

Ophthalmology

Schedule of Benefits
for Professional Fees

ANTERIOR SEGMENT

Code	Description	Pre-Approval Required	Payment Rules
2523	Removal of foreign body from anterior chamber, non-magnetic	No	
2524	Removal of implanted material from anterior chamber	No	
2525	Paracentesis of anterior chamber of eye with or without diagnostic aspiration of aqueous (I.P.)	No	
2580	Paracentesis of anterior chamber of eye for hyphaema with or without irrigation and/ or air injection	No	
2586	Reform anterior chamber secondary to trabeculectomy or post cataract surgery	No	
266835	Implantation of iStent	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.

CONJUNCTIVA

Code	Description	Pre-Approval Required	Payment Rules
2490	Conjunctival flap	No	
2493	Conjunctivectomy	No	
2495	Conjunctival graft	No	
2496	Cryotherapy, unilateral	No	
2497	Cryotherapy, bilateral	No	
2498	Conjunctival tumour with or without graft	No	
2500	Conjunctival cyst/ granuloma, one or more excision of	No	
2505	Foreign body, removal of, from conjunctiva	No	
2520	Conjunctival wounds, repair	No	
2521	Symblepharon division	No	
2522	Removal of foreign body from anterior chamber, magnetic	No	
2526	Symblephora, division of (includes conjunctival graft)	No	
2527	Conjunctival biopsy	No	

CORNEA AND SCLERA

Code	Description	Pre-Approval Required	Payment Rules
2510	Pterygium removal	No	
2511	Pterygium removal and conjunctival graft	No	
2530	Corneal grafting of un-cut graft, penetrating/ lamellar	No	
2531	Removal of sutures (late stage) post corneal grafting; corneal/ sclera	No	
2535	Corneal surface removed and EDTA application	No	
2540	Corneal tattooing	No	
2546	Corneal scraping	No	
2547	Corneal biopsy	No	
2548	Ulcer/ recurrent erosion, surgical treatment/ cautery with or without pricking, with or without debridement, with or without cryotherapy, one or more treatments, per episode of illness	No	
2549	Corneal grafting of pre-cut graft, penetrating/ lamellar (not INTACS)	No	
2555	Corneal or scleral tumour, excision	No	
2556	Perforating injury cornea and/ or sclera not involving uveal tissue	No	
2565	Perforating injury cornea and/ or sclera with reposition or resection of uveal tissue	No	
2566	Repair of scleral staphyloma with or without graft	No	
2575	Foreign body, removal of, from cornea	No	
2577	Keratotomy, corneal relaxing incision or wedge resection for correction of surgically induced astigmatism that resulted from previous surgery (not for the correction of refractive errors to correct short sightedness, long sightedness or astigmatism) (I.P.)	No	
2579	Excimer laser therapy for the correction of corneal diseases e.g. corneal dystrophy, epithelial membrane dystrophy, irregular corneal surfaces due to Salzmann's nodular degeneration or keratoconus nodules, or post traumatic corneal scars and opacities or recurrent corneal erosions. Not for the correction of refractive errors (LASIK), the treatment of infectious keratitis or for the correction of post surgical corneal scars that arise as a result of surgery for which Irish Life Health benefit is not payable	No	
2761	Lacrimal sac, syringing and probing, unilateral or bilateral (I.P.)	No	
2773	Lacrimal canaliculi and sac, probing with or without syringing, one or both eyes (I.P.)	No	
2775	Lacrimal sac, syringing (I.P.)	No	
2800	Intacs for members suffering from keratoconous (I.P.)	Yes	
2801	Corneal cross linking (I.P.)	No	

EYELIDS

Code	Description	Pre-Approval Required	Payment Rules
2591	Botulinum injection for blepharospasm or to induce ptosis (I.P.)	No	
2592	Repair of ectropion; suture or thermo cauterization	No	
2595	Repair of ectropion; excision of tarsal wedge/ extensive (e.g. tarsal strip operations)	No	
2596	Blepharophimosis, for pathology (not cosmetic)	No	
2600	Repair of entropion; excision tarsal wedge/ extensive (e.g. tarsal strip or capsulopalpebral fascia repairs operation)	No	
2601	Repair of entropion; suture or thermo cauterization	No	
2605	Epilation, trichiasis, correction of, by other than forceps (e.g. electrosurgery, cryotherapy, laser surgery), unilateral or bilateral. (I.P.)	No	
2610	Injury to eyelid, repair (superficial)	No	
2611	Opening of tarsorrhaphy (I.P.)	No	
2615	Injury to eyelid, repair (deep)	No	
2621	Excision of chalazion, papilloma, dermoid or other cyst or lesion, single, involving skin, lid margin, tarsus, and/ or palpebral conjunctiva (I.P.)	No	
2622	Excision of chalazions, papilloma's, dermoids or other cysts or lesions, one or both eyelids, involving skin, lid margin, tarsus and/ or palpebral conjunctiva (I.P.)	No	
2626	Canthotomy (I.P.)	No	
2630	Tarsorrhaphy	No	
669901	Dermatochalasis causing visual field obstruction (not cosmetic)	No	

GLOBE

Code	Description	Pre-Approval Required	Payment Rules
2635	Evisceration of eye	No	
2640	Excision of eye plus implant	No	
2645	Removal of intraocular foreign body	No	
2660	Removal of eye	No	

INTRAVITREAL IMPLANTATION

Code	Description	Pre-Approval Required	Payment Rules
669542	Right eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)	No	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required
669543	Bilateral, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)	No	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required
669544	Right eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)	No	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required This benefit is for the right eye only
669545	Bilateral, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)	No	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required
669580	Left eye, implantation of 190mcg Iluvien flucivone acetone device (I.P.)	Yes	
669581	Right eye, implantation of 190mcg Iluvien flucivone acetone device (I.P.)	Yes	

INTRAVITREAL INJECTIONS

Code	Description	Pre-Approval Required	Payment Rules
2508	Left eye, intravitreal injection of Beovu for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Benefit is payable for 1 injection per month for the first 3 months. On an ongoing basis cover is applied for up to 4 injections per eye in any 12 month period. 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.
2509	Right eye, intravitreal injection of Beovu for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	Benefit is payable for 1 injection per month for the first 3 months. On an ongoing basis cover is applied for up to 4 injections per eye in any 12 month period. 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.
2512	Left eye, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2513	Right eye, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2516	Left eye, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2517	Right eye, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2518	Left eye, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)	No	
2519	Right eye, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)	No	
2528	Intravitreal injection of a pharmacological agent with or without paracentesis. Only for use where the intravitreal agents are not listed separately in this schedule (I.P.)	No	

INTRAVITREAL INJECTIONS

Code	Description	Pre-Approval Required	Payment Rules
2541	Left eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with macular oedema following either Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (I.P.)	No	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required. We urge you to discuss this directly with your consultant.
2543	Left eye, intravitreal implantation of Ozurdex (Dexamethasone) for treatment of adult patients with inflammation of the posterior segment of the eye presenting as non-infectious uveitis (I.P.)	No	Benefit is payable for 9 injections per eye in any 12 month period, in excess of this pre authorisation is required. We urge you to discuss this directly with your consultant.
2551	Left eye, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2552	Right eye, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2553	Left eye, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2554	Right eye, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2559	Bilateral intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2561	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2562	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2563	Bilateral intravitreal injection of Eylea (Aflibercept) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2564	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2567	Left eye, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)	No	
2568	Right eye, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)	No	
2569	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2571	Left eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)	No	
2572	Right eye, intravitreal injection of Eylea (Aflibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)	No	
2581	Left eye, intravitreal injection of Vabysmo (faricimab-svoa) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2582	Right eye, intravitreal injection of Vabysmo (Faricimab-Svoa) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	

INTRAVITREAL INJECTIONS

Code	Description	Pre-Approval Required	Payment Rules
2583	Bilateral intravitreal injection of Vabysmo (Faricimab-Svoa) for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
2587	Left eye, intravitreal injection of Vabysmo (faricimab-svoa) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2588	Right eye, intravitreal injection of Vabysmo (faricimab-svoa) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2589	Bilateral, intravitreal injection of Vabysmo (faricimab-svoa) for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
2678	Left eye, intravitreal injection of Jetrea (Ocriplasmin) in adults for the treatment of vitreomacular traction (VMT), including when associated with macular hole of a diameter less than or equal to 400 microns. Claimable once only per lifetime (I.P.)	No	
2679	Right eye, intravitreal injection of Jetrea (Ocriplasmin) in adults for the treatment of vitreomacular traction (VMT), including when associated with macular hole of a diameter less than or equal to 400 microns. Claimable once only per lifetime (I.P.)	No	
669514	Bilateral, intravitreal injection of Lucentis for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
669518	Bilateral, intravitreal injection of Lucentis for the treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
669520	Bilateral, intravitreal injection of Lucentis for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO) (I.P.)	No	
669551	Bilateral, intravitreal injection of Avastin for treatment of visual impairment due to diabetic macular oedema (DME) (I.P.)	No	
669555	Bilateral, intravitreal injection of Avastin for the treatment of neovascular (wet) age-related macular degeneration (AMD) (I.P.)	No	
669569	Bilateral, intravitreal injection of Avastin for the treatment of visual impairment due to macular oedema secondary to retinal vein occlusion (RVO) (I.P.)	No	
669573	Bilateral, intravitreal injection of Eylea (afibercept) for the treatment of visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (I.P.)	No	
669575	Bilateral, intravitreal injection of left and right eyes with different pharmaceutical drugs for AMD/diabetic macular oedema secondary to CRVO (I.P.)	No	

IRIS, CILIARY BODY AND CHOROID

Code	Description	Pre-Approval Required	Payment Rules
2680	Division of anterior synechiae (I.P.)	No	
2685	Cyclodialysis	No	

IRIS, CILIARY BODY AND CHOROID

Code	Description	Pre-Approval Required	Payment Rules
2696	Ciliary body destruction; cyclocryotherapy or diathermy	No	
2700	Goniotomy and/or Visco canaloplasty (dilation of Schlemm's canal) and/or Trabeculotomy (ab interno removal of Trabecular Meshwork)	No	
2710	Iridectomy	No	
2711	Pupil reconstruction post trauma, post surgery	No	
2725	Iris tumour, removal	No	
2726	Iris biopsy (I.P.)	No	
2740	Trabeculectomy/ drainage procedure	No	
2741	Laser trabeculoplasty, one or more treatments	No	
2742	Trabeculectomy and tubes, etc.	No	
2845	Local resection of ciliary body or choroidal tumour	No	

LACRIMAL APPARATUS

Code	Description	Pre-Approval Required	Payment Rules
2750	Canaliculus repair with or without tube	No	
2755	Dacryocystorhinostomy with or without tubes (I.P.)	No	
2756	Removal of D.C.R. tube	No	
2760	Lacrimal abscess, (dacrocystitis) incision	No	
2764	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent (I.P.)	No	
2766	Punctal closure with cautery or controller	No	
2768	3 snip operation of lacrimal punctum	No	
2769	Correction of everted punctum: cautery only	No	
2770	Lacrimal sac excision (dacryocystectomy)	No	
2771	Lacrimal gland tumour excision	No	
2772	Conjunctivo - dacryocystorhinostomy with Lester Jones tube	No	

LACRIMAL APPARATUS

Code	Description	Pre-Approval Required	Payment Rules
608418	Dacryocystorhinostomy	No	

LASER/ LIGHT COAGULATION

Code	Description	Pre-Approval Required	Payment Rules
2644	Argon or Diode laser or Xenon Arc, for treatment of retinal or choroidal disease, glaucoma, one or more treatments (I.P.)	No	
2647	YAG laser, for pupil formation, iridectomy, membranectomy, ciliary body treatment, glaucoma, one or more treatments (I.P.)	No	
2648	YAG laser capsulotomy, post cataract surgery, one or more treatments (details of previous cataract surgery must be provided on the claim form)	No	
2649	Bilateral YAG laser capsulotomy, post cataract surgery, one or more treatments (details of previous cataract surgery must be provided on the claim form)	No	
2806	Argon laser therapy for pan-retinal photocoagulation of diabetic retinopathy or central retinal vein occlusion (per course of therapy)	No	
2807	Photodynamic therapy for exudative macular degeneration (one eye) - all inclusive benefit including pre-therapy assessment and counselling, infusion of Visudyne and post-therapy assessment. Also inclusive of out-patient consultations within one week of treatment to provide pre-therapy counselling and post therapy assessment (excluding fluorescein angiography)	No	
2808	Photodynamic therapy for exudative macular degeneration (both eyes) - all inclusive benefit including pre-therapy assessment and counselling, infusion if Visudyne and post-therapy assessment. Also inclusive of out-patient consultations within one week of treatment to provide pre-therapy counselling and post therapy assessment (excluding fluorescein angiography)	No	

LENS

Code	Description	Pre-Approval Required	Payment Rules
2779	Repositioning of intraocular lens prosthesis requiring an incision (I.P.)	No	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.
2780	Intraocular lens insertion not associated with concurrent cataract removal secondary implant, for exchange lens associated with previous cataract surgery only (I.P.)	No	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.

LENS

Code	Description	Pre-Approval Required	Payment Rules
2781	Artisan lens implantation for aphakia (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.
2785	Dissection of secondary membranous cataract (opacified posterior lens capsule and/ or anterior hyaloid); stab incision technique (I.P.)	No	
2786	Revision or repair of operative wound of anterior segment of the eye, any type, early or late, major or minor procedure (I.P.)	No	
2795	Lens extraction	No	
2802	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - Monitored anaesthesia care/ nerve block/ local/ regional anaesthesia	No	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.
2803	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - General anaesthesia	No	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.
2804	Cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) Children up to 16 years of age.	No	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.
668261	Left and right eye, same day cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - monitored anaesthesia care	No	Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.
668262	Left and right eye, same day cataract extraction plus insertion of artificial lens (includes phacoemulsification, etc.) - general anaesthesia	No	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.
668280	Insertion of artificial lens and extraction of Cataract and the insertion of a trans-trabecular micro-stent for aqueous drainage	No	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.

LENS

Code	Description	Pre-Approval Required	Payment Rules
668281	Insertion of artificial lens and extraction of Cataract in conjunction with goniotomy and/or canaloplasty (dilation of Schlemm's canal) e.g. OMNI	No	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.
668282	Implantation of Ab Externo MicroShunt subconjunctival device (e.g. PRESERFLO MicroShunt) for aqueous drainage for the management of Open Angle Glaucoma (OAG)	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.
668283	Clear lens extraction plus insertion of intraocular lens implant	Yes	Prosthesis benefit is payable up to the value of monofocal lens only. Benefit is not payable for elective refractive lens replacement surgery. Should you decide to have a premium lens inserted at time of surgery, an additional charge for the cost of the lens above an agreed Irish Life Health contribution of €135 (which is included in the hospital charge) may be made by the hospital to the member. 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.

OCULAR MUSCLES

Code	Description	Pre-Approval Required	Payment Rules
2870	Initial Strabismus, squint operation, horizontal, vertical or oblique	No	
2871	Transposition surgery	No	
2872	Post operative adjustment(s) of suture(s)	No	
2873	Botulinum toxin injection to extraocular muscles	No	
2874	Muscle biopsy (I.P.)	No	
657883	Subsequent strabismus/ squint operation - horizontal, vertical or oblique	No	

ORBIT

Code	Description	Pre-Approval Required	Payment Rules
2890	Orbit, exenteration of	No	
2895	Orbit, exploration of, including biopsy	No	
2900	Orbit, removal of foreign body from	No	
2905	Orbit, removal of tumour from (Kronlein's operation)	No	
2910	Orbit, repair of fracture of	No	
2911	Orbitotomy	No	
2912	Transnasal wiring	No	
2915	Orbit, repair of fracture of, with plastic implant	No	

POSTERIOR SEGMENT

Code	Description	Pre-Approval Required	Payment Rules
2506	Removal of silicone oil not associated with retinal repair at same operative session	No	
2665	Prophylaxis of retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser	No	
2675	Repair of retinal detachment, retinopexy with scleral buckling, scleral resection or scleral implant, etc. (for diathermy, cryotherapy or photocoagulation use code 2665)	No	
2676	Vitrectomy - including prophylaxis for retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser	No	
2677	Complex repair of retinal detachment, retinopexy with scleral buckling, scleral resection or scleral implant, includes vitrectomy, claimable only when membrane dissection is also involved - including Prophylaxis of retinal detachment (e.g. retinal break, lattice degeneration), one or more sessions cryotherapy, diathermy, or photocoagulation/ laser (I.P.)	No	

POSTERIOR SEGMENT

Code	Description	Pre-Approval Required	Payment Rules
2875	Retrolubar, orbital floor, subconjunctival, subtenons and facial nerve injections (I.P.)	No	
2880	Examination of eye under general anaesthetic (I.P.)	No	
2926	Fluorescein angiography (I.P.)	No	
2927	Tensilon (Edrophonium) test	No	