Irish Life health

Schedule of Benefits

for Professional Fees 2019

Pain Medicine

ARTHROCENTESIS / INJECTIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5624	Injection, anaesthetic agent, intercostal nerve, single (I.P.)	No	Independent Procedure, Side Room	
5625	Injection, anaesthetic agent, intercostal nerve, multiple, regional block (I.P.)	No	Independent Procedure, Side Room	

EEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5905	Video telemetric electroencephalogram (EEG) recordings including full clinical evaluation and placement of sphenoidal electrodes	No		For procedure codes 5905 and 5906 the benefit incorporates all in-patient attendance
5906	Video telemetric electroencephalogram (EEG) recordings including full clinical evaluation following placement of sub dural electrodes	No		For procedure codes 5905 and 5906 the benefit incorporates all in-patient attendance

EMG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5880	Electromyography (EMG)	No	Diagnostic, Side Room	
5881	Electromyography (EMG) study, rectal mucosal sensitivity testing	No	Diagnostic, Side Room	

EPIDURALS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3540	Epidural injection (I.P.)	No	Independent Procedure	
3541	Caudal epidural (I.P.)	No	Independent Procedure, Side Room	
3542	Epidural injection, of anaesthetic substances and/ or therapeutic substances, diagnostic or therapeutic under radiological guidance one or more levels at the same session (I.P.)	No	Independent Procedure, Day Care	
3545	Epidural infusion with cannula	No	Day Care	

IMPLANTABLE PUMPS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5038	Refilling and maintenance of implantable pump or reservoir including access to pump port (I.P.)	No	Independent Procedure, Side Room	Benefit for implantation and maintenance of pain pumps, procedure codes 5038 and 5039, applies for one of the following clinical indications: (a) Diffuse cancer pain (b) Failed back surgery (c) Osteoporosis (d) Arachnoiditis (e) Axial somatic pain (f) Painful neuropathies (g) Spinal cord injury (h) Spasticity arising from multiple sclerosis or cerebral palsy
5039	Implantation of catheter system and reservoir; tunnelled, intrathecal or epidural catheter for long term medication administration via an external pump or implantable reservoir/ infusion pump (I.P.)	No	Independent Procedure	Benefit for implantation and maintenance of pain pumps, procedure codes 5038 and 5039, applies for one of the following clinical indications: (a) Diffuse cancer pain (b) Failed back surgery (c) Osteoporosis (d) Arachnoiditis (e) Axial somatic pain (f) Painful neuropathies (g) Spinal cord injury (h) Spasticity arising from multiple sclerosis or cerebral palsy
5042	Removal of subcutaneous implantable pump (does not apply to removal of CVC) (I.P.)	No	Independent Procedure, Side Room	

NERVES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5586	Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve (e.g. for blepharospasm, hemifacial spasm)	No		
5606	Implantation of neurostimulator electrodes, Vagus nerve	No		
5610	Sensory nerve, neurectomy	No		
5622	E.C.T. (each session)	No	Day Care	

NEURO STIMULATORS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5043	Removal of spinal neurostimulator pulse generator or receiver, or neurostimulator electrode percutaneous array(s) or plate/ paddle(s) (I.P.)	No	Independent Procedure, Day Care	
5044	Revision including replacement, when performed, or re-positioning of spinal neurostimulator electrode percutaneous array(s) or plate/ paddle(s); includes fluoroscopy (I.P.)	Yes	Independent Procedure, Day Care	

NEURO STIMULATORS

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

NEURO STIMULATORS

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

NEURO STIMULATORS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5999	Insertion of spinal cord stimulator - implantation stage (I.P.)	Yes	Independent Procedure	Benefit for the insertion of spinal cord stimulators will be subject to the following criteria being satisfied: (a) Whether or not low or high frequency spinal cord stimulator is used must be specified on the claim form (b) Prior approval is sought by a consultant recognised by Irish Life Health and who also has a Diploma in Pain Medicine (c) The procedure is performed in a hospital that is listed in the Irish Life Health Directory of Hospitals (d) Benefit will be provided for the trial stage and subsequent implantation for members who satisfy the following criteria: (i) An observable pathology concordant with the pain complaint (ii) Further corrective surgical interventions are unlikely to relieve the patient's pain (iii) Non interventional or other conservative therapies have failed (iv) Oral medications are not effective or cause intolerable side effects (v) No untreated chemical dependency exists (vi) Psychological clearance has been obtained through a consultant psychiatrist or clinical psychologist registered with the Psychological Society of Ireland (vii) No contra indications to surgery are present (sepsis, coagulopathy) (viii) Trial screening with the proposed therapy is successful (e) Benefit will be provided for implantation following a successful trial if the procedure is performed for one of the following clinical reasons: (i) Failed back surgery (ii) Complications, including leg pain, from unsuccessful multiple lumbar surgery to repair lower back problems (iii) Reflex sympathetic dystrophy (iv) Arachnoiditis (v) Radiculopathies (vi) Chronic refractory angina (vii) Painful neuropathies (viii) Spinal cord injury (f) Benefit for a day case hospital stay will be provided for the trial stage (g) Benefit for a three day stay for the implantation stage will be provided (h) Benefit will be provided for five days for members who proceed immediately following the trial to implantation during a single hospital admission Note: the relevant documentation to support the precertification application must be submitted to Irish Life Health in advance of treatment Maximum once every 7 years, stimulator or modulator or battery replacement performed within that period will not be payable Only for Irish Life Health approved brands of stimulators
636052	Removal of implanted neurostimulator	No		

NEURO STIMULATORS

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

PAIN BLOCKS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5615	Peripheral nerve block for pain control using nerve stimulator or ultrasound guidance (I.P.)	No	Independent Procedure, Side Room	
5620	Sympathetic block, under image guidance (I.P.)	No	Independent Procedure, Side Room	
5621	Intravenous regional block/ sympathectomy by Bier's technique (I.P.)	No	Independent Procedure, Side Room	
5719	Chemical sympathectomy, lumbar or coeliac plexus under image guidance (I.P.)	No	Independent Procedure, Side Room	

PAIN INJECTIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3543	Percutaneous lysis of epidural adhesions using solution injection (e.g. hypertonic saline, enzyme) or mechanical means (e.g. catheter) including radiological localisation (includes local anaesthesia and contrast when administered), one or more sessions (I.P.)	No	Independent Procedure, Day Care	Benefit is limited to 2 treatments per year and only for patients with low back pain in post lumbar surgery syndrome
5575	Injection of trigeminal ganglion via foramen ovale under image guidance (I.P.)	No	Independent Procedure, Side Room	
5580	Destruction by radiofrequency lesioning of trigeminal ganglion via foramen ovale under x-ray guidance via foramen ovale (I.P.)	No	Independent Procedure, Day Care	
5611	Transforaminal injection of anaesthetic agent, assessment of response and application of steroid if indicated to medial branch nerve or dorsal root ganglion at one or more levels under image guidance (I.P.)	No	Independent Procedure, Side Room, Local Anaesthetic	

PULSED RADIOFREQUENCY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5612	Pulsed radiofrequency (PRF) lesioning of medial branch nerve or dorsal root ganglion, one or more levels under image guidance with sensorimotor testing (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	
5614	Peripheral nerve lesioning including pulsed radiofrequency or electrical stimulation (I.P.)	No	Independent Procedure, Side Room	

RHIZOTOMY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5616	Initial/ first neurodestructive thermal rhizotomy (temperature > 69°C), under image guidance, with sensory and motor testing, one or more levels, lumbar, sacral or thoracic (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	Benefit is only payable as an initial procedure The following information must be provided on the claim form before benefit can be considered for payment: (a) Details of the level(s) that were treated by rhizotomy i.e. L4/5 or L5/S1 and whether this was carried out on the left or right side of the spine (b) Confirm the temperature used to perform the procedure
5617	Initial/ first neurodestructive thermal rhizotomy (temperature > 69°C), under image guidance, with sensory and motor testing, one or more levels, cervical (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	Benefit is only payable as an initial procedure The following information must be provided on the claim form before benefit can be considered for payment: (a) Details of the level(s) that were treated by rhizotomy i.e. L4/5 or L5/S1 and whether this was carried out on the left or right side of the spine (b) Confirm the temperature used to perform the procedure
5618	Repeat of procedure 5616 to the same anatomical site, one or more levels, lumbar, sacral or thoracic - less than 18 months after initial procedure (I.P.)	No	Independent Procedure, Day Care	The following information must be provided on the claim form before benefit can be considered for payment: (a) Date of initial treatment (b) Details of the level(s) that were treated by rhizotomy i.e. L4/5 or L5/S1 and whether this was carried out on the left or right side of the spine (c) Confirm the temperature used to perform the procedure
5619	Repeat of procedure 5617 to the same anatomical site, one or more levels, cervical - less than 18 months after initial procedure (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	The following information must be provided on the claim form before benefit can be considered for payment: (a) Date of initial treatment (b) Details of the level(s) that were treated by rhizotomy i.e. L4/5 or L5/S1 and whether this was carried out on the left or right side of the spine (c) Confirm the temperature used to perform the procedure

RHIZOTOMY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
225918	Repeat of procedure 5616 to the same anatomical site, one or more levels, lumbar, sacral or thoracic - 18 months or more after previous procedure (I.P.)	No	Independent Procedure, Day Care	The following information must be provided on the claim form before benefit can be considered for payment: (a) Date of initial treatment (b) Details of the level(s) that were treated by rhizotomy i.e. L4/5 or L5/S1 and whether this was carried out on the left or right side of the spine (c) Confirm the temperature used to perform the procedure
225919	Repeat of procedure 5617 to the same anatomical site, one or more levels, cervical - 18 months or more after previous procedure (I.P.)	No	Independent Procedure, Day Care, Local Anaesthetic	The following information must be provided on the claim form before benefit can be considered for payment: (a) Date of initial treatment (b) Details of the level(s) that were treated by rhizotomy i.e. L4/5 or L5/S1 and whether this was carried out on the left or right side of the spine (c) Confirm the temperature used to perform the procedure