



Irish Life
health

Schedule
of Benefits
for Professional
Fees 2021

Vascular
Procedures

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
376699	Consultant Vascular 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

ANASTOMOSIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
820	Arterio-venous anastomosis in arm	No		
1453	Arterio-venous anastomosis, open by basilic vein transposition	No		
1465	Splenorenal anastomosis	No		

ANEURYSMS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1401	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, for ruptured aneurysm, abdominal aorta	No		
1402	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, coeliac, renal)	No		
1403	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric external)	No		
1404	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, using aorto-aortic tube prosthesis	No		
1409	Endovascular aorta bi-iliac bypass for atherosclerosis or aneurysm, using prosthesis (I.P.)	No	Independent Procedure	
1416	Thrombin injection into groin for pseudoaneurysm (including ultrasound guidance)	No		
1427	Supra-renal aneurysm repair	No		
1428	Repair of ruptured supra-renal aortic aneurysm	No		
1431	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; with or without the involvement of other vessels; for other vessels not specified in the above codes (I.P.)	No	Independent Procedure	
1436	Repair of ruptured iliac artery aneurysm	No		
1461	Repair of subclavian aneurysm	No		
1474	Repair of femoral artery aneurysm	No		

BYPASS PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1432	Aorto bi-iliac bypass for atherosclerosis or aneurysm (I.P.)	No	Independent Procedure	
1433	Aorto-femoral or bifemoral bypass for atherosclerosis or aneurysm (I.P.)	No	Independent Procedure	
1443	Obturator bypass from aorta or iliac to profunda or distal femoral bypass	No		
1446	Aortic exclusion by axillo-femoral bypass	No		
1449	Vertebral artery bypass or repair	No		
1456	Carotid subclavian bypass	No		
1457	Subclavian bypass	No		
1459	Subclavian to brachial bypass or endarterectomy	No		
1463	Repair or bypass of brachial to radial or ulnar vessel, any method including harvesting of graft material	No		
1467	Femoral to popliteal bypass, above knee vein	No		
1468	Femoral to popliteal bypass, above knee synthetic	No		
1469	Femoral to popliteal bypass, below knee vein	No		
1471	Femoral to popliteal bypass, below knee synthetic	No		
1478	Femoral tibial artery bypass, including tibial-peroneal and peroneal artery bypass, or other distal vessels	No		
1479	Popliteal aneurysm artery repair or bypass	No		
1481	Femorofemoral bypass	No		

EMBOLUS / THROMBUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1280	Common femoral artery embolectomy	No		
1306	Transcatheter embolisation, extremity for arteriovenous malformation (AVM) (I.P.)	No	Independent Procedure	
1307	Transcatheter removal of intravascular thrombus or foreign body	No		
1308	Transcatheter therapy, infusion for thrombolysis other than coronary, including necessary local anaesthesia, all lesser order selective catheterisation used in the approach and any necessary pre- and post-injection care	No	Side Room	
1430	Iliac or femoral veins - removal of thrombus	No		
1439	Renal artery anastomosis, endarterectomy or re-implantation or bypass	No		
1441	Embolectomy of visceral branches, superior mesenteric or renal arteries	No		
1462	Brachial embolectomy	No		

EMBOLUS / THROMBUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1476	Popliteal artery embolectomy	No		
1477	Tibial artery embolectomy	No		

ENDARTERECTOMY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1434	Endarterectomy of abdominal aorta and iliac vessels	No		
1437	Endarterectomy of iliac vessels	No		
1447	Endarterectomy of internal/ external common carotid artery with or without patch graft, with or without shunt	No		
1472	Profundoplasty with or without patch or endarterectomy	No		
1473	Common femoral artery endarterectomy	No		

ENDOVASCULAR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1419	Transluminal dilation of iliac vessels with or without stent or graft	No		
1421	Transluminal dilation of carotid vessels with or without stent or graft	No		Details of number of stents used required
1422	Transluminal dilation of femoral vessels with or without stent or graft	No		Details of number of stents used required
1423	Transluminal dilation of distal vessels with or without stent or graft	No		Details of number of stents used required
1424	Transluminal dilation of distal vessels	No		

SPINAL FUSION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
647012	Co-surgery benefit for vascular surgeon who assists in ALIF spinal surgery (I.P.)	Yes	Independent procedure	Claimable by vascular surgeon assisting in ALIF spinal surgery procedure

VARICOSE VEINS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1408	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance when performed (I.P.)	No	Independent Procedure, Day Care	
1411	Endovenous radiofrequency ablation therapy of incompetent veins, extremity, inclusive of all imaging guidance and monitoring, percutaneous; unilateral	No	Day Care	Cannot be billed with code 5940. The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit. Left or right leg must be identified on Ccain form and procedure covered only once in any 12 month period for the same leg
1412	Endovenous radiofrequency ablation therapy of incompetent veins, extremity, inclusive of all imaging guidance and monitoring, percutaneous; bilateral	No	Day Care	Procedure covered once in any 12 month period. Cannot be billed with code 5940
1413	Endovenous laser ablation therapy of incompetent veins, extremity, inclusive of all imaging guidance and monitoring, percutaneous; unilateral	No	Day Care	Cannot be billed with code 5940. The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit. Left or right leg must be identified on claim form and procedure covered only once in any 12 month period for the same leg
1414	Endovenous laser ablation therapy of incompetent veins, extremity, inclusive of all imaging guidance and monitoring, percutaneous; bilateral	No	Day Care	Procedure covered once in any 12 month period. Cannot be billed with code 5940. The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit
1435	Inferior vena cava ligation/ clipping, with or without thrombus	No		
1455	Sclerosing operation on varicose vein(s), unilateral (I.P.)	No	Independent Procedure, Side Room	The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit
1460	Sclerosing operation on varicose veins,bilateral (I.P.)	No	Independent Procedure, Side Room	The treatment of spider/ thread veins and telangiectasia are specifically excluded from benefit
1490	Varicose veins, exploration and removal of thrombus, unilateral	No		
1493	Flush ligation of great saphenous vein at sapheno-femoral junction with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins left leg	No	Day Care	
1494	Flush ligation of great saphenous vein at sapheno-femoral junction in both groins with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins, bilateral	No	Day Care	
1495	Varicose veins, exploration and removal of thrombus, bilateral	No		
1496	Flush ligation of great saphenous vein at sapheno-femoral junction in the groin with or without complete stripping plus ligation of the short saphenous vein at the sapheno-popliteal junction with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins, unilateral	No	Day Care	Documentation must be provided in order to support incompetence of the short saphenous vein - the doppler scan report must be attached to the claim form
1497	Flush ligation of great saphenous vein at sapheno-femoral junction in the groin with or without complete stripping plus ligation of the short saphenous vein at the sapheno-popliteal junction with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins, bilateral	No	Day Care	Documentation must be provided in order to support incompetence of the short saphenous vein - the doppler scan report must be attached to the claim form
1498	Flush ligation of great saphenous vein at sapheno-femoral junction with or without complete stripping; multiple incisions with avulsion and ligation of varicose veins right leg	No	Day Care	
1499	Flush ligation of small saphenous vein at sapheno-popliteal junction behind the knee with or without complete stripping; multiple incisions in calf with avulsion and ligation of varicose veins, unilateral	No	Day Care	
1500	Venous pressure and blood volume studies	No	Diagnostic	
1501	Flush ligation of short saphenous veins at sapheno-popliteal junctions behind both knees with or without complete stripping; multiple incisions in both calves with avulsion and ligation of varicose veins	No		1 night only

VARICOSE VEINS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1502	Ligation of single varicose vein in thigh or calf (I.P.)	No	Independent Procedure, Side Room	
1503	Ligation of multiple varicose veins one or both legs (I.P.)	No	Independent Procedure, Day Care	
1526	Stab avulsion of varicose vein(s), unilateral(I.P.)	No	Independent Procedure, Side Room	
1527	Stab avulsion of varicose vein(s), bilateral (I.P.)	No	Independent Procedure, Side Room	

VESSEL REPAIR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1429	Tube graft repair of abdominal aorta	No		
1438	Visceral artery repair, re-anastomosis or endarterectomy	No		
1444	Repair of abdominal aortic trauma	No		
1451	Open repair of subclavian artery	No		
1458	Thoracotomy with repair of vessels of arch of aorta	No		
1464	Repair of trauma to brachial artery with endarterectomy patch or bypass	No		
1482	Repair of femoral or popliteal vessels due to trauma	No		

OTHER VASCULAR PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1250	Arterial biopsy (temporal artery, biopsy, bilateral under local anaesthetic)	No	Diagnostic, Side Room	
1290	Ligation of major vessels	No		
1305	Renal stenosis, repair of	No		
1442	Removal of infected aortic prosthesis	No		
1450	Portosystemic shunt	No		
1452	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis; autogenous or non-autogenous graft	No		

OTHER VASCULAR PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1454	Translocation of common carotid to subclavian artery	No		
1466	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery or other distal vessels	No		Payable in full with code for main procedure