



Irish Life
health

**Schedule
of Benefits**
for Professional
Fees 2021

Dermatology

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
811599	Consultant Dermatologist 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
811598	Consultant Dermatologist Private Rooms Technical Fee - Warts and Cryotherapy	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

ABSCCESS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1560	Incision and drainage of pilonidal abscess	No		1 night only
1663	Drainage of abscess or haematoma, (deep tissues) requiring general anaesthetic	No		

BONE MARROW

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4281	Bone marrow aspiration	No	Diagnostic, Side Room	
4282	Bone marrow biopsy	No	Diagnostic, Side Room	
4286	Bone marrow harvesting (I.P.)	No	Independent Procedure	
4287	Bone marrow aspiration and biopsy	No	Diagnostic, Side Room	

EXCISIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1507	Excision and repair of angioma of skin and subcutaneous tissue or mucous surfaces	No	Side Room	
1531	Biopsies of the skin, subcutaneous tissue and/ or mucous membrane including simple closure (I.P.)	No	Independent Procedure	The areas biopsied must be specified on the claim form
1550	Malignant melanoma, wide excisional biopsy	No	Side Room	A copy of the histology report for all claims for this procedure must be available for review on request
1551	Malignant melanoma, wide excisional biopsy with flap or graft repair	No	Day Care	If grafting is performed, the donor site must be specified on the claim form and a copy of the histology report for all claims for this procedure must be included with the claim
1561	Pilonidal sinus or cyst, excision of	No	Day Care	
1562	Pilonidal sinus, excision of, with rhomboid flap/ z-plasty for closure of large defect; multiple layer closure	No		1 night only
1575	Basal cell carcinoma/ squamous cell carcinoma/ non melanoma - simple excision	No	Side Room	A copy of the histology report for all claims for this procedure must be included with the claim
1576	Basal cell carcinoma/ squamous cell carcinoma/ non melanoma, excision and graft or local flap	No	Side Room	If grafting is performed, the donor site must be specified on the claim form and a copy of the histology report for all claims for this procedure must be included with the claim For this procedure (code 1576), if an earlier excision or biopsy (code 1575 or 1509) was performed within 6 weeks and the histology report confirmed BCC or SCC, then this code may be claimed for the second procedure when repair is carried out in accordance with this codes description, with or without additional margin excision The original histology report that confirming the earlier diagnosis of BCC or SCC must be included with the claim form
1591	Hydradenitis suppurativa, excision and suture	No	Side Room	
1592	Hydradenitis suppurativa, excision and graft	No		
1593	Hydradenitis suppurativa, extensive debridement	No	Day Care	
4290	Chondroma, removal of	No	Day Care	
4546	Keloids and hypertrophic scars (I.P.)	No	Independent Procedure, Side Room	
254105	Genital biopsy (male or female) (I.P.)	No	Independent Procedure, Side room	
825000	Biopsies of the skin, subcutaneous tissue and/ or mucous membranes, any method multiple lesions (I.P.)	No	Independent Procedure	

MOHS SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1581	Mohs micrographic technique, first layer (stage) for removal of lesions from head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves or vessels; up to five tissue blocks. (If the tissue layer is large enough that it must be cut into six or more specimens producing six or more blocks of tissue in order to examine the entire surgical margin, then use code 1596 for each block beyond the first five)	No	Side Room	<p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours with ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p>
1582	Each additional layer (stage) after the first layer (stage) claimed under 1581, up to 5 tissue blocks	No	Side Room	<p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours with ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p>

MOHS SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1583	Mohs micrographic technique, including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the consultant, of the trunk, arms, or legs; first layer (stage), up to 5 tissue blocks.	No	Side Room	<p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>/= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours with ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p>
1584	Each additional layer (stage) after the first layer (stage) claimed under code 1583, up to 5 tissue blocks	No	Side Room	<p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>/= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours with ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p>

MOHS SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1596	Each additional block after the first 5 tissue blocks, any layer (stage)	Yes	Side Room	<p>Benefit is payable in full in conjunction with 1581 to 1584. Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>/= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours with ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p>
1597	Repair by layered closure associated with Mohs surgery, head and neck, all sizes	No	Side Room	<p>Benefit shown is payable in full Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>/= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours with ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p>

MOHS SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1598	Repair by layered closure associated with Mohs surgery, non-head and neck, all sizes	No	Side Room	<p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>/= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours will ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p>
1599	Adjacent tissue transfer or rearrangement or full thickness graft, free (incl direct closure of donor site) associated with Mohs surgery, (e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap), head, neck, all sizes	No	Side Room	<p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>/= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours will ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowens disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant Dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request. <p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597 or 1598, which is payable in full with the Mohs codes listed, In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p>

PORT WINE STAINS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
158711	Laser treatment to port wine stains only, one to three sessions - per session fee	No	Independent Procedure, Side Room	Photographic evidence must be supplied on request Number and dates of sessions must be included on claim form
158712	Laser treatment to port wine stains only, sessions four to six - per session fee	No	Independent Procedure, Side Room	Photographic evidence must be supplied on request Number and dates of sessions must be included on claim form
158713	Laser treatment to port wine stains only, sessions 7 and subsequent - per session fee	No	Independent Procedure, Side Room	Photographic evidence must be supplied on request Number and dates of sessions must be included on claim form

WOUNDS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1578	Wounds or ulcers requiring debridement when it is medically necessary to perform the procedure under general anaesthetic (I.P.)	No	Independent Procedure, Day Care	
1603	Wounds greater than 7.5cm in total length, suture or staple of lacerated or torn tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	Independent Procedure, Side Room	For procedure code 1601, 1602, 1603, benefit includes wound closure by tissue adhesives (e.g. Two-cyanoacrylate) either singly or in combination with sutures or staples or in combination with adhesive strips. Wound closures utilising adhesive strips as the sole repair material may only be claimed under our out-patient products.

WOUNDS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1604	Adjacent tissue transfer/ rearrangement/ full thickness graft, free (incl direct closure of donor site) associated with Mohs surgery, (e.g. Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap), non-head and neck, all sizes	No	Side Room	<p>If repair requiring adjacent tissue transfer or multi-layered closure (involving deeper layers in addition to epidermal and dermal closure, with or without undermining) is performed, use ONE of code 1597, 1598, 1599 or 1604 which is payable in full with the Mohs codes listed. In some cases the repair may be carried out by consultant plastic surgeon. If an in-patient stay is medically necessary for extensive repairs, this should be fully documented on the claim form. Each case will be assessed on an individual case basis.</p> <p>Conditions of payment for code 1581, 1582, 1583, 1584, 1596, 1597 and 1598:</p> <ol style="list-style-type: none"> (1) Lesions located in anatomic areas with high risk of recurrence of tumour. These areas would include involvement of the face, especially around nose, eyes, mouth and central third of face, external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas; (2) Areas of important tissue preservation, including the face, ears, hands, feet, perianal and genitals; (3) Recurrent or incompletely excised malignant lesions, regardless of anatomic regions; (4) Previously irradiated skin areas in any anatomic region; (5) For exceptionally large (>/= 2cm in diameter) or rapidly growing lesions in any anatomic region; (6) tumours with aggressive histological patterns: basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinising), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC): squamous cell carcinomas (SCC) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal or perivascular; (7) Tumours with ill defined borders; (8) SCC associated with high risk of metastasis, including those arising in the following; Bowsen disease (SCC in-situ); discoid lupus erythematosus; chronic osteomyelitis; lichen sclerosis et atrophicus; thermal or radiation injury; chronic sinuses and ulcers; and adenoid type lesions (9) The consultant performing Mohs surgery - usually a consultant dermatologist - must have a special interest in Mohs surgery as demonstrated by <ol style="list-style-type: none"> (a) having completed a recognised fellowship training in Mohs surgery of a duration of at least one year in an approved training centre (b) providing Irish Life Health with a letter from the training programme director certifying that the consultant has practised Mohs surgery on a multitude of skin cancer types and achieved an in-depth experience in reconstruction such that the consultant can practise Mohs unsupervised (c) providing Irish Life Health with a training log of completed Mohs surgery cases validated by the training programme director - on request.
1620	Complex wound(s) repair, (torn, crushed, deep) lacerations or avulsions requiring prolonged debridement and irrigation, extensive undermining and/or trimming of defect edges and multi-layered closure (involving deeper layers in addition to skin closure) with or without stents or retention sutures (I.P.)	No	Independent Procedure, Day Care	