

Reconstructive Surgery

Schedule of Benefits
for Professional Fees

ANAESTHESIA

Code	Description	Pre-Approval Required	Payment Rules
444801	Additional benefit where two Anaesthetists attend complex surgery for a theatre session in excess of 6 hours - rate for each hour in excess of 6 hours base level. Note the primary Anaesthetist will be paid the procedure code fee and the second attending consultant will be paid the fee as set out in this code	No	

BREAST RECONSTRUCTION

Code	Description	Pre-Approval Required	Payment Rules
4476	Unilateral mastopexy (at same operative session as any surgery on the opposite breast)	No	
4477	Breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - single surgeon - harvest and reconstruction (I.P.)	No	
4478	Breast reconstruction with pedicled transverse rectus abdominis myocutaneous flap (TRAM) (I.P.)	No	
4479	Nipple reconstruction post mastectomy	No	
4480	Breast reduction (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.
4482	Plastic repair of inverted nipple	No	
4484	Unilateral mastopexy in a delayed setting	No	This code is payable post mastectomy only
4485	Breast reconstruction, vertical rectus flap, post mastectomy (I.P.)	No	This code is payable post mastectomy only
4486	Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy (unilateral) (I.P.)	No	This code is payable post mastectomy only
4487	Breast reconstruction, other flap, with or without implant, post mastectomy (I.P.)	No	This code is payable post mastectomy only
4488	Mammoplasty, augmentation with prosthetic implant to restore symmetry	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.
4504	Nipple - areola tattooing performed by a consultant (one or more visits)	No	
4554	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	No	
4556	Delayed (or immediate by a second surgeon at the time of the primary surgery) insertion of breast prosthesis or expander (includes subsequent expansions) following mastopexy, mastectomy or in reconstruction (I.P.)	No	
4557	Replacement of tissue expander with permanent prosthesis (I.P.)	No	
44480	Breast reduction (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.

BREAST RECONSTRUCTION

Code	Description	Pre-Approval Required	Payment Rules
44771	Flap implantation for unilateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)	Yes	Payable only where performed in an ILH approved private hospital, with an approved ICU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures.
44772	Flap harvest for unilateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)	Yes	Payable only where performed in an ILH approved private hospital, with an approved ICU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures.
44773	Free fat injection, post mastectomy (I.P.)	Yes	Limited to 3 sessions per breast per lifetime
44777	Flap implantation for bi-lateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)	Yes	Payable only where performed in an ILH approved private hospital, with an approved ICU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures.
44778	Flap harvest for bi-lateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)	Yes	Payable only where performed in an ILH approved private hospital, with an approved ICU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures.
430311	Lipofilling	Yes	
441192	Partial reconstruction of breast with pedicled perforator flap (PLCAP; TDAP etc.)	No	Post Mastectomy only.
441193	Local mobilisation of glandular breast tissue to fill surgical cavity	No	Post Mastectomy only.
441506	Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy (bilateral)	No	Post Mastectomy only.
444466	Bilateral breast reconstruction using fixed prosthesis and acellular dermal matrix (ADM) (I.P.)	No	
444467	Bilateral breast reconstruction using acellular dermal matrix (ADM) (I.P.)	No	
444468	Unilateral breast reconstruction using fixed prosthesis and acellular dermal matrix (ADM) (I.P.)	No	
444469	Unilateral breast reconstruction using acellular dermal matrix (ADM) (I.P.)	No	
444472	PAP flap breast reconstruction procedure including flap harvesting from both inner thighs (bilateral reconstruction) (I.P.)	No	
444473	PAP flap breast reconstruction procedure including flap harvesting from one inner thighs (for unilateral reconstruction) (I.P.)	No	
444476	Combined mastopexy to contralateral breast including full thickness graft from other areas and mastopexy including full thickness graft from other areas post mastectomy at same session (I.P.)	No	
444673	Breast reconstruction pedicle perforator flap - single surgeon - harvest and reconstruction (I.P.)	No	
444800	Co-surgery benefit for two surgeons who perform complex breast flap surgery (bilateral) including flap raising and vessel harvesting, for a theatre session in excess of 6 hours - for each hour in excess of 6 hours base (I.P.) - Plastic or Breast surgeons benefit	No	

BURNS/ WOUNDS

Code	Description	Pre-Approval Required	Payment Rules
4337	Debridement of wound, which may include skin, or subcutaneous tissue or muscle less than 9% of body surface	No	
4338	Debridement of wound, which may include skin, or subcutaneous tissue or muscle between 9% and 18% of body surface	No	
4339	Debridement of wound includes skin, and/ or subcutaneous tissue, and/ or muscle greater than 18% of body surface	No	
4341	Debridement and skin grafting of wound less than 9% of body surface; includes excision of open wound, burn eschar or scar excision	No	
4342	Debridement and skin grafting of wound between 9% and 18% of body surface; includes excision of open wound, burn eschar or scar excision	No	
4343	Debridement and skin grafting of wound greater than 18% of body surface; includes excision of open wound, burn eschar or scar excision	No	
4371	Escharotomy	No	
4372	Acellular dermal replacement; first 100 sq.cm. or less, or 1% of body area of infants and children	No	
4373	Acellular dermal replacement; each additional 100 sq. cm. or each additional 1% of body area of infants and children	No	
4385	Inlay grafts (ankle)	No	
4395	Inlay grafts (fingers)	No	
4400	Inlay grafts (knee)	No	
4405	Scar excisions (per scar) flexion, fingers, elbows, groin, knees	No	
4410	Z plasty (per scar) flexion, fingers, elbows, groin, knees	No	
4538	Treatment of superficial wound dehiscence; simple closure with or without packing (single layer closure)	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.
4539	Secondary closure of wound or dehiscence, as a result of burn, includes excision of granulation and scar tissue; suturing in several layers, extensive site (I.P.)	No	
4541	Skin grafting of granulating wound less than 9% of body surface	No	
4542	Skin grafting of wound between 9% and 18% of body surface	No	
4543	Skin grafting of wound greater than 18% of body surface	No	
212013	Wounds up to 2.5 cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	
212014	Wounds from 2.6 cm to 7.5 cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	

BURNS/ WOUNDS

Code	Description	Pre-Approval Required	Payment Rules
212015	Wounds greater than 7.5cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	

CLEFT LIP AND PALATE

Code	Description	Pre-Approval Required	Payment Rules
4415	Adjustment of lip margin	No	
4420	Adjustment of scars, secondary	No	
4425	Cleft palate reconstruction	No	
4430	Complete cleft lip and anterior palate repair	No	
4431	Primary repair, unilateral cleft lip	No	
4432	Primary repair, bilateral cleft lip	No	
4433	Secondary repair, unilateral cleft lip	No	
4434	Secondary repair, bilateral cleft lip	No	
4440	Fistula, secondary closure of	No	
4460	Maxillary bone graft for cleft palate	No	
4465	Nostril margin, secondary correction of	No	
4466	Total cleft rhinoplasty	No	
4470	Pharyngoplasty (not for snoring)	No	
4475	Soft palate partial cleft, reconstruction of	No	

DELAYED FACIAL REANIMATION

Code	Description	Pre-Approval Required	Payment Rules
4493	Excision of facial nerve and graft, sural nerve, greater auricular nerve	No	
4494	Wedge excision of lower lip to restore oral continence in the presence of facial palsy	No	

DELAYED FACIAL REANIMATION

Code	Description	Pre-Approval Required	Payment Rules
4496	Nasolabial skin/ dermal hitch	No	
4497	Temporalis fascial sling, oral, nasolabial, ocular	No	
4498	Orbicularis oris hitch	No	
4499	Masseter to oral angle, digastric to lower lip or temporalis to fascial slings	No	
4500	Facial nerve graft (in face), (see ENT operations for facial nerve graft in facial canal)	No	
4501	Cross facial nerve grafting, hypoglossal/ facial nerve reanimation	No	
4502	Free muscle transfer, pectoralis minor, gracilis or extensor digitorum brevis as a second stage procedure to code 4501	No	
4510	Facial reanimation in facial paralysis, unilateral	No	

EAR

Code	Description	Pre-Approval Required	Payment Rules
4555	Accessory auricles, removal	No	
4560	Epithelioma of ear, excision and reconstruction, lobule placement	No	
4561	Cartilage graft(s), reconstruction of ear	No	
4575	Protruding ears, correction with reconstruction of folds, bilateral	No	Benefit only payable for patients up to eighteen years of age
4580	Protruding ears, correction of with reconstruction of folds, unilateral	No	Benefit only payable for patients up to eighteen years of age

EYES

Code	Description	Pre-Approval Required	Payment Rules
4585	Reconstruction of contracted ocular socket	No	
4595	Enophthalmos, bone graft	No	
4605	Decompression, orbit	No	
4610	Eyebrow graft	No	

EYES

Code	Description	Pre-Approval Required	Payment Rules
4615	Eyelids, repair of, for avulsion	No	
4620	Eyelid, inlay grafts (one lid)	No	
4625	Eyelid operations in facial paralysis	No	
4630	Eyelid, reconstruction of less than 66% of surface area	No	
4635	Muscle advancement for ptosis, unilateral	No	
4640	Naso lacrimal duct, reconstruction of	No	
669911	Eyelid, reconstruction of greater than 66% of surface area	No	
825013	Lateral canthopexy	No	

FACIAL TRAUMA

Code	Description	Pre-Approval Required	Payment Rules
4489	Facial trauma, suturing of facial nerve	No	
4491	Facial trauma, suturing of facial nerve branch	No	
4492	Facial trauma, grafting of facial nerve, sural nerve, greater auricular nerve	No	

FLAPS AND/ OR GRAFTS

Code	Description	Pre-Approval Required	Payment Rules
4513	Free skin and/ or muscle flap with microvascular anastomosis	No	
4514	Free osteocutaneous flap with microvascular anastomosis, any area	No	
4937	Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, where there is the requirement for more than 1 layer of deep or deep dermal sutures for effective closure	No	

FLAPS AND/ OR GRAFTS

Code	Description	Pre-Approval Required	Payment Rules
4938	Excision of benign or malignant lesion(s), any area; adjacent tissue transfer or rearrangement, where there is the requirement for quilting or mattress sutures for effective closure	No	
4939	Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, for wounds requiring extensive (>3cm) undermining of skin edges for effective closure	No	
4941	Excision of benign or malignant lesion(s), any area; adjacent tissue transfer or rearrangement, for wounds with significant (>3cm) of overhanging skin flaps after excision of lesion or mass	No	
4942	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with codes 4937 or 4938. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure)	No	
4943	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with code 4939. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) (see note after procedure 4946)	No	
4944	Excision of pressure sore and myocutaneous flap	No	
4946	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with code 4941. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) (see procedure code 4946)	No	
4949	Excision of pressure sore and local cutaneous flap (I.P.)	No	
4951	Free flap (microvascular transfer) to face, complete procedure	No	
4952	Excision or debridement of pressure sore and split skin graft (I.P.)	No	
4963	Excision of lesion including scalp rotation flap (I.P.)	No	
4964	Excision of lesion including cheek rotation flap (I.P.)	No	
4966	Excision of lesion including cervicofacial rotation flap (I.P.)	No	
4967	Excision of lesion including forehead flap (I.P.)	No	
4968	Excision of lesion including deltopectoral flap (I.P.)	No	
4969	Excision of lesion including groin flap (I.P.)	No	
4971	Fasciocutaneous flap, upper limb (I.P.)	No	
4972	Fasciocutaneous flap, lower limb (I.P.)	No	
4973	Fasciocutaneous flap, trunk (I.P.)	No	

FLAPS AND/ OR GRAFTS

Code	Description	Pre-Approval Required	Payment Rules
4974	Myocutaneous flap, pectoralis	No	
4976	Myocutaneous flap, latissimus dorsi	No	
4977	Myocutaneous flap, latissimus dorsi with serratus and rib	No	
4978	Myocutaneous flap, vertical rectus	No	
4979	Myocutaneous flap, transverse rectus (TRAM)	No	
4981	Myocutaneous flap, tensor fascia lata	No	
4982	Myocutaneous flap, gluteal	No	

GENITALIA

Code	Description	Pre-Approval Required	Payment Rules
4686	Cliteroplasty	No	
4690	Vaginal reconstruction with skin graft	No	

HAND

Code	Description	Pre-Approval Required	Payment Rules
4695	Congenital hand deformities, reconstruction on each hand (per stage)	No	
4700	Congenital hand deformities, moderate repairs on each hand (per stage)	No	
4705	Contractures, extensive, straightening of hand and inlay grafts	No	
4710	Contractures, localised, division and graft	No	
4711	Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger	No	
4712	Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger including simple fasciectomy to another finger	No	
4715	Dupuytren's contracture, fasciectomy (one or two fingers)	No	

HAND

Code	Description	Pre-Approval Required	Payment Rules
4720	Dupuytren's contracture, fasciectomy (three or more fingers)	No	
4721	Dupuytren's contracture, palm and fingers	No	
4730	Injury to hand, major, multiple repair of tendons, nerves and skin	No	
4735	Injury to hand, moderate, wound repair or graft	No	
4740	Island grafting, for sensory loss, finger and/ or thumb	No	
4745	Neoplasm, major excision and repair with tendon grafts and flaps	No	
4750	Neoplasm, localised excision and graft	No	
4760	Nerve repair, primary, single or multiple	No	
4765	Nerve repair in extensively scarred hand	No	
4770	Opposition strut graft to thumb	No	
4775	Palmar ganglion, compound, synovectomy of	No	
4780	Pollicisation (finger replacement of lost thumb)	No	
4781	Repair of bifid thumb	No	
4782	Toe to hand transfer	No	
4783	Sympathectomy, digital arteries, each digit with magnification	No	
4785	Syndactyly, repair of, single	No	
4790	Syndactyly, repair of, multiple	No	
4795	Tendon grafting, single	No	
4800	Tendon grafting, multiple	No	
4805	Tendon repair, single	No	
4810	Tendon repair, multiple	No	
4815	Tendon transplants, for restoration of opposition	No	
4820	Tendon transfers for paralysis, multiple	No	
4825	Tube pedicle or flap reconstructions, first stage	No	

HAND

Code	Description	Pre-Approval Required	Payment Rules
4830	Tube pedicle or flap reconstructions, second stage	No	
4835	Tube pedicle or flap reconstructions, final stage	No	

MAXILLA AND MANDIBLE

Code	Description	Pre-Approval Required	Payment Rules
4845	Facial bone, simple fixation of undisplaced fracture (e.g. jaw sling)	No	
4850	Facial bones, tumours of, major resection and/ or reconstruction	No	
4855	Fracture of maxilla or mandible, open reduction and fixation	No	
4860	Fracture of maxilla or mandible, fixation of undisplaced	No	
4865	Fracture of maxilla or mandible, malar bone or part of these, reduction without fixation	No	
4870	Hypertelorism correction, sub cranial	No	
4875	Mandible, excision of	No	
4880	Maxilla or mandible, advancement or recession osteotomy of	No	
4881	Maxillary and mandibular osteotomy	No	
4882	Lengthening of the mandible by gradual distraction for congenital hemifacial microsomia	Yes	
4883	Surgically assisted rapid maxillary expansion	Yes	
4885	Orbital floor, fracture of, reduction, direct wiring and build up from antrum	No	
4890	Orbital floor, secondary bone grafting	No	
4895	Osteomyelitis or abscess of facial bones, operation for	No	
4900	Temporo mandibular joint, reduction of dislocation under general anaesthetic	No	
4901	Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy (unilateral) (I.P.)	No	
4902	Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy (bilateral) (I.P.)	No	

MAXILLA AND MANDIBLE

Code	Description	Pre-Approval Required	Payment Rules
4905	Temporo mandibular joint, condylectomy for ankylosis	No	
444546	Enucleation or excision of lipoma (I.P.)	No	

NOSE

Code	Description	Pre-Approval Required	Payment Rules
4910	Bone graft	No	
4915	Nasal tip deformities, correction of	No	
4920	Fracture of nose, digital closed reduction	No	
4925	Fracture of nose, instrumental closed reduction	No	
4926	Fracture of nose, instrumental closed reduction with plaster of paris fixation	No	
4927	Fracture of nose, instrumental closed reduction with reduction of septum and plaster of paris fixation	No	
4930	Fracture of nose, open reduction	No	
4935	Fracture of nose, open reduction with internal or external fixation	No	
4940	Fracture of nose, open reduction with open reduction of fractured septum	No	
4945	Reconstruction with imported flaps, partial	No	
4950	Reconstruction with imported flaps, total	No	
4955	Re-fracture and open corrective rhinoplasty including nasal tip deformities (code 4915), unless demonstrable evidence discloses significant nasal tip deformity being corrected (I.P.)	No	
30120	Rhinophyma (I.P.)	Yes	

OTHER RECONSTRUCTIVE PROCEDURES

Code	Description	Pre-Approval Required	Payment Rules
3061		No	

OTHER RECONSTRUCTIVE PROCEDURES

Code	Description	Pre-Approval Required	Payment Rules
4544		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.
4547		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.
4836		No	
4947		No	
4983		No	
4990		No	
5630		No	
45461		No	
825011		No	

REPLANTATION

Code	Description	Pre-Approval Required	Payment Rules
4991	Replantation, per digit	No	
4992	Replantation, hand (mid palm)	No	
4993	Replantation, hand (wrist)	No	
4994	Replantation, forearm	No	
4996	Replantation, foot	No	
4997	Replantation, scalp following major trauma only	No	
4998	Replantation, ear	No	

REPLANTATION

Code	Description	Pre-Approval Required	Payment Rules
4999	Replantation of thumb including carpometacarpal joint to metacarpophalangeal joint, complete amputation, with or without microvascular anastomosis	No	

TISSUE EXPANDERS

Code	Description	Pre-Approval Required	Payment Rules
4551	Insertion of tissue expanders (other than breast) includes subsequent expansion(s)	No	
4552	Removal of expander (other than breast)	No	
4553	Removal of expander (other than breast) and inserting of expanded skin	No	