

## Cardiology

Schedule of Benefits for Professional Fees

| ABLA   | ABLATION                                                                                                                                                                                                                                                                                         |                              |               |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|
| Code   | Description                                                                                                                                                                                                                                                                                      | Pre-<br>Approval<br>Required | Payment Rules |
| 5960   | Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement                                                                                                                | No                           |               |
| 5961   | Intracardiac catheter ablation of arrhythmogenic focus for treatment of supraventricular or ventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, (including foci pulmonary vein) single or in combination | No                           |               |
| 936311 | For the treatment of patients with a history of congenital heart anomalies; intracardiac EP studies (code 5502) with catheter ablation of ventricular arrhythmia or ectopic focus/ foci                                                                                                          | No                           |               |
| 938407 | Intracardiac electrophysiology studies with catheter ablation of arrhythmogenic left atrial focus/ foci for treatment of atrial fibrillation; linear or focal ablation, including pulmonary vein isolation (includes transseptal catheterisation) (I.P.)                                         | No                           |               |
| 946541 | Creation of complete heart block by intracardiac catheter ablation of atrioventricular node function, +/- temporary pacemaker                                                                                                                                                                    | No                           |               |

| ANG                             | ANGIOGRAM                                                                                                                                                |                              |               |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|
| Code Description A <sub>1</sub> |                                                                                                                                                          | Pre-<br>Approval<br>Required | Payment Rules |
| 5058                            | Cardiac catheterisation and coronary angiography with or without ventriculography with fractional flow reserve (FFR) intracoronary pressure measurements | No                           |               |
| 5080                            | Cardiac catheterisation (left, right or both sides) (I.P.)                                                                                               | No                           |               |
| 5090                            | Cardiac catheterisation and coronary angiography with or without ventriculography                                                                        | No                           |               |
| 5200                            | Transeptal left heart catheterisation (I.P.)                                                                                                             | No                           |               |

| ANG    | ANGIOPLASTY                                                                                                     |                              |               |
|--------|-----------------------------------------------------------------------------------------------------------------|------------------------------|---------------|
| Code   |                                                                                                                 | Pre-<br>Approval<br>Required | Payment Rules |
| 5101   | Coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing          | No                           |               |
| 938408 | Elective coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing | No                           |               |

| CARI | CARDIAC TESTING                                                                                                                                                        |                              |               |  |  |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|--|--|
| Code | Description                                                                                                                                                            | Pre-<br>Approval<br>Required | Payment Rules |  |  |
| 5022 | Cardiovascular stress test with pharmaceutical/chemical agent(s) includes IV administration, echocardiography, ECG with consultant Cardiologist in constant attendance |                              |               |  |  |

| CARI   | CARDIOVERSION                                                                              |                              |               |
|--------|--------------------------------------------------------------------------------------------|------------------------------|---------------|
| Code   | Description                                                                                | Pre-<br>Approval<br>Required | Payment Rules |
| 5091   | Cardioversion                                                                              | No                           |               |
| 930991 | Combination cardioversion (code 5091) and TOE (code 5109) (see codes for full description) | No                           |               |

| ECH  | ECHOCARDIOGRAPHY                                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------|-------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Code | Description                                                                   | Pre-<br>Approval<br>Required | Payment Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5008 | Cardiac ultrasound, (echocardiography) for patients on cytotoxic chemotherapy | No                           | This is an out-patient only procedure. Where code 5008 is performed on an out-patient basis in your consultant's room and they are registered to receive payment fully or partially from Irish life Health, we will cover their professional fee or part thereof by direct settlement. However, if this procedure is carried out in the consultant's rooms or in a hospital setting and you are charged a technical fee/accommodation fee for this, you must pay for this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover for the benefit/excess amount. |
| 5108 | Cardiac ultrasound, (echocardiography)                                        | No                           | This is an out-patient only procedure. Where code 5108 is performed on an out-patient basis in your consultant's room and they are registered to receive payment fully or partially from Irish life Health, we will cover their professional fee or part thereof by direct settlement. However, if this procedure is carried out in the consultant's rooms or in a hospital setting and you are charged a technical fee/accommodation fee for this, you must pay for this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover for the benefit/excess amount. |

| ELECTROPHYSIOLOGIC STUDIES |                                                                                                                                                                                                                                             |                              |               |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|
| Code                       | Description                                                                                                                                                                                                                                 | Pre-<br>Approval<br>Required | Payment Rules |
| 5079                       | Biventricular pacing - insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) |                              |               |

## ELECTROPHYSIOLOGIC STUDIES Code Description Pre-Approval Required Payment Rules 5502 Comprehensive electrophysiological evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters. No

| PACE                                                                                                  | PACEMAKER                                                                                                                                                                                                                                         |    |               |  |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------|--|
| Code                                                                                                  | le Description P A R                                                                                                                                                                                                                              |    | Payment Rules |  |
| 5053                                                                                                  | Subcutaneous implantation of a patient-activated cardiac event loop recorder with memory, activator and programmer, including electronic analysis of implantable loop recorder system (ILR), (includes retrieval of recorded and stored ECG data) | No |               |  |
| 5054                                                                                                  | Removal of implantable, patient-activated cardiac event loop recorder (where the original implantation met the conditions of payment)                                                                                                             | No |               |  |
| 5063                                                                                                  | Removal of single or dual chamber pacing cardioverter/ defibrillator electrode(s); by transvenous extraction                                                                                                                                      | No |               |  |
| 5065                                                                                                  | Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter                                                                                                                                          | No |               |  |
| 5071                                                                                                  | 5071 Insertion or replacement of permanent pacemaker with transvenous electrode(s); single chamber No                                                                                                                                             |    |               |  |
| 5072 Insertion or replacement of permanent pacemaker with transvenous electrode(s); dual chamber No   |                                                                                                                                                                                                                                                   |    |               |  |
| 5073 Insertion or replacement of pacemaker pulse generator only; single chamber atrial or ventricular |                                                                                                                                                                                                                                                   |    |               |  |
| 5074                                                                                                  | Insertion or replacement of pacemaker pulse generator only (includes defibrillator pulse generator); dual chamber                                                                                                                                 | No |               |  |
| 5076                                                                                                  | Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber                                                                                                      | No |               |  |
| 5077                                                                                                  | Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); dual chamber                                                                                                        | No |               |  |
| 938400                                                                                                | Insertion or repositioning of permanent transvenous cardiac electrode(s) and lead(s) - 15 days or more after initial insertion                                                                                                                    | No |               |  |
| 938401                                                                                                | Extraction of transvenous permanent pacemaker electrode - single lead - 15 days or more after initial insertion                                                                                                                                   | No |               |  |
| 938402                                                                                                | Extraction of transvenous permanent pacemaker electrodes, multiple leads                                                                                                                                                                          | No |               |  |
| 938403                                                                                                | Intracardiac electrophysiologic studies with catheter ablation for treatment of ventricular arrhythmia or ectopic focus/foci, or for patients with a history of congenital heart anomalies                                                        |    |               |  |
| 938404                                                                                                | Insertion of automatic implantable cardioverter/ defibrillator, single chamber                                                                                                                                                                    | No |               |  |
| 938405                                                                                                | 938405 Insertion of automatic implantable cardioverter/ defibrillator, dual chamber No                                                                                                                                                            |    |               |  |
| 938406                                                                                                | Insertion of automatic implantable cardioverter/ defibrillator, biventricular                                                                                                                                                                     | No |               |  |

| PAEI | PAEDIATRIC CARDIOLOGY                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                                                                                                      |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Code | Description                                                                                                                                                                                                                                                                                                                                                                       | Pre-<br>Approval<br>Required | Payment Rules                                                                                                                                                                                                        |
| 5034 | Major consultation and trans-thoracic echocardiography, initial assessment of an infant or child under 16 with suspected heart disease, for the diagnosis or exclusion of complex congenital or acquired cardiac anomalies or where a detailed follow up examination is indicated. Also for adults with congenital heart disease assessed by a consultant Paediatric Cardiologist | No                           | Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. |
| 5089 | Trans-oesophageal echocardiography for congenital cardiac anomalies in children under 16 years of age; including probe placement, image acquisition, interpretation and report                                                                                                                                                                                                    | No                           |                                                                                                                                                                                                                      |
| 5093 | Paediatric cardiac catheterisation (left, right or both sides)                                                                                                                                                                                                                                                                                                                    | No                           |                                                                                                                                                                                                                      |
| 5094 | Paediatric cardiac catheterisation and cardiac angiography combined                                                                                                                                                                                                                                                                                                               | No                           |                                                                                                                                                                                                                      |

| PTCA                                                                                                                                                                                                          | PTCA                                                                                                                                                                                                     |    |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------|
| Code                                                                                                                                                                                                          | Code Description Pr                                                                                                                                                                                      |    | Payment Rules |
| 5103                                                                                                                                                                                                          | Transcatheter placement of intracoronary stent(s) (other than drug eluting stents), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel |    |               |
| Transcatheter placement of intracoronary stents (other than drug eluting stents), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, more than one vessel |                                                                                                                                                                                                          |    |               |
| 5115                                                                                                                                                                                                          | Percutaneous transcatheter closure of congenital interatrial communication (i.e. Fontan fenestration, atrial septal defect) with implant, including right heart catheterisation                          |    |               |
| 5116                                                                                                                                                                                                          | Transcatheter placement of drug eluting stent(s), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel                                   |    |               |
| 5117                                                                                                                                                                                                          | Transcatheter placement of drug eluting stents, percutaneous, with or without other therapeutic intervention, with or without angiography, any method, more than one vessel                              |    |               |
| 5119                                                                                                                                                                                                          | Percutaneous transcatheter closure of congenital ventricular septal defect with implant including right heart catheterisation                                                                            | No |               |
| 938409                                                                                                                                                                                                        | Placement of drug eluting intracoronary stent(s), any method, single vessel - elective                                                                                                                   |    |               |
| 938410                                                                                                                                                                                                        | Placement of drug eluting intracoronary stents, any method, more than one vessel - elective                                                                                                              |    |               |
| 938411                                                                                                                                                                                                        | Placement of non-drug eluting intracoronary stent(s), any method, more than one vessel - elective                                                                                                        | No |               |

| TAVI   |                                                                                                                                                                         |                              |                                                                                                                                                                                                                      |  |  |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Code   | Description                                                                                                                                                             | Pre-<br>Approval<br>Required | Payment Rules                                                                                                                                                                                                        |  |  |
| 5133   | Transcatheter Aortic Valve Implantation (TAVI) for aortic stenosis - Edwards Sapien (I.P.) Please note different reimbursement rates for Allegra TAVI - see Code 935133 | Yes                          | Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. |  |  |
| 935133 | Transcatheter Aortic Valve Implantation (TAVI) for aortic stenosis - Allegra (I.P.)                                                                                     | Yes                          | Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. |  |  |