



Irish Life
health

Schedule
of Benefits
for Professional
Fees 2019

Thoracic
Procedures

ATRIA

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|-----------------------|---|
| 5208 | Left atrial appendage occlusion (I.P.) | Yes | Independent Procedure | Possible co-payment please check Table of Cover Cover must be requested in advance |
| 5824 | Refashioning of atrium (Ebstein's) | No | | Possible co-payment please check Table of Cover |
| 5826 | Operations on wall of atrium | No | | Possible co-payment please check Table of Cover |

ATRIAL FIBRILLATION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|-----------------------|--|
| 5033 | Thoracoscopic epicardial radiofrequency ablation; operative tissue ablation with or without reconstruction of atria (e.g. modified maze procedure) without cardiopulmonary bypass (I.P.) | No | Independent Procedure | Possible co-payment please check Table of Cover Conditions of payment for code 5033 are as follows: (a) Benefit will be provided for thoracoscopic epicardial radiofrequency ablation for patients with atrial fibrillation who have failed to respond to trans-catheter endocardial ablation provided the decision is the consensus of a multidisciplinary team that includes both a cardiologist and a cardiothoracic surgeon, both with training and experience in the use of intra-operative electrophysiology (b) Relevant documentation confirming the above must be provided when the claim is being submitted |
| 5134 | Operative ablation/incision and/or reconstruction of atria for treatment of atrial fibrillation or flutter (e.g. maze procedure) | No | | Possible co-payment, please check Table of Cover |
| 5138 | Operative ablation of atrial fibrillation, supraventricular arrhythmogenic focus or pathway (e.g. Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/ or focus (foci) with or without cardiopulmonary bypass | No | | Possible co-payment, please check Table of Cover |
| 5139 | Operative ablation of atrial fibrillation, ventricular arrhythmogenic focus with cardiopulmonary bypass | No | | Possible co-payment, please check Table of Cover |

BIOPSY

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------------------------|--|
| 5041 | Myocardial biopsy | No | Diagnostic | |
| 5124 | Mediastinoscopy, without biopsy (I.P.) | No | Independent Procedure, Diagnostic | Possible co-payment, please check Table of Cover |
| 5135 | Mediastinoscopy and biopsy | No | Diagnostic | Possible co-payment, please check Table of Cover |
| 5136 | Percutaneous transthoracic biopsy | No | Diagnostic | |
| 5137 | Percutaneous transthoracic biopsy under CAT guidance | No | Diagnostic | |
| 5217 | Needle biopsy, transthoracic | No | Diagnostic | |
| 5218 | Needle biopsy, abdominal | No | Diagnostic | |

BRONCHOSCOPY

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|--|-----------------------|--|---|
| 1994 | Bronchoscopy; diagnostic, flexible with or without one of the following: (a) bronchoalveolar lavage, (b) cell washing or brushing, (c) bronchial biopsy (I.P.) | No | Independent Procedure, Diagnostic, Day Care | Where a code 2113 is performed on the same day and in a different physical location in the hospital with gap of 2 hours or more, then the payment indicator "Independent Procedure" will not apply for Consultant fees only. |
| 1999 | Bronchoscopy with laser ablation/ resection of tumour (I.P.) | No | Independent Procedure | |
| 2004 | Bronchoscopy with transbronchial biopsy of tumour(s), nodule(s) or lymph node(s) with or without fluoroscopic or endobronchial ultrasound (EBUS) guidance (includes washing or brushings, if performed) (I.P.) | No | Independent Procedure, Diagnostic, Day Care | |
| 2012 | Bronchoscopy with or without bronchial biopsy (claimable for patients less than 2 years old) (I.P.) | No | Independent Procedure, Diagnostic | Benefit is claimable for patients less than 2 years old only |
| 2013 | Bronchoscopy; rigid, under general anaesthetic (I.P.) | No | Independent Procedure, Diagnostic, Day Care | |
| 2014 | Bronchoscopy and airway evaluation in patients with suspected (on the basis of severe sleep disturbance) or proven sleep apnoea (I.P.) | No | Independent Procedure, Diagnostic, Day Care | |
| 2020 | Bronchoscopy with removal of foreign body (includes foreign body removal by rigid endoscopy) (I.P.) | No | Independent Procedure, Diagnostic | |
| 231652 | Bronchoscopy, rigid or flexible including fluoroscopic guidance with EBUS (endobronchial ultrasound) guided transtracheal and/or transbronchial sampling from one or two mediastinal and/ or hilar lymph node stations or structures (I.P.) | No | Independent Procedure, Side Room | |
| 231653 | Bronchoscopy, rigid or flexible including fluoroscopic guidance with EBUS (endobronchial ultrasound) guided transtracheal and/or transbronchial sampling from three or more mediastinal and/ or hilar lymph node stations or structures (I.P.) | No | Independent Procedure, Side Room | |
| 941921 | Combined bronchoscopy with laser ablation/ resection of tumour and full pulmonary function studies for the diagnosis and assessment of obstructive or restrictive lung disease (I.P.) | No | Independent Procedure, Diagnostic, Side Room | To be eligible for this benefit, the rules from codes 1999 & 2113 apply plus the procedures must be performed: (a) On the same day and (b) In the same approved Irish Life Health approved hospital and (c) By the same consultant |

BRONCHI / LUNGS / PLEURA

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|-----------------------------------|--|
| 5025 | Pneumonolysis | No | | Possible co-payment, please check Table of Cover |
| 5221 | Closed pleural biopsy | No | Diagnostic | |
| 5230 | Empyema, drainage of (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5231 | Percutaneous drainage of empyema | No | | |
| 5234 | Paracentesis thoracis (I.P.) | No | Independent Procedure, Diagnostic | |
| 5235 | Paracentesis thoracis with intercostal drain (I.P.) | No | Independent Procedure, Diagnostic | |
| 5245 | Phrenic avulsion (I.P.) | No | Independent Procedure | |
| 5250 | Pleurodesis (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |

BRONCHI / LUNGS / PLEURA

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|---|-----------------------|-----------------------------------|--|
| 5251 | Closed drainage of pneumothorax | No | | |
| 5260 | Thoracoscopy (I.P.) | No | Independent Procedure, Diagnostic | Possible co-payment, please check Table of Cover |
| 5265 | Thoracoscopy with intrapleural procedure (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5928 | Therapeutic operations on bronchus or lung using rigid bronchoscopy | No | Diagnostic | |
| 5941 | Total pneumonectomy | No | | Possible co-payment, please check Table of Cover |
| 5942 | Lobectomy of lung (including excision of segment) | No | | Possible co-payment, please check Table of Cover |
| 5943 | Thoracoscopic lung resections, includes robotic approach (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5944 | Open excision of lesion of lung | No | | Possible co-payment, please check Table of Cover |
| 5946 | Decortication of pleura or lung, open or thoroscopic (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5947 | Removal of lung, with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy) | No | | Possible co-payment, please check Table of Cover |
| 5948 | Removal of lung, with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy) | No | | Possible co-payment, please check Table of Cover |
| 5949 | Pleurectomy for pneumothorax, open | No | | Possible co-payment, please check Table of Cover |
| 5951 | Endoscopic examination of pleura (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5952 | Insertion of tube drain into pleural cavity | No | | |
| 5953 | Introduction of substance into pleural cavity with chest aspiration | No | | |
| 5954 | Introduction of substance into pleural cavity with chest drain | No | | |
| 5982 | Total pneumonectomy with lymphadenectomy | No | | Possible co-payment, please check Table of Cover |
| 5983 | Lobectomy of lung (including excision of segment) with lymphadenectomy | No | | Possible co-payment, please check Table of Cover |
| 328582 | Robotically assisted thoracoscopic pneumonectomy, lobectomy (single or bilobar), segmentectomy or LVRS (other than bullectomy) | No | | Possible co-payment, please check Table of Cover 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 |
| 328592 | Robotically assisted thoracoscopic pneumonectomy, lobectomy (single or bilobar), segmentectomy with regional lymphadenectomy | No | | Possible co-payment, please check Table of Cover 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 |

BYPASS SURGERY

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|--|
| 5131 | Open procurement of a radial artery to secure conduit for construction of a coronary artery bypass graft (payable in full with main benefit) | No | | Payable in full with main benefit |
| 5158 | Coronary artery bypass grafts using venous graft(s) and/or arterial graft(s) | No | | Possible co-payment, please check Table of Cover |
| 5168 | Revision coronary artery bypass grafts using venous graft(s) and/ or arterial grafts | No | | Possible co-payment, please check Table of Cover |
| 5867 | Removal of pacing system with bypass | No | | Possible co-payment, please check Table of Cover |
| 5894 | Extra anatomic bypass of aorta | No | | Possible co-payment, please check Table of Cover |

CHEST WALL

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|-----------------------------------|---|
| 5015 | Lung abscess with thoracotomy, drainage of | No | | Possible co-payment, please check Table of Cover |
| 5205 | Vagotomy (through chest) | No | | Possible co-payment, please check Table of Cover |
| 5270 | Thoracotomy including lung or pleural biopsy (I.P.) | No | Independent Procedure, Diagnostic | Possible co-payment, please check Table of Cover |
| 5274 | Exploration for post-operative haemorrhage or thrombosis, chest | No | | Possible co-payment, please check Table of Cover |
| 5907 | Repair of congenital diaphragmatic hernia using thoracic approach in neonates | No | | Possible co-payment, please check Table of Cover The anaesthetist benefit is all inclusive of pre-operative and post-operative intensive care No other anaesthetic or intensive care benefits are payable |
| 5908 | Thoracoplasty, one stage | No | | Possible co-payment, please check Table of Cover |
| 5909 | Excision of chest wall tumour including ribs | No | | Possible co-payment, please check Table of Cover |
| 5912 | Correction of pectus deformity of chest wall | No | | Possible co-payment, please check Table of Cover |
| 5913 | Reconstruction of chest wall | No | | Possible co-payment, please check Table of Cover |
| 5914 | Exploratory thoracotomy | No | | Possible co-payment, please check Table of Cover |
| 5916 | Resection of rib and open drainage of pleural cavity | No | | Possible co-payment, please check Table of Cover |
| 5917 | Repair of rupture of diaphragm | No | | Possible co-payment please check Table of Cover Procedure code 5917 is not payable in conjunction with procedure code 271 |
| 5918 | Plication of paralysed diaphragm | No | | Possible co-payment, please check Table of Cover |
| 5927 | Cervical rib resection for thoracic outlet syndrome | No | | Possible co-payment, please check Table of Cover |
| 5963 | Repair of diaphragmatic hernia using thoracic approach | No | | Possible co-payment, please check Table of Cover |

FIBREOPTIC PROCEDURES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---------------|
| 5931 | Destruction of lesion of trachea | No | | |
| 5932 | Dilatation of tracheal stricture | No | | |
| 5936 | Dilatation of bronchial stricture by fibre optic bronchoscopy | No | Diagnostic | |

MEDIASTINUM

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|-----------------------|--|
| 5110 | Thoracoscopy, surgical; with oesophagomyotomy (Heller type) | No | | Possible co-payment, please check Table of Cover |
| 5113 | Pericardial drainage | No | | |
| 5114 | Continuous pericardial drainage | No | | |
| 5120 | Excision of mediastinal tumour, includes robotic approach | No | | Possible co-payment, please check Table of Cover |
| 5121 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach | No | | Possible co-payment, please check Table of Cover |
| 5122 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy | No | | Possible co-payment, please check Table of Cover |
| 5123 | Excision of mediastinal cyst | No | | Possible co-payment, please check Table of Cover |
| 5148 | Laparoscopy, surgical, oesophagomyotomy (Heller type) with fundoplasty, when performed | No | | Possible co-payment, please check Table of Cover |
| 5161 | Tracheo-oesophageal fistula, repair of | No | | |
| 5162 | Repair, tracheo-oesophageal atresia | No | | Possible co-payment, please check Table of Cover |
| 5163 | Repair, tracheo-oesophageal fistula (TOF) alone (H-fistula) | No | | Possible co-payment, please check Table of Cover |
| 5164 | Repair, tracheo-oesophageal fistula (TOF) and atresia, replacement | No | | Possible co-payment, please check Table of Cover |
| 5165 | Oesophagectomy (all forms including three stages) (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5171 | Transection of oesophagus with repair, for oesophageal varices | No | | Possible co-payment, please check Table of Cover |
| 5172 | Oesophageal devascularisation | No | | Possible co-payment, please check Table of Cover |
| 5801 | Exploration of mediastinum | No | Diagnostic | Possible co-payment, please check Table of Cover |
| 5802 | Endoscopic extirpation of lesion of mediastinum | No | Diagnostic | Possible co-payment, please check Table of Cover |
| 5863 | Thymectomy, includes robotic approach | No | | Possible co-payment, please check Table of Cover |
| 5872 | Excision of pericardium (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5874 | Pericardiocentesis | No | | |
| 5876 | Transthoracic drainage of pericardium | No | | Possible co-payment, please check Table of Cover |

MEDIASTINUM

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|-----------------------|--|
| 5877 | Creation of pericardial window or partial resection for drainage (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5878 | Closure of median sternotomy separation with or without debridement (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |

PACEMAKER

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|--|
| 5141 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular | No | | Possible co-payment, please check Table of Cover |
| 5142 | Removal of single or dual chamber pacing cardioverter defibrillator electrode(s); by thoracotomy | No | | Possible co-payment, please check Table of Cover |
| 5223 | Insertion of permanent pacemaker with epicardial electrode(s), by thoracotomy | No | | Possible co-payment, please check Table of Cover |

SEPTUM PROCEDURES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|--|
| 5190 | Rashkind septostomy | No | | Possible co-payment, please check Table of Cover |
| 5814 | Closure of defect of atrioventricular septum using dual prosthetic patches | No | | Possible co-payment, please check Table of Cover |
| 5816 | Closure of defect of interatrial septum | No | | Possible co-payment, please check Table of Cover |
| 5817 | Closure of defect of interventricular septum | No | | Possible co-payment, please check Table of Cover |
| 5818 | Planned repair of post infarction ventricular septal defect | No | | Possible co-payment, please check Table of Cover |
| 5819 | Emergency repair of post infarction ventricular septal defect | No | | Possible co-payment, please check Table of Cover |
| 5821 | Other open operations on the septum of the heart | No | | Possible co-payment, please check Table of Cover |

TRACHEA

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--------------------------------|-----------------------|--------------------|--|
| 5919 | Partial excision of trachea | No | | Possible co-payment, please check Table of Cover |
| 5920 | Reconstruction of trachea | No | | Possible co-payment, please check Table of Cover |
| 5921 | Tracheostomy, permanent | No | | Possible co-payment, please check Table of Cover For procedure codes 5921 and 5922, where these procedures are performed in an ICU setting, benefit is payable once only during the patient's stay in the intensive care unit |
| 5922 | Insertion of mini tracheostomy | No | | For procedure codes 5921 and 5922, where these procedures are performed in an ICU setting, benefit is payable once only during the patient's stay in the intensive care unit |

TRACHEA

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---------------|
| 5923 | Destruction of lesion of trachea by rigid endoscopy | No | | |
| 5924 | Dilatation of tracheal stricture by rigid endoscopy | No | | |

VALVES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|--|-----------------------|-----------------------|--|
| 5151 | Percutaneous trans septal mitral valvuloplasty (I.P.) | No | Independent Procedure | Possible co-payment, please check Table of Cover |
| 5152 | Valvuloplasty (other than mitral valvuloplasty) | No | | Possible co-payment, please check Table of Cover |
| 5829 | Replacement of mitral valve (includes valvuloplasty) | No | | Possible co-payment, please check Table of Cover |
| 5832 | Replacement of aortic valve (includes valvuloplasty) | No | | Possible co-payment, please check Table of Cover |
| 5833 | Replacement of tricuspid valve (includes valvuloplasty) | No | | Possible co-payment, please check Table of Cover |
| 5834 | Replacement of pulmonary valve (includes valvuloplasty/ valvotomy) | No | | Possible co-payment, please check Table of Cover |
| 5837 | Closed valvotomy | No | | Possible co-payment, please check Table of Cover |
| 5839 | Double valves | No | | Possible co-payment, please check Table of Cover |
| 5841 | Removal of obstruction from structure adjacent to valve of heart | No | | Possible co-payment, please check Table of Cover |
| 5842 | Triple valves | No | | Possible co-payment, please check Table of Cover |
| 5855 | Annuloplasty | No | | Possible co-payment, please check Table of Cover |
| 5959 | Revision of valve surgery | No | | Possible co-payment, please check Table of Cover |
| 333424 | Percutaneous transcatheter mitral valve repair (leaflet coaptation), including fluoroscopy, angiography, transseptal puncture and echocardiography (TOE) | Yes | | <p>Possible co-payment please check Table of Cover For patients with mitral regurgitation for whom surgical mitral valve replacement is considered unsuitable (a) 5108 or 5008 is not payable in addition to this code 333424 (b) 5109 is not claimable when performed intraoperatively</p> <p>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:</p> <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 |

VENTRICLES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|--|
| 5854 | Map guided surgery for ventricular arrhythmias | No | | Possible co-payment, please check Table of Cover |
| 5857 | Left ventricular aneurysmectomy | No | | Possible co-payment, please check Table of Cover |

VENTRICLES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|--|
| 5859 | Insertion, management and removal of ventricular assist device | No | | Possible co-payment, please check Table of Cover |
| 5958 | Revision closure of defect of intra ventricular septum | No | | Possible co-payment, please check Table of Cover |

VESSELS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---|
| 5055 | Aortic endarterectomy | No | | Only for Irish Life Health approved brands of stimulators |
| 5075 | Blalock operation | No | | Possible co-payment, please check Table of Cover |
| 5092 | Venotomy and insertion of filter into the inferior vena cava (includes venogram) | No | | Possible co-payment, please check Table of Cover |
| 5118 | Atherectomy | No | | Possible co-payment, please check Table of Cover |
| 5125 | Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement and coronary reconstruction | No | | Possible co-payment, please check Table of Cover |
| 5126 | Transverse arch graft, with cardiopulmonary bypass | No | | Possible co-payment, please check Table of Cover |
| 5127 | Descending thoracic aorta graft, open or endovascular, with or without bypass, with or without coverage of left subclavian artery origin, plus descending thoracic aortic origin extension(s), if required to level of coeliac origin | No | | Possible co-payment, please check Table of Cover |
| 5128 | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass | No | | Possible co-payment, please check Table of Cover |
| 5143 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass | No | | Possible co-payment, please check Table of Cover |
| 5144 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass | No | | Possible co-payment, please check Table of Cover |
| 5146 | Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension | No | | Possible co-payment, please check Table of Cover |
| 5147 | Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction | No | | Possible co-payment, please check Table of Cover |
| 5180 | Pott's operation | No | | Possible co-payment, please check Table of Cover |
| 5219 | Trans thoracic electro-cautery of subclavian lymph nodes | No | | Possible co-payment, please check Table of Cover |
| 5811 | Atrial inversion for transposition of great vessels | No | | Possible co-payment, please check Table of Cover |
| 5812 | Other correction of transposition of great vessels | No | | Possible co-payment, please check Table of Cover |
| 5852 | Correction of anomalous coronary arteries | No | | Possible co-payment, please check Table of Cover |
| 5861 | Insertion, maintenance and removal of aortic counterpulsation balloon pump | No | | Possible co-payment, please check Table of Cover |
| 5870 | Myocardial aneurysmectomy | No | | Possible co-payment, please check Table of Cover |
| 5871 | Open correction of patent ductus arteriosus | No | | Possible co-payment, please check Table of Cover |
| 5879 | Correction of truncus arteriosus | No | | Possible co-payment, please check Table of Cover |

VESSELS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|--|
| 5882 | Closed correction of patent ductus arteriosus | No | | Possible co-payment, please check Table of Cover |
| 5883 | Creation of shunt to pulmonary artery from aorta using interposition tube prosthesis | No | | Possible co-payment, please check Table of Cover |
| 5884 | Pulmonary artery banding | No | | Possible co-payment, please check Table of Cover |
| 5886 | Connection to pulmonary artery from aorta | No | | Possible co-payment, please check Table of Cover |
| 5887 | Creation of shunt to pulmonary artery from subclavian artery using interposition tube prosthesis | No | | Possible co-payment, please check Table of Cover |
| 5888 | Connection to pulmonary artery from subclavian artery | No | | Possible co-payment, please check Table of Cover |
| 5889 | Repair of pulmonary artery/ PA De Banding | No | | Possible co-payment, please check Table of Cover |
| 5892 | Pulmonary embolectomy | No | | Possible co-payment, please check Table of Cover |
| 5893 | Open operations on pulmonary artery | No | | Possible co-payment, please check Table of Cover |
| 5957 | Revision repair of coarctation of aorta | No | | Possible co-payment, please check Table of Cover |

OTHER CARDIAC / THORACIC SURGERIES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|--|
| 5804 | Operation on lymphatic duct | No | | Possible co-payment, please check Table of Cover |
| 5808 | Transplantation of heart | No | | Possible co-payment, please check Table of Cover |
| 5809 | Correction of Tetralogy of Fallot | No | | Possible co-payment, please check Table of Cover |
| 5813 | Correction of total anomalous pulmonary venous connection | No | | Possible co-payment, please check Table of Cover |
| 5822 | Creation of valved cardiac conduit | No | | Possible co-payment, please check Table of Cover |
| 5823 | Creation of other cardiac conduit | No | | Possible co-payment, please check Table of Cover |
| 5827 | Excision of cardiac tumour | No | | Possible co-payment, please check Table of Cover |
| 5828 | Staged correction of hypoplastic left heart syndrome, per stage | No | | Possible co-payment, please check Table of Cover |
| 5873 | Decompression of cardiac tamponade (re. operation for bleeding) | No | | Possible co-payment, please check Table of Cover |