

# Urology

Schedule of Benefits  
for Professional Fees

## ANASTOMOSIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
906699	Consultant Urologist 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

## BIOPSY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
687	Penis, amputation of, total	No		
709	Laparoscopic surgical prostatectomy, retropubic radical, including nerve sparing (includes robotic assisted prostatectomy with the Da Vinci Prostatectomy Radical system)	No		
736	Orchidopexy, abdominal approach for intra-abdominal testis	No	Day Care	
740	Testicular biopsy (needle) (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
948	Laparoscopy, surgical; pyeloplasty	No		

## BLADDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
834	Insertion of tunnelled intraperitoneal catheter for dialysis, permanent	No		Refer to procedure 838 for the removal of permanent intraperitoneal cannula catheter for drainage for dialysis (not for the removal of Hickman, Broviac, Vascath, or similar)
838	Removal of tunnelled intraperitoneal catheter	No		
841	Removal of permanent shunt for haemodialysis access (not for the removal of dialysis catheter)	No	Day Care	
843	Bladder, instillation of anticarcinogenic agent (BCG medac)	No	Side Room	
844	Trials of micturition for urinary retention post-surgery (I.P.)	No	Independent Procedure, Side Room	Management of patient to include intravenous infusion of antibiotic, bladder instillation, removal of catheter and re-catheterisation of failure to void as appropriate
846	Botulinum toxin injection to bladder wall (I.P.)	No	Independent Procedure, Day Care	Only for idiopathic or neurogenic detrusor over activity in patients who have not responded to conservative treatments (maximum of one injection payable per 6 month period since the last injection)
850	Bladder neck, transurethral resection of	No		

## BLADDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
855	Primary transurethral resection of bladder tumour(s), one or more (for diathermy of, use 885)	No		
865	Cystectomy, partial	No		
875	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis	No		
877	Cystectomy, complete, with continent diversion, any technique, using any segment of small and/ or large bowel to construct neobladder	No		
878	Appendico-vesicostomy (Mitrofanoff procedure)	No		
879	Cutaneous vesicostomy (I.P.)	No	Independent Procedure	
881	Cystoscopy with removal of JJ stent	No	Day Care	Not claimable within 90 days of use of Code 887 - see code 904881 for use when a JJ Stent is subsequently removed. Not claimable with Code 973
882	Cystoscopy, with or without biopsy, including stress testing for female stress urinary incontinence or male post prostatectomy incontinence (I.P.)	No	Independent Procedure, Day Care	
883	Cystoscopy with or without biopsy, with prostatic biopsy (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
884	Cystoscopy with or without biopsy (I.P.)	No	Independent Procedure, Day Care, Diagnostic, Monitored Anaesthesia Care	Where code 1029 is performed on the same day and in a different physical location in the hospital, then the payment indicator Independent Procedure will not apply for consultant fees only.
885	Cystoscopy with diathermy to bladder tumour(s) (I.P.)	No	Independent Procedure, Day Care	
887	Cystoscopy with insertion of JJ stent	No		Not claimable within 90 days of code 881 - see code 904881 for use when a JJ stent is originally inserted within this time frame. Not claimable with code 973 or 59103
888	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	No		
889	Cystourethroscopy with resection or fulguration of ectopic ureterocele(s) unilateral or bilateral in paediatric cases	No		
890	Cystoscopy with ureteric catheterisation (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
891	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g. balloon dilation, laser, electrocautery and incision)	No		
892	Cystoscopy with insertion of thermo-expandable metallic stent for relief of chronic ureteric stricture only	No		

## BLADDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
895	Cystoscopy with ureteroscopy and removal of ureteric calculus (I.P.)	No	Independent Procedure	
896	Change of cystostomy tube (I.P.)	No	Independent Procedure, Side Room	
897	Cystolithotomy	No		
898	Percutaneous suprapubic cystostomy (I.P.)	No	Independent Procedure, Side Room, Local Anaesthetic	
899	Substitution cystoplasty	No		
901	Closure of ruptured bladder (intraperitoneal)	No		
906	Augmentation cystoplasty	No		
907	Bladder neck, transurethral incision of	No		
908	Excision of ureterocele in children including reconstruction and repair of sphincters including reimplantation of ureters	No		
923	Kidney transplant	No		
956	Renal cyst puncture and aspiration	No		
1015	Urethral dilatation (I.P.)	No	Independent Procedure, Side Room	
1030	Optical urethrotomy (I.P.)	No	Independent Procedure	1 Night Only
1032	Implantation of inflatable urethral/ bladder neck sphincter, including placement of pump, reservoir and cuff (AUS)	No		

## BLADDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4682	Insertion of inflatable penile prosthesis	No		<p>The use of such implants is limited to consultant Urologists with supported specialised knowledge, skill and expertise/ training in this area and who perform at 30 of these cases annually in any given hospital</p> <p>The clinical conditions considered appropriate for the use of such prosthesis are:</p> <ul style="list-style-type: none"> <li>(a) Post radical prostatectomy</li> <li>(b) Post cystectomy</li> <li>(c) Post major colonic/ colorectal surgery</li> <li>(d) Post radiotherapy/ cancer treatment to penis/ prostate</li> <li>(e) For persons suffering from confirmed prolonged Type 1 or type 2 diabetes which causes erectile dysfunction due to diabetic related complications, urethral injury, pelvic fracture causing urethral injury which leads to long term erectile dysfunction</li> </ul> <p>Clinical indicators:</p> <ul style="list-style-type: none"> <li>(i) This is a 3rd line therapy following at least 3 years of erectile dysfunction following failure of oral medication prescribed by a consultant Urologist and/ or consultant Psychiatrist and following failure (where appropriate) of the use of inter-cavernous injections and use of vacuum pump devices</li> <li>(ii) Patients will also have undergone a prolonged course of psychological and psychotherapy evaluation and advice and/ or including medication</li> <li>(iii) The life expectancy of the above prosthesis will be expected to be a minimum of 15 years (subject to any clinical reasons e.g. infection)</li> </ul>
4691	Young-Dees operation	No		
5056	Insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: trial stage (I.P.)	Yes	Independent Procedure, Day Care	<ul style="list-style-type: none"> <li>(a) Treatment of urge urinary incontinence or symptoms or urge-frequency when all of the following criteria are met: <ul style="list-style-type: none"> <li>(i) The member has experienced urge urinary incontinence or symptoms of urge frequency for at least 12 months and the condition has resulted in significant disability (the frequency and/ or severity of symptoms limits the members ability to participate in activities of daily living) and</li> <li>(ii) Pharmacotherapies (i.e. at least 2 different anti-cholinergic drugs or a combination of this and a tricyclic depressant) as well as behavioural treatments (e.g. pelvic floor exercises, bio feedback and fluid management) and related activities have failed</li> </ul> </li> <li>(b) Treatment of non-obstructive urinary retention when all of the following criteria are met: <ul style="list-style-type: none"> <li>(i) The member has experienced urinary retention for at least 12 months and the condition has resulted in significant disability (this frequency and/ or severity of symptoms are limiting the members ability to participate in activities of daily living) and</li> <li>(ii) Pharmacotherapies (e.g. beta blockers and cholinergics, anti biotics for urinary tract infections) as well as intermittent catheterisation have failed or are not well tolerated</li> </ul> </li> </ul>
5057	Insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: permanent implantation (I.P.)	Yes	Independent Procedure	<p>1 Night Only. Conditions of payment for procedure code 5057 are as follows:</p> <ul style="list-style-type: none"> <li>(a) Treatment of urge incontinence or symptoms of urge frequency provided test stimulation of the patient satisfies the criteria indicating at least 50% decrease in symptoms</li> <li>(b) Treatment of non-obstructive urinary retention provided test stimulation of the patient satisfies the criteria indicating at least 50% decrease in residual urinary volume</li> </ul>
904750	Radical Urethrectomy (I.P.)	No		

## CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
904881	Insertion and subsequent exchange/removal of JJ Stent within 90 days	No		Cannot be claimed in conjunction with codes 881 or 887

## DIALYSIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
755	Varicocelectomy	No	Day Care	
822	Creation of permanent shunt for haemodialysis access, involving dissection of vessel/ tunnelling, insertion of graft and suturing to vein and artery	No		
823	Home based peritoneal dialysis, self dialysis training (max. 18 sessions)	No		Max. 18 Sessions
824	Management of chronic peritoneal dialysis, in the patient's home or at a hospital out-patient department	No		Monthly benefit. Inclusive of all Consultant care.
825	Evaluation of a new patient initiating intermittent peritoneal dialysis during a hospital admission, includes insertion of dialysis catheter , and the initial dialysis session (once only per member, use procedure code 826 for subsequent dialysis during same admission)	No		Paid once only for 1st session. For subsequent sessions use code 826
826	Intermittent peritoneal dialysis subsequent to procedure code 825, during the same hospital admission, per session	No		
828	Intermittent peritoneal dialysis during a subsequent hospital admission, of one night or more, necessitated by an intercurrent illness, per session	No		
830	Evaluation of a new patient initiating peritoneal dialysis during a hospital admission, includes insertion of temporary intraperitoneal catheter, and the initial dialysis session (once only per member, use procedure code 831 for subsequent in-patient exchanges)	No		Paid once only for 1st session For subsequent sessions use code 831
831	For each subsequent peritoneal dialysis exchange during an overnight hospital stay	No		
836	Bladder, instillation of anticarcinogenic agent (Mitomycin C)	No	Side Room	
837	Continuous venovenous haemofiltration or dialysis (CVVH/CVVHD) in a critically ill patient, per day	No		
839	Bladder, instillation of therapeutic agent for interstitial cystitis	No	Side Room	
5911	Ureteroscopy & contact lithotripsy with placement/ removal of JJ stent, one or more sessions per hospital stay (I.P.)	No	Independent Procedure	

## GENITALIA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
645	Epididymectomy, unilateral (I.P.)	No	Independent Procedure, Day Care	

## GENITALIA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
655	Hydrocelectomy, bilateral (I.P.)	No	Independent Procedure	1 Night Only
668	Urethroplasty for repair of prostatic or membranous urethral stricture, complete procedure	No		
669	Orchidectomy, radical, for cancer, inguinal approach	No		
670	Orchidectomy, bilateral (I.P.)	No	Independent Procedure	
671	Subcutaneous testosterone implantation for hypogonadotropic hypogonadism	No	Side Room	
672	Drainage of intra-scrotal abscess (I.P.)	No	Independent Procedure	
673	Orchidectomy, radical, for cancer, inguinal approach including artificial prosthesis	No		
674	Orchidectomy, radical, for cancer, with abdominal exploration	No		
677	Hypospadias, meatal advancement and glanduloplasty (MAGPI) procedure	No	Day Care	
679	Orchidectomy, radical, for cancer, with abdominal exploration including artificial prosthesis	No		
681	Injection of corpora cavernosa with pharmacologic agent(s) (e.g. papaverine, phentolamine)	No	Side Room	
682	Circumcision (I.P.)	No	Independent Procedure, Day Care	To include where performed Balanitis Xerotica Obliterans (BXO) of foreskin and 3 layer circumcision in children where appropriate
685	Penis, amputation of, partial	No		
688	Biopsy of penis (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
692	Excision of penile plaque with or without graft	No		
693	Nesbit procedure (plastic operation on penis to correct angulation)	No		
694	Removal of penile prosthesis	No		
695	Prepuce, dorsal incision of	No	Day Care	
696	Release of priapism (needle drainage)	No		
697	Excision of epididymal cyst(s), unilateral (I.P.)	No	Independent Procedure, Day Care	
698	Excision of epididymal cyst(s), bilateral (I.P.)	No	Independent Procedure, Day Care	
703	Insertion of an endourethral stent for urethral stricture	No	Day Care	
713	Biopsy of prostate (perineal or transrectal) includes ultrasound guidance (I.P.)	No	Independent Procedure, Side Room, Diagnostic	

## GENITALIA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
714	Laparoscopy, orchidopexy for intra-abdominal testis	No	Day Care	
716	Laser enucleation of the prostate with morcellation including control of post-operative bleeding, complete (meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	No		1 Night Only
720	Orchidopexy, inguinal approach with or without hernia repair, bilateral (I.P.)	No	Independent Procedure, Day Care	
735	Orchidopexy, unilateral for torsion with exploration and/ or fixation of opposite side	No		
741	Testicular biopsy (open surgical) (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
742	Testicular prosthesis, insertion/ replacement/ removal of, unilateral	No	Day Care	
743	Testicular prosthesis, insertion/ replacement/ removal of, bilateral	No		
989	Sling operation for the correction of male incontinence, with synthetic implant (I.P.)	No	Independent Procedure	1 Night Only
992	Pubovaginal sling urethropexy with tension-free vaginal tape (TVT)	No		1 Night Only
993	Vesico colic fistula, excision of, and sigmoid colectomy	No		
996	Ureteric substitution (with bowel segment)	No		
4676	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/ or island flap	No		
4681	Insertion of malleable penile prosthesis	No		<p>The use of such implants is limited to consultant Urologists with supported specialised knowledge, skill and expertise/ training in this area and who perform at 30 of these cases annually in any given hospital</p> <p>The clinical conditions considered appropriate for the use of such prosthesis are:</p> <ul style="list-style-type: none"> <li>(a) Post radical prostatectomy</li> <li>(b) Post cystectomy</li> <li>(c) Post major colonic/ colorectal surgery</li> <li>(d) Post radiotherapy/ cancer treatment to penis/ prostate</li> <li>(e) For persons suffering from confirmed prolonged Type 1 or type 2 diabetes which causes erectile dysfunction due to diabetic related complications, urethral injury, pelvic fracture causing urethral injury which leads to long term erectile dysfunction</li> </ul> <p>Clinical indicators:</p> <ul style="list-style-type: none"> <li>(i) This is a 3rd line therapy following at least 3 years of erectile dysfunction following failure of oral medication prescribed by a consultant Urologist and/ or consultant Psychiatrist and following failure (where appropriate) of the use of inter-cavernous injections and use of vacuum pump devices</li> <li>(ii) Patients will also have undergone a prolonged course of psychological and psychotherapy evaluation and advice and/ or including medication</li> <li>(iii) The life expectancy of the above prosthesis will be expected to be a minimum of 15 years (subject to any clinical reasons e.g. infection)</li> </ul>



## KIDNEY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
910	Excision of bladder diverticulum	No		
915	Embolisation of haemangioma of kidney	No		
916	Laparoscopy, partial nephrectomy, includes robotic approach	No		
917	Laparoscopy, radical nephrectomy	No		
918	Laparoscopy, surgical, nephrectomy, with total ureterectomy	No		
919	Laparoscopy, surgical, nephrectomy, including partial ureterectomy	No		
920	Nephrectomy, partial	No		
921	Radical nephrectomy (includes adrenalectomy and para-aortic lymph nodes)	No		
922	Radical nephrectomy including caval extension above and/or below liver	No		
924	Litholapaxy	No		1 Night Only
925	Simple nephrectomy	No		
930	Nephrolithotomy	No		
931	Percutaneous nephrolithotomy, with or without guidance	No		
933	Percutaneous nephrolithotomy stag-horn calculus, with or without guidance	No		
934	Percutaneous nephrostomy with or without antegrade pyelogram or stent placement	No		
936	Percutaneous tract formation for renal stone removal by another consultant (I.P.)	No	Independent Procedure	
937	Living donor nephrectomy	No		
938	Nephrectomy with total ureterectomy and bladder cuff, through same incision	No		
939	Nephrectomy with total ureterectomy and bladder cuff, through separate incisions	No		
940	Pyelolithotomy	No		
941	Percutaneous nephrolithotomy, pelvic or calyceal involving contact lithotripsy, with or without guidance	No		
945	Pyeloplasty	No		
946	Pyeloplasty, complicated (congenital kidney abnormality secondary pyeloplasty, solitary kidney, calycooplasty) neonate up to one year of age	No		

## KIDNEY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
947	Radical nephrectomy in children (e.g. Wilms tumour) with contralateral exploration	No		
955	Renal needle biopsy, including ultrasound guidance	No	Diagnostic	
5845	Ileal conduit and bowel anastomosis	No		
5933	Insertion of vascath or similar for haemodialysis	No		
59101	Extracorporeal shock wave lithotripsy (ESWL) - as directed by a consultant Urologist for urinary tract stone(s), who has interpreted the relevant radiological tests/ scans and is present as the commencement and cessation of the session of therapy	No		For procedure code 59101, 59102 where monitored anaesthesia is required, claims must be supported by a medical report from the consultant Anaesthetist outlining the necessity for monitored anaesthesia
59102	Extracorporeal shock wave lithotripsy (ESWL) - as directed and prescribed by a consultant Urologist for urinary tract stone(s), who has interpreted the relevant radiological tests/ scans and where the consultant is not present for the duration of the treatment	No		For procedure code 59101, 59102 where monitored anaesthesia is required, claims must be supported by a medical report from the consultant Anaesthetist outlining the necessity for monitored anaesthesia

## PROSTATE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
699	Epididymectomy, bilateral (I.P.)	No	Independent Procedure	
700	Transurethral prostatectomy	No		
704	Epididymovasostomy, bilateral	No		
707	Laser (Green Light) vaporisation of prostate including control of post-operative bleeding, complete (meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	No		1 Night Only
708	Open prostatectomy	No		
715	Orchidopexy, inguinal approach with or without hernia repair, unilateral (I.P.)	No	Independent Procedure, Day Care	
571512	Pubovaginal sling urethropexy with autologous or allogenic fascia	No		
904091	Urolift implant treatment known as prostatic urethral lift (PUL) for benign prostatic hypertrophy (BPH) to a maximum of 5 pins	No		Once every 5 years maximum
904730	Rezum under GA, for treatment of lower urinary tract symptoms (LUTS)	No	Day Care	For patients with an IPSS Score >13, Qmax less than 15ml/s, poor tolerance of medication for control of BPH and prostate volume greater than 30cc

## URETER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
974	Cystourethroscopy, with ureteroscopy and/ or pyeloscopy; with resection of urethral or renal pelvic tumour	No		
975	Open ureterolithotomy	No		
981	Ureterolysis, unilateral, by laparotomy approach (I.P.)	No	Independent Procedure	
982	Ureterolysis, bilateral, by laparotomy approach (I.P.)	No	Independent Procedure	
983	Ureteric reimplantation, unilateral for reflux, stricture or fistula (I.P.)	No	Independent Procedure	
984	STING procedure (initial) for vesicoureteric reflux (initial) (I.P.)	No	Independent Procedure, Day Care	
986	Ureteric reimplantation, bilateral for reflux, stricture or fistula (I.P.)	No	Independent Procedure	
987	STING procedure for vesicoureteric reflux (repeat)	No	Day Care	
994	Pubovaginal sling with cystocele repair or rectocele repair	No		
995	Ureterostomy, unilateral	No		
997	Pubovaginal sling including cystocele and rectocele repair	No		
998	Sling operation for the correction of male incontinence, without implant (I.P.)	No	Independent Procedure	1 Night Only. Benefit payable for patients who are 6 months post-prostatectomy, who have had no improvement in the severity of urinary incontinence despite trials of behavioural and pharmacological therapies

## URETHRA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
660	Hydrocelectomy, unilateral (I.P.)	No	Independent Procedure	1 Night Only
664	Meatoplasty (for meatotomy use code 665) (I.P.)	No	Independent Procedure, Day Care	
665	Meatotomy (I.P.)	No	Independent Procedure, Day Care	
666	Urethroplasty for penile or bulbar urethral stricture	No		
667	Acute repair of rupture of membranous urethra	No		
675	Orchidectomy, unilateral (I.P.)	No	Independent Procedure	
676	Removal of implanted inflatable urethral/ bladder neck sphincter, including pump, reservoir and cuff (AUS)	No		
701	Radical retropubic nerve sparing prostatectomy (includes bilateral pelvic lymph adenectomy with bladder neck reconstruction and anastomosis to the urethra)	No		

## URETHRA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
960	Open suprapubic cystostomy (I.P.)	No	Independent Procedure	
973	Cystourethroscopy, with ureteroscopy and/ or pyeloscopy; diagnostic	No	Diagnostic	1 Night Only
1000	Ureterostomy, bilateral	No		
1029	Complex uroflowmetry (using calibrated electronic equipment); for evaluation of bladder outlet obstruction and uncomplicated urge incontinence with or without ultrasound, with post void residual ultrasound screening (including counselling and clinical direction)	No	Side Room	Where code 884 is performed on the same day and in a different physical location in the hospital, then the payment indicator Independent Procedure will not apply for consultant fees only.
1031	Complex cystometrogram using calibrated electronic equipment and urethral pressure profile studies (minimum of 2 fills), with measurement of post-voiding residual urine by ultrasound	No	Side Room	
4645	Closure of bladder exstrophy	No		
4660	Epispadias, reconstruction of urethra	No		
4670	Hypospadias, fistula closure	No		
4675	Hypospadias, reconstruction of urethra	No		
59103	Intra renal flexible ureterorenoscopy for intra renal stones	No	Day Care	