

Ear, Nose & Throat

Schedule of Benefits
for Professional Fees

BRONCHOSCOPY

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|--------|--|--|-----------------------|--|
| 1994 | Bronchoscopy; diagnostic, flexible with or without one of the following: (a) bronchoalveolar lavage, (b) cell washing or brushing, (c) bronchial biopsy (I.P.) | No | No | Where a code 2004 or a code 2113 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. |
| 1999 | Bronchoscopy with laser ablation/ resection of tumour (I.P.) | No | No | |
| 2004 | Bronchoscopy with transbronchial biopsy of tumour(s), nodule(s) or lymph node(s) with or without fluoroscopic or endobronchial ultrasound (EBUS) guidance (includes washing or brushings, if performed) (I.P.) | No | No | Where a Code 1994 or 2113 are 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. |
| 2012 | Bronchoscopy with or without bronchial biopsy (claimable for patients less than 2 years old) (I.P.) | No | No | Benefit is claimable for patients less than 2 years old only |
| 2013 | Bronchoscopy; rigid, under general anaesthetic (I.P.) | No | No | |
| 2014 | Bronchoscopy and airway evaluation in patients with suspected (on the basis of severe sleep disturbance) or proven sleep apnoea (I.P.) | No | No | |
| 2020 | Bronchoscopy with removal of foreign body (includes foreign body removal by rigid endoscopy) (I.P.) | No | No | |
| 231652 | Bronchoscopy, rigid or flexible including fluoroscopic guidance with EBUS (endobronchial ultrasound) guided transtracheal and/or transbronchial sampling from one or two mediastinal and/ or hilar lymph node stations or structures (I.P.) | No | No | |
| 231653 | Bronchoscopy, rigid or flexible including fluoroscopic guidance with EBUS (endobronchial ultrasound) guided transtracheal and/or transbronchial sampling from three or more mediastinal and/ or hilar lymph node stations or structures (I.P.) | No | No | |
| 941921 | Combined bronchoscopy with laser ablation/ resection of tumour and full pulmonary function studies for the diagnosis and assessment of obstructive or restrictive lung disease (I.P.) | No | No | To be eligible for this benefit, the rules from codes 1999 & 2113 apply plus the procedures must be performed: (a) On the same day and (b) In the same approved Irish Life Health approved hospital and (c) By the same consultant. |

EAR

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|---------------|
| 1665 | Atresia of auricle, 2 or 3 stages, correction of (per stage) (I.P.) | No | No | |
| 1666 | Attico antrotomy, unilateral | No | No | |
| 1670 | Excision/ repair external ear; soft tissue lesion(s), polyp/ polyps or repair of split ear lobe(s) or other trauma, one or both ears | Yes | No | |

EAR

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|---------------|
| 1671 | Debridement of ear canal and micro inspection of tympanic membrane unilateral or bilateral, requiring the use of an operating microscope and a hospital operating theatre e.g. in chronic otitis media or keratosis obturans (not for routine syringing, cleaning or the removal of impacted cerumen) (I.P.) | Yes | No | |
| 1672 | Labyrinthectomy, with or without cryosurgery including other non excisional destructive procedures or perfusion of vestibuloactive drugs, single perfusion, transcanal | No | No | |
| 1675 | Drainage of external ear, abscess or haematoma | Yes | No | |
| 1680 | External auditory canal, excision of tumour | No | No | |
| 1685 | External auditory canal, removal of exostosis or osteoma | No | No | |
| 1686 | External auditory canal, reconstruction of (meatoplasty) (e.g. for stenosis due to trauma, infection) (I.P.) | No | No | |
| 1690 | Facial nerve decompression (in temporal bone) | No | No | |
| 1695 | Facial nerve graft (in temporal bone) | No | No | |
| 1700 | Foreign body, removal from ear, under general anaesthetic (I.P.) | Yes | No | |
| 1701 | Labyrinthectomy; transcanal | No | No | |
| 1710 | Mastoidectomy, radical with or without labyrinthectomy | No | No | |
| 1715 | Mastoidectomy, simple | No | No | |
| 1730 | Myringoplasty, surgery confined to drumhead and donor area (not for the removal of myringotomy tubes) (I.P.) | No | No | |
| 1735 | Myringotomy, unilateral | No | No | |
| 1740 | Myringotomy, bilateral | No | No | |
| 1741 | Removal of drain tube(s) under general anaesthetic | No | No | |
| 1751 | Pinna, total excision | No | No | |
| 1752 | Pinna, partial excision with flap reconstruction | No | No | |
| 1753 | Pinna, partial excision and graft | No | No | |
| 1755 | Preauricular sinus, excision of | No | No | |
| 1760 | Saccus endolymphaticus for Meniere's Disease | No | No | |
| 1770 | Stapedectomy | No | No | |
| 1771 | Stapedectomy with plastic reconstruction of ossicles | No | No | |

EAR

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|--------|--|--|-----------------------|---------------|
| 1785 | Myringotomy with insertion of grommet | No | No | |
| 1786 | Myringotomy, bilateral, with insertion of grommets | No | No | |
| 1788 | Tympanic membrane repair, with or without site preparation or perforation for closure, with or without patch (not for the removal of myringotomy tubes) (I.P.) | No | No | |
| 1790 | Tympanoplasty with elevation of tympanomeatal flap (I.P.) | No | No | |
| 5980 | Combined approach tympanoplasty (with mastoidotomy) | No | No | |
| 309012 | Debridement of post-mastoidectomy cavity and micro-inspection of tympanic membrane, unilateral and/ or bilateral, in a hospital theatre via microscope | Yes | No | |
| 309021 | Transcranial excision of glomus tympanicum tumour (I.P.) | No | No | |
| 309022 | Transmastoid excision of glomus tympanicum tumour (I.P.) | No | No | |

LARYNX

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|---|--|-----------------------|---------------|
| 2030 | Laryngoscopy, flexible/ rigid under topical anaesthesia (I.P.) | Yes | No | |
| 2031 | Laryngoscopy, direct, operative with biopsy (I.P.) | No | No | |
| 2032 | Laryngoscopy, direct, with or without tracheostomy, with dilatation (I.P.) | No | No | |
| 2040 | Laryngectomy, all forms including vertical hemi-laryngectomy and tracheostomy | No | No | |
| 2050 | Laryngofissure, external operation on | No | No | |
| 2051 | Laryngoplasty, (type 1 thyroplasty) including transcervical placement of an implant (e.g. for burns, reconstruction after partial laryngectomy or post thyroid surgery) | No | No | |
| 2053 | Aryepiglottoplasty for the management of laryngomalacia in a multi-disciplinary team approach to care for a child under one year of age | No | No | |
| 2054 | Microsurgery with CO2 laser for the complete removal of laryngeal cancer | No | No | |
| 2055 | Lateral pharyngotomy | No | No | |
| 2056 | Microsurgery of larynx with complete removal of benign or malignant lesions (not for biopsy of lesions - code 2031) (I.P.) | No | No | |
| 2057 | Vocal cord augmentation (injection of teflon) | No | No | |

LARYNX

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|---------------|
| 2058 | Botulinum toxin injections for laryngeal dysphonia | No | No | |

NOSE AND ACCESSORY SINUSES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|---|--|-----------------------|---|
| 1745 | Nostril closure, for atrophic rhinitis | No | No | |
| 1800 | Epistaxis - anterior packing and/ or cautery (I.P.) | Yes | No | Where this procedure is done in a setting which does not require hospital admission, the "Participating Benefit - No Hospital Admission" applies. This benefit covers both the professional and the facility fee. |
| 1805 | Epistaxis - posterior packing and/ or cautery (I.P.) | Yes | No | |
| 1810 | Epistaxis, anterior ethmoidal and/ or internal maxillary artery ligation (I.P.) | No | No | |
| 1815 | Foreign body, removal from nose, under general anaesthetic | No | No | |
| 1820 | Polypectomy, single (I.P.) | Yes | No | |
| 1825 | Polypectomy, multiple (I.P.) | No | No | |
| 1830 | Accessory sinuses, open operations on, unilateral (including Caldwell Luc) | No | No | |
| 1840 | Accessory sinuses, open operations on, bilateral (including Caldwell Luc) | No | No | |
| 1850 | Antral biopsy | No | No | |
| 1855 | Antral puncture (antrotomy) and washout unilateral (I.P.) | No | No | |
| 1860 | Antral puncture (antrotomy) and washout bilateral (I.P.) | No | No | |
| 1875 | Sinusotomy with or without biopsy, with mucosal stripping or removal of polyp(s) | No | No | |
| 1879 | Nasal/ sinus endoscopy, surgical, with control of nasal haemorrhage, when medically necessary to perform under general anaesthetic (I.P.) | No | No | |
| 1880 | Nasal/ sinus endoscopy, surgical, with antrostomy, unilateral | No | No | |
| 1885 | Nasal/ sinus endoscopy, surgical, with antrostomy, bilateral | No | No | |
| 1890 | Repair of choanal atresia, intranasal | No | No | |
| 1895 | Repair of choanal atresia, transpalatine | No | No | |

NOSE AND ACCESSORY SINUSES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|---|--|-----------------------|--|
| 1896 | Crawford tube insertion, unilateral | No | No | |
| 1897 | Crawford tube insertion, bilateral | No | No | |
| 1900 | Ethmoid area, malignant tumour excision | No | No | |
| 1904 | Nasal/ sinus endoscopy (using an endoscope), diagnostic, unilateral or bilateral (this code is not payable for planned routine follow-ups to any other ENT procedure e.g. for splint, removal, washout, healing check etc.) (I.P.) | Yes | No | |
| 1905 | Nasal/ sinus endoscopy, surgical with biopsy, polypectomy or removal of diseased mucosa, lesions or debridement (this code is not payable for planned routine follow-ups to any other ENT procedure e.g. for splint, removal, washout, healing check etc.) (I.P.) | No | No | |
| 1910 | Ethmoidectomy, extranasal, unilateral | No | No | |
| 1915 | Ethmoidectomy, extranasal, bilateral | No | No | |
| 1920 | Ethmoidectomy, intranasal, unilateral | No | No | |
| 1925 | Ethmoidectomy, intranasal, bilateral (includes code 1992) | No | No | Includes Code 1992 |
| 1935 | External frontal sinus exploration | No | No | |
| 1940 | External frontal sinus operation for malignant disease | No | No | |
| 1945 | External rhinotomy, with drainage of ethmoid frontal or maxillary sinuses | No | No | |
| 1968 | Nasal septum, insertion of prosthetic button | No | No | |
| 1969 | Plastic repair of nasal septum (complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session) (I.P.) | No | No | |
| 1970 | Nasal septum, submucous resection of | No | No | |
| 1980 | Naso pharyngeal tumour, excision of | No | No | |
| 1985 | Oro antral fistula, closure of by means of surgical advancement of mucoperiosteal flap (does not apply for simple suturing or closure of socket immediately following extraction e.g. tooth/ teeth) (I.P.) | No | No | |
| 1990 | Cauterisation and/ or ablation, mucosa of turbinates, unilateral or bilateral, any method, superficial (I.P.) | Yes | No | |
| 1992 | Nasal/ sinus endoscopy, surgical with ethmoidectomy (partial or total) bilateral | No | No | May not be charged in conjunction with code 1993 |
| 1993 | Nasal/ sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus, including ethmoidectomy | No | No | May not be charged in conjunction with code 1992 |
| 4525 | Rhinoplasty (complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session) (I.P.) | No | No | |

NOSE AND ACCESSORY SINUSES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|--------|--|--|-----------------------|---|
| 5975 | Rhinoplasty, primary, including major septal repair (I.P.) | No | No | Complete procedure, includes the removal of splints, washouts. Procedure codes 1904 or 1905 are not payable at a subsequent session |
| 231260 | Plastic repair of nasal septum (complete procedure, includes the removal of splints, washouts) with nasal/ sinus endoscopy and antrostomy (I.P.) | No | No | Procedure codes 1904 or 1905 are not payable at a subsequent session |
| 304010 | Surgical nasal/ sinus endoscopy with ethmoidectomy (partial or total), unilateral | No | No | |

OESOPHAGUS

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|---------------|
| 2062 | Oesophagoscopy, rigid under general anaesthesia, with or without biopsy, with or without dilatation (I.P.) | No | No | |
| 2063 | Oesophagoscopy with radiofrequency ablation for Barrett's oesophagus with high grade dysplasia | No | No | |
| 2070 | Oesophagoscopy with removal of foreign body (I.P.) | No | No | |
| 2074 | Upper gastrointestinal endoscopy with oesophageal dilatation and laser therapy | No | No | |
| 2079 | Oesophagoscopy with multiple injection or banding of oesophageal varices | No | No | |
| 2081 | Balloon dilatation of the oesophagus (includes endoscopy) | No | No | |
| 2132 | Tracheoesophageal puncture and insertion of prosthesis | No | No | |
| 5840 | Oesophageal motility (manometric) studies with or without 24 hour pH recording | No | No | |
| 5900 | Cricopharyngeal myotomy (I.P.) | No | No | |

OTHER ENT PROCEDURES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|---------------|
| 2096 | Drainage and marsupialisation of cyst | No | No | |
| 2116 | Panendoscopy under general anaesthetic for patients with a biopsy-confirmed diagnosis of cancer to include oral cavity, oro-pharynx, naso-pharynx, hypo-pharynx and larynx, oesophagoscopy, with or without bronchoscopies, initial work-up prior to surgery, radiotherapy or both | No | No | |

PHARYNX

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|---------------|
| 1995 | Abscess (retropharyngeal), incision and drainage (internal pharyngotomy) | No | No | |
| 2085 | Pharyngeal pouch or diverticulum, excision of | No | No | |
| 2090 | Pharyngeal pouch or diverticulum, endoscopic diathermy division | No | No | |
| 2100 | Pharyngolaryngectomy | No | No | |
| 2115 | Incision and drainage, abscess; retropharyngeal or parapharyngeal | No | No | |

PULMONARY FUNCTION TESTS

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|--|
| 2007 | Inhalation bronchial challenge with histamine, methacholine, or similar compounds (I.P.) | No | No | |
| 2113 | Full pulmonary function studies for the diagnosis and assessment of obstructive or restrictive lung disease (I.P.) | Yes | No | <p>Full pulmonary function studies only claimable in the circumstances described as follow and must include as a minimum:</p> <ul style="list-style-type: none"> (a) Spirometry (b) Flow volume loop (c) Measurement of static lung volumes (d) Diffusing capacity <p>Where a Code 1994 or 2004 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.</p> |
| 2141 | Prolonged post exposure evaluation of bronchospasm after exercise, with multiple spirometric determinations as in 2113 including measurement of thoracic gas volume and expired gas determinations | No | No | |

SLEEP STUDIES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|---|
| 2117 | Polysomnography, limited sleep study together with initiation of nasal CPAP titration for sleep apnoea performed during the same admission (I.P.) | No | No | <p>1 Night or Side Room. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO₂ is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |
| 2118 | Polysomnography, limited sleep study together with two nasal CPAP titration procedures for sleep apnoea performed during the same admission (I.P.) | No | No | <p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO₂ is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |

SLEEP STUDIES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|---|--|-----------------------|--|
| 2119 | Polysomnography, full study with initiation of nasal CPAP titration for sleep apnoea together with a second nasal CPAP titration procedure performed for sleep apnoea during the same admission (I.P.) | No | No | <p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram.</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO₂ is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |
| 2121 | Polysomnography, full study with Multiple Sleep Latency testing (MSLT) or maintenance of wakefulness, testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness during the same admission (I.P.) | No | No | <p>Payable in the following circumstances only:</p> <ul style="list-style-type: none"> (a) When excessive daytime sleepiness interferes with the performance of routine daily tasks and clinical features do not suggest a diagnosis of sleep apnoea (b) When the Multiple Sleep Latency Test is needed to demonstrate sleep onset REM periods for the diagnosis of narcolepsy. Procedure codes 2148 and 2121 refer to multiple trials during the day to objectively assess sleep tendency by measuring the number of minutes it takes a patient to fall asleep Parameters necessary for sleep staging (including 1-4 channels of EEG, EOG and EMG) are recorded. |
| 2122 | Initial nasal CPAP titration for sleep apnoea together with a second nasal CPAP titration procedure performed for sleep apnoea during the same admission (I.P.) | Yes | No | <p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram.</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO₂ is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |

SLEEP STUDIES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--------------------------------------|--|-----------------------|---|
| 2139 | Polysomnography, full study | No | No | <p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO2 is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |
| 2142 | Polysomnography, limited sleep study | No | No | <p>1 Night or Side Room. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO2 is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |

SLEEP STUDIES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|--|--|-----------------------|---|
| 2143 | Polysomnography, full study with initiation of nasal continuous airway pressure (CPAP) titration for sleep apnoea (I.P.) | No | No | <p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO₂ is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |
| 2144 | Nasal CPAP titration for sleep apnoea (I.P.) | Yes | No | <p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO₂ is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |
| 2148 | Multiple Sleep Latency Testing (MSLT) or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness | Yes | No | <p>Payable in the following circumstances only:</p> <ul style="list-style-type: none"> (a) When excessive daytime sleepiness interferes with the performance of routine daily tasks and clinical features do not suggest a diagnosis of sleep apnoea (b) When the Multiple Sleep Latency Test is needed to demonstrate sleep onset REM periods for the diagnosis of narcolepsy. Procedure codes 2148 and 2121 refer to multiple trials during the day to objectively assess sleep tendency by measuring the number of minutes it takes a patient to fall asleep Parameters necessary for sleep staging (including 1-4 channels of EEG, EOG and EMG) are recorded. |

SLEEP STUDIES

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|--------|---|--|-----------------------|--|
| 2157 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate and oxygen saturation, unattended by a technologist (I.P) | No | No | |
| 292144 | Nasal CPAP titration for sleep apnoea (I.P) | No | No | <p>Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. This study should be attended by a technologist in an Irish Life Health recognised sleep laboratory and sleep must be recorded and staged for the study to be reported as polysomnography Polysomnography must include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram</p> <p>Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring <p>Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors:</p> <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO2 is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias. |

SLEEP STUDIES - HOME BASED

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|--------|--|--|-----------------------|--|
| 292116 | Home based, initiation of CPAP / non invasive ventilation (NIV) incorporating patient education and the use of telemonitoring system | No | No | Out of Hospital Code - where the patient attends an education session in the hospital, is linked with a CPAP device which is used in the patients home. The CPAP device must enable the Irish Life Health recognised consultant to monitor the patient remotely over several nights (rather than a single inpatient titration study) and adjust pressures / settings etc remotely. home-based initiation of CPAP / non invasive ventilation (NIV) incorporating patient education and the use of telemonitoring system. Manufacturer's invoice for device must be supplied upon request. |

SLEEP STUDIES - HOME BASED

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|--------|---|--|-----------------------|--|
| 292117 | Polysomnography, home based, limited sleep study together with initiation of nasal CPAP titration for sleep apnoea (I.P.) | No | No | <p>Out of Hospital code. Codes for polysomnography refers to the continuous and simultaneous monitoring and recording of at least 4 parameters of sleep for 4 or more hours with Physician review, interpretation and report. Sleep must be recorded and staged for the study to be reported as polysomnography. Polysomnography may or may not include a 1-4 lead electroencephalogram (EEG), and electro-oculogram (EOG), and a submental electromyogram. Additional parameters of sleep include:</p> <ul style="list-style-type: none"> (a) ECG (b) Airflow (c) Ventilation and respiratory effort (d) Gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis (e) Extremity muscle activity, motor activity-movement (f) Extended EEG monitoring (g) Penile tumescence (h) Gastro-oesophageal reflux (i) Continuous blood pressure monitoring. Reimbursement for polysomnography procedures codes is not claimable in the following circumstances except by special report to and agreement of Irish Life Health's Medical Advisors: <ul style="list-style-type: none"> (a) Patients with COPD whose awake PaO2 is > 55 mm Hg and are free of complications (b) Patients with restrictive chest wall, neuromuscular or interstitial lung disease who are not chronically hypo ventilating and who are free of polycythaemia, pulmonary hypertension, disturbed sleep, morning headaches or daytime somnolence and fatigue (c) Patients that have the risk factors for sleep apnoea of obesity and/ or snoring but are free of any symptoms of sleep apnoea (d) Patients with systemic hypertension (e) Patients with nocturnal non-specific cardiac arrhythmias |
| 292142 | Polysomnography, home based, limited sleep study | No | No | <p>Out of Hospital Code - The procedure is performed under the supervision of an Irish Life Health recognised consultant with an approved, technically adequate diagnostic device which incorporates a minimum of the following sensors: nasal pressure, chest and abdominal respiratory inductance plethysmography, and oximetry and is for the diagnosis of OSA (obstructive sleep apnoea) in patients with a high pre-test probability of moderate to severe OSA.</p> |
| 292143 | Polysomnography, home based, limited sleep study including the supply and use of an approved clinical Sleep Apnoea measurement device | No | No | <p>Out of Hospital Code - The procedure is performed under the supervision of an Irish Life Health recognised consultant and includes the supply and use of an approved, technically adequate diagnostic device which incorporates a minimum of the following sensors: : peripheral arterial tonometry (PAT) with oximetry and actigraphy and is for the diagnosis of OSA (obstructive sleep apnoea) in patients with a high pre-test probability of moderate to severe OSA. Manufacturer's invoice for device must be supplied upon request.</p> |

TONSILS

| Code | Description | Payable with Private Rooms Technical Benefit | Pre-Approval Required | Payment Rules |
|------|---|--|-----------------------|---------------|
| 2125 | Tonsils and/ or adenoids (adults and children over 12), removal of | No | No | |
| 2130 | Tonsils and/ or adenoids (children under 12 years), removal of | No | No | |
| 2131 | Tonsils or tonsils and adenoids, secondary surgical intervention for the arrest of haemorrhage requiring general anaesthetic, following the first operation | No | No | |