

Gynaecology

Schedule of Benefits
for Professional Fees

ANAESTHESIA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2206	Vaginal delivery (grant in aid), only payable when the consultant obstetrician is present for the delivery	No		
2207	Epidural anaesthesia for vaginal delivery	No		If billed by anaesthesiologists with 2190, both can be paid at 100%. Supporting documentation must be included in claim form to support both procedures

CERVIX

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2140	Cervix, amputation of (I.P.)	No	Independent Procedure	
2145	Cervix, biopsy of (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
2146	Cervix, cone biopsy of (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
2150	Cervical polyps, removal of (I.P.)	No	Independent Procedure, Side Room	
2151	Knife cone biopsy of cervix (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
2152	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s) (I.P.)	No	Independent Procedure	
2155	Cervix, dilatation of (I.P.)	No	Independent Procedure, Day Care	
2160	Cervix, local excision of lesion (I.P.)	No	Independent Procedure, Side Room	
2170	Cervix, suture of (I.P.)	No	Independent Procedure	
2171	Cervical cerclage (I.P.)	No	Independent Procedure	
2172	Cerclage of cervix, during pregnancy through abdominal incision (I.P.)	No	Independent Procedure	
2175	Cervix, cautery of (I.P.)	No	Independent Procedure, Side Room	
2180	Cervix, examination when medically necessary to perform under anaesthesia (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
2181	Colposcopy (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
2182	Colposcopy with Lletz procedure for lesion removal and/ or laser therapy (I.P.)	No	Independent Procedure, Side Room	
2183	Colposcopy and diagnostic biopsy (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
574157	Laparoscopic hysteroscopy (I.P.)	No	Independent Procedure, Side Room	

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
592215	Prophylactic laparoscopic oophorectomy, bilateral	Yes		

FOETAL MEDICINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2208	General anaesthetic for complications of full-term delivery requiring operative intervention in theatre	No		Benefit for procedure code 2208 is payable when one of the following complications of full term delivery arise: (a) Retained placenta with or without suturing of perineum (b) Vulval haematoma at the time of delivery (c) Primary or secondary post-partum haemorrhage
2209	Chorionic villus sampling with ultrasound guidance	No	Diagnostic, Side Room	Benefit under procedure codes 2209 and 2211 is payable for patients at high risk for foetal aneuploidy foetal anaemia or foetal thrombocytopenia following one or more investigations: (a) Abnormal ultrasound findings (b) Abnormal pregnancy serum tests (c) Patients with Rhesus or Kell sensitisation (d) Prior history of foetal abnormalities (e) Symptoms or signs suggestive of intrauterine infection Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a Consultant Obstetrician following referral from the attending consultant
2211	Amniocentesis, with ultrasound guidance	No	Diagnostic, Side Room	Benefit under procedure codes 2209 and 2211 is payable for patients at high risk for foetal aneuploidy foetal anaemia or foetal thrombocytopenia following one or more investigations: (a) Abnormal ultrasound findings (b) Abnormal pregnancy serum tests (c) Patients with Rhesus or Kell sensitisation (d) Prior history of foetal abnormalities (e) Symptoms or signs suggestive of intrauterine infection Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a Consultant Obstetrician following referral from the attending consultant
2213	Foetal fluid drainage (e.g. vesicocentesis, thoracentesis, paracentesis), including ultrasound guidance, diagnostic or therapeutic (I.P.)	No	Independent Procedure	Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending consultant
2214	Transfusion, intrauterine, foetal, with ultrasound guidance, to treat confirmed foetal anaemia or thrombocytopenia	No		Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending consultant
2216	Advanced foetal ultrasound, real time with image documentation, detailed foetal and maternal anatomical examination, only payable following referral by the initial Obstetrician for a documented suspected abnormality identified by a prior ultrasound (I.P.)	No	Independent Procedure, Side Room, Diagnostic	Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending consultant

FOETAL MEDICINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2217	Fetoscopic surgery, using a fetoscope or shunt, and ultrasound guidance, to correct structural malformations	No		Benefit for procedure 2217 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending Consultant for the following indications: (a) In-utero repair of urinary tract obstruction (b) In-utero repair of congenital cystic adenomatoid malformation (c) In-utero repair of extralobar pulmonary sequestration (d) In-utero repair of sacrococcygeal teratoma (e) Fetoscopic laser therapy for treatment of twin-twin transfusion syndrome

ICU CARE - NEONATES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
858405	Laparoscopic sub-total hysterectomy with or without removal of tube(s) and/or ovary(ies)	No		

OBSTETRICS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2184	Colposcopy and therapeutic loop electrode biopsy(s) of the cervix (I.P.)	No	Independent Procedure, Side Room	
2185	Caesarean hysterectomy	No		
2190	Caesarean section (grant in aid for obstetrician's fees, only payable when the consultant obstetrician performs the procedure)	No		
2200	Ectopic pregnancy, surgical management (laparoscopic or open): salpingectomy and/ or salpingo oophorectomy, unilateral or bilateral	No		

UTERUS AND ADNEXA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2218	Advanced foetal ultrasound, real time with image documentation, details foetal and maternal anatomical examination; immediately followed by amniocentesis when an abnormality has been detected (I.P.)	No	Independent Procedure, Side Room, Diagnostic	Benefit under procedure codes 2209, 2211, 2213, 2214, 2216 and 2218 is payable where the procedure is performed by a consultant Obstetrician following referral from the attending consultant
2225	Dilatation and curettage (diagnostic or therapeutic) (I.P.)	No	Independent Procedure, Day Care	
2235	Microsurgical repair of extensive tubal and peritubal disease consequent on pelvic inflammatory disease and endometriosis including re-implantation of fallopian tube, unilateral	No		
2240	Microsurgical repair of extensive tubal and peritubal disease consequent on pelvic inflammatory disease and endometriosis including re-implantation of fallopian tubes, bilateral	No		
2241	Surgical repair of extensive tubal and peritubal disease consequent on pelvic inflammatory disease or endometriosis, unilateral or bilateral	No		
2244	Hysteroscopy with sampling of endometrium and/ or polypectomy, with or without dilatation and curettage, with removal of leiomyomata (I.P.)	No	Independent Procedure, Day Care	
2246	Hysteroscopy with insertion of intrauterine device for menorrhagia (not for contraceptive purposes) (I.P.)	No	Independent Procedure, Side Room	
2247	Insertion of intrauterine device for menorrhagia, not for contraceptive purposes (I.P.)	No	Independent Procedure	Out-patient For procedure code 2247, benefit is only payable following a previous claim for hysteroscopy (code 2244, 2248 or 2251)
2248	Hysteroscopy (I.P.)	No	Independent Procedure, Side Room	
2249	Hysteroscopy, surgical; with complete endometrial resection or ablation for menorrhagia (I.P.)	No	Independent Procedure, Day Care	
2250	Total abdominal hysterectomy	No		
2251	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/ or polypectomy with or without dilatation and curettage (I.P.)	No	Independent Procedure, Day Care	
2253	Total vaginal hysterectomy combined with sacrospinous ligament fixation of vagina and both anterior and posterior pelvic floor repair	No		
2255	Radical abdominal hysterectomy for malignancy, with bilateral total pelvic and/ or para-aortic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without salpingo-oophorectomy, with or without removal of tube(s), with or without removal of ovary(s) including robotic approach	No		

UTERUS AND ADNEXA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2256	Total vaginal hysterectomy combined with anterior and posterior pelvic floor repair	No		
2257	Total abdominal hysterectomy with unilateral or bilateral salpingo oophorectomy	No		
2258	Resection of ovarian malignancy with total abdominal hysterectomy, complete procedure including robotic approach	No		
2259	Debulking of ovarian carcinoma with or without omentectomy, complete procedure including robotic approach	No		
2260	Sub-total abdominal hysterectomy	No		
2264	Total vaginal hysterectomy with urethropexy or urethroplasty (I.P.)	No	Independent Procedure	
2265	Total vaginal hysterectomy	No		
2267	Total vaginal hysterectomy and anterior or posterior pelvic floor repair (I.P.)	No	Independent Procedure	
2268	Total vaginal hysterectomy with bilateral salpingo-oophorectomy (I.P.)	No	Independent Procedure	
2269	Total vaginal hysterectomy combined with sacrospinous ligament fixation of vagina and anterior or posterior pelvic floor repair (I.P.)	No	Independent Procedure	
2280	Myomectomy (multiple) including robotic approach (I.P.)	No	Independent Procedure	
2281	Laparoscopy, surgical, myomectomy (multiple) (I.P.)	No	Independent Procedure	1 Night Only
2285	Myomectomy (simple, single) including robotic approach (I.P.)	No	Independent Procedure	
2286	Laparoscopy, surgical, myomectomy (single) (I.P.)	No	Independent Procedure	1 Night Only
2288	Laparoscopy, surgical; with partial or total oophorectomy and/ or salpingectomy (include biopsy, and peritoneal wall sampling or brushings) unilateral or bilateral (I.P.)	No	Independent Procedure	1 Night Only
2289	Oophorectomy, unilateral or bilateral (complete or partial) (I.P.)	No	Independent Procedure	
2300	Ovarian cystectomy by abdominal approach, unilateral or bilateral (I.P.)	No	Independent Procedure	Ref code 2487 or 2489 if procedure is performed laparoscopically
2319	Salpingectomy complete or partial, unilateral or bilateral (I.P.)	No	Independent Procedure	

UTERUS AND ADNEXA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2354	Salpingostomy or salpingolysis, abdominal incision, unilateral or bilateral (I.P.)	No	Independent Procedure	Ref code 2487 or 2489 if procedure is performed laparoscopically
2364	Microsurgical tuboplasty (salpingostomy or salpingolysis), unilateral or bilateral (I.P.)	No	Independent Procedure	
2365	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (I.P.)	No	Independent Procedure	
2370	Uterus, plastic reconstruction of	No	Day Care	
2375	Ventrosuspension/ Gilliam's operation (I.P.)	No	Independent Procedure, Day Care	
2376	Hysterocontrast sonography (HyCoSy)	No	Side Room	
2480	Vulvectomy, simple, without glands	No		
2481	Laparoscopy, surgical, with total hysterectomy, with or without removal of tube(s) and/ or ovary(s) including robotic approach (I.P.)	No	Independent Procedure	
2482	Laparoscopic radical hysterectomy for malignancy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without salpingo-oophorectomy including robotic approach (I.P.)	No	Independent Procedure	
257295	Removal and repair of mesh devices in uro-gynaecological procedures	Yes		Only payable to consultant gynaecologists on specialist register in designated HSE facilities - NMHS, SVUH, CUH
574154	Laparoscopic total hysterectomy with bilateral salpingo-oophorectomy (I.P.)	No	Independent Procedure	
574156	Laparoscopic colpopexy (I.P.)	No	Independent Procedure	
574158	Colpopexy Intraperitoneal approach (I.P.)	No	Independent Procedure	
576012	Prophylactic total abdominal hysterectomy with bilateral salpingo-oophorectomy	Yes		
576020	Salpingo-oophorectomy, risk reducing prophylactic, complete or partial, unilateral or bilateral (I.P.)	Yes	Independent Procedure	Cover must be requested in advance and only by way of the standard template available from Irish Life Health
581413	Prophylactic vaginal hysterectomy with bilateral salpingo-oophorectomy	Yes		
586814	Prophylactic open oophorectomy, bilateral	Yes		

UTERUS AND ADNEXA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
596699	Consultant Gynaecologist 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
598600	Radical peritoneal dissection and excision of extensive endometriosis, metastatic deposits or mucinous tumours, typically involving resection of lesions from a number of organs, dissection and preservation of ureters, ovaries and fallopian tubes, bowel resection and reanastomoses, excision and repair of intraabdominal organs and including instillation of therapeutic agents where appropriate(I.P.)?	No	Independent Procedure, Side Room, Diagnostic	
603017	Prophylactic laparoscopically assisted vaginal hysterectomy with bilateral salpingo-oophorectomy	Yes		

VULVOVAGINAL

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2377	Endoscopic periurethral injection of bulking agents that are approved by FDA for urinary incontinence (I.P.)	No	Independent Procedure, Side Room	Benefit is payable for a maximum of 3 treatments per lifetime
2380	Atresia vaginae, relief of (including dilatation of vulva and vagina) (I.P.)	No	Independent Procedure, Day Care	
2385	Bartholin's gland cyst, excision of	No	Day Care	
2390	Bartholin's or Skene's gland, abscess of, incision and drainage (I.P.)	No	Independent Procedure	
2395	Caruncle, vulvovaginal, removal of (I.P.)	No	Independent Procedure, Day Care	
2400	Colporrhaphy with amputation of cervix, anterior and posterior (Manchester or Fothergill operation) (I.P.)	No	Independent Procedure	
2410	Colpotomy	No	Day Care	
2411	Laparoscopy, surgical, sacrocolpopexy including robotic approach (I.P.)	No	Independent Procedure	
2415	Cystocele, repair of (I.P.)	No	Independent Procedure	
2420	Cystocele and rectocele, repair of (including colpoperineorrhaphy)	No		
2425	Cysts or simple tumours of the vulva or vagina, excision of	No	Day Care	
2426	Repair of enterocele, vaginal or abdominal approach (I.P.)	No	Independent Procedure	
2430	Hymenotomy (I.P.)	No	Independent Procedure, Day Care	

VULVOVAGINAL

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2435	Hymenectomy (I.P.)	No	Independent Procedure, Day Care	
2440	Perineal tear, (excludes child birth and 1st of 2nd degree tears) complete, repair of (I.P.)	No	Independent Procedure	
2441	Partial vaginectomy (I.P.)	No	Independent Procedure	
2444	Retropubic urethropexy or vesicourethropexy (including colposuspension) (e.g. Burch, MMK)	No		
2445	Rectocele, repair of (I.P.)	No	Independent Procedure	
2450	Abdomino-vaginal suspension of bladder neck for stress incontinence (e.g. Stamey, Raz)	Yes		
2461	Closure of rectovaginal fistula; vaginal or transanal approach (I.P.)	No	Independent Procedure	
2462	Closure of rectovaginal fistula; abdominal approach with or without colostomy (I.P.)	No	Independent Procedure	
2465	Vaginal fistulae (vesico vaginal), repair of	No		
2470	Vaginal wall, suture of non-obstetrical tear due to trauma	No		
2471	Sacrospinous ligament fixation for prolapse of vagina (I.P.)	No	Independent Procedure	
2472	Colpopexy, intra-peritoneal approach (uterosacral, levator myorrhaphy) (I.P.)	No	Independent Procedure	Where procedure code 2472 or 2474 is carried out at the same time as a hysterectomy, code 2267 will apply
2473	Colpocleisis (Le Fort type)	No		
2474	Colpopexy, vaginal; extra - peritoneal approach (sacrospinous, iliocygeus) (I.P.)	No	Independent Procedure	Where procedure code 2472 or 2474 is carried out at the same time as a hysterectomy, code 2267 will apply
2483	Laparoscopy, surgical, vaginal hysterectomy, with or without removal of tube(s) and/ or ovary(s) including robotic approach (I.P.)	No	Independent Procedure	
2484	Diagnostic laparoscopy with or without biopsy, with or without tubal irrigation/ insufflation (I.P.)	No	Independent Procedure, Day Care	
2485	Vulvectomy, radical, with glands	No		
2487	Laparoscopy with or without biopsy and one or more of the following procedures: excision of lesions of ovary(ies); (ovarian cystectomy), solid tumours (e.g. large endometriomas or dermoid) pelvic viscera or peritoneal surface; diathermy of endometriosis; division of adhesions; puncture of cysts. This procedure may or may not include tubal irrigation/ insufflation (I.P.)	No	Independent Procedure, Day Care	
2488	Laparoscopy with or without biopsy. This procedure also includes dilatation and curettage (diagnostic or therapeutic), with or without tubal irrigation/ insufflation (I.P.)	No	Independent Procedure, Day Care	

VULVOVAGINAL

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
2489	Laparoscopy with or without biopsy and one or more of the following procedures: excision of lesions of ovary(ies) (ovarian cystectomy), solid tumours (e.g. large endometrioma or dermoid); pelvic viscera or peritoneal surface; diathermy of endometriosis; division of adhesions; puncture of cysts; lymph nodes sampling (biopsy) single or multiple. This procedure also includes dilatation and curettage (diagnostic or therapeutic), with or without tubal irrigation/ insufflation including robotic approach (I.P.)	No	Independent Procedure, Day Care	
574155	Laparoscopic sterilisation by ligation of both fallopian tubes, when this sterilisation procedure is recommended by a consultant Obstetrician-Gynaecologist for medical safety reasons due to significant risks to maternal health (I.P.)	Yes	Independent Procedure, Day Care	
597616	Laparoscopic hysterectomy with bilateral pelvic lymphadenectomy (I.P.)	No	Independent procedure	
598511	Termination by Dilatation and curettage (I.P.)	No	Independent Procedure	
598512	Termination by one or more amniocentesis injections (including delivery of foetus and secundines) (I.P.)	No	Independent Procedure	
598513	Termination by one of more vaginal suppositories (including delivery of foetus and secundines) (I.P.)	No	Independent Procedure	