

# Medical Admissions

Schedule of Benefits  
for Professional Fees

## BLOOD AND LYMPHATICS

Code	Description	Pre-Approval Required	Payment Rules
1571	Intravenous infusion of Ferinject (ferric carboxymaltose) for patients with resistant iron deficiency anaemia	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.
1572	Intravenous infusion of Monover (iron isomaltoside) for patients with resistant iron deficiency anaemia	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.
1635	Exchange transfusion (intra uterine)	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.
1641	Therapeutic phlebotomy, by the consultant physician or under the consultant physician supervision, includes appropriate advice to the patient as necessary, including file report or report to the referring doctor.	No	
1642	Isolated limb perfusion including exposure of major limb artery and vein, arteriotomy and venotomy	No	
1643	Intravenous iron infusion for patients with resistant iron deficiency anaemia	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.
1646	Plasmapheresis	No	
4288	Peripheral blood stem cell harvesting (I.P.)	No	
8530	Primary blood dyscrasia or lymphoma with acute manifestations	No	
8565	Hodgkin's disease	No	
8570	Aggressive non-Hodgkin's lymphomas	No	
309011	Infusion of MabThera with glucocorticoids for the induction of remission in adult patients with severe, active Wegners Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA) (I.P.)	No	

## CARDIAC

Code	Description	Pre-Approval Required	Payment Rules
8435	Acute myocardial infarction	No	
8437	Life threatening rhythm disturbances	No	
8440	Cardiogenic shock	No	
8445	Acute rheumatic heart disease	No	
8455	Hypotensive shock	No	
8460	Hypertensive crisis	No	
8465	Cardiac arrest	No	

## CARDIAC

Code	Description	Pre-Approval Required	Payment Rules
8470	Acute bacterial endocarditis (myocarditis or pericarditis)	No	

## CENTRAL VENOUS ACCESS

Code	Description	Pre-Approval Required	Payment Rules
1573	Removal of tunnelled central venous catheter with subcutaneous access port under local anaesthetic, with or without sedation	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.
1574	Insertion of tunnelled central venous catheter with subcutaneous access port (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.
1626	Insertion of tunnelled central venous access with externalized catheter end	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.
1627	Removal of catheter from central venous system, when it is medically necessary to perform this procedure under general anaesthetic, on completion of therapy or because of complications with the catheter (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.
1634	Placement of non tunnelled central venous catheter (peripherally or centrally inserted)	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.

## CLINICAL TESTING

Code	Description	Pre-Approval Required	Payment Rules
1309	Fine needle aspiration (FNA), not otherwise specified in this Schedule, with or without preparation of smears; superficial or deep tissue with or without radiological guidance	No	
1667	Aspirin desensitisation, to include all necessary sampling and monitoring of the patient during the procedure	No	
5985	Complete investigation of 'at risk' patients with allergy/ anaphylaxis requiring food and drug challenge studies (I.P.)	No	
8700	24 hour electrocardiography (ECG)	No	
8705	Electroencephalogram (EEG)	No	
8706	24 hour in-patient ambulatory EEG; monitoring for localisation of cerebral seizure focus	No	
8707	In-patient EEG; monitoring for localisation of cerebral seizure focus with a minimum of 4 hour video recording	No	
8710	Evoked potentials	No	

## CONSULTATION

Code	Description	Pre-Approval Required	Payment Rules
8690	Palliative care consultation - subsequent inpatient admission	No	
8692	Consultant Geriatrician in-patient consultation	No	
8693	Day care in-patient management (specified procedures)	No	
8694	Consultant Neonatologist or Paediatrician in-patient consultation - out of hours	No	
8697	Consultant Neurologist in-patient consultation	No	
8698	Day Care Oncology/ Radiation Oncology Department Consultation	No	
8964	Consultant Neonatologist or Paediatrician in-patient consultation	No	
10000	Medical management for specific paediatric medical day care procedures/ investigations	No	
10064	In-patient major medical illness	No	
10065	In-patient medical service attendance - day case	No	
10068	Major in-patient psychiatric consultation	No	
10072	Consultant Palliative medicine in-patient consultation	No	
11066	In-patient consultation - second opinion	No	
179600	Out-patient consultation - reassessment of patient for Rituximab	No	Limited to once every 6 months

## DERMATOLOGICAL

Code	Description	Pre-Approval Required	Payment Rules
1528	Patch Testing - consultant Dermatologist or Immunologist consultations on an out-patient basis, for the application and/ or supervision of patch testing, for contact dermatitis or atopic eczema (including testing with additional series and prick testing when indicated), interpretation and diagnosis, clinical evaluation and judgement including advice to patient (claimable once only in a lifetime)	No	Out-patient only
1529	Phototherapy - Consultant Dermatologist consultations on an out-patient basis for a patient receiving a course of phototherapy (6 to 12 sessions) in a Irish Life Health approved hospital facility (list available on request from Irish Life Health).	No	This treatment can only be performed on an outpatient basis. When covered, the Consultant Dermatologist fee will be settled directly with your Consultant. No hospital technical fee will be paid by ILH. The benefit is only available once per twelve-month period. Please note that any Phototherapy treatments done by physiotherapists are claimable under the Physiotherapy benefit if this is available on your plan. You can check cover for day to day benefits on your online account. Simply login, click Am I Covered and choose the policy member you would like to check cover for. Select the Day To Day tile and you'll see the cover you have under these benefits.

## ENDOCRINOLOGY

Code	Description	Pre-Approval Required	Payment Rules
1664	Insulin stress test (IST) to include initial consultation for a new patient or major reassessment of an established patient, in addition intravenous administration of insulin, sampling for basal level setting and all necessary sampling and monitoring of the patient during the procedure (I.P.)	No	
1673	Endocrine assessment of pituitary function, following pituitary surgery, to include initial consultation and assessment of the hypothalamic pituitary adrenal axis, with or without free thyroxine testing and testosterone/ estradiol testing and all necessary sampling and monitoring of a patient during the procedure	No	
8525	Diabetic ketoacidosis	No	
8526	Hyperosmolar nonketotic coma (hyperglycemic) in patients with plasma glucose in the range of 55.5mmol/L and calculated serum osmolality in the region of 385 mOsm/kg, on presentation. The average fluid deficit is 10L	No	

## GASTROENTEROLOGY

Code	Description	Pre-Approval Required	Payment Rules
8475	Massive gastrointestinal haemorrhage	No	
8485	Acute liver failure	No	

## HYPERBARIC THERAPY

Code	Description	Pre-Approval Required	Payment Rules
1631	Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit in a hospital setting (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) initial, includes full medical evaluation	No	This is an outpatient benefit. Your consultant knows that there are certain medical criteria that must be met when having this procedure. We urge you to discuss these directly with your consultant.
1632	Hyperbaric oxygen therapy (HBOT) administered systemically in a pressurised chamber unit in a hospital setting (not applicable for topical hyperbaric oxygen therapy such as limb encasing devices) subsequent, per session	No	This is an outpatient benefit. Your consultant knows that there are certain medical criteria that must be met when having this procedure. We urge you to discuss these directly with your consultant.
301951	Hyperbaric Oxygen Therapy (HBOT) - initial treatment including consultation	No	
301952	Hyperbaric Oxygen Therapy - treatments 2-39 (per session fee)	No	

## INJECTION

Code	Description	Pre-Approval Required	Payment Rules
309669	Subcutaneous injection(s) of Tysabri (usually 2 x 150 mg pre filled syringe, or more if required) – all inclusive fee for use as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis	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.

## INTRAVENOUS

Code	Description	Pre-Approval Required	Payment Rules
16192	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy - Trastuzumab	No	

## MEDICAL ATTENDANCE

Code	Description	Pre-Approval Required	Payment Rules
10049	In-patient medical service attendance - 1 night stay	No	
10050	In-patient medical service attendance - 2 night stay	No	
10051	In-patient medical service attendance - 3 night stay	No	
10052	In-patient medical service attendance - 4 night stay	No	
10053	In-patient medical service attendance - 5 night stay	No	
10054	In-patient medical service attendance - 6 night stay	No	
10055	In-patient medical service attendance - 7 night stay	No	
10056	In-patient medical service attendance - 8 night stay	No	
10057	In-patient medical service attendance - 9 night stay	No	
10058	In-patient medical service attendance - 10 night stay	No	
10059	In-patient medical service attendance - 11 night stay	No	
10060	In-patient medical service attendance - 12 night stay	No	
10061	In-patient medical service attendance - 13 night stay	No	
10062	In-patient medical service attendance - 14 night stay	No	
10063	In-patient medical service attendance - 15 night stay	No	

## MEDICAL ATTENDANCE

Code	Description	Pre-Approval Required	Payment Rules
10070	In-patient medical service attendance - per night after night 15 of stay	No	

## MEDICAL ONCOLOGY

Code	Description	Pre-Approval Required	Payment Rules
55	Paracentesis abdominis with infusion of cytotoxic drugs	No	
1579	Supervision and management by a consultant of a patient receiving intravenous infusion cytotoxic chemotherapy where the patient also receives a same day infusion of pamidronate or zoledronic acid, for patients with metastatic carcinoma	No	
1608	Emergency assessment of a patient on a course of chemotherapy where a decision is made, due to a medical problem, not to proceed with planned chemotherapy that day and may require further radiological and/ or pathological tests before discharge	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.
1609	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of first line cytotoxic oral anti-cancer agents (I.P.)	No	This benefit is capped at one per three weekly interval. Your consultant knows that there are certain medical criteria that must be met when having this procedure. We urge you to discuss these directly with your consultant.
1619	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy	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.
1624	Intravenous infusion of zoledronic acid	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.
1625	Supervision and management by a consultant of a patient receiving denosumab to prevent skeletal related events from bone metastases as a result of solid tumours	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.
1628	Cytotoxic Chemotherapy by subcutaneous injection (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.
1636	Intravenous immunoglobulin for patients with a haematological malignancy or immune deficiencies	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.
1637	Blood transfusion for patients with a haematological malignancy or immune deficiencies	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.
1638	Intravenous antimicrobials for patients on cytotoxic chemotherapy regimens for malignant disease	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.
1639	Electrolyte replacement for patients on cytotoxic chemotherapy regimens for malignant disease	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.
1677	Supervision and management by a consultant of a patient receiving cytotoxic chemotherapy with Velcade or Vidaza by injection requiring monitoring in a hospital setting	No	

## MEDICAL ONCOLOGY

Code	Description	Pre-Approval Required	Payment Rules
1681	Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, initial injection, requiring monitoring for six hours in a hospital setting	No	
1682	Administration of Trastuzumab (Herceptin or biosimilar) by subcutaneous injection, subsequent injection	No	
4293	Allogeneic bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period	No	
4294	Matched unrelated donor bone marrow transplantation or blood derived peripheral stem cell transplantation for patients with acute leukaemia, chronic leukaemia, severe aplastic anaemia, myelodysplasia or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period	No	
4296	Autologous bone marrow transplantation or blood derived peripheral stem cell transplantation, for patients with acute leukaemia, chronic leukaemia, non-Hodgkin's lymphoma, Hodgkin's disease or multiple myeloma; all inclusive benefit for in-patient and out-patient treatment for a three month period	No	
4298	High dose chemotherapy with autologous stem cell rescue, for children with high risk brain tumour: all inclusive benefits for in patient attendance, stem cell harvesting and chemotherapy; claimable once per treatment cycle	No	
5240	Paracentesis thoracis with infusion of cytotoxic drugs	No	
8580	Sarcomas of bone	No	
8585	Ewing's sarcomas and other small blue round-cell tumours	No	
16091	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of second line cytotoxic oral chemotherapy agents (I.P.)	No	
16092	Consultation and assessment by a consultant Medical Oncologist of a patient on a course of third line cytotoxic oral chemotherapy agents (I.P.)	No	
16191	Sub-cutaneous cytotoxic chemotherapy (where not otherwise specified)	No	
171619	Supervision and management by a consultant Oncologist/ Haematologist of a patient who attends an oncology ward for intravenous infusion of cytotoxic chemotherapy by means of individual video link for a minimum of 10 minutes	No	
299251	Emergency consultation during a course of chemotherapy where an established patient presents mid-cycle with acute symptoms but does not require admission (I.P.)	No	

## NEONATAL MEDICINE

Code	Description	Pre-Approval Required	Payment Rules
1630	Exchange transfusion, blood; new-born	No	



## NEONATAL MEDICINE

Code	Description	Pre-Approval Required	Payment Rules
8410	Congenital conditions of the new-born associated with acute continuous respiratory distress	No	
8450	Congenital conditions of the new-born associated with cyanosis and heart failure	No	
8490	Congenital condition of the new-born associated with acute continuous digestive disturbances	No	
8501	Intussusception in neonates, diagnosis, resuscitation and medical management prior to referral to a consultant radiologist for closed reduction	No	
10010	Emergency overnight medical admission for neonates or medical care	No	
10011	Elective postoperative night medical admission for neonates or paediatrics	No	

## NEUROLOGY

Code	Description	Pre-Approval Required	Payment Rules
1614	Infusion of Mitoxantrone (Novantrone) for patients with secondary progressive multiple sclerosis, progressive-relapsing multiple sclerosis and worsening relapsing-remitting multiple sclerosis	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.
1623	Intravenous immunoglobulin for patients with myasthenia gravis, chronic inflammatory demyelinating polyneuropathy, multifocal motor neuropathy with conduction block and Guillain-Barre syndrome	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.
1669	Infusion of Tysabri as a single disease modifying therapy in highly active relapsing remitting multiple sclerosis	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.
5023	Consultant consultation and evaluation including monitoring of cardiovascular status for 6 hours for a patient commencing a course of oral Gilenya (Fingolimod) to treat relapsing forms of multiple sclerosis. The evaluation to include a 12 lead ECG at baseline and 6 hours after first dose; continuous 6 hour ECG monitoring including blood pressure and heart rate measurement every hour	No	
8505	Acute vascular lesions affecting CNS requiring immediate intensive investigation: cerebral haemorrhage, embolism, thrombosis, acute with objective neurological signs of spontaneous subarachnoid haemorrhage	No	
8506	Generalised tonic-clonic seizures with major convulsions occurring	No	

## OBSTETRICS

Code	Description	Pre-Approval Required	Payment Rules
8695	Day care medical management of a miscarriage to include ultrasound, management and medication	No	

## OTHER MEDICAL CONDITIONS

Code	Description	Pre-Approval Required	Payment Rules
1606	Intravenous infusion of Zoledronic Acid (Aclasta) for treatment of osteoporosis in post menopausal women and men at increased risk of fracture including those with a recent low trauma hip fracture, who fail to tolerate oral bisphosphonates	No	This benefit is payable once per 12 months for a period of up to 3 years. Your consultant knows that there are certain medical criteria that must be met when having this procedure. We urge you to discuss these directly with your consultant.
1629	Intravenous infusion of Pamidronate (Aredia)	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.
8541	Total marrow failure, acute manifestations arising as a result of a disease process. Not claimable for the management of a patient with marrow suppression while on cytotoxic chemotherapy	No	
8545	Major trauma, not involving surgery	No	
8550	Other reasons, by report as notified and approved for benefit by Irish Life Health	Yes	
8575	Testicular and other germ cell tumours	No	
8586	Anorexia nervosa, severely symptomatic patients with body weight (75% or less than expected) whose condition must be stabilised and/ or require intensive monitoring for medical problems including electrolyte imbalances, cardiac arrhythmias, profound hypoglycaemia, self mutilation, impaired capacity for self-care or active suicide ideation	No	

## PAEDIATRIC MEDICINE

Code	Description	Pre-Approval Required	Payment Rules
8430	Acute bronchiolitis in infants	No	
8432	Severe/ acute asthma in a child requiring supplemental oxygen therapy	No	
8480	Acute infantile diarrhoeal disease, causing dehydration and metabolic disturbance	No	
8495	Paediatric conditions requiring hyperalimentation	No	
8500	Paediatric necrotising enterocolitis	No	
8515	Reye's syndrome	No	
8560	Paediatric malignancies including leukaemia	No	

## PALLIATIVE MEDICINE

Code	Description	Pre-Approval Required	Payment Rules
8551	Complex discharge planning by a consultant in palliative medicine, including meeting with the patient's family and healthcare professionals to plan the patient's future needs	No	
8552	Care provided by a consultant in Palliative Medicine that requires the intensity of service appropriate in the case of a dying patient in the final days of life	No	
8553	Complex discharge planning by a consultant in Palliative Medicine, where the patient is transferred from hospital to a hospice into the care of another a consultant in Palliative Medicine	No	

## RENAL

Code	Description	Pre-Approval Required	Payment Rules
8520	Acute renal failure	No	

## RESPIRATORY

Code	Description	Pre-Approval Required	Payment Rules
8400	Acute severe ventilatory failure (PaO2 less than 8 kPa) occurring as an acute event	No	
8401	Acute pulmonary oedema	No	
8405	Life-threatening broncho-pulmonary haemorrhage	No	
8415	Hyaline membrane disease, ventilation and/ or CPAP	No	
8420	Pneumothorax or pneumomediastinum necessitating insertion of underwater seal	No	
8425	Acute airway obstruction by foreign body	No	
8433	Acute respiratory failure for patients requiring ventilation assist and management with initiation of pressure or volume preset ventilators for assisted or controlled breathing	No	

## RHEUMATOLOGY

Code	Description	Pre-Approval Required	Payment Rules
1594	Infusion of Tocilizumab (RoActemra)	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.
1607	Intravenous infusion of Abatecept with Methotrexate for the treatment of moderate to severe rheumatoid arthritis in adult patients, and moderate to severe active polyarticular juvenile idiopathic arthritis in paediatric patients six years of age and older, who have had an insufficient response or intolerance to other disease-modifying anti-rheumatic drugs including at least one tumour necrosis factor (TNF) inhibitor	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.
1668	Infusion of Rituximab (MabThera, Truxima or biosimilar) with methotrexate for the treatment of adult patients with severe active rheumatoid arthritis who have had an inadequate response or intolerance to other disease-modifying anti-rheumatic drugs including one or more tumour necrosis factor (TNF) inhibitor therapies	No	
179506	Polarising Microscopy	No	

## SYSTEMIC

Code	Description	Pre-Approval Required	Payment Rules
1611	Intravenous infusion of Fabrazyme for patients with a confirmed diagnosis of Fabry's disease	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.
1613	Intravenous infusion therapy for severe neurological disorders or auto-immune disease, not elsewhere specified and for Hurler's and Hunter's disease; by Consultant Neurologists, Immunologists, Rheumatologists, Haematologists, Nephrologists, Paediatricians, Respiratory Physicians, Gastroenterologists, General Physicians and Endocrinologists registered with Irish Life Health	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.
1633	Infusion of Infliximab or biosimilar	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.
8535	Septicaemia/ endotoxic shock	No	
8540	Acute life endangering poisonings requiring high intensity intervention	No	
309008	Intravenous infusion of Iloprost for severe Reynauds disease	No	