



Irish Life
health

**Schedule
of Benefits**
for Professional
Fees 2020

Pathology

CONSULTATION & TESTING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
8691	Consultant Pathologist in-patient consultation	No		Please refer to specific rule, with special reference and applicability to tertiary level hospital review only
8899	Tests as listed for day case patients where clinically required and not as a screening tool for "not at risk patients".	No		This code will not apply for testing in respect of members attending for day case chemotherapy (all codes applicable to oral, subcutaneous or IV chemo administration) where code 8900 will apply
8900	Tests as listed (in-patient only), where clinically required	No		note: not as a screening tool for "not at risk patients"
965125	Molecular (genetic) testing of tumour tissue to determine suitability for specific Oncology therapies	No		This includes molecular isolation and/ or extraction; report and MDT attendance

CATEGORY 3

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
8970	MSU + culture	No		
9030	Sweat investigation	No		
9045	Stool: ova, cysts and parasites (microscopy)	No		
9050	Immunofluorescence - single antibody	No		For example ANF (not claimable with code 9392 or if this leads to typing in Categories 4 or 5)
9059	Catecholamine's and porphyrins	No		Once only per claim
9060	Cholinesterase/ pseudo cholinesterase	No		Once only per claim
9061	Acylcarnitine carnites - total and free	No		
9100	Interpretive review of culture result, bacterial, any source, by consultant Microbiologist or Clinical Pathologist, with isolates where indicated with or without definitive identification of isolates to the genus or species level including any additional necessary tests.	No		This is not claimable in relation to screening swabs for MRSA (9101) or any other antimicrobial resistant organisms
9101	MRSA or other antimicrobial resistant organism, interpretive review of culture from all screening swabs from the patient, for "at risk patients" only as defined by the SARI Infection Control Subcommittee and not for routine screening.	No		<p>Please note that Code 9101 is not payable during a side room, day case or 1 night only admission</p> <p>Definition of at risk patient for MRSA testing</p> <ul style="list-style-type: none"> * Previously known as being MRSA positive * Transfers from a hospital or medical institution * High risk patients for cardiac surgery, implantation surgery * Deep Body cavity surgery * Members suffering from wounds or ulcers * Intensive Care Unit admission <p>If the patient has an MRSA or another antimicrobial infection, there is a general expectation that such re-test them but only be payable at 3 day interval, unless specifically advised differently</p>
9202	Antibiotic assay	No		Maximum payable, four per claim
9204	MIC - minimum inhibitory concentration	No		
9207	Toxin levels (e.g. clostridium difficile/ botulinum) - exact toxin being investigated must be specified	No		
9223	HIV, STD or hepatitis screen	No		

CATEGORY 3

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9385	Interpretive review of viral, bacterial or fungal serology or viral culture by consultant Microbiologist or Clinical Pathologist	No		

CATEGORY 4

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9160	Electrophoresis and chromatographic procedures (serum, lipoprotein, urine)	No		
9175	CSF including oligoclonal bands	No		
9180	Myeloma screen including electrophoresis	No		
9181	Trace metals (blood, urine and/ or dialysate)	No		
9182	Vitamins A, D or E	No		
9205	Antibody identification (transfusion) (one or more antibodies)	No		
9210	Haemoglobin electrophoresis	No		
9226	Thrombophilia screen	No		This code consists of three or more of the following items: Antithrombin 3, Protein C, Protein S, APCR, Factor V Leiden mutation, prothrombin mutation, lupus anticoagulant, anti-cardiolipin antibodies, fibrinogen
9280	Gel electrophoresis	No		
9507	Flow cytometry for CD4, CD8 and CD34 counts	No		
9694	Gene rearrangement studies	No		

CATEGORY 5

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9161	Gas chromatographic/ mass spectrometer for organic acid(s), assay	No		
9270	Paraprotein typing	No		
9301	Diabetic ketoacidosis/ hyperosmolar non-ketotic coma	No		
9302	Acute renal failure	No		
9303	Acute hepatic failure	No		
9304	Dynamic endocrine function tests (insulin stress test, synacthen test, dexamethasone suppression test, water deprivation test)	No		
9306	Porphyria investigation	No		
9307	Full endocrinological investigation of infertility	No		

CATEGORY 5

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9309	Full investigations for inborn errors of metabolism in paediatric patients	No		Does not include examinations from the National Newborn Screening Programme for inherited metabolic and genetic disorders and not claimable with 9359
9312	Hypoglycaemia - not secondary to any previously diagnosed condition (includes hypoglycaemia associated with insulin overdose). - Cortisol and growth hormone - Lactate and Pyruvate	No		Investigation must include some or all of the following: - Insulin and C-Peptide - Ketones - Beta-hydro butyrate and acetoacetate - Non-esterified fatty acids - Cortisol and growth hormone - Lactate and Pyruvate
9360	Surgical pathology, gross and microscopic examination, requiring examination of between 1 and 2 tissue blocks from specimen(s) retrieved during a single operation	No		When two or more tissue sources from separate sites require examination they must be assigned one code only reflective of the number of blocks necessary to examine. The separate sites must be identified on the claim form. Skin lesion(s) are payable based on the total number of blocks it is necessary to examine and only one of codes 9360, 9530 or 9650 is payable. A total of only 5+ blocks from a specific site is payable under code 9650.
9381	Interpretive review of culture of CSF, blood by a consultant Microbiologist or a Clinical Pathologist	No		
9391	Antisperm antibodies	No		
9392	Immunofluorescence - autoantibody screen and/ or DNA Abs and/ or subtyping	No		Not claimable with Code 9050
9393	Polymerase chain reaction	No		
9605	Immune complex assays, not otherwise listed in Category 1	No		

CATEGORY 6

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9501	Marrow aspirate, not immunocyto - see Category 8	No		
9502	Marrow trephine	No		
9503	HLA typing	No		
9504	Immunofluorescence - microbial antibodies	No		
9506	Electron microscopy	No		
9508	Peripheral blood stem harvesting examination	No		
9530	Surgical pathology, gross and microscopic examination, requiring examination of between 3 and 5 tissue blocks from specimen(s) retrieved during a single operation	No		When two or more tissue sources from separate sites require examination they must be assigned one code only reflective of the number of blocks necessary to examine. The separate sites must be identified on the claim form. Skin lesion(s) are payable based on the total number of blocks it is necessary to examine and only one of codes 9360, 9530 or 9650 is payable. A total of only 5+ blocks from a specific site is payable under code 9650.
9531	Cell block and smear examination from fine needle aspiration biopsy	No		
9535	Lymph node	No		
9539	Upper G.I. series	No		

CATEGORY 6

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9540	Colonoscopic series	No		
9541	Prostate series	No		
9545	Parathyroid gland	No		
9550	Clinical (i.e. non screening) cytology, not including smear + section, see Category 7	No		
9604	Platelet aggregation studies	No		

CATEGORY 7

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9601	Liver, renal biopsies including special stains	No		
9603	Marrow aspirate and trephine done together (i.e. by same Pathologist)	No		
9606	Multimer analysis for Von Willebrand disease	No		
9650	Surgical pathology, gross and microscopic examination, requiring examination of more than 5 tissue blocks from specimen(s) retrieved during a single operation	No		When two or more tissue sources from separate sites require examination they must be assigned one code only reflective of the number of blocks necessary to examine. The separate sites must be identified on the claim form. Skin lesion(s) are payable based on the total number of blocks it is necessary to examine and only one of codes 9360, 9530 or 9650 is payable. A total of only 5+ blocks from a specific site is payable under code 9650.
9670	Frozen section immunofluorescence – direct or indirect	No		

CATEGORY 8

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9505	Immunocytochemistry	No		
9691	Immunohistochemistry (includes fluorescence in-situ hybridisation)	No		
9693	Frozen section for rapid intraoperative diagnosis	No		
9695	Tumour aneuploidy by flow cytometry	No		
9696	Gene re-arrangement studies for the diagnosis of leukaemia or lymphoma	No		This includes molecular isolation or extraction; enzymatic separation and nuclei acid probes

CATEGORY 9

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
9700	All tests associated with obstetrics, including normal delivery, caesarean section and miscarriage	No		