



Irish Life
health

Schedule
of Benefits
for Professional
Fees 2020

Reconstructive
Surgery

CONSULTATION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|--|-----------------------|--------------------|---|
| 856599 | Consultant Plastic Surgeon Private Rooms Technical Fee | No | | An all inclusive technical fee to the Consultant, to be charged in conjunction with specified Schedule of Benefits procedure professional fee - payable at 100% of the stated amount in addition to procedure professional fee. Applicable only 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 |

BREAST RECONSTRUCTION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|-------|---|-----------------------|-----------------------|---|
| 4476 | Unilateral mastopexy (at same operative session as any surgery on the opposite breast) | No | | Benefit is payable in full with code for the primary procedure |
| 4477 | Breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - single surgeon - harvest and reconstruction (I.P.) | Yes | Independent Procedure | |
| 4478 | Breast reconstruction with pedicled transverse rectus abdominis myocutaneous flap (TRAM) (I.P.) | No | Independent Procedure | |
| 4479 | Nipple reconstruction post mastectomy | No | Day Care | |
| 4482 | Plastic repair of inverted nipple | No | Day Care | |
| 4484 | Unilateral mastopexy in a delayed setting | No | | Post Mastectomy Only |
| 4485 | Breast reconstruction, vertical rectus flap, post mastectomy (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 4486 | Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy (unilateral) (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 4487 | Breast reconstruction, other flap, with or without implant, post mastectomy (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 4488 | Mammoplasty, augmentation with prosthetic implant to restore symmetry | Yes | | Benefit for corrective surgery for breast asymmetry will be provided in the following circumstances: (a) Poland's syndrome i.e. where there is absence or hypoplasia of one or both breasts, and an absence/ underdevelopment of one of the major chest muscles (b) Restoration of symmetry following mastectomy |
| 4504 | Nipple - areola tattooing performed by a consultant (one or more visits) | No | Side Room | Benefit payable following breast reconstruction procedures which were eligible for Irish Life Health benefit and when carried out by consultant Plastic Surgeon registered with Irish Life Health |
| 4554 | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction | No | | |
| 4556 | Delayed (or immediate by a second surgeon at the time of the primary surgery) insertion of breast prosthesis or expander (includes subsequent expansions) following mastopexy, mastectomy or in reconstruction (I.P.) | No | Independent Procedure | |
| 4557 | Replacement of tissue expander with permanent prosthesis (I.P.) | No | Independent Procedure | |
| 44480 | Breast reduction (bilateral) | Yes | | Benefit for payment for breast reduction will be provided in the following circumstances: (a) BMI < 25 (b) Symptoms: (i) Back pain, either thoracic or cervical, that has persisted for at least a continuous three month period and has been severe enough to require daily use of prescription analgesia for at least four weeks (ii) Acromio-clavicular syndrome |

BREAST RECONSTRUCTION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|---|-----------------------|-----------------------|--|
| 44771 | Flap implantation for breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.) | Yes | Independent Procedure | Paid at 100% of rate in conjunction with breast surgery code and when surgery time exceeds 6 hours. |
| 44772 | Flap harvest for breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.) | Yes | Independent Procedure | Paid at 100% of rate in conjunction with breast surgery code and when surgery time exceeds 6 hours. |
| 44773 | Free fat injection, post mastectomy (I.P.) | Yes | Independent Procedure | For correction of breast defect post breast reconstruction surgery (non cosmetic). Limit of 3 per lifetime, per breast |
| 44777 | Flap implantation for bi-lateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.) | Yes | Independent Procedure | Paid at 100% of rate in conjunction with code 44778 and when surgery time exceeds 6 hours. Benefit for payment for breast reduction will be provided in the following circumstances: (a) BMI < 25 (b) Symptoms: (i) Back pain, either thoracic or cervical, that has persisted for at least a continuous three month period and has been severe enough to require daily use of prescription analgesia for at least four weeks (ii) Acromio-clavicular syndrome |
| 44778 | Flap harvest for bi-lateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.) | Yes | Independent Procedure | Paid at 100% of rate in conjunction with code 44777 and when surgery time exceeds 6 hours. Benefit for payment for breast reduction will be provided in the following circumstances: (a) BMI < 25 (b) Symptoms: (i) Back pain, either thoracic or cervical, that has persisted for at least a continuous three month period and has been severe enough to require daily use of prescription analgesia for at least four weeks (ii) Acromio-clavicular syndrome |
| 430311 | Lipofilling | Yes | | |
| 441192 | Partial reconstruction of breast with pedicled perforator flap (PLCAP; TDAP etc.) | No | | Post Mastectomy Only |
| 441193 | Local mobilisation of glandular breast tissue to fill surgical cavity | No | | Post Mastectomy Only |
| 441506 | Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy (bilateral) | No | | Post Mastectomy Only |
| 444466 | Bilateral breast reconstruction using fixed prosthesis and acellular dermal matrix (ADM) (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 444467 | Bilateral breast reconstruction using acellular dermal matrix (ADM) (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 444468 | Unilateral breast reconstruction using fixed prosthesis and acellular dermal matrix (ADM) (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 444469 | Unilateral breast reconstruction using acellular dermal matrix (ADM) (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 444472 | PAP flap breast reconstruction procedure including flap harvesting from both inner thighs (bilateral reconstruction) (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 444473 | PAP flap breast reconstruction procedure including flap harvesting from one inner thighs (for unilateral reconstruction) (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 444476 | Combined mastopexy to contralateral breast including full thickness graft from other areas and mastopexy including full thickness graft from other areas post mastectomy at same session (I.P.) | No | Independent Procedure | Post Mastectomy Only |
| 444673 | Breast reconstruction pedicle perforation flap - single surgeon - harvest and reconstruction (I.P.) | No | Independent Procedure | Post Mastectomy Only |

BREAST RECONSTRUCTION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|---|-----------------------|--------------------|---------------|
| 444800 | Co-surgery benefit for two surgeons who perform complex breast flap surgery (bilateral) including flap raising and vessel harvesting, for a theatre session in excess of 6 hours - for each hour in excess of 6 hours base (I.P.) - Plastic or Breast surgeons benefit | No | | |

BURNS / WOUNDS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|-----------------------|--|
| 4337 | Debridement of wound, which may include skin, or subcutaneous tissue or muscle less than 9% of body surface | No | | |
| 4338 | Debridement of wound, which may include skin, or subcutaneous tissue or muscle between 9% and 18% of body surface | No | | |
| 4339 | Debridement of wound includes skin, and/ or subcutaneous tissue, and/ or muscle greater than 18% of body surface | No | | |
| 4341 | Debridement and skin grafting of wound less than 9% of body surface; includes excision of open wound, burn eschar or scar excision | No | | |
| 4342 | Debridement and skin grafting of wound between 9% and 18% of body surface; includes excision of open wound, burn eschar or scar excision | No | | |
| 4343 | Debridement and skin grafting of wound greater than 18% of body surface; includes excision of open wound, burn eschar or scar excision | No | | |
| 4371 | Escharotomy | No | | |
| 4372 | Acellular dermal replacement; first 100 sq.cm. or less, or 1% of body area of infants and children | No | | For codes 4372 and 4373 a comprehensive report must be provided on the claim form detailing body area and square cm involved |
| 4373 | Acellular dermal replacement; each additional 100 sq. cm. or each additional 1% of body area of infants and children | No | | For codes 4372 and 4373 a comprehensive report must be provided on the claim form detailing body area and square cm involved |
| 4385 | Inlay grafts (ankle) | No | | |
| 4395 | Inlay grafts (fingers) | No | | |
| 4400 | Inlay grafts (knee) | No | | |
| 4405 | Scar excisions (per scar) flexion, fingers, elbows, groin, knees | No | Day Care | |
| 4410 | Z plasty (per scar) flexion, fingers, elbows, groin, knees | No | Day Care | |
| 4538 | Treatment of superficial wound dehiscence; simple closure with or without packing (single layer closure) | No | | |
| 4539 | Secondary closure of wound or dehiscence, as a result of burn, includes excision of granulation and scar tissue; suturing in several layers, extensive site (I.P.) | No | Independent Procedure | |
| 4541 | Skin grafting of granulating wound less than 9% of body surface | No | | |

BURNS / WOUNDS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|---|-----------------------|----------------------------------|---|
| 4542 | Skin grafting of wound between 9% and 18% of body surface | No | | |
| 4543 | Skin grafting of wound greater than 18% of body surface | No | | |
| 212013 | Wounds up to 2.5 cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.) | No | Independent Procedure, Side Room | Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting |
| 212014 | Wounds from 2.6 cm to 7.5 cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.) | No | Independent Procedure, Side Room | Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting |
| 212015 | Wounds greater than 7.5cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.) | No | Independent Procedure, Side Room | Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting |

CLEFT LIP AND PALATE

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---------------|
| 4415 | Adjustment of lip margin | No | | |
| 4420 | Adjustment of scars, secondary | No | | |
| 4425 | Cleft palate reconstruction | No | | |
| 4430 | Complete cleft lip and anterior palate repair | No | | |
| 4431 | Primary repair, unilateral cleft lip | No | | |
| 4432 | Primary repair, bilateral cleft lip | No | | |
| 4433 | Secondary repair, unilateral cleft lip | No | | |
| 4434 | Secondary repair, bilateral cleft lip | No | Day Care | |
| 4440 | Fistula, secondary closure of | No | | |
| 4460 | Maxillary bone graft | No | | |
| 4465 | Nostril margin, secondary correction of | No | | |
| 4466 | Total cleft rhinoplasty | No | | |
| 4470 | Pharyngoplasty (not for snoring) | No | | |
| 4475 | Soft palate partial cleft, reconstruction of | No | | |

DELAYED FACIAL REANIMATION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|---------------|
| 4493 | Excision of facial nerve and graft, sural nerve, greater auricular nerve | No | | |
| 4494 | Wedge excision of lower lip to restore oral continence in the presence of facial palsy | No | Side Room | |
| 4496 | Nasolabial skin/ dermal hitch | No | | |
| 4497 | Temporalis fascial sling, oral, nasolabial, ocular | No | | |
| 4498 | Orbicularis oris hitch | No | | |
| 4499 | Masseter to oral angle, digastric to lower lip or temporalis to fascial slings | No | | |
| 4500 | Facial nerve graft (in face), (see ENT operations for facial nerve graft in facial canal) | No | | |
| 4501 | Cross facial nerve grafting, hypoglossal/ facial nerve reanimation | No | | |
| 4502 | Free muscle transfer, pectoralis minor, gracilis or extensor digitorum brevis as a second stage procedure to code 4501 | No | | |
| 4510 | Facial reanimation in facial paralysis, unilateral | No | | |

EAR

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---|
| 4555 | Accessory auricles, removal | No | Day Care | |
| 4560 | Epithelioma of ear, excision and reconstruction, lobule placement | No | Side Room | |
| 4561 | Cartilage graft(s), reconstruction of ear | No | | |
| 4575 | Protruding ears, correction with reconstruction of folds, bilateral | No | Day Care | Benefit only payable for patients up to eighteen years of age |
| 4580 | Protruding ears, correction of with reconstruction of folds, unilateral | No | Day Care | Benefit only payable for patients up to eighteen years of age |

EYES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|---------------|
| 4585 | Reconstruction of contracted ocular socket | No | | |
| 4595 | Enophthalmos, bone graft | No | | |
| 4605 | Decompression, orbit | No | | |
| 4610 | Eyebrow graft | No | | |
| 4615 | Eyelids, repair of, for avulsion | No | | |
| 4620 | Eyelid, inlay grafts (one lid) | No | Side Room | |

EYES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|--|-----------------------|--------------------|--|
| 4625 | Eyelid operations in facial paralysis | No | | Visual fields must be supplied with claim form |
| 4630 | Eyelid, reconstruction of less than 66% of surface area | No | Day Care | |
| 4635 | Muscle advancement for ptosis, unilateral | No | Day Care | |
| 4640 | Naso lacrimal duct, reconstruction of | No | | |
| 669911 | Eyelid, reconstruction of greater than 66% of surface area | No | Day Care | Documentation required |
| 669912 | Eyelid, reconstruction of less than 66% of surface area | No | Day Care | Documentation required |
| 825013 | Lateral canthopexy | No | | |

FACIAL TRAUMA

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---------------|
| 4489 | Facial trauma, suturing of facial nerve | No | | |
| 4491 | Facial trauma, suturing of facial nerve branch | No | | |
| 4492 | Facial trauma, grafting of facial nerve, sural nerve, greater auricular nerve | No | | |

FLAPS AND / OR GRAFTS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|--|
| 4513 | Free skin and/ or muscle flap with microvascular anastomosis | No | | |
| 4514 | Free osteocutaneous flap with microvascular anastomosis, any area | No | | |
| 4937 | Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, where there is the requirement for more than 1 layer of deep or deep dermal sutures for effective closure | No | Side Room | Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons |
| 4938 | Excision of benign or malignant lesion(s), any area; adjacent tissue transfer or rearrangement, where there is the requirement for quilting or mattress sutures for effective closure | No | Side Room | Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons |
| 4939 | Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, for wounds requiring extensive (>3cm) undermining of skin edges for effective closure | No | Day Care | Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons |
| 4941 | Excision of benign or malignant lesion(s), any area; adjacent tissue transfer or rearrangement, for wounds with significant (>3cm) of overhanging skin flaps after excision of lesion or mass | No | Day Care | Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons |

FLAPS AND / OR GRAFTS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|---------------------------------|--|
| 4942 | Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with codes 4937 or 4938. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) | No | | Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons |
| 4943 | Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with code 4939. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) (see note after procedure 4946) | No | | Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons |
| 4944 | Excision of pressure sore and myocutaneous flap | No | | Payable in full with primary procedure |
| 4946 | Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with code 4941. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) (see procedure code 4946) | No | | Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons |
| 4949 | Excision of pressure sore and local cutaneous flap (I.P.) | No | Independent Procedure | |
| 4951 | Free flap (microvascular transfer) to face, complete procedure | No | | |
| 4952 | Excision or debridement of pressure sore and split skin graft (I.P.) | No | Independent Procedure | |
| 4963 | Excision of lesion including scalp rotation flap (I.P.) | No | Independent Procedure, Day Care | Independent Procedure rule does not apply when code 4963 is done in combination with code 4966 |
| 4964 | Excision of lesion including cheek rotation flap (I.P.) | No | Independent Procedure, Day Care | |
| 4966 | Excision of lesion including cervicofacial rotation flap (I.P.) | No | Independent Procedure, Day Care | Independent Procedure rule does not apply when code 4966 is done in combination with code 4963 |
| 4967 | Excision of lesion including forehead flap (I.P.) | No | Independent Procedure, Day Care | |
| 4968 | Excision of lesion including deltopectoral flap (I.P.) | No | Independent Procedure | |
| 4969 | Excision of lesion including groin flap (I.P.) | No | Independent Procedure | |
| 4971 | Fasciocutaneous flap, upper limb (I.P.) | No | Independent Procedure | |
| 4972 | Fasciocutaneous flap, lower limb (I.P.) | No | Independent Procedure | |
| 4973 | Fasciocutaneous flap, trunk (I.P.) | No | Independent Procedure | |
| 4974 | Myocutaneous flap, pectoralis | No | | Payable in full with primary procedure |
| 4976 | Myocutaneous flap, latissimus dorsi | No | | Payable in full with primary procedure |
| 4977 | Myocutaneous flap, latissimus dorsi with serratus and rib | No | | Payable in full with primary procedure |
| 4978 | Myocutaneous flap, vertical rectus | No | | Payable in full with primary procedure |
| 4979 | Myocutaneous flap, transverse rectus (TRAM) | No | | Payable in full with primary procedure |
| 4981 | Myocutaneous flap, tensor fascia lata | No | | Payable in full with primary procedure |

FLAPS AND / OR GRAFTS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|----------------------------|-----------------------|--------------------|--|
| 4982 | Myocutaneous flap, gluteal | No | | Payable in full with primary procedure |

GENDER REASSIGNMENT

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|--|-----------------------|--------------------|--|
| 819411 | Bilateral mastectomy, complete, without insertion of tissue expander | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 819453 | Breast construction with prosthetic implant | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 850811 | Urethroplasty/ urethromeatoplasty | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 854516 | Penile implant, malleable | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 854529 | Penectomy | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 854641 | Orchidectomy | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 855261 | Scrotoplasty (construction of a scrotum) and testicular implants | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 856010 | Phalloplasty or metoidioplasty | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 856751 | Vulvoplasty | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 856911 | Closure or creation of an introitus | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 856916 | Clitoroplasty with sensation | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 857217 | Vaginoplasty | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 857221 | Vaginectomy/ colpectomy/ vulvectomy | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 858371 | Vaginal hysterectomy with bilateral salpingo-oophorectomy | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 858403 | Hysterectomy | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 859064 | Salpingo-oophorectomy | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |
| 859066 | Total abdominal hysterectomy with bilateral salpingo-oophorectomy | Yes | | Only for use in gender reassignment surgery where pre-approval has been sought and granted |

GENITALIA

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|---------------|
| 4686 | Cliteroplasty | No | | |
| 4690 | Vaginal reconstruction with skin graft | No | | |

HAND

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|---------------|
| 4695 | Congenital hand deformities, reconstruction on each hand (per stage) | No | | |
| 4700 | Congenital hand deformities, moderate repairs on each hand (per stage) | No | Day Care | |
| 4705 | Contractures, extensive, straightening of hand and inlay grafts | No | | |
| 4710 | Contractures, localised, division and graft | No | | |
| 4711 | Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger | No | | |
| 4712 | Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger including simple fasciectomy to another finger | No | | |
| 4715 | Dupuytren's contracture, fasciectomy (one or two fingers) | No | Day Care | |
| 4720 | Dupuytren's contracture, fasciectomy (three or more fingers) | No | Day Care | |
| 4721 | Dupuytren's contracture, palm and fingers | No | Day Care | |
| 4730 | Injury to hand, major, multiple repair of tendons, nerves and skin | No | | |
| 4735 | Injury to hand, moderate, wound repair or graft | No | | |
| 4740 | Island grafting, for sensory loss, finger and/ or thumb | No | | |
| 4745 | Neoplasm, major excision and repair with tendon grafts and flaps | No | | |
| 4750 | Neoplasm, localised excision and graft | No | Day Care | |
| 4760 | Nerve repair, primary, single or multiple | No | Day Care | |
| 4765 | Nerve repair in extensively scarred hand | No | | |
| 4770 | Opposition strut graft to thumb | No | | |
| 4775 | Palmar ganglion, compound, synovectomy of | No | Day Care | |
| 4780 | Pollicisation (finger replacement of lost thumb) | No | | |
| 4781 | Repair of bifid thumb | No | | |
| 4782 | Toe to hand transfer | No | | |
| 4783 | Sympathectomy, digital arteries, each digit with magnification | No | | |
| 4785 | Syndactyly, repair of, single | No | | |
| 4790 | Syndactyly, repair of, multiple | No | | |
| 4795 | Tendon grafting, single | No | | |
| 4800 | Tendon grafting, multiple | No | Day Care | |

HAND

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|---------------|
| 4805 | Tendon repair, single | No | | |
| 4810 | Tendon repair, multiple | No | | |
| 4815 | Tendon transplants, for restoration of opposition | No | | |
| 4820 | Tendon transfers for paralysis, multiple | No | | |
| 4825 | Tube pedicle or flap reconstructions, first stage | No | | |
| 4830 | Tube pedicle or flap reconstructions, second stage | No | | |
| 4835 | Tube pedicle or flap reconstructions, final stage | No | | |

MAXILLA AND MANDIBLE

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|---------------------------------|---------------|
| 4845 | Facial bone, simple fixation of undisplaced fracture (e.g. jaw sling) | No | | |
| 4850 | Facial bones, tumours of, major resection and/ or reconstruction | No | | |
| 4855 | Fracture of maxilla or mandible, open reduction and fixation | No | | |
| 4860 | Fracture of maxilla or mandible, fixation of undisplaced | No | | |
| 4865 | Fracture of maxilla or mandible, malar bone or part of these, reduction without fixation | No | | |
| 4870 | Hypertelorism correction, sub cranial | No | | |
| 4875 | Mandible, excision of | No | | |
| 4880 | Maxilla or mandible, advancement or recession osteotomy of | No | | |
| 4881 | Maxillary and mandibular osteotomy | No | | |
| 4882 | Lengthening of the mandible by gradual distraction for congenital hemifacial microsomia | Yes | | |
| 4883 | Surgically assisted rapid maxillary expansion | Yes | | |
| 4885 | Orbital floor, fracture of, reduction, direct wiring and build up from antrum | No | | |
| 4890 | Orbital floor, secondary bone grafting | No | | |
| 4895 | Osteomyelitis or abscess of facial bones, operation for | No | Day Care | |
| 4900 | Temporo mandibular joint, reduction of dislocation under general anaesthetic | No | Day Care | |
| 4901 | Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy (unilateral) | No | Day Care, Independent Procedure | |
| 4902 | Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy (bilateral) | No | Day Care, Independent Procedure | |

MAXILLA AND MANDIBLE

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|--|-----------------------|-----------------------|--|
| 4905 | Temporo mandibular joint, condylectomy for ankylosis | No | | |
| 444546 | Enucleation or excision of lipoma (I.P.) | No | Independent Procedure | For Consultant only use for lesions in excess of 6cm |

NOSE

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|-------|--|-----------------------|---------------------------------|--|
| 4910 | Bone graft | No | | |
| 4915 | Nasal tip deformities, correction of | No | | |
| 4920 | Fracture of nose, digital closed reduction | No | Day Care | |
| 4925 | Fracture of nose, instrumental closed reduction | No | Day Care | |
| 4926 | Fracture of nose, instrumental closed reduction with plaster of paris fixation | No | Day Care | |
| 4927 | Fracture of nose, instrumental closed reduction with reduction of septum and plaster of paris fixation | No | Day Care | |
| 4930 | Fracture of nose, open reduction | No | Day Care | |
| 4935 | Fracture of nose, open reduction with internal or external fixation | No | Day Care | |
| 4940 | Fracture of nose, open reduction with open reduction of fractured septum | No | Day Care | |
| 4945 | Reconstruction with imported flaps, partial | No | Day Care | |
| 4950 | Reconstruction with imported flaps, total | No | | |
| 4955 | Re-fracture and open corrective rhinoplasty including nasal tip deformities (code 4915), unless demonstrable evidence discloses significant nasal tip deformity being corrected (I.P.) | No | Independent Procedure, Day Care | |
| 30120 | Rhinophyma (I.P.) | Yes | Independent Procedure | Supported by a consultant report and photographic evidence |

REPLANTATION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---------------|
| 4991 | Replantation, per digit | No | | |
| 4992 | Replantation, hand (mid palm) | No | | |
| 4993 | Replantation, hand (wrist) | No | | |
| 4994 | Replantation, forearm | No | | |
| 4996 | Replantation, foot | No | | |
| 4997 | Replantation, scalp following major trauma only | No | | |

REPLANTATION

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|---------------|
| 4998 | Replantation, ear | No | | |
| 4999 | Replantation of thumb including carpometacarpal joint to metacarpophalangeal joint, complete amputation, with or without microvascular anastomosis | No | | |

TISSUE EXPANDERS

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|--|-----------------------|--------------------|---------------|
| 4551 | Insertion of tissue expanders (other than breast) includes subsequent expansion(s) | No | | |
| 4552 | Removal of expander (other than breast) | No | | |
| 4553 | Removal of expander (other than breast) and inserting of expanded skin | No | | |

OTHER RECONSTRUCTIVE PROCEDURES

| CODE | DESCRIPTION | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|--------|--|-----------------------|----------------------------------|---|
| 3061 | Giant cell tumour, excision of primary or recurrent lesion from bone or soft tissue (I.P.) | No | Independent Procedure | |
| 4544 | Keloids and hypertrophic scars intralesional injection of triamcinolone, extensive, seven or more lesions or one lesion larger than 5 sq. cm where general anaesthetic is medically necessary; by consultant Plastic Surgeon registered with Irish Life Health only (I.P.) | No | Independent Procedure, Side Room | |
| 4547 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen; infraumbilical panniculectomy | Yes | | Benefit is payable for procedure code 4547 only in the following circumstances: (a) For members who have had bariatric surgery for which Irish Life Health have paid benefit and (b) Where the panniculus hangs below the level of the pubis; and the medical records document that the panniculus causes chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing) that consistently recurs over 3 months while receiving appropriate medical therapy, or remains refractory to appropriate medical therapy over a period of 3 months Pre certification required |
| 4836 | Release of syndactyly; toes (I.P.) | No | Independent Procedure | |
| 4947 | Large lipoma > 4 cm in diameter, requiring removal under general anaesthetic, deep to deep fascia requiring surgery by consultant Plastic Surgeon | No | | 1 Night Only |
| 4983 | Botox for hyperhidrosis (I.P.) | No | Independent Procedure | As a result of a positive Bromide Iodine Starch Test or following a referral from a consultant having failed a prescribed course of topical treatment (maximum 2 per annum) |
| 4990 | Major degloving injuries of limbs, excision and graft of | No | | |
| 5630 | Repair of cirroid aneurysm of the scalp | No | | |
| 45461 | Keloids and hypertrophic scars intralesional injection of triamcinolone; up to and including the sixth lesions, under 12 in an Irish Life Health approved hospital (I.P.) | No | Independent Procedure, Side Room | |
| 825011 | Removal by contouring of benign tumour of facial bone (e.g. fibrous dysplasia) | No | | |

Irish Life Health, PO Box 13028, Dublin 1
1890 717 717 www.irishlifehealth.ie

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