



Irish Life  
health

# Schedule of Benefits

for Professional  
Fees 2018

## Cardiology

## ABLATIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
936311	For the treatment of patients with a history of congenital heart anomalies; intracardiac EP studies (code 5502) with catheter ablation of ventricular arrhythmia or ectopic focus/ foci	No		
936531	Intracardiac electrophysiology studies (code 5502) with catheter ablation of arrhythmogenic left atrial focus/ foci for treatment of atrial fibrillation; linear or focal ablation, including pulmonary vein isolation (includes transeptal catheterisation)	No		
936542	For the treatment of supraventricular tachyarrhythmia by intracardiac EP studies (code 5502) with catheter ablation (by linear or focal ablation of right atrioventricular pathways, accessory atrioventricular connections or other arrhythmogenic right atrial foci, single or in combination) with or without post-ablative assessment of inducibility by intravenous drug infusion	No		
938407	Intracardiac electrophysiology studies with catheter ablation of arrhythmogenic left atrial focus/ foci for treatment of atrial fibrillation; linear or focal ablation, including pulmonary vein isolation (includes transeptal catheterisation)	No	Procedure codes 5961, 5024 and 5029 may not be claimed in conjunction with procedure code 5502	
939241	For the treatment of ventricular arrhythmia or ectopic focus/ foci, for patients with a history of congenital heart anomalies, intracardiac electrophysiologic studies (code 5502) with catheter ablation	No		
939242	For the treatment of atrial fibrillation intracardiac EP studies (code 5502) with catheter ablation of arrhythmogenic left atrial focus/ foci ; linear or focal ablation, including pulmonary vein isolation (includes transeptal catheterisation)	No		
946541	Creation of complete heart block by intracardiac catheter ablation of atrioventricular node function, +/- temporary pacemaker	No		

## ANGIOGRAM

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5058	Cardiac catheterisation and coronary angiography with or without ventriculography with fractional flow reserve (FFR) intracoronary pressure measurements	No	Diagnostic, Day Care	<p>Please confirm which of the following conditions are met for:</p> <p>(a) Patients with angina pectoris or other other symptoms triggered by exertion who have:</p> <ul style="list-style-type: none"> <li>(i) 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</li> <li>(ii) 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</li> <li>(iii) Significant perfusion defect in myocardial perfusion scan or findings in exercise echocardiography indicating myocardial ischemia</li> </ul> <p>(b) Patient with acute chest pain with:</p> <ul style="list-style-type: none"> <li>(i) ST elevation myocardial infarction</li> <li>(ii) Non-ST segment elevation myocardial infarction and unstable angina pectoris</li> <li>(iii) Heart failure of unknown aetiology</li> <li>(iv) Requiring further investigation following surviving resuscitation after ventricular fibrillation</li> <li>(v) In association with invasive assessment of valvular heart disease</li> <li>(vi) Assessment prior to heart transplantation</li> </ul> <p>For all procedures 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            25% of the third highest valued procedure</p>

## ANGIOGRAM

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5080	Cardiac catheterisation (left, right or both sides) (I.P.)	No	Independent Procedure, Diagnostic, Day Care	For all procedures 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 25% of the third highest valued procedure
5090	Cardiac catheterisation and coronary angiography with or without ventriculography	No	Diagnostic, Day Care	Please confirm which of the following conditions are met for: (a) Patients with angina pectoris or other other symptoms triggered by exertion who have (i) 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 (ii) 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 (iii) Significant perfusion defect in myocardial perfusion scan or findings in exercise echocardiography indicating myocardial ischemia (b) Patient with acute chest pain with (i) ST elevation myocardial infarction (ii) Non-ST segment elevation myocardial infarction and unstable angina pectoris (iii) Heart failure of unknown aetiology (iv) Patient requires further investigation having surviving resuscitation after ventricular fibrillation (v) In association with invasive assessment of valvular heart disease (vi) Assessment prior to heart transplantation  For all procedures 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 25% of the third highest valued procedure
5200	Transeptal left heart catheterisation (I.P.)	No	Independent Procedure	For all procedures 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 25% of the third highest valued procedure

## ANGIOPLASTY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5101	Coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing	No		For all procedures 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 25% of the third highest valued procedure
938408	Elective coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing	No	Procedure codes 5204 and 5090 are not claimable with each other.  When one or more of the cardiology procedures listed in this section of the Schedule is performed on a patient during an admission to a hospital, (whether one or more Consultants are involv	

## CARDIAC TESTING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5021	Major consultant consultation including tilt table testing, alone or in combination with the administration of provocative agents (e.g. Isoproterenol), with continuous ECG monitoring and intermittent blood pressure monitoring for the evaluation of cardiac function in patients with recurrent unexplained neurocardiogenic syncope who have an inconclusive history and physical examination, as well as negative non-invasive tests of cardiac structure and function (not payable for any other indication except as stated above)	No	Side Room	For all procedures 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 25% of the third highest valued procedure
5022	Cardiovascular stress test with pharmaceutical/ chemical agent(s) includes IV administration, echocardiography, ECG with consultant Cardiologist in constant attendance	No		For all procedures 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 25% of the third highest valued procedure

## CARDIOVERSION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5091	Cardioversion	No	Day Care	For all procedures 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 25% of the third highest valued procedure
930991	Combination cardioversion (code 5091) and TOE (code 5109) (see codes for full description)	No	Day Care	Codes 5108 or 5008 are not payable in addition to this code Rules as set out in codes 5091 and 5109 will continue to apply

## ECHOCARDIOGRAPHY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5008	Cardiac ultrasound, (echocardiography) for patients on cytotoxic chemotherapy	No	Diagnostic, Out-patient	(a) 5108 or 5008 is not payable in addition to 5109 (b) 5109 is not claimable when performed intraoperatively  For all procedures 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
5108	Cardiac ultrasound, (echocardiography)	No	Diagnostic, Out-patient	(a) 5108 or 5008 is not payable in addition to 5109 (b) 5109 is not claimable when performed intraoperatively (c) Where code 5108 is performed on an outpatient basis the professional fee will be direct settled but any technical fee incurred is only recoverable as an outpatient radiology expense subject to policy benefits  For all procedures 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 25% of the third highest valued procedure

## ECHOCARDIOGRAPHY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5109	Echocardiography, transoesophageal, real-time with image documentation (2D) (with or without M-mode recording), including probe placement, image acquisition, interpretation and report	No	Diagnostic, Out-patient	(a) 5108 or 5008 is not payable in addition to 5109 (b) 5109 is not claimable when performed intraoperatively  For all procedures 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 25% of the third highest valued procedure

## ELECTROPHYSIOLOGIC STUDIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5079	Biventricular pacing - insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system)	No		Payable in full when carried out with 5028, 5071, 5072, 5073, 5074, 5076, 5077, 5201 and 5202 For all procedures 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 25% of the third highest valued procedure
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.	No	Day Care	For all procedures 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 25% of the third highest valued procedure
5960	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	No		For all procedures 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 25% of the third highest valued procedure
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) single or in combination	No		For all procedures 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 25% of the third highest valued procedure
938403	Intracardiac electrophysiologic studies with catheter ablation for treatment of ventricular arrhythmia or ectopic focus/foci, or for patients with a history of congenital heart anomalies	No		Procedure codes 5961, 5024 and 5029 may not be claimed in conjunction with procedure code 5502

## PACEMAKERS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5054	Removal of implantable, patient-activated cardiac event loop recorder (where the original implantation met the conditions of payment)	No	Side Room	For all procedures 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 25% of the third highest valued procedure.

## PACEMAKERS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5063	Removal of single or dual chamber pacing cardioverter/ defibrillator electrode(s); by transvenous extraction	No		For all procedures 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 25% of the third highest valued procedure
5065	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter	No		For all procedures 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 25% of the third highest valued procedure
5069	Insertion of automatic implantable cardioverter/ defibrillator, single, dual or biventricular	No		Please specify whether single/ dual or biventricular Please indicate which of the following conditions are met on the claim form: (a) 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 (b) Structural heart disease and spontaneous sustained VT, whether hemodynamically stable or unstable (c) Syncope of undetermined origin with clinically relevant, hemodynamically significant sustained VT or VF induced at EP study. (d) LVEF < 35% due to prior MI who are at least 40 days post MI and are in NYHA functional Class 1 or 2 (e) Non ischemic DCM who have LVEF < 35% and who are NYHA functional Class 2 or 3 (f) LV dysfunction due to prior MI who are at least 40 days post MI and have an LVEF < 30% and are NYHA Class 1 (g) Non sustained VV due top prior MI, LVEF <40% and inducible VF or sustained VT at EP study (h) Unexpected syncope, significant LV dysfunction and non ischemic DCM (i) Sustained VT and normal or near normal ventricular function (j) HCM with one or more risk factors for SCD (k) Prevention of SCD in patients with ARVD/C who have had one or more factors for SCD (l) To reduce bet blockers in patients with long QT syndrome who are experience syncope and/ or VT receiving beta blocker (m) Non-hospitalised patients awaiting transplantation (n) Patients with Brugada syndrome who have had syncope (o) Brugada syndrome with documented VT that has not resulted in cardiac arrest (p) Catecholamingic polymorphic VT with syncope and/ or documented sustained VT while receiving beta blockers (q) Cardiac sarcoidosis, giant cell myocarditis or Chagas disease
5071	Insertion or replacement of permanent pacemaker with transvenous electrode(s); single chamber	No		Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device For all procedures 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 25% of the third highest valued procedure
5072	Insertion or replacement of permanent pacemaker with transvenous electrode(s); dual chamber	No		Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device For all procedures 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 25% of the third highest valued procedure
5073	Insertion or replacement of pacemaker pulse generator only; single chamber atrial or ventricular	No		Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device For all procedures 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 25% of the third highest valued procedure

## PACEMAKERS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5074	Insertion or replacement of pacemaker pulse generator only (includes defibrillator pulse generator); dual chamber	No		Includes repositioning or replacement in the first 14 days after the insertion (or replacement) of the device For all procedures 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 25% of the third highest valued procedure
5076	Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber	No		For all procedures 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 25% of the third highest valued procedure
5077	Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); dual chamber	No		For all procedures 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 25% of the third highest valued procedure
938400	Insertion or repositioning of permanent transvenous cardiac electrode(s) and lead(s) - 15 days or more after initial insertion	No		
938401	Extraction of transvenous permanent pacemaker electrode - single lead - 15 days or more after initial insertion	No		Prosthesis benefit is only payable where this procedure is performed during same theatre session as procedure code 5001 (i.e. insertion of new electrode)
938402	Extraction of transvenous permanent pacemaker electrodes, multiple leads	No		Prosthesis benefit is only payable where this procedure is performed during same theatre session as procedure code 5001 (i.e. insertion of new electrode).
938404	Insertion of automatic implantable cardioverter/ defibrillator, single chamber	No		For all procedures 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 25% of the third highest valued procedure
938405	Insertion of automatic implantable cardioverter/ defibrillator, dual chamber	No		For all procedures 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 25% of the third highest valued procedure
938406	Insertion of automatic implantable cardioverter/ defibrillator, biventricular	No		For all procedures 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 25% of the third highest valued procedure

## PAEDIATRIC CARDIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5034	Major consultation and trans-thoracic echocardiography, initial assessment of an infant or child under 16 with suspected heart disease, for the diagnosis or exclusion of complex congenital or acquired cardiac anomalies or where a detailed follow up examination is indicated. Also for adults with congenital heart disease assessed by a consultant Paediatric Cardiologist	No	Diagnostic, Side Room	Benefit includes pre-operative or post-operative assessment, or in the follow up of critical or severe heart disease including detailed segmental analysis assessment of visceral situs, 2D M-mode, Doppler (PW,CW and colour flow), assessment of myocardial function, pressure gradients, regurgitation including image acquisition, interpretation and report  For all procedures 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 25% of the third highest valued procedure
5036	Trans-thoracic echocardiography for congenital or acquired cardiac anomalies in children under 16; limited study for patients where the cardiac anatomy is known (e.g. follow up of valve stenosis) or in the evaluation or follow up of patients with predominantly non-cardiac problems (e.g. pre or post cancer chemotherapy, severe renal disease, overwhelming sepsis), where the assessment of myocardial and valvular function or exclusion of pericardial effusion is required	No	Diagnostic, Side Room	For all procedures 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 25% of the third highest valued procedure
5037	Trans-thoracic echocardiography, initial assessment of an infant or child, for the diagnosis or exclusion of complex congenital or acquired cardiac anomalies or where a detailed follow up examination is indicated. Also for adults with congenital heart disease assessed by a consultant Paediatric Cardiologist	No	Diagnostic, Side Room	Benefit includes pre-operative or post-operative assessment, or in the follow up of critical or severe heart disease including detailed segmental analysis assessment of visceral situs, 2D M-mode, Doppler (PW, CW and colour flow), assessment of myocardial function, pressure gradients, regurgitation including image acquisition, interpretation and report  For all procedures 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 25% of the third highest valued procedure
5089	Trans-oesophageal echocardiography for congenital cardiac anomalies in children under 16 years of age; including probe placement, image acquisition, interpretation and report	No	Diagnostic, Side Room	For all procedures 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 25% of the third highest valued procedure
5093	Paediatric cardiac catheterisation (left, right or both sides)	No	Diagnostic	For all procedures 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 25% of the third highest valued procedure
5094	Paediatric cardiac catheterisation and cardiac angiography combined	No	Diagnostic	For all procedures 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 25% of the third highest valued procedure
5132	Foetal echocardiography for the diagnosis or exclusion of cardiac anomalies in the foetus, including detailed segmental analysis, assessment of visceral situs (2D), M-mode, Doppler (PW & colour flow), assessment of myocardial function, regurgitation - including image acquisition, interpretation and report	No	Diagnostic, Side Room	For all procedures 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 25% of the third highest valued procedure

PTCA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5103	Transcatheter placement of intracoronary stent(s) (other than drug eluting stents), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel	No		For all procedures 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 25% of the third highest valued procedure
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	No		For all procedures 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 25% of the third highest valued procedure
5115	Percutaneous transcatheter closure of congenital interatrial communication (i.e. Fontan fenestration, atrial septal defect) with implant, including right heart catheterisation	No	Day Care	Procedure codes 5115 and 5119 include right heart catheterisation  For all procedures 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 25% of the third highest valued procedure
5116	Transcatheter placement of drug eluting stent(s), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel	No		For all procedures 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 25% of the third highest valued procedure
5117	Transcatheter placement of drug eluting stents, percutaneous, with or without other therapeutic intervention, with or without angiography, any method, more than one vessel	No		For all procedures 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 25% of the third highest valued procedure
5119	Percutaneous transcatheter closure of congenital ventricular septal defect with implant including right heart catheterisation	No		Procedure codes 5115 and 5119 include right heart catheterisation  For all procedures 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 25% of the third highest valued procedure
938409	Placement of drug eluting intracoronary stent(s), any method, single vessel - elective	No		Procedure codes 5206 and 5090 are not claimable with each other When one or more of the cardiology procedures performed on a patient during an admission to a hospital, (whether one or more Consultants are involved), benefit will be payable as follows: 100% of the highest valued procedure 50% of the second highest valued procedure 25% of the third highest valued procedure
938410	Placement of drug eluting intracoronary stents, any method, more than one vessel - elective	No		Procedure codes 5207 and 5090 are not claimable with each other When one or more of the cardiology procedures performed on a patient during an admission to a hospital, (whether one or more Consultants are involved), benefit will be payable as follows: 100% of the highest valued procedure 50% of the second highest valued procedure 25% of the third highest valued procedure

PTCA				
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
938411	Placement of non-drug eluting intracoronary stent(s), any method, more than one vessel - elective	No		<p>Procedure codes 5211 and 5090 are not claimable with each other</p> <p>When one or more of the cardiology procedures performed on a patient during an admission to a hospital, (whether one or more Consultants are involved), benefit will be payable as follows:</p> <ul style="list-style-type: none"> <li>100% of the highest valued procedure</li> <li>50% of the second highest valued procedure</li> <li>25% of the third highest valued procedure</li> </ul>

TAVI				
CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5133	Transcatheter aortic valve implantation (TAVI) for aortic stenosis (Edwards Sapien) (I.P.)	Yes	Independent Procedure	<p>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.</p> <p>Provide them with clear written information</p> <p>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</p> <p>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</p> <p>Such facilities must request approval from Irish Life Health for inclusion on the Irish Life Health list of such facilities</p> <p>For all procedures 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:</p> <ul style="list-style-type: none"> <li>100% of the highest valued procedure</li> <li>50% of the second highest valued procedure</li> <li>25% of the third highest valued procedure</li> </ul>