

Urology

Schedule of Benefits for Professional Fees

PRI\	PRIVATE ROOMS TECHNICAL FEE BENEFIT				
Code	Description	Pre- Approval Required	Payment Rules		
906699	Consultant Urologist Private Rooms Technical Fee				

BIOF	BIOPSY			
Code	Description	Pre- Approval Required	Payment Rules	
688	Biopsy of penis (I.P.)	No		
713	Biopsy of prostate (perineal or transrectal) includes ultrasound guidance (I.P.)	No		
740	Testicular biopsy (needle) (I.P.)	No		
741	Testicular biopsy (open surgical) (I.P.)	No		
955	Renal needle biopsy, including ultrasound guidance	No		

BLA	BLADDER				
Code		Pre- Approval Required	Payment Rules		
836	Bladder, instillation of anticarcinogenic agent (Mitomycin C)	No			
839	Bladder, instillation of therapeutic agent for interstitial cystitis	No			
843	Bladder, instillation of anticarcinogenic agent (BCG medac)	No			
844	Trials of micturition for urinary retention post-surgery (I.P.)	No			

BLADDER Code Description Approval Payment Rules Required Only one injection covered per 6 month period. Your consultant knows that there are certain medical criteria that must be met Botulinum toxin injection to bladder wall (I.P.) No when having this procedure. We urge you to discuss these directly with your consultant. Bladder neck, transurethral resection of No Primary transurethral resection of bladder tumour(s), one or more (for diathermy of, use 885) No Cystectomy, partial No Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis No Cystectomy, complete, with continent diversion, any technique, using any segment of small and/ or large bowel to construct No neobladder Appendico-vesicostomy (Mitrofanoff procedure) No Cutaneous vesicostomy (I.P.) No Cystoscopy with removal of JJ stent No Cystoscopy, with or without biopsy, including stress testing for female stress urinary incontinence or male post prostatectomy 882 No incontinence (I.P.) Cystoscopy with or without biopsy, with prostatic biopsy (I.P.) No Cystoscopy with or without biopsy (I.P.) No Cystoscopy with diathermy to bladder tumour(s) (I.P.) No Cystoscopy with insertion of JJ stent No Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive No 888 hypertrophic mucosal folds Cystourethroscopy with resection or fulguration of ectopic ureterocele(s) unilateral or bilateral in paediatric cases No Cystoscopy with ureteric catheterisation (I.P.) No Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (e.g. balloon dilation, laser, electrocautery and No incision) Cystoscopy with insertion of thermo-expandable metallic stent for relief of chronic ureteric stricture only No Cystoscopy with ureteroscopy and removal of ureteric calculus (I.P.) No

BLA	BLADDER				
Code	Description	Pre- Approval Required	Payment Rules		
896	Change of cystostomy tube (I.P.)	No			
897	Cystolithotomy	No			
898	Percutaneous suprapubic cystostomy (I.P.)	No			
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			
910	Excision of bladder diverticulum	No			
924	Litholapaxy	No			
960	Open suprapubic cystostomy (I.P.)	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			
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			
4645	Closure of bladder exstrophy	No			
4691	Young-Dees operation	No			
5056	Insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: trial stage (I.P.)	Yes	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant.		
5057	Insertion of neurostimulator pulse generator and electrodes: sacral nerve for bladder muscle control: permanent implantation (I.P.)	Yes			
5845	Ileal conduit and bowel anastomosis	No			
904881	Insertion and subsequent exchange/removal of JJ Stent within 90 days	No			

DIAL	DIALYSIS					
Code	Description	Pre- Approval Required	Payment Rules			
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	You are covered for a max of 18 training sessions.			
824	Management of chronic peritoneal dialysis, in the patient's home or at a hospital out-patient department	No				
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				
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 inpatient exchanges)	No				
831	For each subsequent peritoneal dialysis exchange during an overnight hospital stay	No				
833	Management of chronic peritoneal dialysis, in the patient's home or at a hospital out-patient department (inclusive of all consultant care), monthly benefit	No				
834	Insertion of tunnelled intraperitoneal catheter for dialysis, permanent	No				
837	Continuous venovenous haemofiltration or dialysis (CWH/CWHD) in a critically ill patient, per day	No				
838	Removal of tunnelled intraperitoneal catheter	No				
841	Removal of permanent shunt for haemodialysis access (not for the removal of dialysis catheter)	No				
5933	Insertion of vascath or similar for haemodialysis	No				

GEN	GENITALIA					
Code	Description	Pre- Approval Required	Payment Rules			
645	Epididymectomy, unilateral (I.P.)	No				
655	Hydrocelectomy, bilateral (I.P.)	No				
660	Hydrocelectomy, unilateral (I.P.)	No				
669	Orchidectomy, radical, for cancer, inguinal approach	No				
670	Orchidectomy, bilateral (I.P.)	No				
671	Subcutaneous testosterone implantation for hypogonadotrophic hypogonadism	No				
672	Drainage of intra-scrotal abscess (I.P.)	No				
673	Orchidectomy, radical, for cancer, inguinal approach including artificial prosthesis	No				
674	Orchidectomy, radical, for cancer, with abdominal exploration	No				
675	Orchidectomy, unilateral (I.P.)	No				
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				
682	Circumcision (I.P)	No	To include where performed Balanatis Xerotica Obliterans (BXO) of foreskin and 3 layer circumcision where clinically appropriate.			
685	Penis, amputation of, partial	No				
687	Penis, amputation of, total	No				
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				
696	Release of priapism (needle drainage)	No				
697	Excision of epididymal cyst(s), unilateral (I.P.)	No				
698	Excision of epididymal cyst(s), bilateral (I.P.)	No				
699	Epididymectomy, bilateral (I.P.)	No				

GEN	GENITALIA					
Code	Description	Pre- Approval Required	Payment Rules			
704	Epididymovasostomy, bilateral	No				
714	Laparoscopy, orchidopexy for intra-abdominal testis	No				
715	Orchidopexy, inguinal approach with or without hernia repair, unilateral (I.P.)	No				
720	Orchidopexy, inguinal approach with or without hernia repair, bilateral (I.P.)	No				
735	Orchidopexy, unilateral for torsion with exploration and/ or fixation of opposite side	No				
736	Orchidopexy, abdominal approach for intra-abdominal testis	No				
742	Testicular prosthesis, insertion/ replacement/ removal of, unilateral	No				
743	Testicular prosthesis, insertion/ replacement/ removal of, bilateral	No				
755	Varicocelectomy	No				
992	Pubovaginal sling urethropexy with tension-free vaginal tape (TVT)	No				
993	Vesico colic fistula, excision of, and sigmoid colectomy	No				
994	Pubovaginal sling with cystocele repair or rectocele repair	No				
997	Pubovaginal sling including cystocele and rectocele repair	No				
4681	Insertion of malleable penile prosthesis	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant.			
4682	Insertion of inflatable penile prosthesis	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant.			

KID	IDNEY			
Code		Pre- Approval Required	Payment Rules	
915	Embolisation of haemangioma of kidney	No		
916	Laparoscopy, partial nephrectomy, includes robotic approach	No		
917	Laparoscopy, radical nephrectomy	No		

KIDNEY Code Description Approval Payment Rules Required Laparoscopy, surgical, nephrectomy, with total ureterectomy No Laparoscopy, surgical, nephrectomy, including partial ureterectomy No 920 Nephrectomy, partial No Radical nephrectomy (includes adrenalectomy and para-aortic lymph nodes) No Radical nephrectomy including caval extension above and/ or below liver No Kidney transplant No Simple nephrectomy No Nephrolithotomy No Percutaneous nephrolithotomy, with or without guidance No Percutaneous nephrolithotomy stag-horn calculus, with or without guidance No Percutaneous nephrostomy with or without antegrade pyelogram or stent placement No Percutaneous tract formation for renal stone removal by another consultant (I.P.) No Living donor nephrectomy No 937 Nephrectomy with total ureterectomy and bladder cuff, through same incision No Nephrectomy with total ureterectomy and bladder cuff, through separate incisions No 939 Pyelolithotomy No 940 Percutaneous nephrolithotomy, pelvic or calyceal involving contact lithotripsy, with or without guidance No 945 Pyeloplasty No Pyeloplasty, complicated (congenital kidney abnormality secondary pyeloplasty, solitary kidney, calycoplasty) neonate up to No one year of age Radical nephrectomy in children (e.g. Wilms tumour) with contralateral exploration No Laparoscopy, surgical; pyeloplasty No Renal cyst puncture and aspiration No Ureteroscopy & contact lithotripsy with placement/removal of JJ stent, one or more sessions per hospital stay (I.P.) No

KIDN	KIDNEY				
Code	Description	Pre- Approval Required	Payment Rules		
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			
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			
59103	Intra renal flexible ureterorenoscopy for intra renal stones	No			

PRO	PROSTATE				
Code	Description	Pre- Approval Required	Payment Rules		
700	Transurethral prostatectomy	No			
701	Radical retropubic nerve sparing prostatectomy (includes bilateral pelvic lymph adenectomy with bladder neck reconstruction and anastomosis to the urethra)	No			
707	Laser (Green Light) vaporisation of prostate including control of post-operative bleeding, complete (meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal uretherotomy and transurethral resection of prostate are included if performed)	No			
708	Open prostatectomy	No			
709	Laparoscopic surgical prostatectomy, retropubic radical, including nerve sparing (includes robotic assisted prostatectomy)	No			
716	Laser enucleation of the prostate with morcellation including control of post-operative bleeding, complete (meatotomy, cystourethroscopy, urethral calibration and/ or dilation, internal uretherotomy and transurethral resection of prostate are included if performed)	No			
904091	Urolift implant treatment known as prostatic urethral lift (PUL) for benign prostatic hypertrophy (BPH) to a maximum of 5 pins	No	Payable once every 5 years		
904730	Rezum under GA, for treatment of lower urinary tract symptoms (LUTS)	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant.		

URE	URETER				
Code	Description	Pre- Approval Required	Payment Rules		
975	Open ureterolithotomy	No			
981	Ureterolysis, unilateral, by laparotomy approach (I.P.)	No			
982	Ureterolysis, bilateral, by laparotomy approach (I.P.)	No			
983	Ureteric reimplantation, unilateral for reflux, stricture or fistula (I.P.)	No			
984	STING procedure (initial) for vesicoureteric reflux (initial) (I.P.)	No			
986	Ureteric reimplantation, bilateral for reflux, stricture or fistula (I.P.)	No			
987	STING procedure for vesicoureteric reflux (repeat)	No			
989	Sling operation for the correction of male incontinence, with synthetic implant (I.P.)	No			
995	Ureterostomy, unilateral	No			
996	Ureteric substitution (with bowel segment)	No			
998	Sling operation for the correction of male incontinence, without implant (I.P.)	No			
1000	Ureterostomy, bilateral	No			

URE	URETHRA				
Code	Description	Pre- Approval Required	Payment Rules		
664	Meatoplasty (for meatotomy use code 665) (I.P.)	No			
665	Meatotomy (I.P.)	No			
666	Urethroplasty for penile or bulbar urethral stricture	No			
667	Acute repair of rupture of membranous urethra	No			
668	Urethroplasty for repair of prostatic or membranous urethral stricture, complete procedure	No			
676	Removal of implanted inflatable urethral/ bladder neck sphincter, including pump, reservoir and cuff (AUS)	No			
677	Hypospadias, meatal advancement and glanduloplasty (MAGPI) procedure	No			

URETHRA			
Code	Description	Pre- Approval Required	Payment Rules
703	Insertion of an endourethral stent for urethral stricture	No	
973	Cystourethroscopy, with ureteroscopy and/ or pyeloscopy; diagnostic	No	
974	Cystourethroscopy, with ureteroscopy and/ or pyeloscopy; with resection of urethral or renal pelvic tumour	No	
1015	Urethral dilatation (I.P.)	No	
1030	Optical urethrotomy (I.P.)	No	
1032	Implantation of inflatable urethral/ bladder neck sphincter, including placement of pump, reservoir and cuff (AUS)	No	
4660	Epispadias, reconstruction of urethra	No	
4670	Hypospadias, fistula closure	No	
4675	Hypospadias, reconstruction of urethra	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	
571512	Pubovaginal sling urethropexy with autologous or allogenic fascia	No	
904750	Radical Urethrectomy (I.P.)	No	