



Irish Life
health

Schedule
of Benefits
for Professional
Fees 2019

Neurosurgery

CONSULTATIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5691	Consultant plastic surgeon, cranio facialplasty, including the correction of craniosynostoses and facial synostoses	No		
5692	Consultant neurosurgeon, neurosurgical involvement with cranio facialplasty	No		
647010	Co-surgery benefit for two surgeons who perform neuroendoscopy, intracranial; with excision of pituitary tumour, transnasal or transsphenoidal approach (I.P.) - Neurosurgeons benefit	No	Independent procedure	Claimable by second surgeon assisting in procedure
647011	Co-surgery benefit for two surgeons who perform spinal surgery (I.P.) - ENT Surgeons benefit	Yes	Independent procedure	Claimable by second surgeon assisting in procedure

ARTERIES / VEINS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5290	Clipping aneurysm, anterior circulation (open procedure)	No		
5292	Detachable balloon occlusion of carotico cavernous aneurysms and fistulae	No		
5713	Contra-lateral carotid and vertebral angiography performed at the same session as procedure codes 5711 or 5712 above (benefit shown is payable in full with the code for the main procedure)	No		Benefit is payable in full when performed with code 5711 or 5712 Benefit shown is payable in full with the code for the main procedure
5779	Arteriovenous malformation, simple (< Spetzler 3)	No		
5781	Arteriovenous malformation, complex (> Spetzler 3)	No		
5782	Dural arteriovenous malformation	No		
5783	Clipping aneurysm, posterior circulation (open procedure)	No		
5784	Anastomosis, arterial, extracranial-intracranial (e.g. middle cerebral/ cortical) arteries	No		

BURR HOLES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5490	Burr hole for excavation and/ or drainage of subdural haematoma	No		
5645	Burr hole(s) for brain biopsy/ abscess tapping	No	Diagnostic	
5650	Burr hole for ventricular puncture or intensive care monitoring (I.P.)	No	Independent Procedure	
5706	Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g. thalamus, globus pallidus, subthalamic, nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording	No		
5707	Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g. thalamus, globus pallidus, subthalamic, nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording	No		
5744	Burr hole(s) for brain biopsy/ abscess tapping/ implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device	No		

CRANIECTOMIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5295	Craniectomy or craniotomy for cerebellar haematoma	No		
5320	Craniectomy for excision of brain tumour, supratentorial	No		
5365	Craniectomy for meningioma, supratentorial	No		
5410	Craniectomy or craniotomy for intracerebral haematoma	No		
5420	Craniectomy or craniotomy for abscess	No		
5470	Craniotomy for removal of pituitary tumour or to resect a portion of gland	No		
5751	Craniectomy for foramen magnum decompression (A-C; syringo)	No		
5752	Craniectomy for nerve section/ decompression	No		
5753	Craniectomy for bone tumour, supratentorial	No		
5754	Craniectomy for excision of brain tumour, infratentorial	No		
5757	Craniectomy for meningioma, infratentorial	No		
5758	Craniectomy for cerebellopontine angle tumour (includes acoustic neuroma)	No		
5759	Craniectomy for midline skull base tumour	No		
5768	Craniectomy for excision/ fenestration cyst	No		
5774	Craniectomy for repair of skull base, encephalocoele	No		

CRANIECTOMIES / CRANIOTOMIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5747	Craniectomy or craniotomy, exploratory, supratentorial (I.P.)	No	Independent Procedure	
5748	Craniectomy or craniotomy, exploratory, infratentorial (I.P.)	No	Independent Procedure	
5749	Craniectomy or craniotomy for extra/ subdural haematoma	No		

CRANIOTOMIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5376	Craniotomy for excision epileptic focus	No		
5377	Craniotomy for lobectomy (epilepsy) with electrocorticography during surgery (includes removal of electrode array)	No		

CRANIOTOMIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5378	Craniotomy with elevation of bone flap (for intractable epileptic seizures); for lobectomy, temporal, temporal lobe, without electrocorticography during surgery	No		
5379	Craniotomy with elevation of bone flap (to treat intractable mesial temporal lobe epilepsy); for selective amygdalohippocampectomy	No		
5764	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring	No		
5766	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue	No		
5767	Craniotomy for transection of corpus callosum	No		
5769	Craniotomy for excision of craniopharyngioma (complete removal)	No		
5776	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	No		

SHUNTS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5520	Shunt insertion	No		
5525	Shunt revision	No		
5796	Shunt removal	No		

SYMPATHECTOMIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5761	Cervical sympathectomy, unilateral	No		
5762	Cervical sympathectomy, bilateral	No		
5765	Lumbar sympathectomy, unilateral	No		
5770	Lumbar sympathectomy, bilateral	No		

OTHER NEUROSURGICAL PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5325	Penetrating brain injury with removal foreign body	No		
5370	CSF leak repair via craniectomy or nasal endoscopy (I.P.)	No	Independent Procedure	

OTHER NEUROSURGICAL PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5400	Hemispherectomy	No		
5484	Stereotactic computer assisted volumetric intracranial procedure	No		Payable in full with main benefit
5590	Intracranial sensory root division (trigeminal)	No		
5665	Elevation depressed skull fracture	No		
5690	Excision of osteoma calvarium	No	Day Care	
5693	Skull bone grafting to facial skeleton	No		
5695	Repair of platybasia	No		
5708	Revision or removal of intracranial neurostimulator electrodes	No		
5711	Percutaneous transcatheter occlusion or embolisation of tumour, acute haemorrhage, vascular malformation or aneurysm includes angioplasty, stenting or clot extraction from any vessel(s) external or internal carotid or vertebral arteries including distal branches; includes angiographic evaluation before, during and after the procedure, at the same session	No		Code 5711 is not claimable with Code 5712
5712	Percutaneous transcatheter occlusion or embolisation of tumour, acute haemorrhage, vascular malformation or aneurysm includes angioplasty, stenting or clot extraction from any vessel(s) external or internal carotid or vertebral arteries including distal branches; including any combination of more than one of the following: microcatheter, balloon catheter; stent catheter or clot retrieval device required for complex embolisation; includes angiographic evaluation before, during and after the procedure, at the same session	No		Code 5712 is not claimable with Code 5711
5725	Anomalies of cord vascular, operation for	No		
5741	Intraoperative neurophysiology testing by a consultant Neurophysiologist to monitor motor evoked potentials/ sensory evoked potentials of the spinal cord during spinal surgery	No		
5743	Botulinum toxin injection for treatment of cervical dystonia	No	Side Room	
5756	Intrathecal cytotoxic chemotherapy infusion	No	Side Room	
5763	Exploration of the brachial plexus with removal of tumours	No		
5771	Nerve root tumours, transthoracic or abdominal removal	No		
5772	Single surgeon transnasal or transeptal approach to remove a pituitary tumour or resect a portion of gland (I.P.)	No	Independent Procedure	
5773	Repair of encephalocele, skull vault, including cranioplasty	No		
5777	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus with or without decompression and/ or mobilization of contents of auditory canal or petrous carotid artery	No		
5778	Trans cochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/ or petrous carotid artery	No		
5786	Stereotactic lesioning (functional)	No		
5787	Stereotactic biopsy (CT or MRI targeted)	No		
5788	Cranioplasty for skull defect (I.P.)	No	Independent Procedure	
5789	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion (I.P.)	No	Independent Procedure	

OTHER NEUROSURGICAL PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5791	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/ or temporal lobe(s) (I.P.)	No	Independent Procedure	
5792	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/ or facial nerve (I.P.)	No	Independent Procedure	
5797	Endoscopic third ventriculostomy or cyst fenestration	No		