



Irish Life
health

Schedule
of Benefits
for Professional
Fees 2021

Orthopaedics

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
276699	Consultant Orthopaedic Surgeon 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

AMPUTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3140	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure (use also for traumatic amputations)	No		
3145	Amputation of two or more fingers	No		
3280	Amputation through forearm	No		
3415	Amputation through arm	No		
3464	Fore-quarter amputation	No		
3645	Above knee amputation	No		
3690	Hind-quarter amputation	No		
3790	Below knee amputation	No		
4255	Trans-metatarsal amputation of foot	No		
4260	Trans-metatarsal amputation of one toe	No		
4261	Trans-metatarsal amputation of two or more toes	No		
4330	Trimming of stump following amputation of limb	No		

ANKLE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3955	Arthrodesis of ankle joint	No		
3956	Arthroscopy, ankle, with or without removal of loose body or foreign body, with or without synovectomy, debridement (I.P.)	No	Independent Procedure, Day Care	
3961	Arthroscopy, ankle, excision of osteochondral defect of talus and/ or tibia, including drilling of the defect (I.P.)	No	Independent Procedure	1 night only

ANKLE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3962	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (I.P.)	No	Independent Procedure	
3963	Arthroscopy, subtalar joint, with subtalar arthrodesis (I.P.)	No	Independent Procedure	
3965	Internal fixation of fracture of medial or lateral malleolus (1st degree Pott's fracture)	No		
3970	Internal fixation of fracture of posterior malleolus without fracture of other malleolus	No		
3971	Open treatment of bimalleolar ankle fracture, with or without internal fixation	No		
3972	Fracture of trimalleolar ankle fracture with or without internal or external fixation, medial and/ or lateral malleolus; with fixation of posterior lip	No		
3975	Closed reduction of Pott's fracture.	No		
3976	Closed reduction, manipulation of dislocated ankle joint, with or without percutaneous skeletal fixation	No		
3980	Synovectomy and debridement	No	Day Care	
3985	Synovial biopsy, ankle	No	Diagnostic, Day Care	
3986	Open reduction and internal fixation of Talar fracture	No		
3990	Elongation of achilles tendon	No		
3995	Repair of achilles tendon	No		
4000	Tendon transplants of the ankle joint and foot (multiple)	No		
4005	Tendon transplants of the ankle joint and foot (single)	No		
4010	Open reduction of traumatic fracture and dislocation	No		
4015	Watson Jones operation for unstable ankle	No		

ARTHROCENTESIS / INJECTIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4321	Arthrocentesis, one or more injections at the same session, children aged 12 to 16; small, intermediate or large joint (I.P.)	No	Independent Procedure, Day Care	
4322	Arthrocentesis, children aged under 12; less than 4 injections at the same session to knee, wrist, elbow, ankle and/ or shoulder joint (I.P.)	No	Independent Procedure, Day Care	
4323	Arthrocentesis, children aged under 12; 4 or more injections at the same session to knee, wrist, elbow, ankle and/ or shoulder joint (I.P.)	No	Independent Procedure, Day Care	
4324	Arthrocentesis, children aged under 12; less than 4 injections at the same session, using image guidance, to hip, finger and/ or toe joint (I.P.)	No	Independent Procedure, Day Care	

ARTHROCENTESIS / INJECTIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4326	Arthrocentesis, children aged under 12; 4 or more injections at the same session, using image guidance, to hip, finger and/ or toe joints (I.P.)	No	Independent Procedure, Day Care	
4331	Injection, tendon sheath, ligament, or ganglion cyst (I.P.)	No	Independent Procedure, Side Room	

ARTHROPLASTIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3045	Arthroplasty, using joint prosthesis, single (I.P.)	No	Independent Procedure	
3050	Arthroplasty, using joint prosthesis, two joints (I.P.)	No	Independent Procedure	
3055	Arthroplasty, using joint prosthesis, more than two joints (I.P.)	No	Independent Procedure	
3165	Arthroplasty (I.P.)	No	Independent Procedure	
3181	Trapezial joint replacement	No		
3300	Arthroplasty forearm & elbow (I.P.)	No	Independent Procedure	
3409	Shoulder replacement, total includes reverse total shoulder arthroplasty (I.P.)	No	Independent Procedure	
3655	Arthroplasty of hip using prosthesis, bilateral (I.P.)	No	Independent Procedure	
3660	Arthroplasty of hip using prosthesis, unilateral (I.P.)	No	Independent Procedure	
3661	Revision of total hip arthroplasty, acetabular and femoral components with or without autograft or allograft (I.P.)	No	Independent Procedure	
3909	Prosthetic replacement (total) of knee joints, bilateral (I.P.)	No	Independent Procedure	
3910	Prosthetic replacement (total) of knee joint, unilateral (I.P.)	No	Independent Procedure	
3911	Revision of arthroplasty of knee joint, with or without allograft, one or more components (I.P.)	No	Independent Procedure	
3913	Bilateral patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)	No	Independent Procedure	
3914	Patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)	No	Independent Procedure	
3957	Arthroplasty (ankle) (I.P.)	No	Independent Procedure	
3958	Arthroplasty, ankle with implant, total ankle (I.P.)	No	Independent Procedure	
3959	Arthroplasty and revision, total ankle (I.P.)	No	Independent Procedure	
4181	Metatarsal unilateral replacement with prosthesis (I.P.)	No	Independent Procedure	
275901	Metatarsal bilateral joint replacement with prosthesis (I.P.)	No	Independent Procedure	

ARTHROPLASTIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
232744	Prosthetic replacement (total) of hip and knee joint, unilateral (I.P.)	No	Independent Procedure	
233409	Revision shoulder replacement, total includes reverse total shoulder arthroplasty	No		
234706	Shoulder replacement, hemiarthroplasty (humeral head prosthesis) (I.P.)	No	Independent Procedure	
272812	2 stage revision of total hip replacement for infection - first stage	No		
272813	2 stage revision of total hip replacement for infection - second stage	Yes		
275817	2-stage revision of total knee replacement for infection - first stage	No		
275818	2-stage revision of total knee replacement for infection - second stage	Yes		
275819	Combined hip arthroscopy, with acetabuloplasty includes labral repair and loose body removal if performed, with femoroplasty including loose or foreign body removal if performed (I.P.)	No	Independent Procedure	1 night only. Cannot be charged in conjunction with codes 3654 or 3658
275821	Unicompartmental knee arthroplasty unilateral (I.P.)	No	Independent Procedure	
275822	Unicompartmental knee arthroplasty bilateral (I.P.)	No	Independent Procedure	

CONGENITAL TALIPES EQUINOVARUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4019	Astragalectomy	No		
4020	Dwyer's valgus osteotomy	No		
4025	Manipulation and plaster fixation	No	Day Care	
4030	Manipulation and strapping	No	Day Care	
4035	Rotation osteotomy of tibia	No		
4040	Soft tissue release	No		
4045	Tarsal osteotomy	No		
4050	Tendon transplant, single	No		
4051	Tendon transplant, multiple	No		

EXTERNAL FIXATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4305	Partial excision of osteomyelitic bone (e.g. sequestrectomy, diaphysectomy), long bones, with or without bone grafting (I.P.)	No	Independent Procedure	Not for bone biopsy

EXTERNAL FIXATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4306	Application of uniplanar external fixation system, for the treatment of complex peri-articular and intra-articular fractures, or non unions and correcting deformity following malunited fractures, unilateral (e.g. extremity, pelvis)	No		
4307	Application of multiplane external fixation system, for the treatment of complex peri-articular and intra-articular fractures, or non unions and correcting deformity following malunited fractures, unilateral (e.g. extremity, pelvis)	No		
4308	Adjustment or revision of external fixation system requiring general anaesthetic, uniplanar or multiplane	No		
4309	External fixation system (uniplanar or multiplane as in procedure codes 4306 and 4307) removal under general anaesthetic	No	Day Care	

FOOT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4060	Arthrodesis of all interphalangeal joints (Lambrinudi), unilateral	No		
4065	Arthrodesis of all interphalangeal joints (Lambrinudi), bilateral	No		
4070	Arthrodesis of first metatarsophalangeal joint (I.P.)	No	Independent Procedure	1 night only
4075	Arthrodesis triple, in all its forms	No		
4080	Pantalar arthrodesis	No		
4085	Operations for claw foot (Steindler) muscle stripping	No		
4090	Unilateral removal of exostosis of first metatarsal	No	Day Care	This code cannot be charged in conjunction with codes 4095, 4182, 4184
4095	Unilateral removal of exostosis of first metatarsal, bilateral	No		This code cannot be charged in conjunction with codes 4090, 4182, 4184
4100	Operation for flat foot involving joint fusion	No		
4101	Flexor tenotomy, single (foot)	No	Day Care	
4102	Flexor tenotomy, multiple (foot)	No	Day Care	
4103	Internal fixation of fracture of hind foot, unilateral	No		
4104	Internal fixation of fracture of hind foot, bilateral	No		
4105	Fracture of phalanges and/ or metatarsals, closed reduction of (I.P.)	No	Independent Procedure, Day Care	
4106	Open treatment of calcaneal or talus fracture with or without internal or external fixation	No		
4107	Percutaneous skeletal fixation of metatarsal fracture with manipulation	No		
4108	Open treatment of metatarsal fracture, with or without internal or external fixation	No		
4110	Fracture of phalanx and/ or metatarsal, single, internal fixation of	No		This code cannot be charged in conjunction with code 4135

FOOT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4115	Fracture of phalanges and/ or metatarsals, multiple, internal fixation of	No		
4120	Excision of ganglion of foot	No	Day Care	
4125	Unilateral operation of hallux valgus and follow up, other than simple removal of exostosis	No		1 night only
4130	Bilateral operation of hallux valgus and follow up, other than simple removal of exostosis, bilateral, operation for	No		
4135	Correction of hammertoe, unilateral	No	Day Care	This code cannot be charged in conjunction with code 4110
4140	Correction of hammertoe, bilateral	No		1 night only
4141	Hammertoe, correction of, three or more toes, unilateral or bilateral (I.P.)	No	Independent Procedure	
4145	Grice's operation, subtalar bone block	No		
4161	Initial pledget insertion for infected ingrowing toe nail, under general anaesthetic, in children under 16 years of age (I.P.)	No	Independent Procedure, Day Care	
4162	Tarsal tunnel release (posterior tibial nerve decompression)	No		
4170	Laprau's operation to correct position of toe	No		
4175	Metatarsal heads, excision of all, and plastic correction of sole, unilateral (Hoffmans)	No		
4180	Metatarsal heads, excision of all, and plastic correction of sole, bilateral (Hoffman's)	No		
4182	Metatarsal osteotomy, unilateral	No	Day Care	Where these procedures are done in an out-patient setting there is an enhanced surgeon fee - see Minor Procedure Schedule
4183	Metatarsal osteotomies, bilateral	No		1 night only
4184	Chevron osteotomy, single	No		1 night only. This code cannot be charged in conjunction with code 4090, 4095, 4182
4185	Os calcis, osteotomy of (Dwyer)	No		
4190	Os calcis and bursa, posterior exostosis of, unilateral removal of	No		
4195	Os calcis and bursa, posterior exostosis of, bilateral, removal of	No		
4200	Excision or division of plantar fascia, , unilateral	No	Day Care	
4205	Excision or division of Pplantar fascia, bilateral	No		
4215	Stamm's operation, unilateral	No		
4220	Stamm's operation, bilateral	No		
4225	Talectomy	No		
4230	Tarsal osteotomy	No		
4235	Tendon transplantation of the foot, multiple	No		
4240	Tendon transplantation of the foot, single	No		

FOOT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4245	Tendon transplantation, flexor and extensor all toes, unilateral	No		
4250	Tendon transplantation, flexor and extensor all toes, bilateral	No		

FOREARM AND ELBOW

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3285	Repair of annular ligament	No		
3290	Anterior capsulotomy and excision (myositis ossificans)	No		
3295	Arthrodesis of elbow joint (I.P.)	No	Independent Procedure	
3296	Arthroscopy, elbow, diagnostic, with or without synovial biopsy, removal of loose body or foreign body, synovectomy, debridement (I.P.)	No	Independent Procedure, Day Care	
3297	Arthroscopy, elbow, includes extensive debridement to all parts of the elbow joint, with complete synovectomy (osteocapsular arthroplasty) (I.P.)	No	Independent Procedure	
3315	Drainage of elbow joint	No		
3316	External fixation, upper limb	No		
3320	Closed reduction and plaster of paris for fracture forearm (complete)	No	Day Care	
3325	Closed reduction and plaster of paris for greenstick fracture (complete)	No		
3330	Closed manipulation of fracture about elbow	No		
3335	Open reduction of forearm/ elbow fracture dislocation	No		
3340	Open reduction of fracture of forearm bones	No		
3341	Open reduction, internal fixation and bone grafting forearm/ elbow	No		
3345	Open reduction of fracture of lateral condyle	No		
3350	Open reduction of fracture of medial condyle	No		
3355	Closed reduction of supracondylar fracture	No		
3360	Fracture, olecranon, screwing of	No		
3365	Closed treatment of elbow dislocation (I.P.)	No	Independent Procedure	
3370	Ulnar nerve transplant	No		
3375	Removal of olecranon bursa	No	Day Care	
3380	Radius, excision of head of	No		
3381	Silastic interposition of radial head	No		

FOREARM AND ELBOW

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3385	Open synovectomy of elbow joint	No		
3390	Tendon transplants of the elbow	No		
3395	Removal of tendon sheaths in forearm	No	Day Care	
3400	Tennis elbow, advancement of extensor muscles	No	Day Care	
3406	Decompression fasciotomy, forearm and/ or wrist flexor or extensor compartment; with or without debridement of non-viable muscle and/ or nerve	No		

HAND

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3035	Abscess or infected tendon sheath of palmar spaces, drainage of	No		
3039	Debridement/ synovectomy of metacarpophalangeal and/ or proximal interphalangeal joints, more than two joints	No		
3040	Arthrodesis of joint (I.P.)	No	Independent Procedure, Day Care	
3041	Arthrodesis of the carpometacarpal joint of the thumb using bone graft	No		
3070	Bursectomy	No		
3075	Multiple excision of benign bone tumours, with or without bone graft	No		
3080	Single, excision of benign bone tumour, with or without bone graft	No		
3085	Excision of exostosis	No	Day Care	
3095	Fracture of phalanges and/ or metacarpals, closed reduction (I.P.)	No	Independent Procedure, Day Care	
3100	Internal fixation of fracture of phalanx, single,	No	Day Care	
3105	Internal fixation of fracture of phalanges, multiple	No		
3106	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation when performed, for complex crush injuries requiring bone reconstruction	No		
3110	Surgical removal of ganglion or mucous cyst of hand (includes repair) (I.P.)	No	Independent Procedure, Side Room	
3115	Manipulation for dislocation of metacarpophalangeal joint (I.P.)	No	Independent Procedure, Side Room	
3125	Removal of all nails	No	Side Room	Where these procedures are done in an out-patient setting there is an enhanced surgeon fee - see Minor Procedure Schedule
3126	Debridement and repair of nail bed, for simple crush injuries	No	Side Room	
3135	Excision of synovioma	No	Day Care	
3136	Tendon repair, flexor-double, hand	No		

HAND

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3150	Correction of trigger finger	No	Day Care	
4061	Arthroscopy of metacarpophalangeal joint, with or without biopsy (I.P.)	No	Independent Procedure	1 night only
4062	Debridement/ synovectomy of , metacarpophalangeal and/ or proximal interphalangeal joint, one or two joints (I.P.)	No	Independent Procedure	1 night only
4063	Arthroscopic repair of displaced MCP ulnar collateral ligament (e.g. Stener lesion) (I.P.)	No	Independent Procedure	

HIP AND FEMUR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3630	Acetabuloplasty, shelf operation	No		
3631	Internal fixation of acetabular fractures	No		
3635	Manipulation for acute dislocation	No		
3636	Congenital dislocation of hip, examination under anaesthetic (EUA) and plaster of paris (POP) (I.P.)	No	Independent Procedure, Day Care	
3640	Open reduction of acute dislocation or fracture dislocation hip/ femur	No		
3650	Arthrodesis, hip/ femur	No		
3654	Arthroscopy hip, with acetabuloplasty (i.e. treatment of pincer lesion) includes labral repair and loose body removal if performed	No		1 night only. Cannot be charged in conjunction with code 3658 - see code 275819
3656	Arthroscopy hip, diagnostic; with or without synovial biopsy (separate procedure) (I.P.)	No	Independent Procedure	1 night only
3657	Arthroscopy, hip, with synovectomy (I.P.)	No	Independent Procedure	1 night only
3658	Arthroscopy hip, with femoroplasty (i.e. treatment of cam lesion) includes loose or foreign body removal if performed	No		1 night only. Cannot be charged in conjunction with code 3654 - see code 275819
3659	Arthroscopy hip, with removal of loose/ foreign body, debridement/ shaving of articular cartilage (chondroplasty), abrasion arthroplasty and/ or resection of labrum (I.P.)	No	Independent Procedure	1 night only
3665	Arthrotomy for loose body	No		
3675	Corrective osteotomy with or without internal fixation	No		
3680	Curettage of greater trochanter and bursectomy	No		
3695	Drainage of hip joint for acute infection (I.P.)	No	Independent Procedure	
3700	Exostosis of femoral neck in slipped femoral epiphysis, excision of (I.P.)	No	Independent Procedure	For patients < 18 years only
3705	Femoral condyle, osteotomy of (I.P.)	No	Independent Procedure	
3709	Fractured femur, hemiarthroplasty	No		
3710	Open reduction with internal fixation for fractured shaft of femur	No		

HIP AND FEMUR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3715	Closed reduction, with traction for fractured shaft of femur	No		
3720	Open reduction of fractured femur (supracondylar)	No		
3723	Fractured shaft of femur, closed intramedullary nailing	No		
3724	Fractured shaft of femur closed intramedullary, interlocking nail	No		
3725	Fracture of neck of femur, intramedullary nail fixation of	No		
3729	Repair, non union or malunion, femur, distal to head and neck with iliac or other autogenous bone graft (includes obtaining graft)	No		
3730	Fracture of femur (per trochanteric or introchanteric) intramedullary nail fixation of	No		
3731	Open treatment of anterior ring fracture and/ or dislocation with internal fixation, (includes pubic symphysis and/ or rami)	No		
3732	Open treatment of posterior ring fracture and/ or dislocation with internal fixation, (includes ilium, sacro-iliac joint and/ or sacrum)	No		
3733	External fixation of a pelvic fracture	No		
3735	Soft tissue operations for correction of a hip deformity, (I.P.)	No	Independent Procedure	
3745	Manipulation of hip, closed, requiring general anaesthetic	No	Day Care	
3750	Open reduction and/ or rotation osteotomy	No		
3751	Open reduction, pelvic osteotomy and femoral shortening	No		
3755	Pelvic osteotomy	No		
3756	Modified innominate osteotomy including bone graft	No		
3760	Pseudoarthroplasty of hip (Girdlestone)	No		
3765	Fixation of slipped femoral epiphysis, intramedullary nail	No		
3770	Sstapling of slipped femoral epiphysis, lower end	No		
3775	Synovectomy of hip joint and debridement (I.P.)	No	Independent Procedure	
3785	Transplantation of psoas muscle to greater trochanter (Mustard's or Sherrard's)	No		

HUMERUS AND SHOULDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3401	Arthroscopy, shoulder, with lysis and resection of adhesions, and/ or removal of loose body or foreign body, and/ or synovectomy or bursectomy, and/ or debridement with or without manipulation	No		Not claimable with codes 3402, 3408, 3411 or 3415
3402	Arthroscopic suture capsulorrhaphy for anterior shoulder instability	No		Not claimable with codes 3401, 3408, 3411, 3415 - see code 238069

HUMERUS AND SHOULDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3403	Arthroscopy, shoulder, diagnostic with or without synovial biopsy (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
3404	Acromioplasty	No		
3405	Excision of open acromio-clavicular joint	No		
3407	Arthroscopy, shoulder, repair of SLAP lesion (I.P.)	No	Independent Procedure	
3408	Arthroscopy, shoulder, with rotator cuff repair	No		1 night only. Not claimable with codes 3401, 3402, 3411, 3414 or 3416 - see code 238069
3410	Open reduction of acromio-clavicular joint	No		
3411	Arthroscopic subacromial decompression	No		1 night only. Not claimable with codes 3401, 3403, 3408, 3412, 3413 or 3416
3412	Arthroscopic excision outer end of clavicle	No		Not claimable with codes 3408, 3411 or 3413
3413	Arthroscopic excision outer end of clavicle/ subacromial decompression	No		1 night only. Not claimable with codes 3403, 3408, 3411, 3412, 3416 or 238067
3414	Arthroscopy, shoulder, biceps tenodesis	No		Not claimable with code 3401, 3416 - see code 238072
3416	Arthroscopy, shoulder, with rotator cuff repair and decompression of subacromial space by bursectomy and/ or acromioplasty	No		Not claimable with codes 3401, 3402, 3408, 3411, 3414 - see code 238072
3420	Arthrodesis, humerus/ shoulder	No		
3430	Biopsy, synovial, humerus/ shoulder (I.P.)	No	Independent Procedure, Diagnostic	
3435	Capsulotomy (acute capsulitis)	No		
3440	Disarticulation, humerus/ shoulder	No		
3445	Dislocation, open reduction of, humerus/ shoulder (I.P.)	No	Independent Procedure	
3450	Manipulation under general anaesthetic (MUA) for acute dislocation to humerus/ shoulder	No	Day Care	
3455	Open operation for recurrent dislocation of humerus/ shoulder (I.P.)	No	Independent Procedure	
3456	Latarjet procedure including diagnostic arthroscopy (I.P.)	No	Independent Procedure	
3457	Open shoulder stabilisation (labral/ capsular repair) for multidirectional instability including examination under anaesthesia (EUA) and arthroscopy (I.P.)	No	Independent Procedure	
3465	Closed reduction of fractured clavicle	No		
3470	Open reduction of fractured clavicle	No		
3471	Open reduction internal fixation and bone grafting non union of a fracture of the clavicle	No		
3475	Open reduction with internal fixation for fractured humerus	No		
3480	Open reduction and bone graft for fractured humerus,	No		
3485	Closed reduction of fractured humerus	No		

HUMERUS AND SHOULDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3495	Manipulation of shoulder joint under general anaesthetic (I.P.)	No	Independent Procedure, Day Care	
3500	Open repair of capsule (in rotator cuff injuries) humerus/ shoulder (I.P.)	No	Independent Procedure	
3510	Subacromial bursectomy (I.P.)	No	Independent Procedure	
3515	Tendon transplant of shoulder	No		
234936	Superior capsular reconstruction (I.P.)	No	Independent Procedure	
238067	Shoulder arthroscopy (glenohumeral) with additional decompression of subacromial space via different port, lysis/ resection of adhesions, removal of loose/ foreign body, synovectomy +/- debridement (I.P.)	No	Independent Procedure	1 night only
238069	Combined arthroscopic suture capsulorrhaphy for anterior shoulder instability and arthroscopic subacromial decompression (I.P.)	No	Independent Procedure	Cannot be charged in combination with codes 3402, 3403 or 3411
238072	Arthroscopy, shoulder, with rotator cuff repair, biceps tenodesis and decompression of subacromial space by bursectomy and/ or acromioplasty (I.P.)	No	Independent Procedure	Cannot be charged in combination with codes 3414 or 3416

KNEE AND LOWER LEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3795	Arthrodesis, knee	No		
3815	Excision of Baker's cyst	No	Day Care	
3816	Bone transportation	No		
3817	Removal of fixator device, tibia	No	Day Care	
3818	Arthroscopy knee, with lateral release	No	Day Care	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3819	Arthroscopy knee, diagnostic, with or without synovial biopsy (I.P.)	No	Independent Procedure, Day Care, Diagnostic	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3820	Removal of knee cartilage(s)	No	Day Care	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.

KNEE AND LOWER LEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3821	Arthroscopy and removal of cartilage, knee, with meniscectomy (medial or lateral including meniscal shaving) including debridement/ shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed (I.P.)	No	Independent Procedure, Day Care	Cannot be charged in conjunction with code 3838. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form
3822	Arthroscopy knee, removal of loose body or foreign body, synovectomy, debridement (I.P.)	No	Independent Procedure, Day Care	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3825	Corrective osteotomy of tibia in region of knee	No		
3830	Corrective osteotomy of tibia in region of ankle	No		
3831	Arthroscopy knee, osteochondral autograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)	No	Independent Procedure	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. An ILH Checklist must be completed and attached to the claim
3832	Arthroscopy knee, osteochondral allograft(s) (e.g. mosaicplasty) (includes harvesting of the allograft(s)) (I.P.)	No	Independent Procedure	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3833	Arthroscopy knee, meniscal transplantation (includes arthrotomy for meniscal insertion) medial or lateral) (I.P.)	No	Independent Procedure	Patient must have undergone a 6 weeks course of physiotherapy 1 night only. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form
3834	Arthroscopy knee, for infection, lavage and drainage (I.P.)	No	Independent Procedure	
3835	Cruciate ligaments repair	No		
3836	Arthroscopic anterior cruciate ligament reconstruction	No		1 night only
3837	Arthroscopic anterior cruciate ligament reconstruction and meniscectomy (I.P.)	No	Independent Procedure	1 night only
3838	Arthroscopic anterior cruciate ligament reconstruction and meniscal repair	No		1 night only

KNEE AND LOWER LEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3839	Arthroscopy knee, with meniscus repair by suture fixation (medial and/ or lateral)	No	Day Care	Cannot be charged in conjunction with code 3821. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form
3840	Drainage of joint in acute infection	No		
3845	Exploration of joint, knee/ lower leg	No		
3850	Soft tissue operations for fixed flexion of knee	No		
3855	Operations for fracture dislocation of knee joint	No		
3860	Open reduction of fracture of tibia (condylar)	No		
3865	Open reduction and internal fixation fracture of tibial shaft	No		
3870	Closed reduction of fracture of tibial shaft	No		
3871	Closed intra-medullary, interlocking nail for fracture of tibial shaft,	No		
3872	Arthroscopically aided treatment of intercondylar spine(s) and/ or tuberosity fracture(s) of the knee, with or without manipulation; without external fixation (I.P.)	No	Independent Procedure	
3873	Arthroscopically aided treatment of intercondylar spine(s) and/ or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (I.P.)	No	Independent Procedure	
3874	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation when performed (I.P.)	No	Independent Procedure	
3876	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (I.P.)	No	Independent Procedure	
3880	Lateral ligaments repair	No		
3885	Manipulation under general anaesthetic, knee/ lower leg (I.P.)	No	Independent Procedure	
3890	Smillies operation for osteochondritis dissecans,	No		
3895	Patellectomy or open reduction of fractured patella	No		
3896	Resurfacing of patella	No		
3900	Removal of pre patellar bursa	No	Day Care	
3905	Plication of vastii.	No		
3912	Reconstruction of knee, (anterior cruciate)	No		
3915	Repair of quadriceps mechanism	No		
3920	Slipped epiphysis, stapling of, or epiphysiodesis	No		

KNEE AND LOWER LEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3925	Slipped epiphysis (tibial and femoral combined), stapling of, or epiphysiodesis	No		
3930	Stapling of slipped epiphyses (bilateral tibial)	No		
3931	Slocum's or similar procedure	No		
3935	Synovectomy	No		
3940	Synovial biopsy, knee/ lower leg	No	Diagnostic, Day Care	
3944	Reconstruction (advancement) posterior tibial tendon with excision of accessory tarsal navicular bone (e.g. Kidner type procedure)	No		
3945	Tendon transplants about knee joint	No		
3950	Transplant of tibial tubercle	No		
3951	Decompression fasciotomy of leg	No		
5890	Ligament reconstruction at the knee joint (I.P.)	No	Independent Procedure	
5891	Ligament reconstruction of the knee joint using autogenous graft (I.P.)	No	Independent Procedure	

MUSCLE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1380	Repair and suture of muscle	No		
1385	Muscle biopsy	No	Diagnostic, Side Room	
4263	Chemodenervation of muscle(s); extremity(ies) and/ or trunk muscle(s) (e.g. for dystonia, cerebral palsy, multiple sclerosis)	No	Side Room	

NERVES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1390	Nerve biopsy	No	Diagnostic	
1395	Nerve repairs (primary) (I.P.)	No	Independent Procedure	
1400	Nerve suture (secondary, including grafting and anastomosis)	No		
1406	Excision of neuroma	No	Day Care	
1407	Neurectomy	No		

NERVES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5600	Peripheral nerve repairs	No		
5605	Peripheral nerve tumour, excision of	No	Day Care	

SACRO ILIAC JOINT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3605	Arthrodesis, sacro iliac joint (I.P.)	No	Independent Procedure	
3610	Aspiration, sacro iliac joint	No	Side Room	
3615	Biopsy of sacro iliac joint region	No	Diagnostic	
3620	Injection of sacro iliac joint region (I.P.)	No	Independent Procedure, Side Room	
3625	Pelvic osteotomy bilateral in ectopia vesica	No		

TENDONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1410	Tendon repairs (primary), single	No		
1415	Tendon repairs (primary), multiple	No		
1420	Incision of tendon sheath	No		
1425	Tenotomy	No	Day Care	
1426	Tenolysis (I.P.)	No	Independent Procedure, Day Care	

WRIST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3159	Arthroscopy of the wrist (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
3160	Arthrodesis, using bone graft	No		
3161	Arthroscopy wrist, for infection, lavage and drainage (I.P.)	No	Independent Procedure, Day Care	
3162	Arthroscopy wrist, synovectomy, partial (I.P.)	No	Independent Procedure, Day Care	

WRIST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3163	Arthroscopy wrist, synovectomy, complete (I.P.)	No	Independent Procedure, Day Care	
3164	Arthroscopy wrist, excision and/ or repair of triangular fibrocartilage and/ or joint debridement (I.P.)	No	Independent Procedure, Day Care	
3166	Arthroscopy wrist, internal fixation for fracture or instability (I.P.)	No	Independent Procedure	
3175	Bone grafting operation on scaphoid	No		
3176	Herbert screw fixation, scaphoid	No		
3180	Excision of carpal bone (Lunate scaphoid trapezium)	No		
3184	Injection, therapeutic (e.g. local anaesthetic corticosteroid for the relief of symptoms of carpal tunnel syndrome) under ultrasound guidance (I.P.)	No	Independent Procedure, Side Room	
3185	Carpal tunnel decompression (I.P.)	No	Independent Procedure, Day Care	
3190	Carpus or peri-carpal dislocations, manipulation	No		
3191	Arthroscopy wrist, with release of transverse carpal ligament	No	Day Care	
3192	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	No	Day Care	
3195	Corrective osteotomy of lower end of radius	No		
3200	Open reduction of dislocation of wrist	No		
3205	Internal fixation of fracture (Colles')	No		
3210	Manipulation and plaster of paris for fracture (Colles')	No	Day Care	
3211	External fixation of fracture of distal radius	No		
3225	Surgical removal of ganglion	No	Day Care	
3229	Intercarpal fusion	No		
3230	Nerve block for pain control, wrist joint	No	Side Room	
3235	Repair of nerve, median and ulnar nerve	No		
3240	Repair of nerve, median or ulnar nerve	No		
3245	Excision of radial styloid	No		
3250	Sympathetic block	No	Side Room	
3255	Synovectomy of wrist joint	No	Day Care	
3260	Tendon, repair at wrist, single	No		
3265	Tendons, repair at wrist, multiple	No		
3270	Tendon transfer of the wrist, single	No		

WRIST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3271	Tendon transfer of the wrist, multiple	No		
3275	Excision of Ulna, lower end of (malunited Colles')	No		
3276	Internal fixation of Smith's or Barton's fractures	No		
3277	Manipulation of wrist under general anaesthetic (to regain loss of motion following a surgical procedure or due to scar tissue)	No	Day Care	

OTHER ORTHOPAEDIC PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3130	Application of plaster of paris as a separate procedure not associated with concurrent surgery (I.P.)	No	Independent Procedure, Day Care	
4264	Arthroscopy (joints not otherwise specified) (I.P.)	No	Independent Procedure, Diagnostic	
4265	Arthrotomy for removal of loose bodies	No	Day Care	
4270	Biopsy of tumour of long bones, open	No	Diagnostic	
4272	Excision of large malignant bone tumours for limb conservation	No		
4273	Excision of large malignant bone tumours for limb conservation including prosthetic insertion	No		
4275	Application of body cast	No	Day Care	Surgery benefit includes removal
4280	Excision of bone cysts, long bones only	No		
4285	Bursectomy, large joints	No	Day Care	
4295	Removal of exostosis of long bones	No		
4300	Operative reduction of fracture sternum and ribs	No		
4301	Limb lengthening (upper or lower limb) including osteotomy procedure and application of fixator devices	No		
4310	Partial excision of osteomyelitic bone (e.g. cauterisation, craterisation) including bones of foot, ankle, hand or wrist, with or without bone grafting (I.P.)	No	Independent Procedure	Not for bone biopsy
4320	Removal of plates, pins, screws; superficial (includes removal of sternum wire) (I.P.)	No	Independent Procedure, Day Care	
4325	Removal of plates, pins, screws; deep dissection through muscle into bone requiring layered repair of incision (I.P.)	No	Independent Procedure, Day Care	

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