	Hyaline membrane disease, ventilation and/ or CPAP	No		
8420	Pneumothorax or pneumomediastinum necessitating insertion of underwater seal	No		
8425	Acute airway obstruction by foreign body	No		
8430	Acute bronchiolitis in infants	No		
8432	Severe/ acute asthma in a child requiring supplemental oxygen therapy	No		
8433	Acute respiratory failure for patients requiring ventilation assist and management with initiation of pressure or volume preset ventilators for assisted or controlled breathing	No		

RHEUMATOLOGY

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1594	Infusion of Tocilizumab (RoActemra)	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1607	Intravenous infusion of Abatecept with Methotrexate for the treatment of moderate to severe rheumatoid arthritis in adult patients, and moderate to severe active polyarticular juvenile idiopathic arthritis in paediatric patients six years of age and older, who have had an insufficient response or intolerance to other disease-modifying anti-rheumatic drugs including at least one tumour necrosis factor (TNF) inhibitor	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1668	Infusion of MabThera or biosimilar with methotrexate for the treatment of adult patients with severe active rheumatoid arthritis who have had an inadequate response or intolerance to other disease-modifying anti-rheumatic drugs including one or more tumour necrosis factor (TNF) inhibitor therapies	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultant providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given

SYSTEMIC

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1611	Intravenous infusion of Fabrazyme for patients with a confirmed diagnosis of Fabry's disease	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given
1613	Intravenous infusion therapy for severe neurological disorders or auto-immune disease, not elsewhere specified and for Hurler's and Hunter's disease; by Consultant Neurologists, Immunologists, Rheumatologists, Haematologists, Nephrologists, Paediatricians, Respiratory Physicians, Gastroenterologists, General Physicians and Endocrinologists registered with Irish Life Health	No	Side Room	Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable This code may only be claimed when performed in a Irish Life Health approved facility Consultant benefit applies to the prescription and supervision of the infusion The consultants providing the infusion service must be registered with Irish Life Health in the specialty associated with the disease type that is the subject of the infusion The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given

SYSTEMIC

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1633	Infusion of Infliximab or biosimilar	No	Side Room	<p>The following indications will apply:</p> <ul style="list-style-type: none"> (a) Treatment of severe active Crohn's disease where patients have not responded despite a full and adequate course of therapy with a cortico-steroid and/ or an immuno-suppressant (b) Treatment of fistulating Crohn's disease in patients who have not responded despite a full and adequate course of therapy with conventional treatment (c) Rheumatoid Arthritis for patients over seventeen years of age with active disease. Benefit will be provided only when the drug is consultant prescribed and used as indicated below: <ul style="list-style-type: none"> (i) Benefit for an initial three infusions at 0, 2 and 6 weeks and repeated administration of one infusion every eight weeks will apply where indicated for Rheumatoid Arthritis (ii) The reduction of signs and symptoms in patients with active disease when the response to disease modifying drugs, including methotrexate, has been inadequate - Infliximab must be given concomitantly with methotrexate (iii) Patients with severe active and progressive disease not previously treated with methotrexate or other DMARD's (Disease Modifying Anti-Rheumatic Drug Therapy) (d) Treatment of ankylosing spondylitis, in patients who have severe axial symptoms, elevated serological markers of inflammatory activity and who have responded inadequately to conventional therapy (e) Treatment of active and progressive psoriatic arthritis in adults when the response to previous DMARD's has been inadequate - Infliximab should be administered in combination with methotrexate or alone in patients who show intolerance to methotrexate or for whom methotrexate is contraindicated (f) Treatment of moderate to severe plaque psoriasis in adults who have failed to respond to or have a contraindication to, or are intolerant to other systemic therapy including cyclosporine, methotrexate or PUVA <p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable</p>
8535	Septicaemia/ endotoxic shock	No		
8540	Acute life endangering poisonings requiring high intensity intervention	No		

OTHER MEDICAL CONDITIONS

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
1606	Intravenous infusion of Zoledronic Acid (Aclasta) for treatment of osteoporosis in post menopausal women and men at increased risk of fracture including those with a recent low trauma hip fracture, who fail to tolerate oral bisphosphonates	No	Side Room	<p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable</p> <p>This code may only be claimed when performed in a Irish Life Health approved facility</p> <p>Consultant benefit applies to the prescription and supervision of the infusion</p> <p>The consultants providing the infusion service must be registered with Irish Life Health in the speciality associated with the disease type that is the subject of the infusion</p> <p>The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given</p> <p>Maximum benefit of one payment per twelve months, for a period of three years</p>
1629	Intravenous infusion of Pamidronate (Aredia)	No	Side Room	<p>Clinical indications for code 1629:</p> <ul style="list-style-type: none"> (a) Pain control for patients with metastatic carcinoma (b) Tumour induced osteolysis with or without tumour induced hypercalcemia (c) Paget's disease <p>Where it is medically necessary for a patient to be admitted to hospital as an in-patient, the in-patient attendance daily rates of benefit only is payable</p> <p>This code may only be claimed when performed in a Irish Life Health approved facility</p> <p>Consultant benefit applies to the prescription and supervision of the infusion</p> <p>The consultants providing the infusion service must be registered with Irish Life Health in the speciality associated with the disease type that is the subject of the infusion</p> <p>The hospital facility and the consultant must provide the full spectrum of medical services associated with the disease entity that is the subject of the infusion given</p>

OTHER MEDICAL CONDITIONS

CODE	DESCRIPTION	PRE-APPROVAL	PAYMENT INDICATORS	PAYMENT RULES
8541	Total marrow failure, acute manifestations arising as a result of a disease process. Not claimable for the management of a patient with marrow suppression while on cytotoxic chemotherapy	No		
8545	Major trauma, not involving surgery	No		
8550	Other reasons, by report as notified and approved for benefit by Irish Life Health	Yes		
8575	Testicular and other germ cell tumours	No		
8586	Anorexia nervosa, severely symptomatic patients with body weight (75% or less than expected) whose condition must be stabilised and/ or require intensive monitoring for medical problems Including electrolyte imbalances, cardiac arrhythmias, profound hypoglycaemia, self mutilation, impaired capacity for self-care or active suicide ideation	No		