

Please call us on 1890 717 717 to confirm if these procedures are covered or subject to co-payment on your plan.

List of Cardiac Procedures subject to co-payment: as of 27 August 2016					
Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
1280	Common femoral artery embolectomy				Vascular
1290	Ligation of major vessels				Vascular
1305	Renal stenosis, repair of				Vascular
1306	Transcatheter embolisation, extremity, arteriovenous malformation (AVM) (I.P.)			(I.P.)	Vascular
1307	Transcatheter removal of intravascular thrombus or foreign body				Vascular
1308	Transcatheter therapy, infusion for thrombolysis other than coronary, including necessary local anaesthesia, all lesser order selective catheterisation used in the approach and any necessary pre and post-injection care			Side Room	Vascular
1401	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta				Vascular
1402	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric coeliac, renal)				Vascular
1403	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric external)				Vascular
1404	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, using aorto-aortic tube prosthesis				Vascular
1419	Transluminal dilation of iliac vessels with or without stent or graft		For procedure codes 1419, 1421, 1422, 1423 and 1424 when angiography is performed by the interventional radiologist during the procedure this benefit is additional to the endovascular procedure benefit		Vascular - Endovascular
1421	Transluminal dilation with or without stent of carotid vessels		For procedure codes 1419, 1421, 1422, 1423 and 1424 when angiography is performed by the interventional radiologist during the procedure this benefit is additional to the endovascular procedure benefit		Vascular - Endovascular
1422	Transluminal dilation with or without stent or graft of femoral vessels		For procedure codes 1419, 1421, 1422, 1423 and 1424 when angiography is performed by the interventional radiologist during the procedure this benefit is additional to the endovascular procedure benefit		Vascular - Endovascular
1423	Transluminal dilation with stent of distal vessels		For procedure codes 1419, 1421, 1422, 1423 and 1424 when angiography is performed by the interventional radiologist during the procedure this benefit is additional to the endovascular procedure benefit		Vascular - Endovascular

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1424	Transluminal dilation of distal vessels		For procedure codes 1419, 1421, 1422, 1423 and 1424 when angiography is performed by the interventional radiologist during the procedure this benefit is additional to the endovascular procedure benefit		Vascular - Endovascular
1427	Supra-renal aneurysm repair				Vascular
1428	Repair of supra-renal aortic aneurysm rupture				Vascular
1429	Tube graft repair of abdominal aorta				Vascular
1430	Iliac or femoral veins - removal of thrombus				Vascular
1431	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; with or without the involvement of other vessels; for other vessels not specified in the above codes (IP)			(I.P)	Vascular
1432	Aorto bi-iliac bypass for atherosclerosis or aneurysm (IP)			(I.P)	Vascular
1433	Aorto-femoral or bifemoral bypass for atherosclerosis or aneurysm (IP)			(I.P)	Vascular
1434	Endarterectomy of abdominal aorta and iliac vessels				Vascular
1435	Inferior vena cava ligation/ clipping, with or without thrombus				Vascular
1436	Repair of ruptured iliac artery aneurysm				Vascular
1437	Endarterectomy of iliac vessels alone				Vascular
1438	Visceral artery repair, re-anastomosis or endarterectomy				Vascular
1439	Renal artery anastomosis, endarterectomy or re-implantation or bypass				Vascular
1441	Embolectomy of visceral branches, superior mesenteric or renal arteries				Vascular
1442	Removal of infected aortic prosthesis				Vascular
1443	Obturator bypass from aorta or iliac to profunda or distal femoral bypass				Vascular
1444	Repair of abdominal aortic trauma				Vascular
1446	Aortic exclusion by axillo-femoral bypass				Vascular
1447	Endarterectomy of internal/external common carotid artery with or without patch graft with or without shunt				Vascular
1449	Vertebral artery bypass or repair				Vascular
1450	Portosystemic shunt				Vascular
1451	Open repair of subclavian artery				Vascular
1452	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis; autogenous or non-autogenous graft				Vascular
1453	Arteriovenous anastomosis, open by basilic vein transposition				Vascular

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1454	Translocation of common carotid to subclavian artery				Vascular
1456	Carotid subclavian bypass				Vascular
1457	Subclavian/subclavian bypass				Vascular
1458	Thoracotomy with repair of vessels of arch of aorta				Vascular
1459	Subclavian to brachial bypass or endarterectomy				Vascular
1461	Repair of subclavian aneurysm				Vascular
1462	Brachial embolectomy				Vascular
1463	Repair or bypass of brachial to radial or ulnar vessel, any method including harvesting of graft material				Vascular
1464	Repair of trauma to brachial artery with endarterectomy patch or bypass				Vascular
1465	Splenorenal anastomosis				Vascular
1467	Femoral to popliteal bypass, above knee vein				Vascular
1468	Femoral to popliteal bypass, above knee synthetic				Vascular
1469	Femoral to popliteal bypass, below knee vein				Vascular
1471	Femoral to popliteal bypass, below knee synthetic				Vascular
1472	Profundaplasty with or without patch or endarterectomy				Vascular
1473	Common femoral artery endarterectomy				Vascular
1474	Repair of femoral artery aneurysm				Vascular
1476	Popliteal artery embolectomy				Vascular
1477	Tibial artery embolectomy				Vascular
1478	Femoral tibial artery bypass, including tibialperoneal and peroneal artery bypass, or other distal vessels				Vascular
1479	Popliteal aneurysm artery repair or bypass				Vascular
1481	Femoral/femoral bypass				Vascular
1482	Repair of femoral or popliteal vessels due to trauma				Vascular
5015	Lung abscess with thoracotomy, drainage of				Thoracic Operations
5025	Pneumonolysis				Thoracic Operations

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Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5033	Thoroscopic epicardial radiofrequency ablation; operative tissue ablation with or without reconstruction of atria (e.g. modified maze procedure) without cardiopulmonary bypass (I.P.) (see note)		Conditions of payment for code 5033 are as follows: 1). Benefit will be provided for Thoracoscopic Epicardial radiofrequency Ablation for patients with atrial fibrillation who have failed to respond to trans- catheter endocardial ablation provided the decision is the consensus of a multidisciplinary team that includes both a cardiologist and a cardiothoracic surgeon, both with training and experience in the use of intra -operative electrophysiology 2). relevant documentation confirming the above must be provided when the claim is being submitted."	(I.P)	Thoracic Operations - Heart
5039	Implantation of catheter system and reservoir for administration of pain control therapy and/or chemotherapy (I.P.)		For implantation and maintenance of pain pumps, procedure codes 5038 and 5039 if the procedure is performed for one of the following clinical indications - Diffuse cancer pain - Failed back surgery - Osteoporosis - Arachnoiditis - Axial Somatic Pain - Painful neuropathies - Spinal cord injury - Spasticity arising from Multiple Sclerosis or Cerebral Palsy	(I.P)	Thoracic Operations
5055	Aortic endarterectomy				Thoracic Operations
5057	insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: permanent implantation (Hospital stay applies for a maximum of 1 night only).	preauthorisation required	Conditions of payment for procedure code 5057 are as follows: 1). Treatment of urge incontinence or symptoms of urge frequency provided test stimulation of the patient satisfies the criteria indicating at least 50% decrease in symptoms. 2). Treatment of non-obstructive urinary retention provided test stimulation of the patient satisfies the criteria indicating at least 50% decrease in residual urinary volume.		Thoracic Operations - Heart

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Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5058	Cardiac catheterisation and coronary angiography with or without ventriculography with fractional flow reserve (FFR) intracoronary pressure measurements		<p>Please confirm which of the following conditions are met for 1. patients with angina pectoris or other other symptoms triggered by exertion who have a) ST segment depression greater than 1.5mm to 2mm appearing at low work load and/or low rate pressure product in exercise stress testing suggesting a significant myocardial ischemia. b) Diagnostic work-up of unexplained chest pain when exercise stress test is equivocal and does not establish the diagnosis and the probability of coronary heart disease is increased c) Significant perfusion defect in myocardial perfusion scan or findings in exercise echocardiography indicating myocardial ischemia. 2. Patient with acute chest pain with: d) ST elevation myocardial infarction e) non-ST segment elevation myocardial infarction and unstable angina pectoris. f) Heart failure of unknown aetiology g) as further investigation in a patient surviving resuscitation after ventricular fibrillation h) In association with invasive assessment of valvular heart disease i) assessment prior to heart transplantation</p>	Diagnostic, Daycare	Cardiological Procedures
5063	Removal of single or dual chamber pacing cardioverter/defibrillator electrode(s); by transvenous extraction.				Cardiological Procedures

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Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5069	Insertion of automatic implantable cardioverter/defibrillator, single or dual chamber		<p>Please indicate which of the following conditions are met on the claim form:</p> <ol style="list-style-type: none"> Survivor of cardiac arrest due to VF or hemodynamically unstable sustained VT after evaluation to define the cause of the event and to exclude any completely reversible causes. Structural heart disease and spontaneous sustained VT, whether hemodynamically stable or unstable. Syncope of undetermined origin with clinically relevant, hemodynamically significant sustained VT or VF induced at EP study. LVEF <35% due to prior MI who are at least 40 days post MI and are in NYHA functional Class 1 or 2. Non ischemic DCM who have LVEF <35% and who are NYHA functional Class 2 or 3. LV dysfunction due to prior MI who are at least 40 days post MI and have an LVEF <30% and are NYHA Class 1. Non sustained VY due top prior MI, LVEF <40% and inducible VF or sustained vT at EP study. Unexpected syncope, significant LV dysfunction and non ischemic DCM. Sustained VT and normal or near normal ventricular function. HCM with one or more risk factors for SCD. Prevention of SCD in patients with ARVD/C who have had one or more factors for SCD. To reduce bet blockers in patients with long QT syndrome who are experience syncope and/or VT receiving beta blocker Non-hospitalised patients awaiting transplantation Patients with Brugada syndrome who have had syncope. Brugada syndrome with documented VT that has not resulted in cardiac arrest. Catecholamingic polymorphic VT with syncope and/ or documented sustained VT while receiving beta blockers. Cardiac sarcoidosis, giant cell myocarditis or Chagas disease 		Thoracic Operations

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Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5071	Insertion or replacement of permanent pacemaker with transvenous electrode(s); single chamber .		Procedure codes 5071, 5072, 5073 and 5074 include repositioning or replacement in the first 14 days after the insertion (or replacement) of the device. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5011, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 1% of the highest valued procedure, 5% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5072	Insertion or replacement of permanent pacemaker with transvenous electrode(s); dual chamber.		Procedure codes 5071, 5072, 5073 and 5074 include repositioning or replacement in the first 14 days after the insertion (or replacement) of the device. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5011, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 1% of the highest valued procedure, 5% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures

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Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5073	Insertion or replacement of pacemaker pulse generator only; single chamber atrial or ventricular		Procedure codes 5071, 5072, 5073 and 5074 include repositioning or replacement in the first 14 days after the insertion (or replacement) of the device. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5011, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 1% of the highest valued procedure, 5% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5074	Insertion or replacement of pacemaker pulse generator only (includes defibrillator pulse generator); dual chamber		Procedure codes 5071, 5072, 5073 and 5074 include repositioning or replacement in the first 14 days after the insertion (or replacement) of the device. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5011, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 1% of the highest valued procedure, 5% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5075	Blalock operation				Thoracic Operations
5076	Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber.				Thoracic Operations
5077	Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); dual chamber.				Thoracic Operations
5080	Cardiac catheterisation (left, right or both sides) (I.P.)			(I.P), Diagnostic, Daycare	Cardiological Procedures

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Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5090	Cardiac catheterisation and coronary angiography with or without ventriculography.		<p>Please confirm which of the following conditions are met for 1. patients with angina pectoris or other other symptoms triggered by exertion who have a) ST segment depression greater than 1.5mm to 2mm appearing at low work load and/or low rate pressure product in exercise stress testing suggesting a significant myocardial ischemia.</p> <p>b) Diagnostic work-up of unexplained chest pain when exercise stress test is equivocal and does not establish the diagnosis and the probability of coronary heart disease is increased</p> <p>c) Significant perfusion defect in myocardial perfusion scan or findings in exercise echocardiography indicating myocardial ischemia.</p> <p>2. Patient with acute chest pain with: d) ST elevation myocardial infarction e) non-ST segment elevation myocardial infarction and unstable angina pectoris. f) Heart failure of unknown aetiology g) as further investigation in a patient surviving resuscitation after ventricular fibrillation h) In association with invasive assessment of valvular heart disease i) assessment prior to heart transplantation</p>		Cardiological Procedures
5092	Venotomy and insertion of filter into the inferior vena cava				Thoracic Operations
5101	Coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing		Max. 1 Night Hospital Stay		Thoracic Operations
5103	Transcatheter placement of an intracoronary stent (other than drug eluting stents), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel		Max. 1 Night Hospital Stay		Cardiological Procedures
5110	Thoracoscopy, surgical; with oesophagomyotomy (Heller type)				Thoracic Operations
5111	Transcatheter placement of intracoronary stents (other than drug eluting stents), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, more than one vessel		Max. 1 Night Hospital Stay		Cardiological Procedures

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Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5115	Percutaneous transcatheter closure of congenital interatrial communication (i.e. Fontan fenestration, atrial septal defect) with implant, including right heart catheterisation.		Procedure codes 5115 and 5119 include right heart catheterisation. For all procedures 5053, 5063, 5069, 5961, 5960, 5502, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5109, 5008, 5108, 5119, 5115, 5117, 5111, 5116, 5113, 5101, 5058, 5090, 5080, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 100% of the highest valued procedure, 50% of the second highest valued procedure, and 25% of the third highest valued procedure.	Daycare	Cardiological Procedures
5116	Transcatheter placement of a drug eluting stent, percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel		Max. 1 Night Hospital Stay. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5111, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 100% of the highest valued procedure, 50% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5117	Transcatheter placement of drug eluting stents, percutaneous, with or without other therapeutic intervention, with or without angiography, any method, more than one vessel		Max. 1 Night Hospital Stay. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5111, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 100% of the highest valued procedure, 50% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5118	Atherectomy				Thoracic Operations

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5119	Percutaneous transcatheter closure of congenital ventricular septal defect with implant including right heart catheterisation.		Max. 1 Night Hospital Stay. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5111, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 100% of the highest valued procedure, 50% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5120	Excision of mediastinal tumour				Thoracic Operations
5121	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach				Thoracic Operations
5122	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy				Thoracic Operations
5123	Excision of mediastinal cyst				Thoracic Operations
5124	Mediastinoscopy, with or without biopsy (I.P.)			(I.P) , Diagnostic	Thoracic Operations
5125	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis (artificial valve) and coronary reconstruction				Thoracic Operations
5126	Transverse arch graft, with cardiopulmonary bypass				Thoracic Operations
5127	Descending thoracic aorta graft, with or without bypass				Thoracic Operations
5128	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass				Thoracic Operations

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5133	Transcatheter aortic valve implantation (TAVI) for aortic stenosis (Edwards Sapien)	Yes	For patients with aortic stenosis for whom surgical aortic valve replacement is considered unsuitable Clinicians wishing to undertake TAVI for aortic stenosis in patients who are at high risk for surgical valve replacement should ensure that patients understand the risk of stroke and death, and the uncertainty about the procedure's efficacy in the long term. Provide them with clear written information. In addition evidence of patient selection should be carried out by a multidisciplinary team including interventional cardiologists, cardiac surgeons, a cardiac anaesthetist and an expert in cardiac imaging. The multidisciplinary team should determine the risk level of each patient and must be named in the request for approval. TAVI may only be performed only by clinicians and teams with special training and experience in cardiovascular interventions and in units undertaking which have both cardiac and vascular surgical support for emergency treatment of complications. Such facilities must request approval from Irish Life Health for inclusion on the Irish Life Health list of such facilities	(I.P)	Cardiological Procedures
5134	Operative ablation/incision and/or reconstruction of atria for treatment of atrial fibrillation or flutter (e.g. maze procedure)				Thoracic Operations
5135	Mediastinoscopy and biopsy			Diagnostic	Thoracic Operations
5138	Operative ablation of atrial fibrillation, supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci) with or without cardiopulmonary bypass				Thoracic Operations
5139	Operative ablation of atrial fibrillation, ventricular arrhythmogenic focus with cardiopulmonary bypass				Thoracic Operations
5141	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular				Thoracic Operations
5142	Removal of single or dual chamber pacing cardioverterdefibrillator electrode(s); by thoracotomy				Thoracic Operations
5143	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass				Thoracic Operations

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5144	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass				Thoracic Operations
5146	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension				Thoracic Operations
5147	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction				Thoracic Operations
5148	Laparoscopy, surgical, oesophagotomy (Heller type) with fundoplasty, when performed				Thoracic Operations
5151	Percutaneous trans septal mitral valvuloplasty				Thoracic Operations
5152	Valvuloplasty (other than mitral valvuloplasty)				Thoracic Operations
5156	Coronary Artery bypass graft, vein only , one or more coronary venous grafts				Thoracic Operations
5157	Coronary Artery bypass grafts using venous graft(s) and a single arterial graft				Thoracic Operations
5158	Coronary Artery bypass grafts using venous graft(s) and arterial grafts				Thoracic Operations
5162	Repair, tracheo-oesophageal atresia				Thoracic Operations
5163	Repair, tracheo-oesophageal fistula (TOF) alone (H-fistula)				Thoracic Operations
5164	Repair, tracheo-oesophageal fistula (TOF) and atresia, replacement				Thoracic Operations
5165	Oesophagectomy (all forms including three stages)				Thoracic Operations
5166	Revision Coronary Artery bypass graft, vein only , one or more coronary venous grafts				Thoracic Operations
5167	Revision Coronary Artery bypass grafts using venous graft(s) and a single arterial graft				Thoracic Operations
5168	Revision Coronary Artery bypass grafts using venous graft(s) and arterial grafts				Thoracic Operations
5171	Transection of oesophagus with repair, for oesophageal varices				Thoracic Operations
5172	Oesophageal devascularisation				Thoracic Operations
5180	Pott's operation				Thoracic Operations
5190	Rashkind septostomy				Thoracic Operations

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5200	Transeptal left heart catheterisation.		Max. 1 Night Hospital Stay. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5111, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 100% of the highest valued procedure, 50% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5205	Vagotomy (through chest)				Thoracic Operations
5219	Trans thoracic electro-cautery of subclavian lymph nodes				Thoracic Operations
5223	Insertion of permanent pacemaker with epicardial electrode(s), by thoracotomy				Thoracic Operations
5230	Empyema, drainage of (I.P.)			(I.P.)	Thoracic Operations
5250	Pleurodesis				Thoracic Operations
5260	Thoracoscopy (I.P.)			(I.P.) , Diagnostic	Thoracic Operations
5265	Thoracoscopy with intrapleural procedure				Thoracic Operations
5270	Thoracotomy including lung or pleural biopsy (I.P.)			(I.P.) , Diagnostic	Thoracic Operations
5274	Exploration for post-operative haemorrhage or thrombosis, chest				Thoracic Operations
5502	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters.		Max. 1 Night Hospital Stay. For all procedures 5053, 5063, 5069, 5961, 5096, 5052, 5200, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5111, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 100% of the highest valued procedure, 50% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5801	Exploration of mediastinum			Diagnostic	Thoracic Operations

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Please call us on 1890 717 717 to confirm if these procedures are covered or subject to co-payment on your plan.

List of Cardiac Procedures subject to co-payment: as of 27 August 2016					
Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5802	Endoscopic extirpation of lesion of mediastinum			Diagnostic	Thoracic Operations
5804	Operation on lymphatic duct				Thoracic Operations
5808	Transplantation of heart				Thoracic Operations
5809	Correction of tetralogy of fallot				Thoracic Operations
5811	Atrial inversion for transposition of great vessels				Thoracic Operations
5812	Other correction of transposition of great vessels				Thoracic Operations
5813	Correction of total anomalous pulmonary venous connection				Thoracic Operations
5814	Closure of defect of atrioventricular septum using dual prosthetic patches				Thoracic Operations
5816	Closure of defect of interatrial septum				Thoracic Operations
5817	Closure of defect of interventricular septum				Thoracic Operations
5818	Planned repair of post infarction ventricular septal defect				Thoracic Operations
5819	Emergency repair of post infarction ventricular septal defect				Thoracic Operations
5821	Other open operations on the septum of the heart				Thoracic Operations
5822	Creation of valved cardiac conduit				Thoracic Operations
5823	Creation of other cardiac conduit				Thoracic Operations
5824	Refashioning of atrium (Ebstein's)				Thoracic Operations
5826	Operations on wall of atrium				Thoracic Operations
5827	Excision of cardiac tumour				Thoracic Operations
5828	Staged correction of hypoplastic left heart syndrome, per stage				Thoracic Operations
5829	Replacement of mitral valve (includes valvuloplasty)				Thoracic Operations
5831	Plastic repair of mitral valve				Thoracic Operations
5832	Replacement of aortic valve (includes valvuloplasty)				Thoracic Operations
5833	Replacement of tricuspid valve (includes valvuloplasty)				Thoracic Operations
5834	Replacement of pulmonary valve (includes valvuloplasty valvotomy)				Thoracic Operations

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List of Cardiac Procedures subject to co-payment: as of 27 August 2016					
Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5835	Peritoneal, venous shunt for ascites				Thoracic Operations
5837	Closed valvotomy				Thoracic Operations
5839	Double valves				Thoracic Operations
5841	Removal of obstruction from structure adjacent to valve of heart				Thoracic Operations
5842	Triple valves				Thoracic Operations
5852	Correction of anomalous coronary arteries				Thoracic Operations
5854	Map guided surgery for ventricular arrhythmias				Thoracic Operations
5855	Annuloplasty				Thoracic Operations
5857	Left ventricular aneurysmectomy				Thoracic Operations
5859	Insertion, management and removal of ventricular assist device				Thoracic Operations
5861	Insertion, maintenance and removal of aortic counterpulsation balloon pump				Thoracic Operations
5863	Thymectomy				Thoracic Operations
5867	Removal of pacing system with bypass				Thoracic Operations
5870	Myocardial aneurysmyotomy				Thoracic Operations
5871	Open correction of patent ductus arteriosus				Thoracic Operations
5872	Excision of pericardium				Thoracic Operations
5873	Decompression of cardiac tamponade (re operation for bleeding)				Thoracic Operations
5876	Transthoracic drainage of pericardium				Thoracic Operations
5877	Creation of pericardial window or partial resection for drainage (I.P.)			(I.P.)	Thoracic Operations
5878	Closure of median sternotomy separation with or without debridement (I.P.)			(I.P.)	Thoracic Operations
5879	Correction of truncus arteriosus				Thoracic Operations
5882	Closed correction of patent ductus arteriosus				Thoracic Operations
5883	Creation of shunt to pulmonary artery from aorta using interposition tube prosthesis				Thoracic Operations
5884	Pulmonary artery banding				Thoracic Operations

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List of Cardiac Procedures subject to co-payment: as of 27 August 2016					
Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5886	Connection to pulmonary artery from aorta				Thoracic Operations
5887	Creation of shunt to pulmonary artery from subclavian artery using interposition tube prosthesis				Thoracic Operations
5888	Connection to pulmonary artery from subclavian artery				Thoracic Operations
5889	Repair of pulmonary artery/PA De Banding				Thoracic Operations
5892	Pulmonary embolectomy				Thoracic Operations
5893	Open operations on pulmonary artery				Thoracic Operations
5894	Extra anatomic bypass of aorta				Thoracic Operations
5900	Cricopharyngeal myotomy (I.P.)			(I.P.)	Thoracic Operations
5907	Repair of congenital diaphragmatic hernia using thoracic approach in neonates		The anaesthetist benefit is all inclusive of pre-operative and post-operative intensive care. No other anaesthetic or intensive care benefits are payable		Thoracic Operations
5908	Thoracoplasty, one stage				Thoracic Operations
5909	Excision of chest wall tumour including ribs				Thoracic Operations
5912	Correction of pectus deformity of chest wall				Thoracic Operations
5913	Reconstruction of chest wall				Thoracic Operations
5914	Exploratory thoracotomy				Thoracic Operations
5916	Resection of rib and open drainage of pleural cavity				Thoracic Operations
5917	Repair of rupture of diaphragm				Thoracic Operations
5918	Plication of paralysed diaphragm				Thoracic Operations
5919	Partial excision of trachea				Thoracic Operations
5920	Reconstruction of trachea				Thoracic Operations
5921	Tracheostomy, permanent		For procedure codes 5921 and 5922, where these procedures are performed in an I.C.U. setting, benefit is payable once only during the patient's stay in the intensive care unit		Thoracic Operations
5927	Cervical rib resection for thoracic outlet syndrome				Thoracic Operations

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List of Cardiac Procedures subject to co-payment: as of 27 August 2016					
Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5941	Total pneumonectomy				Thoracic Operations
5942	Lobectomy of lung (including excision of segment)				Thoracic Operations
5943	Thoracoscopic lung resections				Thoracic Operations
5944	Open excision of lesion of lung				Thoracic Operations
5946	Decortication of pleura or lung				Thoracic Operations
5947	Removal of lung, with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)				Thoracic Operations
5948	Removal of lung, with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)				Thoracic Operations
5949	Pleurectomy for pneumothorax, open				Thoracic Operations
5951	Endoscopic examination of pleura				Thoracic Operations
5957	Revision repair of coarctation of aorta				Thoracic Operations
5958	Revision closure of defect of intra ventricular septum				Thoracic Operations
5959	Revision of Valve surgery				Thoracic Operations
5960	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement.		For all procedures 5053, 5063, 5069, 5961, 5960, 5502, 5002, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5011, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 100% of the highest valued procedure, 50% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures

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List of Cardiac Procedures subject to co-payment: as of 27 August 2016					
Code	Description	Preapproval	Payment Rules	Payment Indicators	Speciality
5961	Intracardiac catheter ablation of arrhythmogenic focus for treatment of supraventricular or ventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, (including foci pulmonary vein) singly or in combination.		For all procedures 5053, 5063, 5069, 5961, 5960, 5502, 5002, 5079, 5077, 5076, 5074, 5073, 5072, 5071, 5021, 5022, 5019, 5008, 5018, 5119, 5115, 5117, 5111, 5116, 5113, 5011, 5058, 5009, 5008, 5065 listed in cardiology section if more than one is performed on a patient (whether one or more consultants are involved), during a hospital stay, benefit will be payable as follows: 100% of the highest valued procedure, 50% of the second highest valued procedure, and 25% of the third highest valued procedure.		Cardiological Procedures
5963	Repair of diaphragmatic hernia using thoracic approach				Thoracic Operations
5982	Total pneumonectomy with lymphadenectomy				Thoracic Operations
5983	Lobectomy of lung (including excision of segment) with lymphadenectomy				Thoracic Operations

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