

General Surgery

Schedule of Benefits
for Professional Fees

ABDOMINAL WALL AND PERITONEUM

Code	Description	Pre-Approval Required	Payment Rules
5	Abdominal wall, secondary suture of	No	
15	Adhesions, division of by laparotomy or laparoscopy (I.P.)	No	
20	Intra-abdominal injury with rupture of viscus, repair of (not including intraoperative injury) (I.P.)	No	
25	Intra abdominal injury, multiple complicated with rupture of viscus (I.P.)	No	
30	Laparotomy (I.P.)	No	
35	Laparoscopy with or without biopsy (I.P.)	No	
45	Omentopexy	No	
50	Paracentesis abdominis	No	
60	Pelvic abscess, drainage of	No	
80	Peritoneum, drainage of (I.P.)	No	
90	Laparotomy, intra-abdominal sepsis (I.P.)	No	
5835	Peritoneal, venous shunt for ascites	No	

ADRENAL GLANDS

Code	Description	Pre-Approval Required	Payment Rules
95	Adrenalectomy, unilateral (I.P.)	No	
101	Adrenalectomy for phaeochromocytoma	No	
102	Laparoscopy, surgical with adrenalectomy, partial or complete or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	No	
106	Neuroblastoma, tru-cut biopsy	No	
107	Neuroblastoma, resection	No	

ANAESTHESIA

Code	Description	Pre-Approval Required	Payment Rules
191	General anaesthesia for gastroscopy procedures (codes 192, 194, 198, 206) and colonoscopy procedures (codes 450, 455, 456, 457, 458, 459, 530, 535, 536) in children under 16 years of age	No	

ANAESTHESIA

Code	Description	Pre-Approval Required	Payment Rules
399	Monitored anaesthesia benefit for surgical procedures	No	
192202	General anaesthesia for children under the age of 12, procedure not specified	No	
192204	General anaesthesia for adults, procedure not specified	No	

APPENDIX

Code	Description	Pre-Approval Required	Payment Rules
110	Appendicectomy (with or without complications) (I.P.)	No	
111	Appendicectomy, laparoscopic approach (with or without complications) (I.P.)	No	

BILIARY SYSTEM

Code	Description	Pre-Approval Required	Payment Rules
115	Cholecystojejunostomy	No	
116	Choledochojejunostomy (Roux-En-Y)	No	
117	Choledochoduodenostomy	No	
118	Surgical repair of post-operative biliary stricture	No	
129	Hepaticojejunostomy	No	
132	Cholecystectomy with exploration of common bile duct	No	
135	Cholecystectomy including pre operative cholangiogram	No	
136	Percutaneous removal of gallstones from the bile ducts	No	
140	Cholecystostomy with exploration, drainage or removal of calculus	No	
145	Hepaticoduodenostomy	No	
150	Trans-duodenal sphincteroplasty with or without transduodenal extraction of calculus	No	
151	Trans-hepatic insertion of biliary endoprosthesis or catheter for biliary drainage	No	
156	Revision and/ or reinsertion of transhepatic stent (I.P.)	No	

BILIARY SYSTEM

Code	Description	Pre-Approval Required	Payment Rules
157	Insertion of or exchange of drainage catheter under radiological guidance	No	
612	Portoenterostomy (e.g. Kasai procedure)	No	
456002	Day case laparoscopic cholecystectomy including pre-operative cholangiogram	No	For this procedure you are covered for a day case only. If additional nights are required they must be deemed medically necessary and covered up to the level of cover on your plan.
456003	In-patient laparoscopic cholecystectomy including pre-operative cholangiogram	No	

BREAST

Code	Description	Pre-Approval Required	Payment Rules
1195	Percutaneous core needle biopsy of breast with or without ultrasound guidance (I.P.)	No	
1198	Re-excision of margins arising from previous breast surgery (I.P.)	No	
1200	Cysts or tumours, excision of, or lumpectomy, segmental resection, quadrant mastectomy or partial mastectomy	No	
1205	Duct papilloma, excision of	No	
1206	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s) and immediate deep rotation flap reconstruction, with or without prosthetic implant	No	
1207	Skin sparing mastectomy with free skin and/ or muscle flap with microvascular anastomosis (I.P.)	No	
1209	Periprosthetic (Incl Open) capsulotomy breast (I.P.)	No	Procedure not covered where implants were previously inserted for cosmetic reasons.
1210	Gynaecomastia (excision for), unilateral	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.
1211	Gynaecomastia (excision for), bilateral	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.
1212	Mastectomy, complete, with or without removal of sentinel node(s) and with or without immediate insertion of tissue expander, includes subsequent expansions (I.P.)	No	
1213	Mastectomy, partial, with or without guidance with axillary clearance, or removal of sentinel node(s)	No	
1214	Mastectomy, partial, guided excision, for ductal carcinoma insitu	No	
1216	Mastectomy radical/ modified radical, with axillary clearance	No	

BREAST

Code	Description	Pre-Approval Required	Payment Rules
1218	Mammographic wire guided excision breast biopsy	No	
1219	Mastectomy and axillary clearance, immediate breast reconstruction with latissimus dorsi pedicle flap, with or without prosthetic implant or expanding prosthesis	No	
1221	Mastectomy and axillary clearance, immediate breast reconstruction with extended latissimus dorsi pedicle flap	No	
1222	Mastectomy, complete with or without removal of sentinel node(s) with immediate insertion of tissue expander, includes subsequent expansions	No	
1223	Mastectomy, partial, guided excision, with axillary sampling or removal of sentinel node(s), with immediate deep rotation flap reconstruction, with prosthetic implant	No	
193001	Prophylactic unilateral mastectomy, without insertion of tissue expander	Yes	
193002	Prophylactic unilateral mastectomy, complete with immediate insertion of tissue expander and subsequent expansions	Yes	
193003	Prophylactic unilateral mastectomy, immediate breast reconstruction with latissimus dorsi pedicle flap, +/- prosthetic implant or expanding prosthesis	Yes	
193004	Prophylactic unilateral mastectomy, immediate breast reconstruction with extended latissimus dorsi pedicle flap	Yes	
193005	Prophylactic bilateral mastectomy, complete, without immediate insertion of tissue expander	Yes	
193006	Prophylactic bilateral mastectomy, complete, with immediate insertion of tissue expander, includes subsequent expansions	Yes	
193007	Prophylactic bilateral mastectomy, immediate breast reconstruction with latissimus dorsi pedicle flap, +/- prosthetic implant or expanding prosthesis	Yes	
193008	Prophylactic bilateral mastectomy, immediate breast reconstruction with extended latissimus dorsi pedicle flap	Yes	
441196	Skin sparing mastectomy (I.P.)	No	

EXCISIONS

Code	Description	Pre-Approval Required	Payment Rules
1505	Abscess, cyst or tumour, aspiration of (I.P.)	No	
1525	Foreign body, removal of	No	
1552	Surgical excision of benign lesion or lesions from body other than face, ear, neck and/ or genitalia (includes sebaceous cysts) (I.P.)	No	
1554	Surgical excision of benign lesion or lesions of face, neck, ear or genitalia (includes sebaceous cysts) (I.P.)	No	

GASTRIC

Code	Description	Pre-Approval Required	Payment Rules
155	Antrectomy and drainage	No	
165	Duodenal diverticula, excision of	No	
174	Wedge gastric excision for ulcer or tumour of stomach	No	
175	Gastrectomy, total or revision with anastomosis, pouch formation/ reconstruction/ Roux-en-Y reconstruction	No	
180	Gastrectomy, partial with anastomosis, pouch formation/ reconstruction/Roux-en-Y reconstruction (Not Claimable for Morbid Obesity)	No	
190	Gastroenterostomy	No	
192	Capsule endoscopy	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.
194	Upper gastrointestinal endoscopy with or without biopsies (includes jejunal biopsy), with or without polypectomy	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.
198	Upper gastrointestinal endoscopy including oesophagus, stomach and either the duodenum and/ or jejunum as appropriate, with endoscopic ultrasound examination	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.
200	Gastrostomy	No	
201	Insertion of percutaneous endoscopic gastrostomy (PEG) tube	No	
202	Upper gastrointestinal endoscopy with endoscopic ultrasound exam including oesophagus, stomach and either the duodenum and/ or jejunum as appropriate with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/ biopsy(s) of lymph nodes in oesophageal, gastric and lung cancer, biopsy of pancreatic lesion(s), mediastinal mass or submucosal lesion(s), with or without coeliac plexus neurolysis for pain arising from pancreatic cancer or chronic pancreatitis	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.
203	Upper gastrointestinal endoscopy with transendoscopic stent placement (includes pre and post dilation) in patients with obstructing lesions or strictures (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.
204	Gastric antral vascular ectasia, endoscopic argon plasma photocoagulation of	No	
205	Gastrostomy/ duodenotomy for haemorrhage	No	
206	Upper gastrointestinal endoscopy with endoscopic mucosal resection	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.
215	Over-sewing of perforated peptic ulcer	No	
230	Ramstedt's operation	No	
235	Stomach transection	No	

HEAD & NECK

Code	Description	Pre-Approval Required	Payment Rules
1041	Excision of carotid body tumour greater than 4 cms	No	
1042	Excision of carotid body tumour less than 4 cms	No	
1046	Excision of lesion of mucosa and submucosa, vestibule of mouth, with simple repair (I.P.)	No	
1047	Excision of lesion of mucosa and submucosa, vestibule of mouth, complex, with or without excision of underlying muscle (I.P.)	No	
1048	Excision of malignant growth of mucosa and submucosa, vestibule of mouth, wide excision with excision of underlying muscle, complex layered closure, with or without skin graft (I.P.)	No	
1055	Cyst or benign tumour on lip, excision of (I.P.)	No	
1058	Epithelioma of lip, lip shave	No	
1059	Epithelioma of lip, wedge excision	No	
1065	Branchial cyst, pouch or fistula, excision of	No	
1075	Cysts or tuberculosis glands of neck (deep to deep fascia) excision of	No	
1080	Conservative neck dissection	No	
1082	Radical neck dissection	No	
1085	Thyroglossal cyst or fistula, excision of	No	
1090	Torticollis, partial excision, open correction of	No	
1095	Tuberculous caseous glands or sinuses, curettage of	No	
1096	Oesophageal anastomosis, (repair and short circuit)	No	
1097	Partial oesophagectomy	No	
1098	Gastrointestinal reconstruction for previous oesophagectomy, for obstructing oesophageal lesion or fistula, or for previous oesophageal exclusion with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	No	
1100	Laceration of palate, repair of	No	
1104	Biopsy lesion of palate	No	
1105	Radical operation for malignant growth of palate	No	
1106	Partial maxillectomy including plastic reconstruction	No	
1107	Total maxillectomy including plastic reconstruction	No	

HERNIA

Code	Description	Pre-Approval Required	Payment Rules
241	Laparoscopic, surgical repair, epigastric/ ventral hernia (includes mesh insertion) initial or recurrent (I.P.)	No	
243	Laparoscopic surgical repair, epigastric/ ventral hernia (initial or recurrent) (I.P.)	No	
244	Laparoscopic surgical repair, epigastric/ ventral hernia; incarcerated or strangulated (I.P.)	No	
245	Epigastric/ ventral hernia, repair of (I.P.)	No	
246	Exomphalos, minor	No	
247	Exomphalos, major	No	
248	Exomphalos, delayed	No	
249	Laparoscopic, surgical repair, epigastric/ ventral hernia (includes mesh insertion) incarcerated or strangulated (I.P.)	No	
250	Femoral hernia, repair of, bilateral	No	
255	Femoral hernia, repair of, unilateral (I.P.)	No	
270	Hiatus hernia, abdominal repair of	No	
271	Laparoscopic repair of hiatus hernia	No	
272	Laparoscopic repair of paraoesophageal hernia, including fundoplasty (I.P.)	No	
275	Hiatus hernia, transthoracic, repair of (I.P.)	No	
276	Laparoscopic surgical repair of incisional hernia (includes mesh insertion) (initial or recurrent) (I.P.)	No	
277	Laparoscopic surgical repair of incisional hernia (includes mesh insertion), incarcerated or strangulated (I.P.)	No	
278	Laparoscopic surgical repair of incisional hernia, initial or recurrent (I.P.)	No	
279	Laparoscopic surgical repair of incisional hernia, incarcerated or strangulated (I.P.)	No	
280	Incisional hernia, repair of (I.P.)	No	
283	Inguinal hernia, neonate up to six weeks of age, laparoscopic repair of, unilateral (I.P.)	No	
284	Inguinal hernia, laparoscopic repair of, bilateral (I.P.)	No	
285	Inguinal hernia, repair of, bilateral (I.P.)	No	
286	Inguinal hernia, neonate up to six weeks of age, laparoscopic repair of, bilateral (I.P.)	No	
287	Inguinal hernia, laparoscopic repair of, unilateral (I.P.)	No	
288	Strangulated inguinal hernia, laparoscopic repair of, unilateral (I.P.)	No	

HERNIA

Code	Description	Pre-Approval Required	Payment Rules
289	Repair of inguinal hernia, neonate up to six weeks of age, bilateral (I.P.)	No	
290	Inguinal hernia, repair of, unilateral (I.P.)	No	
291	Strangulated inguinal hernia, unilateral (I.P.)	No	
292	Repair of inguinal hernia, neonate up to six weeks of age, unilateral (I.P.)	No	
295	Patent urachus, closure and repair of abdominal muscles	No	
305	Recurrent hernia, repair of (I.P.)	No	
310	Umbilical hernia, repair of (I.P.)	No	
443111	Repair laparoscopically of para-oesophageal hernia, including fundoplasty and mesh insertion (I.P.)	No	

JEJUNUM & ILEUM

Code	Description	Pre-Approval Required	Payment Rules
320	Congenital defects, correction of (including Meckel's diverticulum)	No	
331	Gastroschisis	No	
355	Ileostomy or laparoscopic loop ileostomy (I.P.)	No	
356	Ileoscopy, through stoma, with or without biopsy	No	
360	Resection of small intestine; single resection and anastomosis (I.P.)	No	
361	Intestinal atresia, single/ multiple	No	
362	Intestinal stricturalplasty (enterotomy & enterorrhaphy) with or without dilation, for intestinal obstruction	No	
363	Intestinal stricturoplasty (enterotomy & enterorrhaphy) with or without dilation, for intestinal obstruction, multiple, 3 or more	No	
364	Hydrostatic reduction of intussusception	No	
370	Jejunostomy	No	
384	Laparoscopic resection and anastomosis of jejunum or ileum	No	
385	Resection and anastomosis of jejunum or ileum	No	
386	Surgical reduction of intussusception including repair with or without appendectomy	No	

MAY ONLY BE BILLED ONE EVERY 6 MONTHS. SUBSEQUENT PROCEDURE MAY BE CONSIDERED IF CLINICAL RATIONALE FOR SAME IS PROVIDED.

Code	Description	Pre-Approval Required	Payment Rules
389	Anal canal examination under anaesthesia (EUA) (I.P.)	No	
390	Anal canal, plastic repair of (for incontinence)	No	
391	Laparoscopic, low anterior/ abdomino-perineal resection with colo-anal anastomosis	No	
392	Laparoscopic, mid/ high anterior resection with colo-anal anastomosis	No	
395	Anal fissure, dilatation of anus (I.P.)	No	
396	Anoplasty for low anorectal anomaly	No	
397	Anorectal anomaly, posterior sagittal anorectoplasty (PSARP), for high/ intermediate anorectal anomaly	No	
400	Lateral internal sphincterotomy (I.P.)	No	
401	Botulinum toxin injection of anal sphincter under general anaesthetic	No	
404	Parks' anal sphincter repair	No	
410	Anus, excision of epithelioma of, with colostomy	No	
415	Anus, excision of epithelioma of, without colostomy	No	
420	Caecostomy (I.P.)	No	
425	Caecostomy or colostomy, closure of	No	
430	Colectomy, partial	No	
431	Laparoscopic colectomy, partial	No	
432	Laparoscopic colectomy, total	No	
433	Laparoscopic colectomy, total with ileal pouch reconstruction	No	
434	Laparoscopic surgical closure of enterostomy, large or small intestine, with resection and anastomosis	No	
435	Colectomy, total	No	
436	Total colectomy and ileal pouch construction with temporary ileostomy	No	
437	Closure of ileostomy	No	
438	Total colectomy for toxic megacolon	No	

MAY ONLY BE BILLED ONE EVERY 6 MONTHS. SUBSEQUENT PROCEDURE MAY BE CONSIDERED IF CLINICAL RATIONALE FOR SAME IS PROVIDED.

Code	Description	Pre-Approval Required	Payment Rules
439	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and urethral transplantations, and/ or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(ies), or any combination thereof	No	
448	Double balloon enteroscopy (antegrade or retrograde)	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.
449	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen by brushing or washing, with or without biopsy, single or multiple	No	
450	Colonoscopy, left side	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.
454	Incomplete colonoscopy, claimable where the scope reached beyond the splenic flexure but where it was not possible to reach the caecum because of obstruction or lesion (for colonoscopy to the splenic flexure please use code 450)	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.
455	Colonoscopy, full colon	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.
456	Colonoscopy, left side, plus polypectomy	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.
457	Colonoscopy plus polypectomy, full colon	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.
458	Left colonoscopy and laser photocoagulation of rectum	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.
459	Colonoscopy, full colon and laser photocoagulation of rectum	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.
460	Colostomy (I.P.)	No	
461	Reduction of prolapsed colostomy stoma	No	
462	Gastrointestinal endoscopic mucosal resection (EMR)	No	May only be billed one every 6 months. Subsequent procedure may be considered if clinical rationale for same is provided.
465	Resection of bowel and colostomy or anastomosis for diverticulitis	No	
466	Endoscopic transanal resection of large (> 2cm) villous adenomas/ malignant tumours of rectum (ETART), using resectoscope	No	
467	Colonoscopy with transendoscopic stent placement (includes pre-dilation)	No	
468	Excision of rectal tumour, transanal approach	No	
470	Faecal fistula, closure or resection	No	
485	Anal fistulotomy (I.P.)	No	
486	Fistula-in-ano, excision with endo-anal flap and advancement (I.P.)	No	

MAY ONLY BE BILLED ONE EVERY 6 MONTHS. SUBSEQUENT PROCEDURE MAY BE CONSIDERED IF CLINICAL RATIONALE FOR SAME IS PROVIDED.

Code	Description	Pre-Approval Required	Payment Rules
487	Fistula-in-ano, insertion/ change of seton (I.P.)	No	
488	Ano-rectal manometry	No	
490	Haemorrhoidectomy (external) (I.P.)	No	
495	Haemorrhoidectomy, external, multiple (I.P.)	No	
500	Haemorrhoidectomy (internal) includes exploration of anal canal (I.P.)	No	
501	Haemorrhoidopexy (e.g. for prolapsing internal haemorrhoids) by stapling	No	
506	Haemorrhoids, injection and/ or banding (I.P.)	No	
513	Meconium ileus, open reduction with or without stoma	No	
514	Meconium ileus reduction	No	
515	Imperforate anus, simple incision	No	
516	Necrotising enterocolitis, percutaneous drainage	No	
517	Necrotising enterocolitis, laparotomy resection/ stoma	No	
518	Panproctocolectomy	No	
520	Imperforate anus, with colostomy or pull through operation	No	
525	Ischio-rectal abscess, incision and drainage (I.P.)	No	
530	Proctoscopy or sigmoidoscopy (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.
535	Proctoscopy or sigmoidoscopy, with biopsy (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.
536	Diagnostic flexible sigmoidoscopy and biopsies (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.
540	Proctoscopy or sigmoidoscopy with biopsy of muscle coats of bowel, for megacolon	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.
545	Prolapse of rectum, abdominal approach involving laparotomy, colostomy or intestinal anastomosis including laparoscopic approach	No	
549	Delorme procedure	No	
550	Prolapse of rectum, perineal repair (I.P.)	No	

MAY ONLY BE BILLED ONE EVERY 6 MONTHS. SUBSEQUENT PROCEDURE MAY BE CONSIDERED IF CLINICAL RATIONALE FOR SAME IS PROVIDED.

Code	Description	Pre-Approval Required	Payment Rules
555	Closure of rectovesical fistula, with or without colostomy (I.P.)	No	
556	Balloon dilation of the rectum	No	
560	Rectal or sigmoid polyps (removal by diathermy etc.)	No	
565	Rectum, excision of (all forms including perineoabdominal, perineal anterior resection and laparoscopic approach)	No	
570	Rectum, partial excision of	No	
574	Presacral teratoma, excision of	No	
576	Revision/ refashioning of ileostomy and duodenostomy, complicated reconstruction in-depth (I.P.)	No	
577	Low anterior resection with colo-anal anastomosis for cancer	No	
578	Soave procedure	No	
579	Internal sphincter myomectomy in children with Hirschsprung disease	No	
581	Sigmoidoscopy including dilatation of intestinal strictures	No	
582	Proctectomy for recurrent rectal cancer in a radiated and previously operated pelvis	No	
585	Stricture of rectum (dilation of) (I.P.)	No	
590	Volvulus (stomach, small bowel or colon, including resection and anastomosis)	No	
591	Correction of malrotation by lysis of duodenal bands and/ or resection of midgut volvulus (e.g. Ladd procedure)	No	
5793	Percutaneous implantation of neurostimulator pulse generator and electrodes for faecal incontinence; trial stage	Yes	
5794	Percutaneous implantation of neurostimulator electrodes for faecal incontinence; permanent implantation	No	
442110	Prophylactic total colectomy	Yes	
442112	Prophylactic laparoscopic total colectomy	Yes	

LIVER

Code	Description	Pre-Approval Required	Payment Rules
595	Hepatotomy for drainage of abscess or cyst, one or two stages	No	
600	Biopsy of liver (by laparotomy) (I.P.)	No	
601	Transjugular liver biopsy	No	
605	Biopsy of liver (needle)	No	
608	Management of liver haemorrhage; simple suture of liver wound or injury	No	
611	Major liver resection (I.P.)	No	
595	Hepatotomy for drainage of abscess or cyst, one or two stages	No	
600	Biopsy of liver (by laparotomy) (I.P.)	No	
601	Transjugular liver biopsy	No	
605	Biopsy of liver (needle)	No	
608	Management of liver haemorrhage; simple suture of liver wound or injury	No	
611	Major liver resection (I.P.)	No	
616	Wedge resection of liver	No	
617	Intrahepatic cholangioenteric anastomosis	No	
618	Resection of hilar bile duct tumour (I.P.)	No	
619	Management of liver haemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/ or suture, with or without packing of liver	No	
622	Insertion of hepatic artery catheter and reservoir pump	No	
625	Liver, left lateral lobectomy	No	
626	Intra-operative radiofrequency ablation of liver metastases	No	
630	Excision of hydatid cyst	No	

LYMPHATICS

Code	Description	Pre-Approval Required	Payment Rules
1310	Open superficial lymph node biopsy	No	
1311	Biopsy or excision of lymph node(s); by needle, superficial (e.g. cervical, inguinal, axillary)	No	
1314	Sentinel node biopsy with injection of dye and identification	No	
1315	Axillary lymph nodes, complete dissection of	No	
1320	Axillary or inguinal lymph nodes, incision of abscess	No	
1326	Biopsy or excision of lymph node(s); open, deep cervical or axillary node(s)	No	
1335	Inguinal or pelvic lymph node block dissection, unilateral (I.P.)	No	
1336	Inguinal or pelvic lymph node block dissection, bilateral (I.P.)	No	
1365	Primary or secondary retroperitoneal, lymphadenectomy complete, transabdominal (I.P.)	No	
494351	Incision and drainage of axillary or inguinal lymph node abscess	No	

METABOLIC SURGERY

Code	Description	Pre-Approval Required	Payment Rules
493201	Metabolic surgery - gastric restrictive procedure with gastric by-pass with Roux-En-Y gastroenterostomy (I.P.)	Yes	This procedure is only covered in the following facilities - The Bons Cork, The Galway Clinic, The Blackrock Clinic, Mater Private Dublin and St Vincent's Private Hospital. 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.
493202	Metabolic surgery - gastric restrictive procedure, with partial gastrectomy, pylorus preserving duodenileostomy and ileostomy (50 to 100 cm common channel) to limit absorption/ biliopancreatic diversion with duodenal switch	Yes	This procedure is only covered in the following facilities - The Bons Cork, The Galway Clinic, The Blackrock Clinic, Mater Private Dublin and St Vincent's Private Hospital. 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.
493203	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (I.P.)	Yes	This procedure is only covered in the following facilities - The Bons Cork, The Galway Clinic, The Blackrock Clinic, Mater Private Dublin and St Vincent's Private Hospital. 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.
493204	Metabolic surgery - laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g. gastric band and subcutaneous port component) benefits include all subsequent restrictive device adjustment(s)	Yes	This procedure is only covered in the following facilities - The Bons Cork, The Galway Clinic, The Blackrock Clinic, Mater Private Dublin and St Vincent's Private Hospital. 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.
493205	Metabolic surgery - laparoscopy, surgical, longitudinal gastrectomy (i.e. gastric sleeve) (I.P.)	Yes	This procedure is only covered in the following facilities - The Bons Cork, The Galway Clinic, The Blackrock Clinic, Mater Private Dublin and St Vincent's Private Hospital. 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.

NAIL

Code	Description	Pre-Approval Required	Payment Rules
3120	Nail, removal of	No	
3155	Whitlow, incision and drainage	No	
4155	Avulsion of nail plate, partial or complete, simple	No	
4160	Excision of nail and nail matrix, partial or complete (e.g. ingrown or deformed nail), for permanent removal	No	

PANCREAS

Code	Description	Pre-Approval Required	Payment Rules
771	ERCP sphincterotomy and extraction of stones	No	
772	ERCP sphincterotomy and insertion of endoprosthesis	No	
773	Biopsy of pancreas, percutaneous needle, includes radiological or ultrasound guidance	No	
774	ERCP (endoscopic retrograde cholangiogram of pancreas)	No	
775	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple - type procedure); with pancreatojejunostomy	No	
776	Pancreatic biopsy	No	
778	Pancreaticojejunostomy	No	
779	ERCP ampullectomy with insertion of endoprosthesis	No	
780	Distal pancreatectomy including splenectomy	No	
781	Endoscopic cannulation of papilla with direct visualisation (spy glass probe) of common bile duct(s) and/or pancreatic ducts	No	
782	ERCP with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	No	
785	Total pancreatectomy, distal, with gastrectomy, splenectomy, duodenectomy, cholecystectomy and resection of distal bile duct	No	
786	Simultaneous pancreas/ kidney transplant	No	

PANCREAS

Code	Description	Pre-Approval Required	Payment Rules
790	Open surgical drainage of pancreatic abscess or pseudocyst	No	
795	Pancreatotomy for drainage of pancreatitis, abscess or cyst with exploration of biliary and pancreatic duct	No	

PARATHYROID GLANDS

Code	Description	Pre-Approval Required	Payment Rules
1110	Parathyroid adenoma, excision of	No	
1111	Transcatheter ablation of function of parathyroid glands	No	
1112	Parathyroid hyperplasia, excision of (4 glands, frozen section)	No	
1113	Total parathyroidectomy with auto transplant or mediastinal exploration/ intra-thoracic	No	
1114	Parathyroid re-exploration	No	

SALIVARY GLANDS

Code	Description	Pre-Approval Required	Payment Rules
1115	Abscess of salivary gland, incision and drainage	No	
1120	Fistula of salivary duct, repair of	No	
1125	Parotid or submandibular duct, dilatation of	No	
1126	Submandibular duct, relocation (I.P.)	No	
1133	Excision of parotid tumour or parotid gland, lateral lobe, (superficial parotidectomy) with dissection and preservation of facial nerve (I.P.)	No	
1134	Excision of parotid tumour or parotid gland, total, en bloc removal with sacrifice of facial nerve	No	

SALIVARY GLANDS

Code	Description	Pre-Approval Required	Payment Rules
1135	Excision of parotid tumour or parotid gland, total with dissection and preservation of facial nerve	No	
1136	Excision of parotid tumour or parotid gland, lateral lobe, without nerve dissection	No	
1140	Salivary calculus, removal of	No	
1141	Sialendoscopy with sialolithiasis, any method; complicated intraoral (I.P.)	No	
1150	Submandibular salivary gland, excision of	No	
1151	Excision of sublingual gland	No	

SPLEEN

Code	Description	Pre-Approval Required	Payment Rules
800	Open splenectomy (I.P.)	No	
806	Transcatheter ablation of function of spleen	No	
807	Aspiration of splenic cysts	No	
381229	Laparoscopic splenectomy (I.P.)	No	

THYROID

Code	Description	Pre-Approval Required	Payment Rules
1152	Thyroid cyst(s) aspiration/ fine needle biopsy (I.P.)	No	
1154	Excision of thyroid cyst	No	
1155	Total/ revision thyroidectomy	No	
1156	Core biopsy of thyroid, neck lymph node or head and neck mass under ultrasound guidance (I.P.)	No	
1157	Partial/ subtotal thyroidectomy	No	

TONGUE

Code	Description	Pre-Approval Required	Payment Rules
1165	Excision of epithelioma of tongue with radical operation on glands	No	
1170	Frenectomy (tongue tie)	No	
1174	Glossectomy; less than one-half tongue	No	
1175	Hemi-glossectomy	No	
1176	Total glossectomy	No	
1180	Growths of tongue, diathermy to	No	
1185	Excision biopsy, oral cavity (I.P.)	No	
1186	Resection of tonsil, tongue base, palate, mandible and radical neck dissection	No	