



Irish Life
health

**Schedule
of Benefits**
for Professional
Fees 2019

Ophthalmology

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
666599	Consultant Ophthalmologists 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

ANTERIOR SEGMENT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2523	Removal of foreign body from anterior chamber, non-magnetic	No		
2524	Removal of implanted material from anterior chamber	No		
2525	Paracentesis of anterior chamber of eye with or without diagnostic aspiration of aqueous (I.P.)	No	Independent Procedure, Day Care	
2580	Paracentesis of anterior chamber of eye for hyphaema with or without irrigation and/ or air injection	No		
2586	Reform anterior chamber secondary to trabeculectomy or post cataract surgery	No	Day Care	
266835	Implantation of iStent	No		For patients with mild to moderate open angle glaucoma undergoing cataract surgery or having previously had cataract surgery who require additional intraocular pressure control and for patients who experience side effects of topical drops, poor tolerance of topical drops due to severe dry eye, allergy or other systemic disease interactions, poor adherence to drop treatment regime or difficulty inserted drops due to coexisting illness or disability

CONJUNCTIVA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2490	Conjunctival flap	No		
2493	Conjunctivectomy	No		
2495	Conjunctival graft	No		
2496	Cryotherapy, unilateral	No	Day Care	
2497	Cryotherapy, bilateral	No	Day Care	
2498	Conjunctival tumour with or without graft	No	Day Care	
2500	Conjunctival cyst/ granuloma, one or more excision of	No	Side Room	
2521	Symblepharon division	No		
2522	Removal of foreign body from anterior chamber, magnetic	No	Day Care	

CONJUNCTIVA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2526	Symblephora, division of (includes conjunctival graft)	No		
2527	Conjunctival biopsy	No	Side Room	

CORNEA AND SCLERA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2510	Pterygium removal	No	Day Care	
2511	Pterygium removal and conjunctival graft	No	Day Care	
2530	Corneal grafting of un-cut graft, penetrating/ lamellar	No		
2531	Removal of sutures (late stage) post corneal grafting; corneal/ sclera	No	Side Room, Local Anaesthetic	
2535	Corneal surface removed and EDTA application	No	Side Room, Monitored Anaesthesia Care	
2540	Corneal tattooing	No		
2546	Corneal scraping	No	Day Care	
2547	Corneal biopsy	No		
2548	Ulcer/ recurrent erosion, surgical treatment/ cautery with or without pricking, with or without debridement, with or without cryotherapy, one or more treatments, per episode of illness	No	Side Room	
2549	Corneal grafting of pre-cut graft, penetrating/ lamellar (not INTACS)	No		
2555	Corneal or scleral tumour, excision	No		
2556	Perforating injury cornea and/ or sclera not involving uveal tissue	No		
2565	Perforating injury cornea and/ or sclera with reposition or resection of uveal tissue	No		
2566	Repair of scleral staphyloma with or without graft	No		
2575	Foreign body, removal of, from cornea	No	Side Room	
2577	Keratotomy, corneal relaxing incision or wedge resection for correction of surgically induced astigmatism that resulted from previous surgery (not for the correction of refractive errors to correct short sightedness, long sightedness or astigmatism) (I.P.)	No	Independent Procedure, Day Care	

CORNEA AND SCLERA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2579	Excimer laser therapy for the correction of corneal diseases e.g. corneal dystrophy, epithelial membrane dystrophy, irregular corneal surfaces due to Salzmann's nodular degeneration or keratoconus nodules, or post traumatic corneal scars and opacities or recurrent corneal erosions. Not for the correction of refractive errors (LASIK), the treatment of infectious keratitis or for the correction of post surgical corneal scars that arise as a result of surgery for which Irish Life Health benefit is not payable	No	Side Room	Details of previous cataract surgery must be provided on the claim form
2761	Lacrimal sac, syringing and probing, unilateral or bilateral (I.P.)	No	Independent Procedure, Side Room	
2773	Lacrimal canaliculi and sac, probing with or without syringing, one or both eyes (I.P.)	No	Independent Procedure	
2775	Lacrimal sac, syringing (I.P.)	No	Independent Procedure, Side Room	
2800	Intacs for members suffering from keratoconus (I.P.)	Yes	Independent Procedure, Side Room	Only for members suffering from keratoconus and has a clear central cornea
2801	Corneal cross linking (I.P.)	Yes	Independent Procedure, Side Room	
666150	Keratoconus	No		Payable once per lifetime, benefit includes follow up visit with consultant

EYELIDS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2591	Botulinum injection for blepharospasm or to induce ptosis (I.P.)	No	Independent Procedure, Side Room	
2592	Repair of ectropion; suture or thermo cauterization	No	Side Room	
2595	Repair of ectropion; excision of tarsal wedge/ extensive (e.g. tarsal strip operations)	No	Day Care	
2596	Blepharophimosis, for pathology (not cosmetic)	No	Day Care	
2600	Repair of entropion; excision tarsal wedge/ extensive (e.g. tarsal strip or capsulopalpebral fascia repairs operation)	No	Day Care	
2601	Repair of entropion; suture or thermo cauterization	No	Side Room	
2605	Epilation, trichiasis, correction of, by other than forceps (e.g. electrosurgery, cryotherapy, laser surgery), unilateral or bilateral, maximum benefit for four months (I.P.)	No	Independent Procedure, Side Room	
2610	Injury to eyelid, repair (superficial)	No	Side Room, Local Anaesthetic	
2611	Opening of tarsorrhaphy (I.P.)	No	Independent Procedure, Side Room, Local Anaesthetic	
2615	Injury to eyelid, repair (deep)	No		

EYELIDS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2621	Excision of chalazion, papilloma, dermoid or other cyst or lesion, single, involving skin, lid margin, tarsus, and/ or palpebral conjunctiva (I.P.)	No	Independent Procedure, Side Room	
2622	Excision of chalazions, papilloma's, dermoids or other cysts or lesions, one or both eyelids, involving skin, lid margin, tarsus and/ or palpebral conjunctiva (I.P.)	No	Independent Procedure, Side Room, Local Anaesthetic	
2626	Canthotomy (I.P.)	No	Independent Procedure, Side Room	
2630	Tarsorrhaphy	No	Day Care	
669901	Dermatochalasis causing visual field obstruction (not cosmetic)	No	Day Care	

GLOBE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2635	Evisceration of eye	No		
2640	Excision of eye plus implant	No		
2645	Removal of intraocular foreign body	No		
2660	Removal of eye	No		

INTRAVITREAL - ILUVIEN

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
669580	Left eye, implantation of 190mcg Iluvien flucinone acetone device (I.P.)	Yes	Independent Procedure, Side Room	Treatment of vision impairments caused by Chronic diabetic macular oedema (DMO), that is unresponsive to available therapies
669581	Right eye, implantation of 190mcg Iluvien flucinone acetone device (I.P.)	Yes	Independent Procedure, Side Room	Treatment of vision impairments caused by Chronic diabetic macular oedema (DMO), that is unresponsive to available therapies

INTRAVITREAL INJECTIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2528	Intravitreal injection of a pharmacological agent with or without paracentesis. Only for use where the intravitreal agents are not listed separately in this schedule (I.P.)	No	Independent Procedure, Side Room	Not for use where the intravitreal agents are listed separately in this Schedule The intravitreal agent used must be stated on the claim form If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

INTRAVITREAL INJECTIONS - AVASTIN

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2551	Left eye, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2552	Right eye, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2553	Left eye, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2554	Right eye, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2567	Left eye, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2568	Right eye, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669551	Bilateral, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669555	Bilateral, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669569	Bilateral, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

INTRAVITREAL INJECTIONS - AVASTIN

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
669573	Bilateral, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

INTRAVITREAL INJECTIONS - EYLEA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2559	Intravitreal injection of Eylea (Aflibercept) (bilateral) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2561	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2562	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2563	Intravitreal injection of Eylea (aflibercept) (bilateral) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2564	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2569	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2571	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

INTRAVITREAL INJECTIONS - EYLEA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2572	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

INTRAVITREAL INJECTIONS - JETREA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2678	Left eye, intravitreal injection of Jetrea (Ocricplasmin) in adults for the treatment of vitreomacular traction (VMT), including when associated with macular hole of a diameter less than or equal to 400 microns. Claimable once only per lifetime (I.P.)	No	Independent Procedure, Side Room	For procedures 2678 and 2679 benefit is only payable where the intravitreal agent listed is used for the stated indication
2679	Right eye, intravitreal injection of Jetrea (Ocricplasmin) in adults for the treatment of vitreomacular traction (VMT), including when associated with macular hole of a diameter less than or equal to 400 microns. Claimable once only per lifetime (I.P.)	No	Independent Procedure, Side Room	For procedures 2678 and 2679 benefit is only payable where the intravitreal agent listed is used for the stated indication

INTRAVITREAL INJECTIONS - LUCENTIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2512	Left eye, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2513	Right eye, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2516	Left eye, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2517	Right eye, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

INTRAVITREAL INJECTIONS - LUCENTIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2518	Left eye, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2519	Right eye, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669514	Bilateral, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669518	Bilateral, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669520	Bilateral, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

INTRAVITREAL INJECTIONS - OZURDEX

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2541	Intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
2543	Intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669542	Right eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

INTRAVITREAL INJECTIONS - OZURDEX

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
669543	Bilateral, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669544	Right eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies
669545	Bilateral, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)	No	Side Room, Independent Procedure	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre-authorization is required If it is medically necessary for a consultant Anaesthetist to provide any form of anaesthetic then an Anaesthetist report must be completed by the consultant Anaesthetist and submitted with the claim form Anaesthetist rate applies where full general anaesthetic is used If a full general anaesthetic is not administered, then code 399 for monitored anaesthesia applies

IRIS, CILIARY BODY AND CHOROID

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2680	Division of anterior synechiae (I.P.)	No	Independent Procedure, Day Care	
2685	Cyclodialysis	No		
2696	Ciliary body destruction; cyclocryotherapy or diathermy	No	Day Care	
2700	Goniotomy	No		
2710	Iridectomy	No		
2711	Pupil reconstruction post trauma, post surgery	No		
2725	Iris tumour, removal	No		
2726	Iris biopsy (I.P.)	No	Independent Procedure	
2740	Trabeculectomy/ drainage procedure	No		1 Night Only
2741	Laser trabeculoplasty, one or more treatments	No	Side Room	
2742	Trabeculectomy and tubes, etc.	No	Day Care	
2845	Local resection of ciliary body or choroidal tumour	No		

LACRIMAL APPARATUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2750	Canaliculus repair with or without tube	No	Day Care	
2755	Dacryocystorhinostomy with or without tubes (I.P.)	No	Independent Procedure, Day Care	
2756	Removal of D.C.R. tube	No	Side Room	
2760	Lacrimal abscess, (dacrocystitis) incision	No	Side Room	
2764	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent (I.P.)	No	Independent Procedure, Day Care	
2766	Punctal closure with cautery or controller	No	Side Room	
2768	3 snip operation of lacrimal punctum	No	Side Room	
2769	Correction of everted punctum: cautery only	No	Side Room	
2770	Lacrimal sac excision (dacryocystectomy)	No		
2771	Lacrimal gland tumour excision	No		
2772	Conjunctivo - dacryocystorhinostomy with Lester Jones tube	No	Day Care	
608418	Dacryocystorhinostomy	No		

LASER / LIGHT COAGULATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2644	Argon or Diode laser or Xenon Arc, for treatment of retinal or choroidal disease, glaucoma, one or more treatments (I.P.)	No	Independent Procedure, Side Room	
2647	YAG laser, for pupil formation, iridectomy, membranectomy, ciliary body treatment, glaucoma, one or more treatments (I.P.)	No	Independent Procedure, Side Room	
2648	YAG laser capsulotomy, post cataract surgery, one or more treatments (details of previous cataract surgery must be provided on the claim form)	No	Side Room	Details of previous cataract surgery must be provided on the claim form
2649	Bilateral YAG laser capsulotomy, post cataract surgery, one or more treatments (details of previous cataract surgery must be provided on the claim form)	No	Side Room	Details of previous cataract surgery must be provided on the claim form
2806	Argon laser therapy for pan-retinal photocoagulation of diabetic retinopathy or central retinal vein occlusion (per course of therapy)	No	Side Room	
2807	Photodynamic therapy for exudative macular degeneration (one eye) - all inclusive benefit including pre-therapy assessment and counselling, infusion of Visudyne and post-therapy assessment. Also inclusive of out-patient consultations within one week of treatment to provide pre-therapy counselling and post therapy assessment (excluding fluorescein angiography)	No	Side Room	Benefit is payable for codes 2807 and 2808 for: (a) The treatment of wet age related degeneration for individuals who have a confirmed diagnosis of: (i) Predominantly classic lesions (ii) Pure occult lesions Benefit is not payable for minimally classic or mixed lesions (b) Best corrected visual acuity 6/60 or better

LASER / LIGHT COAGULATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2808	Photodynamic therapy for exudative macular degeneration (both eyes) - all inclusive benefit including pre-therapy assessment and counselling, infusion if Visudyne and post-therapy assessment. Also inclusive of out-patient consultations within one week of treatment to provide pre-therapy counselling and post therapy assessment (excluding fluorescein angiography)	No	Side Room	Benefit is payable for codes 2807 and 2808 for: (a) The treatment of wet age related degeneration for individuals who have a confirmed diagnosis of: (i) Predominantly classic lesions (ii) Pure occult lesions Benefit is not payable for minimally classic or mixed lesions (b) Best corrected visual acuity 6/60 or better

LENS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2779	Repositioning of intraocular lens prosthesis requiring an incision (I.P.)	No	Independent Procedure, Day Care	Prosthesis benefit is payable up to the value of monofocal lens only Benefit is not payable for elective refractive lens replacement surgery Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health Benefit is not payable for lens extraction for prevention or treatment of glaucoma Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I to III in the following exceptional circumstances (a) patients with only one eye (b) co-existing eye disease e.g. glaucoma, uveitis (c) previous retinal surgery (d) eye injury causing corneal scarring (d) lens subluxation
2780	Intraocular lens insertion not associated with concurrent cataract removal secondary implant, for exchange lens associated with previous cataract surgery only (I.P.)	Yes	Independent Procedure, Day Care	Pre-authorization required for patients under 60 years of age Prosthesis benefit is payable up to the value of monofocal lens only Benefit is not payable for elective refractive lens replacement surgery Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health Benefit is not payable for lens extraction for prevention or treatment of glaucoma Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation
2781	Artisan lens implantation for aphakia (I.P.)	Yes	Independent Procedure, Day Care	Procedure must be secondary to: (a) Congenital cataract surgery where the best corrected vision using contact lens is 6/12 or there are medical contraindications to the wearing of contact lenses (details of such contraindications to be provided) (b) Lens dislocation where the best corrected vision using contact lenses is 6/12 or worse or there are medical contraindications to the wearing of contact lenses (details of such contraindications to be provided) (c) Cataract surgery where it is certified that a secondary implant is medically necessary because of a displaced lens or capsule rupture (d) Cataract surgery following previous retinal detachment treated by vitrectomy

LENS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2785	Discission of secondary membranous cataract (opacified posterior lens capsule and/ or anterior hyaloid); stab incision technique (I.P.)	No	Independent Procedure	
2786	Revision or repair of operative wound of anterior segment of the eye, any type, early or late, major or minor procedure (I.P.)	No	Independent Procedure	
2795	Lens extraction	No	Day Care	Benefit is not payable for elective refractive lens replacement surgery Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III, in the following exceptional circumstances: (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation
2802	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - Monitored anaesthesia care/ nerve block/ local/ regional anaesthesia	Yes	Day Care	Pre-authorization required for patients under 60 years of age Prosthesis benefit is payable up to the value of monofocal lens only Benefit is not payable for elective refractive lens replacement surgery Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health Benefit is not payable for lens extraction for prevention or treatment of glaucoma Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation If a second procedure is performed within 60 days of the initial procedure, on the same eye, benefit at the rate of 50% only will be paid
2803	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - General anaesthesia	Yes	Day Care	Pre-authorization required for patients under 60 years of age Prosthesis benefit is payable up to the value of monofocal lens only Benefit is not payable for elective refractive lens replacement surgery Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health Benefit is not payable for lens extraction for prevention or treatment of glaucoma Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation If a second procedure is performed within 60 days of the initial procedure, on the same eye, benefit at the rate of 50% only will be paid

LENS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2804	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) Children up to 16 years of age.	No	Day Care	<p>Prosthesis benefit is payable up to the value of monofocal lens only Benefit is not payable for elective refractive lens replacement surgery Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health Benefit is not payable for lens extraction for prevention or treatment of glaucoma Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances</p> <ul style="list-style-type: none"> (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation <p>If a second procedure is performed within 60 days of the initial procedure, benefit at the rate of 50% only will be paid</p>
668261	Left and right eye, same day cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - monitored anaesthesia care	Yes	Day Care	<p>Pre-authorization required for patients under 60 years of age Prosthesis benefit is payable up to the value of monofocal lens only Benefit is not payable for elective refractive lens replacement surgery Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health Benefit is not payable for lens extraction for prevention or treatment of glaucoma Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances</p> <ul style="list-style-type: none"> (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation <p>If a second procedure is performed within 60 days of the initial procedure, benefit at the rate of 50% only will be paid</p>
668262	Left and right eye, same day cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - general anaesthesia	No	Day Care	<p>Pre-authorization required for patients under 60 years of age Prosthesis benefit is payable up to the value of monofocal lens only Benefit is not payable for elective refractive lens replacement surgery Should the Irish Life Health member elect to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member In no circumstances may an additional professional fee be charged for such premium lens by a consultant who elects to be fully participating with Irish Life Health Benefit is not payable for lens extraction for prevention or treatment of glaucoma Benefit will be paid for one overnight stay in hospital when the surgery and procedure ground rules are met and in addition for patients with ASA I or III in the following exceptional circumstances</p> <ul style="list-style-type: none"> (a) Patients with only one eye (b) Co-existing eye disease e.g. glaucoma, uveitis (c) Previous retinal surgery (d) Eye injury causing corneal scarring (e) Lens subluxation <p>If a second procedure is performed within 60 days of the initial procedure, benefit at the rate of 50% only will be paid</p>

OCULAR MUSCLES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2870	Initial Strabismus, squint operation, horizontal, vertical or oblique	No	Day Care	
2871	Transposition surgery	No		
2872	Post operative adjustment(s) of suture(s)	No	Side Room	Claimable once per primary procedure
2873	Botulinum toxin injection to extraocular muscles	No	Side Room	
2874	Muscle biopsy (I.P.)	No	Independent Procedure	
657883	Subsequent strabismus/ squint operation - horizontal, vertical or oblique	No	Day Care	

ORBIT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2890	Orbit, exenteration of	No		
2895	Orbit, exploration of, including biopsy	No	Day Care	
2900	Orbit, removal of foreign body from	No		
2905	Orbit, removal of tumour from (Kronlein's operation)	No		
2910	Orbit, repair of fracture of	No	Day Care	
2911	Orbitotomy	No		
2912	Transnasal wiring	No		
2915	Orbit, repair of fracture of, with plastic implant	No		

POSTERIOR SEGMENT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2506	Removal of silicone oil not associated with retinal repair at same operative session	No	Day Care	
2665	Prophylaxis of retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser	No	Side Room	Codes 2665, 2675 and 2676 cannot be combined for benefit payment purposes
2675	Repair of retinal detachment, retinopexy with scleral buckling, scleral resection or scleral implant, etc. (for diathermy, cryotherapy or photocoagulation use code 2665)	No		Codes 2665, 2675 and 2676 cannot be combined for benefit payment purposes

POSTERIOR SEGMENT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2676	Vitrectomy - including prophylaxis for retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser	No		Codes 2665, 2675 and 2676 cannot be combined for benefit payment purposes
2677	Complex repair of retinal detachment, retionopexy with scleral buckling, scleral resection or scleral implant, includes vitrectomy, claimable only when membrane dissection is also involved - including Prophylaxis of retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser (I.P.)	No	Independent Procedure	
2875	Retrobulbar, orbital floor, subconjunctival, subtenons and facial nerve injections (I.P.)	No	Independent Procedure, Side Room	
2880	Examination of eye under general anaesthetic (I.P.)	No	Independent Procedure, Diagnostic, Day Care	
2926	Fluorescein angiography (I.P.)	No	Independent Procedure, Diagnostic, Side Room	
2927	Tensilon (Edrophonium) test	No	Side Room	