

# Dermatology

## – Skin & Subcutaneous Tissues

Schedule of Benefits  
for Professional Fees

## ABSCESS

Code	Description	Pre-Approval Required	Payment Rules
1560	Incision and drainage of pilonidal abscess	No	
1663	Drainage of abscess or haematoma, (deep tissues) requiring general anaesthetic	No	

## BIOPSY

Code	Description	Pre-Approval Required	Payment Rules
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	

## BONE MARROW

Code	Description	Pre-Approval Required	Payment Rules
4281	Bone marrow aspiration	No	
4282	Bone marrow biopsy	No	
4286	Bone marrow harvesting (I.P.)	No	
4287	Bone marrow aspiration and biopsy	No	

## CLOSURE

Code	Description	Pre-Approval Required	Payment Rules
1603	Wounds greater than 7.5cm 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	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.

## DEBRIDEMENT

Code	Description	Pre-Approval Required	Payment Rules
1578	Wounds or ulcers requiring debridement when it is medically necessary to perform the procedure under general anaesthetic (I.P.)	No	
1620	Complex wound(s) repair, (torn, crushed, deep) lacerations or avulsions requiring prolonged debridement and irrigation, extensive undermining and/or trimming of defect edges and multi-layered closure (involving deeper layers in addition to skin closure) with or without stents or retention sutures (I.P.)	No	

## EXCISIONS

Code	Description	Pre-Approval Required	Payment Rules
1507	Angioma of skin and subcutaneous tissue or mucous surfaces, excision and repair of	No	
1516	Destruction by cryotherapy or diathermy of actinic keratosis or warts, with or without surgical curettement - (initial session only) (I.P.)	No	
1517	Destruction by cryotherapy or diathermy of actinic keratosis or warts, with or without surgical curettement - (subsequent sessions, per session fee)	No	
1531	Biopsies of the skin, subcutaneous tissue and/ or mucous membrane including simple closure (I.P.) (the areas biopsied must be specified on the claim form)	No	
1546	Enucleation or excision of lipoma	No	
1550	Malignant melanoma, wide excisional biopsy	No	
1551	Malignant melanoma, wide excisional biopsy with flap or graft repair	No	
1561	Pilonidal sinus or cyst, excision of	No	
1562	Pilonidal sinus, excision of, with rhomboid flap/ z-plasty for closure of large defect; multiple layer closure	No	
1575	Basal cell carcinoma/ squamous cell carcinoma/ non melanoma - simple excision	No	
1576	Basal cell carcinoma/ squamous cell carcinoma/ non melanoma, excision and graft or local flap	No	
1581	Mohs micrographic technique, first layer (stage) for removal of lesions from head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves or vessels; up to five tissue blocks. (If the tissue layer is large enough that it must be cut into six or more specimens producing six or more blocks of tissue in order to examine the entire surgical margin, then use code 1596 for each block beyond the first five)	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.
1582	Each additional layer (stage) after the first layer (stage) claimed under 1581, up to 5 tissue blocks	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.
1583	Mohs micrographic technique, including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the Consultant, of the trunk, arms, or legs; first layer (stage), up to 5 tissue blocks.	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.

## EXCISIONS

Code	Description	Pre-Approval Required	Payment Rules
1584	Each additional layer (stage) after the first layer (stage) claimed under code 1583, up to 5 tissue blocks	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.
1591	Hydradenitis suppurativa, excision and suture	No	
1592	Hydradenitis suppurativa, excision and graft	No	
1593	Hydradenitis suppurativa, extensive debridement	No	
1596	Each additional block after the first 5 tissue blocks, any layer (stage), (Benefit is payable in full in conjunction with 1581 to 1584)	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.
4290	Chondroma, removal	No	
4546	Keloids and hypertrophic scars (I.P.)	No	
49371	Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, 4 sq. cm or less (I.P.)	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.
170555	Multiple stage surgical excision of benign lesion for congenital naevi (includes sebaceous cysts) (I.P.)	No	
254105	Genital biopsy (male or female) (I.P.)	No	
825000	Biopsies of the skin, subcutaneous tissue and/ or mucous membranes, any method multiple lesions (I.P.)	No	

## GRAFT TRANSFER

Code	Description	Pre-Approval Required	Payment Rules
1599	Adjacent tissue transfer or rearrangement or full thickness graft, free (incl direct closure of donor site) associated with Mohs surgery, (e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap), head, neck, all sizes (benefit shown is payable in full)	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.
1604	Adjacent tissue transfer/ rearrangement/ full thickness graft, free (incl direct closure of donor site) associated with Mohs surgery, (e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap), non-head and neck, all sizes (benefit shown is payable in full)	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.

## INCISION

Code	Description	Pre-Approval Required	Payment Rules
1540	Skin abscess, (superficial) incision and drainage of (I.P.)	No	

## LASER

Code	Description	Pre-Approval Required	Payment Rules
158711	Laser treatment to port wine stains only, one to five sessions - per session fee	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.
158712	Laser treatment to port wine stains only, sessions six and subsequent - per session fee	No	

## REPAIR

Code	Description	Pre-Approval Required	Payment Rules
1597	Repair by layered closure associated with Mohs surgery, head and neck, all sizes	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.
1598	Repair by layered closure associated with Mohs surgery, non-head and neck, all sizes	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.

## WOUNDS

Code	Description	Pre-Approval Required	Payment Rules
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	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.
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	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.

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