Irish Life health

Maxillofacial, Periodontal, Oral & Dental Surgery

Schedule of Benefits for Professional Fees

2023

ANAESTHSIA

Code	Description	Pre-Approval Required	Payment Rules
398	Paediatric Dental - General Anaesthesia (I.P.)	Yes	For use for approved paediatric dentistry procedures where the child is treated under GA.

CORONECTOMY

Code	Description	Pre-Approval Required	Payment Rules
29761	The planned surgical removal of the crown of an impacted tooth to preserve the inferior dental nerve, where radiographic evidence suggests the nerve is at risk on complete tooth removal	Yes	
418996	Coronectomy	No	An alternative treatment to complete extraction due to potential neurovascular injury as a result of the proximity of roots to the inferior alveolar nerve.

GINGIVECTOMY

Code	Description	Pre-Approval Required	Payment Rules
2953	Gingivectomy, one to four teeth	No	Gingivectomy is taken to include the removal of surface deposits from the roots. For codes 2953, 2954, and 2956 benefit is only approved in cases of severe gingival hyperplasia and which, in the opinion of Irish Life Health's dental advisors, are not treatable by conservative methods. Irish Life Health may seek full clinical details, x-rays and scans, or if more appropriate, photographs and pocket depths, in order to provide the deepest pocket depth for each tooth involved in gingival/ periodontal surgery on the pocket depth chart.
2954	Gingivectomy, five to eleven teeth	No	Gingivectomy is taken to include the removal of surface deposits from the roots. For codes 2953, 2954, and 2956 benefit is only approved in cases of severe gingival hyperplasia and which, in the opinion of Irish Life Health's dental advisors, are not treatable by conservative methods. Irish Life Health may seek full clinical details, x-rays and scans, or if more appropriate, photographs and pocket depths, in order to provide the deepest pocket depth for each tooth involved in gingival/ periodontal surgery on the pocket depth chart.
2956	Gingivectomy, twelve or more teeth	No	Gingivectomy is taken to include the removal of surface deposits from the roots. For codes 2953, 2954, and 2956 benefit is only approved in cases of severe gingival hyperplasia and which, in the opinion of Irish Life Health's dental advisors, are not treatable by conservative methods. Irish Life Health may seek full clinical details, x-rays and scans, or if more appropriate, photographs and pocket depths, in order to provide the deepest pocket depth for each tooth involved in gingival/ periodontal surgery on the pocket depth chart.

IMPACTED TOOTH

Code	Description	Pre-Approval Required	Payment Rules
2973	Removal of one upper impacted or unerupted tooth	No	
2974	Removal of two upper impacted or unerupted teeth	No	
2976	Removal of one lower impacted or unerupted tooth	No	
2977	Removal of two lower impacted or unerupted teeth	No	
2978	Removal of one impacted or unerupted canine tooth	No	
2979	Removal of two impacted or unerupted canine teeth	No	

IMPACTED TOOTH

Code	Description	Pre-Approval Required	Payment Rules
2981	Removal of four or more impacted or unerupted teeth	No	
2982	Removal of three impacted or unerupted teeth which includes two lower teeth	No	
2983	Removal of three impacted or unerupted teeth which includes two upper teeth	No	
2984	Removal of one upper and one lower impacted or unerupted tooth	No	
3001	Surgical exposure and repositioning of an impacted tooth	No	
3002	Surgical exposure and repositioning of impacted teeth	No	
3032	Removal of an impacted or unerupted tooth in a patient 16 years or younger under general anaesthetic	No	
3033	Removal of two impacted or unerupted teeth in a patient 16 years or younger under general anaesthetic	No	
3036	Open surgical exposure of a single impacted tooth in compact bone in patients 16 years or younger	No	

MAXILLOFACIAL

Code	Description	Pre-Approval Required	Payment Rules
3011	Temporomandibular joint, reconstruction osteotomy of ramus and joint with costochondral graft (I.P.)	No	
3012	Temporomandibular joint, open surgical correction of dislocation (I.P.)	No	
3013	Le Fort I osteotomy (includes segmental or cleft) with or without graft	No	
3014	Le Fort II osteotomy (includes via bicoronal flap) with or without graft	No	
3016	Osseointegrated mandibular implant including second stage abutment installation	No	The professional fee benefit as detailed in this schedule is payable for non-cosmetic osseointegrated mandibular implants. This benefit is restricted to those who otherwise would be unable to wear a conventional full denture on the lower arch. Benefit is not payable for implants where: (a) A patient is partially dentate in the lower arch (b) A patient has no remaining natural teeth in the mandible opposing a natural dentition in the upper jaw or maxilla, unless there are exceptional circumstances In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.
3017	Two osseointegrated mandibular implants including second stage abutment installation	No	The professional fee benefit as detailed in this schedule is payable for non-cosmetic osseointegrated mandibular implants. This benefit is restricted to those who otherwise would be unable to wear a conventional full denture on the lower arch. Benefit is not payable for implants where: (a) A patient is partially dentate in the lower arch (b) A patient has no remaining natural teeth in the mandible opposing a natural dentition in the upper jaw or maxilla, unless there are exceptional circumstances In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.
3018	Three osseointegrated mandibular implants including second stage abutment installation	No	The professional fee benefit as detailed in this schedule is payable for non-cosmetic osseointegrated mandibular implants. This benefit is restricted to those who otherwise would be unable to wear a conventional full denture on the lower arch. Benefit is not payable for implants where: (a) A patient is partially dentate in the lower arch (b) A patient has no remaining natural teeth in the mandible opposing a natural dentition in the upper jaw or maxilla, unless there are exceptional circumstances In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.

MAXILLOFACIAL

Code	Description	Pre-Approval Required	Payment Rules
3019	Four osseointegrated mandibular implants including second stage abutment installation	No	The professional fee benefit as detailed in this schedule is payable for non-cosmetic osseointegrated mandibular implants. This benefit is restricted to those who otherwise would be unable to wear a conventional full denture on the lower arch. Benefit is not payable for implants where: (a) A patient is partially dentate in the lower arch (b) A patient has no remaining natural teeth in the mandible opposing a natural dentition in the upper jaw or maxilla, unless there are exceptional circumstances In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.
3021	Five osseointegrated mandibular implants including second stage abutment installation	No	The professional fee benefit as detailed in this schedule is payable for non-cosmetic osseointegrated mandibular implants. This benefit is restricted to those who otherwise would be unable to wear a conventional full denture on the lower arch. Benefit is not payable for implants where: (a) A patient is partially dentate in the lower arch (b) A patient has no remaining natural teeth in the mandible opposing a natural dentition in the upper jaw or maxilla, unless there are exceptional circumstances In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.
3022	Six or more osseointegrated mandibular implants including second stage abutment installation	No	The professional fee benefit as detailed in this schedule is payable for non-cosmetic osseointegrated mandibular implants. This benefit is restricted to those who otherwise would be unable to wear a conventional full denture on the lower arch. Benefit is not payable for implants where: (a) A patient is partially dentate in the lower arch (b) A patient has no remaining natural teeth in the mandible opposing a natural dentition in the upper jaw or maxilla, unless there are exceptional circumstances In addition, a grant-in-aid of €532.29 is payable per implant towards the cost of the implant components.
3024	Le Fort III osteotomy via bicoronal flap with or without graft with Le Fort I	No	
3026	Reconstruction midface, osteotomies (other than Le Fort I type) and bone grafts (includes obtaining autografts) (includes via bicoronal flap)	No	
3027	Sagittal split osteotomy with or without graft	No	
3028	Vertical ramus osteotomy, intraoral or extraoral with or without graft	No	
3029	Zygomatic osteotomy, unilateral	No	
3030	Tuberosity's, reduction of	No	
430310	Osteotomy segmental of maxilla and mandible	No	

ODONTOMA

Code	Description	Pre-Approval Required	Payment Rules
2985	Odontoma, excision of (I.P.)	No	
3034	Surgical removal of odontoma(s) in a patient 16 years or younger under general anaesthetic	No	

OTHER DENTAL PROCEDURES

Code	Description	Pre-Approval Required	Payment Rules
2940	Dental cysts of maxilla or mandible	No	Cystic tissue removed in the process of tooth or root resection and extractions, surgical or otherwise, is considered to be an integral part of that surgical treatment and is not a separate procedure.
2980	Labial frenectomy with dissection of tissue	No	

OTHER DENTAL PROCEDURES

Code	Description	Pre-Approval Required	Payment Rules
3015	Reimplantation of tooth in socket with splinting	No	
3020	Simple cysts or epulis, palate or floor of mouth, excision of	No	
3025	Small tumours of dental origin, removal of, includes biopsy	No	
3037	Open surgical exposure of two teeth in compact bone in patients 16 years or younger	No	

PERIDONTAL PROCEDURE

Code	Description	Pre-Approval Required	Payment Rules
2996	Periodontal mucoperiosteal flap surgery, one to four teeth	No	For codes 2996, 2997 and 2998, the term periodontal mucoperiosteal flap surgery is used to denote the incisions and subsequent elevation of a mucogingival flap in order to gain access to tooth roots for the purpose of root planning, curettage, osseous surgery and placements of grafts. Benefit only applies when flaps are raised in order to gain access to periodontal sites where pocket depths are 6mm or more. ILH have been advised that periodontal surgical procedures have been replaced by more conservative (closed) methods of treatment, such as root planning or scaling. These procedures are not covered by Irish Life Health In exceptional cases, where serious periodontal disease is present which, in the opinion of Irish Life Health's dental advisors, is not treatable by conservative methods and where pocket depths are 6mm or more. Irish Life Health will consider such cases for payment Prior notification, including full clinical details, relevant radiographs and pocket depths, should be sent to Irish Life Health for this purpose. It is necessary to provide the deepest pocket depth for each tooth involved in gingival/ periodontal surgery on the pocket depths chart in order to have precertification approval.
2997	Periodontal mucoperiosteal flap surgery, five to eleven teeth	No	For codes 2996, 2997 and 2998, the term periodontal mucoperiosteal flap surgery is used to denote the incisions and subsequent elevation of a mucogingival flap in order to gain access to tooth roots for the purpose of root planning, curettage, osseous surgery and placements of grafts. Benefit only applies when flaps are raised in order to gain access to periodontal sites where pocket depths are 6mm or more. ILH have been advised that periodontal surgical procedures have been replaced by more conservative (closed) methods of treatment, such as root planning or scaling. These procedures are not covered by Irish Life Health In exceptional cases, where serious periodontal disease is present which, in the opinion of Irish Life Health's dental advisors, is not treatable by conservative methods and where pocket depths are 6mm or more. Irish Life Health will consider such cases for payment Prior notification, including full clinical details, relevant radiographs and pocket depths, should be sent to Irish Life Health for this purpose. It is necessary to provide the deepest pocket depth for each tooth involved in gingival/ periodontal surgery on the pocket depths chart in order to have precertification approval.
2998	Periodontal mucoperiosteal flap surgery, twelve or more teeth	No	For codes 2996, 2997 and 2998, the term periodontal mucoperiosteal flap surgery is used to denote the incisions and subsequent elevation of a mucogingival flap in order to gain access to tooth roots for the purpose of root planning, curettage, osseous surgery and placements of grafts. Benefit only applies when flaps are raised in order to gain access to periodontal sites where pocket depths are 6mm or more. ILH have been advised that periodontal surgical procedures have been replaced by more conservative (closed) methods of treatment, such as root planning or scaling. These procedures are not covered by Irish Life Health In exceptional cases, where serious periodontal disease is present which, in the opinion of Irish Life Health's dental advisors, is not treatable by conservative methods and where pocket depths are 6mm or more. Irish Life Health will consider such cases for payment Prior notification, including full clinical details, relevant radiographs and pocket depths, should be sent to Irish Life Health for this purpose. It is necessary to provide the deepest pocket depth for each tooth involved in gingival/ periodontal surgery on the pocket depths chart in order to have precertification approval.

ROOT RESECTION/ REMOVAL

Code	Description	Pre-Approval Required	Payment Rules
2930	Buried tooth roots, (includes more than one root) of one tooth, removal of	No	For codes 2930 and 2935, the term "buried roots" refers to roots which are firmly invested in bone and require surgical removal of bone to effect their excision. Benefit does not apply to superficial roots which can be removed with simple elevation. Please note that the benefit in respect of the removal of impacted or buried teeth and roots includes the removal of the follicle or associated pathological tissue such as abscess, granulomatous and/ or cystic tissue.

ROOT RESECTION/ REMOVAL

Code	Description	Pre-Approval Required	Payment Rules
2935	Buried tooth roots, (multiple) of teeth, removal of	No	For codes 2930 and 2935, the term "buried roots" refers to roots which are firmly invested in bone and require surgical removal of bone to effect their excision. Benefit does not apply to superficial roots which can be removed with simple elevation. Please note that the benefit in respect of the removal of impacted or buried teeth and roots includes the removal of the follicle or associated pathological tissue such as abscess, granulomatous and/ or cystic tissue.
3005	Root resection or apicectomy, single, with or without cyst removal and apical curettage	No	
3010	Root resection or apicectomy, multiple, with or without cyst removal and apical curettage	No	

TOOTH EXTRACTION

Code	Description	Pre-Approval Required	Payment Rules
2950	Extraction of teeth (more than six permanent teeth) with or without alveolectomy	No	
994410	Consultation Review, Extraction and bone graft on same day	No	
994411	Extraction of more than 6 teeth with or without alveolectomy, in a patient 16 years or younger under general anaesthetic	No	