

Knee Arthroscopy Claim Form

This form should be completed by the Consultant who provides the services listed below and billed in line with IrishLife Health's Schedule of Benefits for Professional fees and Ground Rules. This form should be completed in full and accompany the Hospital Claim Form, as failure to do so will result in a return of the claim form to the hospital.

- > 3818 - Arthroscopy of knee, surgical; with lateral release
- > 3819 - Arthroscopy, knee, diagnostic, with or without synovial biopsy (I.P.)
- > 3820 - Cartilage(s), removal of, knee
- > 3821 - Arthroscopy and removal of cartilage, knee, with meniscectomy (medial or lateral including meniscal shaving) including debridement/ shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed (I.P.)
- > 3822 - Arthroscopy of the knee for removal of loose body or foreign body, synovectomy, debridement (I.P.)
- > 3831 - Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)
- > 3832 - Arthroscopy, knee, surgical; osteochondral allograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)
- > 3839 - Arthroscopy of knee with meniscus repair by suture fixation (medial and/ or lateral)

Patient Details

Name										
Date of Birth (dd/mm/yy)										
Irish Life Health Membership Number										

Hospital Details

Hospital for Administration										
Date of Surgery (dd/mm/yy)										

To be Completed by the Requesting Consultant

Treatment Details

How long has the patient had the symptoms: (in weeks)	
Has the patient been assessed by a physiotherapist or physical therapist:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, briefly what was the result of the physiotherapy intervention:	
Why do you suspect meniscal pathology?	
Does examination suggest acute locking or entrapment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the patient complain of clicking, catching or locking:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the patient had an MRI :	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , briefly what did the MRI identify:	

Declaration

I hereby declare that the treatment I am claiming for was medically necessary and that the treatment was appropriate for the patient's medical condition as described on this form.

Signature:										
Date: (dd/mm/yyyy)										
Irish Life Health Doctor Code:										