

Urology

Schedule of Benefits
for Professional Fees

BIOPSY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
688	Biopsy of penis (I.P.)	Yes	No	
713	Biopsy of prostate (perineal or transrectal) includes ultrasound guidance (I.P.)	No	No	
740	Testicular biopsy (needle) (I.P.)	No	No	
741	Testicular biopsy (open surgical) (I.P.)	No	No	
955	Renal needle biopsy, including ultrasound guidance	No	No	

BLADDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
836	Bladder, instillation of anticarcinogenic agent (Mitomycin C)	Yes	No	
839	Bladder, instillation of therapeutic agent for interstitial cystitis	Yes	No	
843	Bladder, instillation of anticarcinogenic agent (BCG medac)	Yes	No	
844	Trials of micturition for urinary retention post-surgery (I.P.)	Yes	No	Management of patient to include intravenous infusion of antibiotic, bladder instillation, removal of catheter and re-catheterisation of failure to void as appropriate
846	Botulinum toxin injection to bladder wall (I.P.)	Yes	No	Only for idiopathic or neurogenic detrusor over activity in patients who have not responded to conservative treatments (maximum of one injection payable per 6 month period since the last injection)
850	Bladder neck, transurethral resection of	No	No	
855	Primary transurethral resection of bladder tumour(s), one or more (for diathermy of, use 885)	No	No	
865	Cystectomy, partial	No	No	
875	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis	No	No	
877	Cystectomy, complete, with continent diversion, any technique, using any segment of small and/ or large bowel to construct neobladder	No	No	
878	Appendico-vesicostomy (Mitrofanoff procedure)	No	No	
879	Cutaneous vesicostomy (I.P.)	No	No	
881	Cystoscopy with removal of JJ stent	Yes	No	Not claimable within 90 days of use of Code 887 - see code 904881 for use when a JJ Stent is subsequently removed. Not claimable with Code 973

BLADDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
882	Cystoscopy, with or without biopsy, including stress testing for female stress urinary incontinence or male post prostatectomy incontinence (I.P.)	Yes	No	
883	Cystoscopy with or without biopsy, with prostatic biopsy (I.P.)	No	No	
884	Cystoscopy with or without biopsy (I.P.)	No	No	Where code 1029 is performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply for consultant fees only.
885	Cystoscopy with diathermy to bladder tumour(s) (I.P.)	No	No	
887	Cystoscopy with insertion of JJ stent	No	No	Not claimable within 90 days of code 881 - see code 904881 for use when a JJ stent is originally inserted within this time frame. Not claimable with code 973 or 59103
888	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	No	No	
889	Cystourethroscopy with resection or fulguration of ectopic ureterocele(s) unilateral or bilateral in paediatric cases	No	No	
890	Cystoscopy with ureteric catheterisation (I.P.)	No	No	
891	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g. balloon dilation, laser, electrocautery and incision)	No	No	
892	Cystoscopy with insertion of thermo-expandable metallic stent for relief of chronic ureteric stricture only	No	No	
895	Cystoscopy with ureteroscopy and removal of ureteric calculus (I.P.)	No	No	
896	Change of cystostomy tube (I.P.)	Yes	No	
897	Cystolithotomy	No	No	
898	Percutaneous suprapubic cystostomy (I.P.)	Yes	No	
899	Substitution cystoplasty	No	No	
901	Closure of ruptured bladder (intraperitoneal)	No	No	
906	Augmentation cystoplasty	No	No	
907	Bladder neck, transurethral incision of	No	No	
908	Excision of ureterocele in children including reconstruction and repair of sphincters including reimplantation of ureters	No	No	
910	Excision of bladder diverticulum	No	No	
924	Litholapaxy	No	No	

BLADDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
960	Open suprapubic cystostomy (I.P.)	No	No	
1029	Complex uroflowmetry (using calibrated electronic equipment); for evaluation of bladder outlet obstruction and uncomplicated urge incontinence with or without ultrasound, with post void residual ultrasound screening (including counselling and clinical direction)	Yes	No	Where code 884 is performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply for consultant fees only.
1031	Complex cystometrogram using calibrated electronic equipment and urethral pressure profile studies (minimum of 2 fills), with measurement of post-voiding residual urine by ultrasound	Yes	No	
4645	Closure of bladder exstrophy	No	No	
4691	Young-Dees operation	No	No	
5056	Insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: trial stage (I.P.)	No	Yes	<p>(a) Treatment of urge urinary incontinence or symptoms or urge-frequency when all of the following criteria are met:</p> <ul style="list-style-type: none"> (i) The member has experienced urge urinary incontinence or symptoms of urge frequency for at least 12 months and the condition has resulted in significant disability (the frequency and/ or severity of symptoms limits the members ability to participate in activities of daily living) and (ii) Pharmacotherapies (i.e. at least 2 different anti-cholinergic drugs or a combination of this and a tricyclic depressant) as well as behavioural treatments (e.g. pelvic floor exercises, bio feedback and fluid management) and related activities have failed <p>(b) Treatment of non-obstructive urinary retention when all of the following criteria are met:</p> <ul style="list-style-type: none"> (i) The member has experienced urinary retention for at least 12 months and the condition has resulted in significant disability (this frequency and/ or severity of symptoms are limiting the members ability to participate in activities of daily living) and (ii) Pharmacotherapies (e.g. beta blockers and cholinergics, anti biotics for urinary tract infections) as well as intermittent catheterisation have failed or are not well tolerated.
5057	Insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: permanent implantation (I.P.)	No	Yes	<p>Conditions of payment for procedure code 5057 are as follows:</p> <ul style="list-style-type: none"> (a) Treatment of urge incontinence or symptoms of urge frequency provided test stimulation of the patient satisfies the criteria indicating at least 50% decrease in symptoms (b) Treatment of non-obstructive urinary retention provided test stimulation of the patient satisfies the criteria indicating at least 50% decrease in residual urinary volume.
5845	Ileal conduit and bowel anastomosis	No	No	
904881	Insertion and subsequent exchange/removal of JJ Stent within 90 days	No	No	Cannot be claimed in conjunction with codes 881, 887 or 973

DIALYSIS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
822	Creation of permanent shunt for haemodialysis access, involving dissection of vessel/ tunnelling, insertion of graft and suturing to vein and artery	No	No	
823	Home based peritoneal dialysis, self dialysis training (max. 18 sessions)	No	No	Max. 18 Sessions
824	Management of chronic peritoneal dialysis, in the patient's home or at a hospital out-patient department	No	No	Monthly benefit. Inclusive of all Consultant care.
825	Evaluation of a new patient initiating intermittent peritoneal dialysis during a hospital admission, includes insertion of dialysis catheter , and the initial dialysis session (once only per member, use procedure code 826 for subsequent dialysis during same admission)	No	No	Paid once only for 1st session. For subsequent sessions use code 826
826	Intermittent peritoneal dialysis subsequent to procedure code 825, during the same hospital admission, per session	No	No	
828	Intermittent peritoneal dialysis during a subsequent hospital admission, of one night or more, necessitated by an intercurrent illness, per session	No	No	
830	Evaluation of a new patient initiating peritoneal dialysis during a hospital admission, includes insertion of temporary intraperitoneal catheter, and the initial dialysis session (once only per member, use procedure code 831 for subsequent in-patient exchanges)	Yes	No	Paid once only for 1st session For subsequent sessions use code 831.
831	For each subsequent peritoneal dialysis exchange during an overnight hospital stay	No	No	
833	Management of chronic peritoneal dialysis, in the patient's home or at a hospital out-patient department (inclusive of all consultant care), monthly benefit	No	No	Monthly benefit, inclusive of all consultant care.
834	Insertion of tunnelled intraperitoneal catheter for dialysis, permanent	No	No	Refer to procedure 838 for the removal of permanent intraperitoneal cannula catheter for drainage for dialysis (not for the removal of Hickman, Broviac, Vascath, or similar)
837	Continuous venovenous haemofiltration or dialysis (CVH/CVHD) in a critically ill patient, per day	No	No	
838	Removal of tunnelled intraperitoneal catheter	No	No	
841	Removal of permanent shunt for haemodialysis access (not for the removal of dialysis catheter)	No	No	
5933	Insertion of vascath or similar for haemodialysis	No	No	

GENITALIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
645	Epididymectomy, unilateral (I.P.)	No	No	
655	Hydrocelectomy, bilateral (I.P.)	No	No	
660	Hydrocelectomy, unilateral (I.P.)	No	No	
669	Orchidectomy, radical, for cancer, inguinal approach	No	No	

GENITALIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
670	Orchidectomy, bilateral (I.P.)	No	No	
671	Subcutaneous testosterone implantation for hypogonadotropic hypogonadism	Yes	No	
672	Drainage of intra-scrotal abscess (I.P.)	Yes	No	
673	Orchidectomy, radical, for cancer, inguinal approach including artificial prosthesis	No	No	
674	Orchidectomy, radical, for cancer, with abdominal exploration	No	No	
675	Orchidectomy, unilateral (I.P.)	No	No	
679	Orchidectomy, radical, for cancer, with abdominal exploration including artificial prosthesis	No	No	
681	Injection of corpora cavernosa with pharmacologic agent(s) (e.g. papaverine, phentolamine)	Yes	No	
682	Circumcision (I.P.)	No	No	To include where performed Balanitis Xerotica Obliterans (BXO) of foreskin and 3 layer circumcision in children where appropriate
685	Penis, amputation of, partial	No	No	
687	Penis, amputation of, total	No	No	
692	Excision of penile plaque with or without graft	No	No	
693	Nesbit procedure (plastic operation on penis to correct angulation)	No	No	
694	Removal of penile prosthesis	No	No	
695	Prepuce, dorsal incision of	Yes	No	
696	Release of priapism (needle drainage)	Yes	No	
697	Excision of epididymal cyst(s), unilateral (I.P.)	No	No	
698	Excision of epididymal cyst(s), bilateral (I.P.)	No	No	
699	Epididymectomy, bilateral (I.P.)	No	No	
704	Epididymovasostomy, bilateral	No	No	
714	Laparoscopy, orchidopexy for intra-abdominal testis	No	No	
715	Orchidopexy, inguinal approach with or without hernia repair, unilateral (I.P.)	No	No	
720	Orchidopexy, inguinal approach with or without hernia repair, bilateral (I.P.)	No	No	
735	Orchidopexy, unilateral for torsion with exploration and/ or fixation of opposite side	No	No	

GENITALIA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
736	Orchidopexy, abdominal approach for intra-abdominal testis	No	No	
742	Testicular prosthesis, insertion/ replacement/ removal of, unilateral	No	No	
743	Testicular prosthesis, insertion/ replacement/ removal of, bilateral	No	No	
755	Varicocelectomy	No	No	
992	Pubovaginal sling urethropexy with tension-free vaginal tape (TVT)	No	No	
993	Vesico colic fistula, excision of, and sigmoid colectomy	No	No	
994	Pubovaginal sling with cystocele repair or rectocele repair	No	No	
997	Pubovaginal sling including cystocele and rectocele repair	No	No	
4681	Insertion of malleable penile prosthesis	No	No	<p>The use of such implants is limited to Consultant Urologists with supported specialised knowledge, skill and expertise/ training in this area and who perform at 30 of these cases annually in any given hospital. The clinical conditions considered appropriate for the use of such prosthesis are:</p> <ul style="list-style-type: none"> (a) Post radical prostatectomy (b) Post cystectomy (c) Post major colonic/ colorectal surgery (d) Post radiotherapy/ cancer treatment to penis/ prostate (e) For persons suffering from confirmed prolonged Type 1 or type 2 diabetes which causes erectile dysfunction due to diabetic related complications, urethral injury, pelvic fracture causing urethral injury which leads to long term erectile dysfunction. Clinical indicators: <ul style="list-style-type: none"> (i) This is a 3rd line therapy following at least 3 years of erectile dysfunction following failure of oral medication prescribed by a consultant Urologist and/ or consultant Psychiatrist and following failure (where appropriate) of the use of inter-cavernous injections and use of vacuum pump devices (ii) Patients will also have undergone a prolonged course of psychological and psychotherapy evaluation and advice and/ or including medication (iii) The life expectancy of the above prosthesis will be expected to be a minimum of 15 years (subject to any clinical reasons e.g. infection).
4682	Insertion of inflatable penile prosthesis	No	No	<p>The use of such implants is limited to Consultant Urologists with supported specialised knowledge, skill and expertise/ training in this area and who perform at 30 of these cases annually in any given hospital. The clinical conditions considered appropriate for the use of such prosthesis are:</p> <ul style="list-style-type: none"> (a) Post radical prostatectomy (b) Post cystectomy (c) Post major colonic/ colorectal surgery (d) Post radiotherapy/ cancer treatment to penis/ prostate (e) For persons suffering from confirmed prolonged Type 1 or type 2 diabetes which causes erectile dysfunction due to diabetic related complications, urethral injury, pelvic fracture causing urethral injury which leads to long term erectile dysfunction. Clinical indicators: <ul style="list-style-type: none"> (i) This is a 3rd line therapy following at least 3 years of erectile dysfunction following failure of oral medication prescribed by a consultant Urologist and/ or consultant Psychiatrist and following failure (where appropriate) of the use of inter-cavernous injections and use of vacuum pump devices (ii) Patients will also have undergone a prolonged course of psychological and psychotherapy evaluation and advice and/ or including medication (iii) The life expectancy of the above prosthesis will be expected to be a minimum of 15 years (subject to any clinical reasons e.g. infection).

KIDNEY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
915	Embolisation of haemangioma of kidney	No	No	
916	Laparoscopy, partial nephrectomy, includes robotic approach	No	No	
917	Laparoscopy, radical nephrectomy	No	No	
918	Laparoscopy, surgical, nephrectomy, with total ureterectomy	No	No	
919	Laparoscopy, surgical, nephrectomy, including partial ureterectomy	No	No	
920	Nephrectomy, partial	No	No	
921	Radical nephrectomy (includes adrenalectomy and para-aortic lymph nodes)	No	No	
922	Radical nephrectomy including caval extension above and/ or below liver	No	No	
923	Kidney transplant	No	No	
925	Simple nephrectomy	No	No	
930	Nephrolithotomy	No	No	
931	Percutaneous nephrolithotomy, with or without guidance	No	No	
933	Percutaneous nephrolithotomy stag-horn calculus, with or without guidance	No	No	
934	Percutaneous nephrostomy with or without antegrade pyelogram or stent placement	No	No	
936	Percutaneous tract formation for renal stone removal by another consultant (I.P.)	Yes	No	
937	Living donor nephrectomy	No	No	
938	Nephrectomy with total ureterectomy and bladder cuff, through same incision	No	No	
939	Nephrectomy with total ureterectomy and bladder cuff, through separate incisions	No	No	
940	Pyelolithotomy	No	No	
941	Percutaneous nephrolithotomy, pelvic or calyceal involving contact lithotripsy, with or without guidance	No	No	
945	Pyeloplasty	No	No	
946	Pyeloplasty, complicated (congenital kidney abnormality secondary pyeloplasty, solitary kidney, calyco-plasty) neonate up to one year of age	No	No	
947	Radical nephrectomy in children (e.g. Wilms tumour) with contralateral exploration	No	No	
948	Laparoscopy, surgical; pyeloplasty	No	No	
956	Renal cyst puncture and aspiration	No	No	

KIDNEY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
5911	Ureterscopy & contact lithotripsy with placement/ removal of JJ stent, one or more sessions per hospital stay (I.P.)	No	No	
59101	Extracorporeal shock wave lithotripsy (ESWL) - as directed by a consultant Urologist for urinary tract stone(s), who has interpreted the relevant radiological tests/ scans and is present as the commencement and cessation of the session of therapy	No	No	For procedure code 59101, 59102 where monitored anaesthesia is required, claims must be supported by a medical report from the consultant Anaesthetist outlining the necessity for monitored anaesthesia
59102	Extracorporeal shock wave lithotripsy (ESWL) - as directed and prescribed by a consultant Urologist for urinary tract stone(s), who has interpreted the relevant radiological tests/ scans and where the consultant is not present for the duration of the treatment	No	No	For procedure code 59101, 59102 where monitored anaesthesia is required, claims must be supported by a medical report from the consultant Anaesthetist outlining the necessity for monitored anaesthesia
59103	Intra renal flexible ureterorenoscopy for intra renal stones	No	No	

PROSTATE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
700	Transurethral prostatectomy	No	No	
701	Radical retropubic nerve sparing prostatectomy (includes bilateral pelvic lymph adenectomy with bladder neck reconstruction and anastomosis to the urethra)	No	No	
707	Laser (Green Light) vaporisation of prostate including control of post-operative bleeding, complete (meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	No	No	
708	Open prostatectomy	No	No	
709	Laparoscopic surgical prostatectomy, retropubic radical, including nerve sparing (includes robotic assisted prostatectomy with the Da Vinci Prostatectomy Radical system)	No	No	
716	Laser enucleation of the prostate with morcellation including control of post-operative bleeding, complete (meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	No	No	
904091	Urolift implant treatment known as prostatic urethral lift (PUL) for benign prostatic hypertrophy (BPH) to a maximum of 5 pins	No	No	Once every 5 years maximum
904730	Rezum under GA, for treatment of lower urinary tract symptoms (LUTS)	No	No	For patients with an IPSS Score >13, Qmax less than 15ml/s, poor tolerance of medication for control of BPH and prostate volume greater than 30cc

URETER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
975	Open ureterolithotomy	No	No	
981	Ureterolysis, unilateral, by laparotomy approach (I.P.)	No	No	

URETER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
982	Ureterolysis, bilateral, by laparotomy approach (I.P.)	No	No	
983	Ureteric reimplantation, unilateral for reflux, stricture or fistula (I.P.)	No	No	
984	STING procedure (initial) for vesicoureteric reflux (initial) (I.P.)	No	No	
986	Ureteric reimplantation, bilateral for reflux, stricture or fistula (I.P.)	No	No	
987	STING procedure for vesicoureteric reflux (repeat)	No	No	
989	Sling operation for the correction of male incontinence, with synthetic implant (I.P.)	No	No	
995	Ureterostomy, unilateral	No	No	
996	Ureteric substitution (with bowel segment)	No	No	
998	Sling operation for the correction of male incontinence, without implant (I.P.)	No	No	Benefit payable for patients who are 6 months post-prostatectomy, who have had no improvement in the severity of urinary incontinence despite trials of behavioural and pharmacological therapies
1000	Ureterostomy, bilateral	No	No	

URETHRA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
664	Meatoplasty (for meatotomy use code 665) (I.P.)	No	No	
665	Meatotomy (I.P.)	No	No	
666	Urethroplasty for penile or bulbar urethral stricture	No	No	
667	Acute repair of rupture of membranous urethra	No	No	
668	Urethroplasty for repair of prostatic or membranous urethral stricture, complete procedure	No	No	
676	Removal of implanted inflatable urethral/ bladder neck sphincter, including pump, reservoir and cuff (AUS)	No	No	
677	Hypospadias, meatal advancement and glanduloplasty (MAGPI) procedure	No	No	
703	Insertion of an endourethral stent for urethral stricture	No	No	
973	Cystourethroscopy, with ureteroscopy and/ or pyeloscopy; diagnostic	No	No	
974	Cystourethroscopy, with ureteroscopy and/ or pyeloscopy; with resection of urethral or renal pelvic tumour	No	No	
1015	Urethral dilatation (I.P.)	Yes	No	
1030	Optical urethrotomy (I.P.)	No	No	

URETHRA

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1032	Implantation of inflatable urethral/ bladder neck sphincter, including placement of pump, reservoir and cuff (AUS)	No	No	
4660	Epispadias, reconstruction of urethra	No	No	
4670	Hypospadias, fistula closure	No	No	
4675	Hypospadias, reconstruction of urethra	No	No	
4676	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/ or island flap	No	No	
571512	Pubovaginal sling urethropexy with autologous or allogenic fascia	No	No	
904750	Radical Urethrectomy (I.P.)	No	No	