

Minor Procedures

Schedule of Benefits
for Professional Fees

ARTERIES/ VEINS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
304334	Arthrocentesis, aspiration and/ or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) including ultrasound guidance (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee

ARTHROCENTESIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4210	Plantar warts, complete surgical excision, one or more (not local application, cryotherapy or curettage etc.)	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
4332	Arthrocentesis, aspiration and/ or injection; small joint, bursa or ganglion cyst (e.g. fingers, toes) (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
4333	Arthrocentesis, aspiration and/ or injection; intermediate joint, bursa or ganglion cyst (e.g. temporomandibular acromioclavicular, wrist, elbow or ankle, olecranon bursa) (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
170555	Multiple stage surgical excision of benign lesion for congenital naevi (includes sebaceous cysts) (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
174334	Arthrocentesis, aspiration and/ or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) (I.P.) - 2 aspirations / injections in same episode	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
174335	Arthrocentesis, aspiration and/ or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) (I.P.) - 3 or more aspirations / injections in same episode	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
304332	Arthrocentesis, aspiration and/ or injection; small joint, bursa or ganglion cyst (e.g. fingers, toes) , including ultrasound guidance (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
304333	Arthrocentesis, aspiration and/ or injection; intermediate joint, bursa or ganglion cyst (e.g. temporomandibular acromioclavicular, wrist, elbow or ankle, olecranon bursa) including ultrasound guidance (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee

BIOPSY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1505	Abscess, cyst or tumour, aspiration of (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee

BLOOD AND LYMPHATICS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1602	Wounds from 2.6 cm to 7.5 cm in total length, suture or staple of lacerated or torn tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee Benefit includes wound closure by tissue adhesives (e.g. two-cyanoacrylate) either singly or in combination with sutures or staples or in combination with adhesive strips Wound closures utilising adhesive strips as the sole repair material may only be claimed under ILH out-patient benefit

ENT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1641	Therapeutic phlebotomy, by the consultant physician or under the consultant physician supervision, includes appropriate advice to the patient as necessary, including file report or report to the referring doctor.	No	Side Room	Where these procedures are done in an out-patient setting there is an enhanced surgeon fee - see minor procedures schedule

EXCISIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
405	Destruction of lesion(s) by any method, genital/ anal warts (e.g. condyloma, papilloma, molluscum contagiosum, herpetic vesicle) where performed under general anaesthetic in an Irish Life Health approved hospital (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
1509	Biopsy of skin, subcutaneous tissue and/ or mucous membrane, any method (e.g. punch, incision or shave), including simple closure; single lesion (I.P.)	No	Independent Procedure, Side Room, Diagnostic	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
1516	Destruction by cryotherapy of actinic keratosis or warts other than plantar warts with or without surgical curettement, one lesion (I.P.)	No	Independent Procedure, Side Room	Note: Repeat visits for lesion removal will not be paid at the one lesion rate. A claim should only be made at the end of a course of treatment. A visit is considered a repeat visit if it is 60 days or less from date of previous treatment Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee

EXCISIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1517	Destruction by cryosurgery of actinic keratosis or warts other than plantar warts with or without surgical curettement, two to fourteen lesions (I.P.)	No	Independent Procedure, Side Room	Note: Repeat visits for lesion removal will not be paid at the one lesion rate. A claim should only be made at the end of a course of treatment. A visit is considered a repeat visit if it is 60 days or less from date of previous treatment Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
1525	Foreign body, removal of	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
1540	Skin abscess, (superficial) incision and drainage of (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
1546	Enucleation or excision of lipoma	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
1552	Surgical excision of benign lesion or lesions from body other than face, ear, neck and/or genitalia (includes sebaceous cysts) (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee Any subsequent claims for lesion removal at or near the originating site within 120 days will not be paid Where a second procedure is performed on day of initial procedure then 75% of second procedure will be paid to consultant only, even if undertaken in a hospital setting (i.e. no technical fee will apply)
4160	Excision of nail and nail matrix, partial or complete (e.g. ingrown or deformed nail), for permanent removal	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
4334	Arthrocentesis, aspiration and/ or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
49371	Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, 4 sq. cm or less (I.P.)	No	Independent Procedure, Side Room	Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultant Plastic Surgeons and the following notes apply: (a) Payable for: Z-plasty, W-plasty, V-Y plasty, local flap, transposition flap, distant flap rotation flap, random island flap, advancement flap (b) Undermining of adjacent tissue to achieve closure, without additional incisions, does not constitute adjacent tissue transfer (c) Skin grafting where necessary to close secondary defect is considered an additional procedure, refer to codes 4942, 4943 and 4946 This is applicable to consultants with relevant specialist training in this area and registered as such with Irish Life Health Where these procedures are done in an out-patient setting there is an enhanced surgeon fee - see Minor Procedure Schedule

NAIL

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2520	Conjunctival wounds, repair	No	Day Care	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
3120	Nail, removal of	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
3155	Whitlow, incision and drainage	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
4155	Avulsion of nail plate, partial or complete, simple	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee

OPHTHALMOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1800	Epistaxis - anterior packing and/ or cautery (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee
2505	Foreign body, removal of, from conjunctiva	No	Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee

WOUNDS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1554	Surgical excision of benign lesion or lesions of face, neck, ear or genitalia (includes sebaceous cysts) (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee Any subsequent claims for lesion removal at or near the originating site within 120 days will not be paid Where a second procedure is performed on day of initial procedure then 75% of second procedure will be paid to consultant only, even if undertaken in a hospital setting (i.e. no technical fee will apply)
1601	Wounds up to 2.5 cm in total length, suture or staple of lacerated or torn tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	Independent Procedure, Side Room	Where this procedure is done in a setting which does not require hospital admission, the Participating Benefit - No Hospital Admission applies. This benefit covers both the professional and the facility fee Benefit includes wound closure by tissue adhesives (e.g. two-cyanoacrylate) either singly or in combination with sutures or staples or in combination with adhesive strips Wound closures utilising adhesive strips as the sole repair material may only be claimed under ILH out-patient benefit