

# Reconstructive Surgery

Schedule of Benefits  
for Professional Fees

## ANASTOMOSIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4513	Free skin and/ or muscle flap with microvascular anastomosis	No		
4514	Free osteocutaneous flap with microvascular anastomosis, any area	No		

## BREAST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4476	Unilateral mastopexy (at same operative session as any surgery on the opposite breast)	No		Benefit is payable in full with code for the primary procedure
4478	Breast reconstruction with pedicled transverse rectus abdominis myocutaneous flap (TRAM) (I.P.)	No	Independent Procedure	
4480	Breast reduction (unilateral)	Yes		Benefit for payment for breast reduction will be provided in the following circumstances: (a) BMI < 27 (b) Bra cup size ≥ F (c) Skin fold rask, intertrigio (d) Symptoms: (i) Back pain, either thoracic or cervical, that has persisted for at least a continuous three month period and has been severe enough to require daily use of prescription analgesia for at least four weeks (ii) Acromio-clavicular syndrome
4482	Plastic repair of inverted nipple	No	Day Care	
4484	Unilateral mastopexy in a delayed setting	No		Post Mastectomy only
4488	Mammoplasty, augmentation with prosthetic implant to restore symmetry	Yes		Benefit for corrective surgery for breast asymmetry will be provided in the following circumstances: (a) Poland's syndrome i.e. where there is absence or hypoplasia of one or both breasts, and an absence/ underdevelopment of one of the major chest muscles (b) Restoration of symmetry following mastectomy
4504	Nipple - areola tattooing performed by a consultant (one or more visits)	No	Side Room	Benefit payable following breast reconstruction procedures which were eligible for Irish Life Health benefit and when carried out by consultant Plastic Surgeon registered with Irish Life Health
4557	Replacement of tissue expander with permanent prosthesis (I.P.)	No	Independent Procedure	
44480	Breast reduction (bilateral)	Yes		Benefit for payment for breast reduction will be provided in the following circumstances: (a) BMI < 27 (b) Bra cup size ≥ F (c) Skin fold rask, intertrigio (d) Symptoms: (i) Back pain, either thoracic or cervical, that has persisted for at least a continuous three month period and has been severe enough to require daily use of prescription analgesia for at least four weeks (ii) Acromio-clavicular syndrome

## BREAST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
441192	Partial reconstruction of breast with pedicled perforator flap (PLCAP; TDAP etc.)	No		Post Mastectomy only
441193	Local mobilisation of glandular breast tissue to fill surgical cavity	No		Post Mastectomy only
444466	Bilateral breast reconstruction using fixed prosthesis and acellular dermal matrix (ADM) (I.P.)	No	Independent Procedure	Post Mastectomy only
444467	Bilateral breast reconstruction using acellular dermal matrix (ADM) (I.P.)	No	Independent Procedure	Post Mastectomy only
444468	Unilateral breast reconstruction using fixed prosthesis and acellular dermal matrix (ADM) (I.P.)	No	Independent Procedure	Post Mastectomy only
444469	Unilateral breast reconstruction using acellular dermal matrix (ADM) (I.P.)	No	Independent Procedure	Post Mastectomy only
444472	PAP flap breast reconstruction procedure including flap harvesting from both inner thighs (bilateral reconstruction) (I.P.)	No	Independent Procedure	Post Mastectomy only
444473	PAP flap breast reconstruction procedure including flap harvesting from one inner thighs (for unilateral reconstruction) (I.P.)	No	Independent Procedure	Post Mastectomy only
444673	Breast reconstruction pedicle perforator flap - single surgeon - harvest and reconstruction (I.P.)	No	Independent Procedure	Post Mastectomy only
444800	Co-surgery benefit for two surgeons who perform complex breast flap surgery (bilateral) including flap raising and vessel harvesting, for a theatre session in excess of 6 hours - for each hour in excess of 6 hours base (I.P.) - Plastic or Breast surgeons benefit	No		Evidence of hours of surgery and relevant documentation will be required

## CLEFT LIP AND PALATE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4415	Adjustment of lip margin	No		
4420	Adjustment of scars, secondary	No		
4425	Cleft palate reconstruction	No		
4430	Complete cleft lip and anterior palate repair	No		
4431	Primary repair, unilateral cleft lip	No		
4432	Primary repair, bilateral cleft lip	No		

## CLEFT LIP AND PALATE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4433	Secondary repair, unilateral cleft lip	No		
4434	Secondary repair, bilateral cleft lip	No	Day Care	
4440	Fistula, secondary closure of	No		
4465	Nostril margin, secondary correction of	No		
4466	Total cleft rhinoplasty	No		
4470	Pharyngoplasty (not for snoring)	No		
4475	Soft palate partial cleft, reconstruction of	No		

## CLOSURE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4538	Treatment of superficial wound dehiscence; simple closure with or without packing (single layer closure)	No		
4539	Secondary closure of wound or dehiscence, as a result of burn, includes excision of granulation and scar tissue; suturing in several layers, extensive site (I.P.)	No	Independent Procedure	
212013	Wounds up to 2.5 cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	Independent Procedure, Side Room	Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting
212014	Wounds from 2.6 cm to 7.5 cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	Independent Procedure, Side Room	Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting
212015	Wounds greater than 7.5cm in total length, suture of lacerated or torn facial tissue, single or multi layered closure with or without irrigation or debridement (I.P.)	No	Independent Procedure, Side Room	Benefit payable to Plastic and Reconstructive Surgeons only in a hospital setting

## COMPLEX SURGERY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
444801	Additional benefit where two Anaesthetists attend complex surgery for a theatre session in excess of 6 hours - rate for each hour in excess of 6 hours base level. Note the primary Anaesthetist will be paid the procedure code fee and the second attending consultant will be paid the fee as set out in this code	No		Evidence of hours of surgery and relevant documentation will be required

## CYSTS/ TUMOURS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3061	Giant cell tumour, excision of primary or recurrent lesion from bone or soft tissue (I.P.)	No	Independent Procedure	
4745	Neoplasm, major excision and repair with tendon grafts and flaps	No		
4750	Neoplasm, localised excision and graft	No	Day Care	
4850	Facial bones, tumours of, major resection and/ or reconstruction	No		
825011	Removal by contouring of benign tumour of facial bone (e.g. fibrous dysplasia)	No		

## DEBRIDEMENT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4337	Debridement of wound, which may include skin, or subcutaneous tissue or muscle less than 9% of body surface	No		
4338	Debridement of wound, which may include skin, or subcutaneous tissue or muscle between 9% and 18% of body surface	No		
4339	Debridement of wound includes skin, and/ or subcutaneous tissue, and/ or muscle greater than 18% of body surface	No		
4341	Debridement and skin grafting of wound less than 9% of body surface; includes excision of open wound, burn eschar or scar excision	No		
4342	Debridement and skin grafting of wound between 9% and 18% of body surface; includes excision of open wound, burn eschar or scar excision	No		
4343	Debridement and skin grafting of wound greater than 18% of body surface; includes excision of open wound, burn eschar or scar excision	No		

## DEBRIDEMENT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4952	Excision or debridement of pressure sore and split skin graft (I.P.)	No	Independent Procedure	

## DUPUYTREN'S

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4715	Dupuytren's contracture, fasciectomy (one or two fingers)	No	Day Care	

## DUPUYTREN'S

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4720	Dupuytren's contracture, fasciectomy (three or more fingers)	No	Day Care	
4721	Dupuytren's contracture, palm and fingers	No	Day Care	

## EAR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4555	Accessory auricles, removal	No	Day Care	
4560	Epithelioma of ear, excision and reconstruction, lobule placement	No	Side Room	
4561	Cartilage graft(s), reconstruction of ear	No		
4575	Protruding ears, correction with reconstruction of folds, bilateral	No	Day Care	Benefit only payable for patients up to eighteen years of age
4580	Protruding ears, correction of with reconstruction of folds, unilateral	No	Day Care	Benefit only payable for patients up to eighteen years of age

## EXCISIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4547	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen; infraumbilical panniculectomy	Yes		Benefit is payable for procedure code 4547 only in the following circumstances: Where the panniculus hangs below the level of the pubis; and the medical records document that the panniculus causes chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing) that consistently recurs over 3 months while receiving appropriate medical therapy, or remains refractory to appropriate medical therapy over a period of 3 months Pre certification required

## EYE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4498	Orbicularis oris hitch	No		
4585	Reconstruction of contracted ocular socket	No		

## EYE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4595	Enophthalmos, bone graft	No		
4605	Decompression, orbit	No		
4610	Eyebrow graft	No		
4615	Eyelids, repair of, for avulsion	No		
4620	Eyelid, inlay grafts (one lid)	No	Side Room	
4630	Eyelid, reconstruction of less than 66% of surface area	No	Day Care	
4635	Muscle advancement for ptosis, unilateral	No	Day Care	
4640	Naso lacrimal duct, reconstruction of	No		
4885	Orbital floor, fracture of, reduction, direct wiring and build up from antrum	No		
669911	Eyelid, reconstruction of greater than 66% of surface area	No	Day Care	Documentation required
825013	Lateral canthopexy	No		

## FASCIOCUTANEOUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4971	Fasciocutaneous flap, upper limb (I.P.)	No	Independent Procedure	
4972	Fasciocutaneous flap, lower limb (I.P.)	No	Independent Procedure	
4973	Fasciocutaneous flap, trunk (I.P.)	No	Independent Procedure	

## FEMALE TO MALE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
850811	Urethroplasty/ urethromeatoplasty	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted

## FEMALE TO MALE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
854516	Penile implant, malleable	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
855261	Scrotoplasty (construction of a scrotum) and testicular implants	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
856010	Phalloplasty or metoidioplasty	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
857221	Vaginectomy/ colpectomy/ vulvectomy	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
858371	Vaginal hysterectomy with bilateral salpingo-oophorectomy	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
858403	Hysterectomy	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
859064	Salpingo-oophorectomy	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
859066	Total abdominal hysterectomy with bilateral salpingo-oophorectomy	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
858406	Laparoscopic total hysterectomy	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
819411	Bilateral mastectomy, complete, without insertion of tissue expander	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted

## FLAPS/ GRAFTS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4385	Inlay grafts (ankle)	No		
4395	Inlay grafts (fingers)	No		
4400	Inlay grafts (knee)	No		
4460	Maxillary bone graft for cleft palate	No		
4497	Temporalis fascial sling, oral, nasolabial, ocular	No		
4499	Masseter to oral angle, digastric to lower lip or temporalis to fascial slings	No		
4740	Island grafting, for sensory loss, finger and/ or thumb	No		
4825	Tube pedicle or flap reconstructions, first stage	No		
4830	Tube pedicle or flap reconstructions, second stage	No		
4835	Tube pedicle or flap reconstructions, final stage	No		



## FLAPS/ GRAFTS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4890	Orbital floor, secondary bone grafting	No		
4910	Bone graft	No		
4937	Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, where the is the requirement for more than 1 layer of deep or deep dermal sutures for effective closure	No	Side Room	Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons
4938	Excision of benign or malignant lesion(s), any area; adjacent tissue transfer or rearrangement, where there is the requirement for quilting or mattress sutures for effective closure	No	Side Room	Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons
4939	Excision of benign or malignant lesion(s), any area; adjacent tissue transfers or rearrangement, for wounds requiring extensive (>3cm) undermining of skin edges for effective closure	No	Day Care	Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons
4941	Excision of benign or malignant lesion(s), any area; adjacent tissue transfer or rearrangement, for wounds with significant (>3cm) of overhanging skin flaps after excision of lesion or mass	No	Day Care	Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons
4942	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with codes 4937 or 4938. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure)	No		Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons
4943	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with code 4939. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) (see note after procedure 4946)	No		Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons
4944	Excision of pressure sore and myocutaneous flap	No		Payable in full with primary procedure
4945	Reconstruction with imported flaps, partial	No	Day Care	
4946	Skin graft (pinch, split thickness, epidermal, dermal or tissue culture or free flap excised from a distant site and harvested as a graft from non adjacent skin) for repair when direct wound closure or adjacent tissue transfer is not possible; with code 4941. (List separately in addition to code for primary procedure. Benefit shown is payable in full with code for the primary procedure) (see procedure code 4946)	No		Procedure codes 4937, 4938, 4939, 4941, 4942, 4943 and 4946 are only payable to consultants Plastic Surgeons
4949	Excision of pressure sore and local cutaneous flap (I.P.)	No	Independent Procedure	
4950	Reconstruction with imported flaps, total	No		
4951	Free flap (microvascular transfer) to face, complete procedure	No		
4963	Excision of lesion including scalp rotation flap (I.P.)	No	Independent Procedure, Day Care	Independent Procedure rule does not apply when code 4963 is done in combination with code 4966

## FLAPS/ GRAFTS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4964	Excision of lesion including cheek rotation flap (I.P.)	No	Independent Procedure, Day Care	
4966	Excision of lesion including cervicofacial rotation flap (I.P.)	No	Independent Procedure, Day Care	Independent Procedure rule does not apply when code 4966 is done in combination with code 4963
4967	Excision of lesion including forehead flap (I.P.)	No	Independent Procedure, Day Care	
4968	Excision of lesion including deltopectoral flap (I.P.)	No	Independent Procedure	
4969	Excision of lesion including groin flap (I.P.)	No	Independent Procedure	

## FOOT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4836	Release of syndactyly; toes (I.P.)	No	Independent Procedure	

## FRACTURE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4845	Facial bone, simple fixation of undisplaced fracture (e.g. jaw sling)	No		
4855	Fracture of maxilla or mandible, open reduction and fixation	No		
4860	Fracture of maxilla or mandible, fixation of undisplaced	No		
4865	Fracture of maxilla or mandible, malar bone or part of these, reduction without fixation	No		

## GENITALIA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4686	Cliteroplasty	No		
4690	Vaginal reconstruction with skin graft	No		

## HAND

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4770	Opposition strut graft to thumb	No		
4775	Palmar ganglion, compound, synovectomy of	No	Day Care	
4780	Pollicisation (finger replacement of lost thumb)	No		
4783	Sympathectomy, digital arteries, each digit with magnification	No		
4795	Tendon grafting, single	No		
4800	Tendon grafting, multiple	No	Day Care	
4990	Major degloving injuries of limbs, excision and graft of	No		

## INJECTION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4983	Botox for hyperhidrosis (I.P.)	No	Independent Procedure	As a result of a positive Bromide Iodine Starch Test or following a referral from a consultant having failed a prescribed course of topical treatment (maximum 2 per annum)
430311	Lipofilling	Yes		

## LIPOMA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4947	Large lipoma > 4 cm in diameter, requiring removal under general anaesthetic, deep to deep fascia requiring surgery by consultant Plastic Surgeon	No		1 Night Only

## LIPOMA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
444546	Enucleation or excision of lipoma (I.P.)	No	Independent Procedure	For consultant only use for lesions in excess of 6cm

## MALE TO FEMALE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
854529	Penectomy	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
854641	Orchidectomy	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
856751	Vulvoplasty	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
856911	Closure or creation of an introitus	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
856916	Clitoroplasty with sensation	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
857217	Vaginoplasty	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted
819453	Breast construction with prosthetic implant	Yes		Only for use in gender reassignment surgery where pre-approval has been sought and granted

## MASTECTOMY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4477	Breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - single surgeon - harvest and reconstruction (I.P.)	No	Independent Procedure	
4479	Nipple reconstruction post mastectomy	No	Day Care	
4485	Breast reconstruction, vertical rectus flap, post mastectomy (I.P.)	No	Independent Procedure	Post Mastectomy only
4486	Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy (unilateral) (I.P.)	No	Independent Procedure	Post Mastectomy only
4487	Breast reconstruction, other flap, with or without implant, post mastectomy (I.P.)	No	Independent Procedure	Post Mastectomy only
4554	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	No		
4556	Delayed (or immediate by a second surgeon at the time of the primary surgery) insertion of breast prosthesis or expander (includes subsequent expansions) following mastopexy, mastectomy or in reconstruction (I.P.)	No	Independent Procedure	

## MASTECTOMY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
44771	Flap implantation for unilateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)	Yes	Independent Procedure	Paid at 100% in conjunction with code 44772, paid at 100% in conjunction with code 44800 and only where performed in an ILH approved private hospital, with an approved iCU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures
44772	Flap harvest for unilateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)	Yes	Independent Procedure	Paid at 100% in conjunction with code 44771, paid at 100% in conjunction with code 44800 and only where performed in an ILH approved private hospital, with an approved iCU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures
44773	Free fat injection, post mastectomy (I.P.)	Yes	Independent Procedure	For correction of breast defect post breast reconstruction surgery (non cosmetic). Limit of 3 per lifetime, per breast
44777	Flap implantation for bi-lateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)	Yes	Independent Procedure	Paid at 100% of rate in conjunction with breast surgery code and only where performed in an ILH approved private hospital, with an approved iCU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures
44778	Flap harvest for bi-lateral breast reconstruction with free flap, post-mastectomy DIEP (deep inferior epigastric perforators) - dual surgeons (I.P.)	Yes	Independent Procedure	Paid at 100% of rate in conjunction with breast surgery code and only where performed in an ILH approved private hospital, with an approved iCU as listed by Irish Life Health or a HSE level 4 Hospital, by a consultant who is credentialed to perform these procedures
441506	Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy (bilateral)	No		Post Mastectomy only
444476	Combined mastopexy to contralateral breast including full thickness graft from other areas and mastopexy including full thickness graft from other areas post mastectomy at same session (I.P.)	No	Independent Procedure	Post Mastectomy only

## MAXILLA AND MANDIBLE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4870	Hypertelorism correction, sub cranial	No		
4875	Mandible, excision of	No		
4880	Maxilla or mandible, advancement or recession osteotomy of	No		
4881	Maxillary and mandibular osteotomy	No		
4883	Surgically assisted rapid maxillary expansion	Yes		
4895	Osteomyelitis or abscess of facial bones, operation for	No	Day Care	
4900	Temporo mandibular joint, reduction of dislocation under general anaesthetic	No	Day Care	

## MAXILLA AND MANDIBLE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4901	Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy (unilateral) (I.P.)	No	Independent Procedure, Day Care	
4902	Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy (bilateral) (I.P.)	No	Independent Procedure, Day Care	
4905	Temporo mandibular joint, condylectomy for ankylosis	No		

## MYOCUTANEOUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4974	Myocutaneous flap, pectoralis	No		Payable in full with primary procedure
4976	Myocutaneous flap, latissimus dorsi	No		Payable in full with primary procedure
4977	Myocutaneous flap, latissimus dorsi with serratus and rib	No		Payable in full with primary procedure
4978	Myocutaneous flap, vertical rectus	No		Payable in full with primary procedure
4979	Myocutaneous flap, transverse rectus (TRAM)	No		Payable in full with primary procedure
4981	Myocutaneous flap, tensor fascia lata	No		Payable in full with primary procedure
4982	Myocutaneous flap, gluteal	No		Payable in full with primary procedure

## NOSE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4496	Nasolabial skin/ dermal hitch	No		
4915	Nasal tip deformities, correction of	No		
4920	Fracture of nose, digital closed reduction	No	Side Room	
4925	Fracture of nose, instrumental closed reduction	No	Day Care	

## NOSE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4926	Fracture of nose, instrumental closed reduction with plaster of paris fixation	No	Day Care	
4927	Fracture of nose, instrumental closed reduction with reduction of septum and plaster of paris fixation	No	Day Care	
4930	Fracture of nose, open reduction	No	Day Care	
4935	Fracture of nose, open reduction with internal or external fixation	No	Day Care	
4940	Fracture of nose, open reduction with open reduction of fractured septum	No	Day Care	
4955	Re-fracture and open corrective rhinoplasty including nasal tip deformities (code 4915), unless demonstrable evidence discloses significant nasal tip deformity being corrected (I.P.)	No	Independent Procedure, Day Care	
30120	Rhinophyma (I.P.)	Yes	Independent Procedure	Supported by a consultant report and photographic evidence

## PAEDIATRICS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4372	Acellular dermal replacement; first 100 sq.cm. or less, or 1% of body area of infants and children	No		For codes 4372 and 4373 a comprehensive report must be provided on the claim form detailing body area and square cm involved
4373	Acellular dermal replacement; each additional 100 sq. cm. or each additional 1% of body area of infants and children	No		For codes 4372 and 4373 a comprehensive report must be provided on the claim form detailing body area and square cm involved
4695	Congenital hand deformities, reconstruction on each hand (per stage)	No		
4700	Congenital hand deformities, moderate repairs on each hand (per stage)	No	Day Care	
4882	Lengthening of the mandible by gradual distraction for congenital hemifacial microsomia	Yes		
45461	Keloids and hypertrophic scars intralesional injection of triamcinolone; up to and including the sixth lesions, under 12 in an Irish Life Health approved hospital (I.P.)	No	Independent Procedure, Side Room	

## PALSY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4493	Excision of facial nerve and graft, sural nerve, greater auricular nerve	No		

## PALSY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4494	Wedge excision of lower lip to restore oral continence in the presence of facial palsy	No	Side Room	
4500	Facial nerve graft (in face), (see ENT operations for facial nerve graft in facial canal)	No		
4501	Cross facial nerve grafting, hypoglossal/ facial nerve reanimation	No		
4510	Facial reanimation in facial paralysis, unilateral	No		
4625	Eyelid operations in facial paralysis	No		Visual fields must be supplied with claim form

## PLASTIC AND RECONSTRUCTIVE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
856598	Consultant Plastic & Reconstructive Surgeon Private Rooms Higher 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

## RELEASE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4705	Contractures, extensive, straightening of hand and inlay grafts	No		
4710	Contractures, localised, division and graft	No		
4711	Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger	No		
4712	Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger including simple fasciectomy to another finger	No		



## REPAIR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4371	Escharotomy	No		
4730	Injury to hand, major, multiple repair of tendons, nerves and skin	No		
4735	Injury to hand, moderate, wound repair or graft	No		
4760	Nerve repair, primary, single or multiple	No	Day Care	
4765	Nerve repair in extensively scarred hand	No		
4781	Repair of bifid thumb	No		
4785	Syndactyly, repair of, single	No		
4790	Syndactyly, repair of, multiple	No		
4805	Tendon repair, single	No		
4810	Tendon repair, multiple	No		
5630	Repair of cirroid aneurysm of the scalp	No		

## REPLANTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4991	Replantation, per digit	No		
4992	Replantation, hand (mid palm)	No		
4993	Replantation, hand (wrist)	No		
4994	Replantation, forearm	No		
4996	Replantation, foot	No		
4997	Replantation, scalp following major trauma only	No		
4998	Replantation, ear	No		
4999	Replantation of thumb including carpometacarpal joint to metacarpophalangeal joint, complete amputation, with or without microvascular anastomosis	No		

## SCARRING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4405	Scar excisions (per scar) flexion, fingers, elbows, groin, knees	No	Day Care	
4410	Z plasty (per scar) flexion, fingers, elbows, groin, knees	No	Day Care	
4544	Keloids and hypertrophic scars intralesional injection of triamcinolone, extensive, seven or more lesions or one lesion larger than 5 sq.cm where general anaesthetic is medically necessary; by consultant Plastic Surgeon registered with Irish Life Health only (I.P.)	No	Independent Procedure, Side Room	

## SKIN GRAFT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4541	Skin grafting of granulating wound less than 9% of body surface	No		
4542	Skin grafting of wound between 9% and 18% of body surface	No		
4543	Skin grafting of wound greater than 18% of body surface	No		

## TECHNICAL FEE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
856599	Consultant Plastic & Reconstructive 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

## TISSUE EXPANDERS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4551	Insertion of tissue expanders (other than breast) includes subsequent expansion(s)	No		
4552	Removal of expander (other than breast)	No		
4553	Removal of expander (other than breast) and inserting of expanded skin	No		

## TRANSFER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4502	Free muscle transfer, pectoralis minor, gracilis or extensor digitorum brevis as a second stage procedure to code 4501	No		
4782	Toe to hand transfer	No		
4815	Tendon transplants, for restoration of opposition	No		
4820	Tendon transfers for paralysis, multiple	No		

## TRAUMA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4489	Facial trauma, suturing of facial nerve	No		
4491	Facial trauma, suturing of facial nerve branch	No		
4492	Facial trauma, grafting of facial nerve, sural nerve, greater auricular nerve	No		