Irish Life health

Schedule of Benefits

for Professional Fees 2021

Cardiology

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
936699	Consultant Cardiologist Private Rooms Technical Fee	No		An all-inclusive technical fee to the consultant, to be charged in conjunction with specified Schedule of Benefits procedure professional fee - payable at 100% of the stated amount in addition to procedure professional fee. Applicable only where a procedure is performed in the consultants own rooms and no invoice for a hospital/ scan centre/ approved ILH facility (as listed in the members handbook) is received Payable in conjunction with procedure codes outlined in the ground rules

ABLATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5960	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	No		
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		
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		
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 transseptal catheterisation) (I.P.)	No	Independent Procedure	Procedure codes 5961, 5024 and 5029 may not be claimed in conjunction with procedure code 5502.
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	Not claimable with code 5080 or 5090, or with angioplasty or coronary stenting.
5080	Cardiac catheterisation, left, right or both sides (I.P.)	No	Independent Procedure, Diagnostic, Day Care	Not claimable with code 5058 or 5090, or with angioplasty or coronary stenting.
5090	Cardiac catheterisation and coronary angiography, with or without ventriculography	No	Diagnostic, Day Care	Not claimable with code 5058 or 5080, or with angioplasty or coronary stenting.

ANGIOGRAM

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5200	Transeptal left heart catheterisation (I.P.)	No	Independent 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		
938408	Elective coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing	No		Procedure codes 938408 and 5090 are not claimable with each other.

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	No	Side Room	Not payable for any other indication except as stated
5022	Cardiovascular stress test with pharmaceutical/ chemical agent(s)	No		Includes IV administration, echocardiography, ECG with consultant cardiologist in constant attendance

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)	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. See codes for full descriptions

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 are not payable in addition to 5109 (b) 5109 is not claimable when performed intraoperatively

ECHOCARDIOGRAPHY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5108	Cardiac ultrasound, (echocardiography)	No	Diagnostic	Where code 5108 is performed on an out-patient basis the professional fee will be direct settled As this is an out-patient only procedure there should NOT be a technical fee. Any technical fee incurred is only recoverable as an out-patient radiology expense subject to policy benefits (a) 5108 or 5008 are not payable in addition to 5109 (b) 5109 is not claimable when performed intraoperatively
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	5108 or 5008 is not payable in addition to 5109. 5109 is not claimable when performed intraoperatively. When this test is performed 4 hours or more prior to surgery, then it is claimable in addition to the surgery 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 5071,5072, 5073, 5074, 5076, 5077
5502	Comprehensive electrophysiological 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	

PACEMAKERS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5053	Subcutaneous implantation of a patient-activated cardiac event loop recorder with memory, activator and programmer, including electronic analysis of implantable loop recorder system (ILR), (includes retrieval of recorded and stored ECG data)	No	Side Room	
5054	Removal of implantable, patient-activated cardiac event loop recorder (where the original implantation met the conditions of payment)	No	Side Room	Maximum once every 7 years, stimulator or modulator or battery replacement performed within that period will not be payable
5063	Removal of single or dual chamber pacing cardioverter/ defibrillator electrode(s); by transvenous extraction	No		
5065	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter	No		
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
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
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

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
5076	Insertion, replacement or repositioning of permanent transvenous electrode(s) only; single chamber	No		15 days or more after initial insertion
5077	Insertion, replacement or repositioning of permanent transvenous electrode(s) only; dual chamber	No		15 days or more after initial insertion
938400	Insertion or repositioning of permanent transvenous cardiac electrode(s) and lead(s)	No		15 days or more after initial insertion
938401	Extraction of transvenous permanent pacemaker electrode - single lead	No		15 days or more after initial insertion. Prosthesis benefit is only payable where this procedure is performed during same theatre session as procedure code 938400 (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 938400 (i.e. insertion of new electrode).
938404	Insertion of automatic implantable cardioverter/ defibrillator, single chamber	No		
938405	Insertion of automatic implantable cardioverter/ defibrillator, dual chamber	No		
938406	Insertion of automatic implantable cardioverter/ defibrillator, biventricular	No		

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	
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	

PAEDIATRIC CARDIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5093	Paediatric cardiac catheterisation (left, right or both sides)	No	Diagnostic	
5094	Paediatric cardiac catheterisation and cardiac angiography combined	No	Diagnostic	
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	

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		
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		
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 are inclusive of right heart catheterisation
5116	Transcatheter placement of drug eluting stent(s), percutaneous, with or without other therapeutic intervention, with or without angiography, any method, single vessel	No		
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		
5119	Percutaneous transcatheter closure of congenital ventricular septal defect with implant including right heart catheterisation	No		Procedure codes 5115 and 5119 are inclusive of right heart catheterisation
938409	Placement of drug eluting intracoronary stent(s), any method, single vessel - elective	No		Procedure codes 938409 and 5090 are not claimable with each other.
938410	Placement of drug eluting intracoronary stents, any method, more than one vessel - elective	No		Procedure codes 938410 and 5090 are not claimable with each other.
938411	Placement of non-drug eluting intracoronary stent(s), any method, more than one vessel - elective	No		

TAVI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5133	Transcatheter Aortic Valve Implantation (TAVI) for aortic stenosis - Edwards Sapien approach (I.P.) Please note different reimbursement rates for Allegra TAVI - see Code 935133	Yes	Independent Procedure	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 anaesthesiologist 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.

TAVI

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
935133	Transcatheter Aortic Valve Implantation (TAVI) for aortic stenosis - Allegra approach (I.P.)	Yes	Independent Procedure	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 anaesthesiologist 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.