Changes to Legislation: as of 3 November 2026, this Act is up to date with all changes known to be in force.



S.I. No. 83 *of* 1996

HEALTH INSURANCE ACT 1994 (MINIMUM BENEFIT) REGULATIONS 1996

REVISED

Updated to 1 July 2024

This Revised Statutory Instrument is an administrative consolidation of *Health Insurance Act 1994 (Minimum Benefit) Regulations 1996*. It is prepared by the Law Reform Commission in accordance with its function under *Law Reform Commission Act 1975* (3/1975) to keep the law under review and to undertake revision and consolidation of statute law.

All Acts up to and including *Health (Assisted Human Reproduction) Act 2024* (18/2024), enacted 2 July 2024, and all statutory instruments up to and including *International Protection Act 2015 (Safe Countries of Origin) (Amendment) (No. 2) Order 2024* (S.I. No. 327 of 2024), made 1 July 2024, were considered in the preparation of this Revised Statutory Instrument.

Disclaimer: While every care has been taken in the preparation of this Revised Act, the Law Reform Commission can assume no responsibility for and give no guarantees, undertakings or warranties concerning the accuracy, completeness or up to date nature of the information provided and does not accept any liability whatsoever arising from any errors or omissions. Please notify any errors, omissions and comments by email to revisedacts@lawreform.ie.

S.I. No. 83 *of* 1996

HEALTH INSURANCE ACT 1994 (REGISTRATION) REGULATIONS 1996

REVISED

Updated to 1 July 2024

The Minister for Health in exercise of the powers conferred on him by and of the (No. 16 of 1994) hereby makes the following Regulations—

PART 1

GENERAL

1. These Regulations may be cited as the Health Insurance Act 1994 (Minimum Benefit) Regulations 1996.

2. These Regulations shall come into operation on the 28th day of March, 1996.

3. In these Regulations—

"appropriate health services" means health services in relation to the diagnosis or treatment of the illness or injury of a patient which would be accepted generally by the medical profession as appropriate and necessary having regard to good standards of medical practice and to the nature and cost of any alternative forms of treatment as well as to all of the circumstances relevant to the patient;

"benefit year" means a period of a year from—

(*a*) the commencement of a health insurance contract, or

(*b*) the anniversary of the commencement of a health insurance contract;

"day-patient day" means a day, including a day upon which an inpatient stay commences and ceases, during the course of which a fully insured person is maintained in private hospital accommodation for the purpose of receiving day-patient services;

"day-patient services" means health services provided in, or by persons attached to, a hospital where the patient is admitted on an elective basis for care and/or treatment which does not require the use of a hospital bed overnight and is discharged as scheduled;

"dependent person" has the meaning assigned to it by section 1 of the Health (Nursing Homes) Act 1990;

"excess" means an amount by which in specified circumstances a payment shall be reduced provided that such amount shall never be greater than the payment before any such reduction;

"fully insured person" means an insured person named in a health insurance contract other than a contract which relates solely to one or both of the following—

(*a*) F1**[**relevant**]** health services; or

(*b*) public hospital daily in-patient charges made under Regulations pursuant to Section 53 of the Health Act 1970;

"health services provider" means a publicly- funded hospital, private hospital, registered nursing home or hospital consultant, as appropriate;

"hospital consultant" means a registered medical practitioner who holds a current full registration with the Irish Medical Council and is engaged in hospital practice and who, by reason of his or her training, skill and experience in a designated speciality, is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care on which he or she has been consulted, without supervision in professional matters by any other person;

"initial waiting period" has the meaning assigned to it in the F1**[**Health Insurance Act 2001 (Open Enrolment) Regulations 2005**]**;

"in-patient day" means a day during an in-patient stay where the day on which that stay ceased is deemed a whole day and the day on which that stay commenced is disregarded except that if that stay commenced and ceased on the same day then that day shall be deemed a day-patient day;

"in-patient services" means in-patient services within the meaning of the Health Act, 1970, but excluding day-patient services;

"in-patient stay" means a continuous period during which a fully insured person is maintained in private hospital accommodation for the purpose of receiving in-patient services, such period—

(*a*) to commence on the later of the occurrence of the following events—

(i) the most recent admission or transfer of that person to private hospital accommodation; or

(ii) the cessation of the most recent previous in-patient stay in respect of that person; and

(*b*) to cease on the occurrence of the earlier of the following events—

(i) the next subsequent discharge or transfer of that person from private hospital accommodation;

(ii) the death of that person; or

(iii) a designation of the cessation of that period by the registered undertaking which effected the health insurance contract under which that person is named

provided that the effect of a designation under sub-paragraph (iii) shall not be to cause such a period to comprise less than five in-patient days or a day-patient day;

"insured person" means a person named in a health insurance contract as an insured person or an infant born to a person named in a health insurance contract provided that in the case of an infant the person who effected the health insurance contract requests that the health insurance contract be altered to name such infant as an insured person, and pays the appropriate premium in respect of such infant, within 13 weeks of the date of birth of the infant;

"nursing home" has the meaning assigned to it in section 2 of the Health (Nursing Homes) Act 1990;

"pathological procedure" has the meaning assigned to it in Schedule C of these Regulations;

"pre-existing condition waiting period" has the meaning assigned to it in the F1**[**Health Insurance Act 2001 (Open Enrolment) Regulations 2005**]**;

"prescribed health services" means—

(*a*) in-patient services

(*b*) day-patient services

(*c*) out-patient services

(*d*) health services provided by a hospital consultant whether in a hospital setting or otherwise which are appropriate health services and the sole purpose of which is the medical investigation, treatment, cure, or alleviation of the symptoms, of illness or injury but excluding—

(i) treatment directly or indirectly arising from or required in connection with male and female birth control, infertility and any form of assisted reproduction;

(ii) dental, orosurgical or orthodontic treatment or consultation with a dental practitioner, other than those services prescribed in Schedule C of these Regulations;

(iii) cosmetic services or treatment except the correction of accidental disfigurement or significant congenital disfigurement;

(iv) health services relating to eating disorders or weight reduction;

(v) preventive health services such as check-ups or screenings;

(vi) health services provided by a nursing home other than a registered nursing home;

(vii) nursing care, whether provided in an institution or otherwise, to persons who are dependent persons other than such care provided in the course or consequence of the provision of in-patient, day-patient or out-patient services;

(viii) health services received overseas;

(ix)health services provided other than

(I) as a result of the insured person having been referred to the health services provider by a registered medical practitioner; or

(II) in an emergency; or

(III) in connection with an obstetric condition;

(x) health services necessitated directly or indirectly by war or civil disturbance;

"prescribed minimum payment" means an amount determined in accordance with article 5 and shall not in any event exceed the amount of the fee or charge made in respect of the relevant prescribed health services;

"private hospital" means a hospital, other than a nursing home, which

(*a*) provides prescribed health services, and

(*b*) is not a publicly-funded hospital;

"private hospital accommodation" means accommodation in a private hospital or accommodation in a publicly- funded hospital which is designated by the Minister for Health as private or semi-private accommodation;

"private psychiatric hospital" means a facility registered pursuant to the Mental Treatment Act 1945;

"publicly-funded hospital" means a hospital, other than a nursing home, which provides services to a person pursuant to his or her entitlements under Chapter II of Part IV of the Health Act, 1970;

"radiological procedure" has the meaning assigned to it in Schedule C of these Regulations;

"registered medical practitioner" means a person whose name appears in the General Register of Medical Practitioners maintained under the Medical Practitioners Acts, 1978 and 1993;

"registered nursing home" means a nursing home registered pursuant to the Health (Nursing Homes) Act, 1990;

"screening" means a medical examination or test that is not reasonably required for the management of the medical condition of the patient;

"single room" means a hospital bedroom designed for and accommodating only one patient;

"special procedures" mean the procedures which are listed in Schedule B of these Regulations;

"surgical procedure" has the meaning assigned to it in Schedule C of these Regulations;

"third party recovery" means a payment to a registered undertaking as a result of the acceptance by a third party of full or partial liability for fees or charges arising from the provision of prescribed health services to an insured person.

Annotations

Amendments:

F1 Substituted (1.07.2005) by *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2005* (S.I. No. 333 of 2005), reg. 2(a)(i), (ii), (iii), in effect as reg. 3.

4. In these Regulations a reference to an article means a reference to an article of these Regulations and a reference to a subarticle means a reference to a subarticle in the article to which it is referred.

PART II

PRESCRIBED MINIMUM PAYMENTS

5. (1) A health insurance contract effected by a registered undertaking (other than such a contract relating solely to F2**[**relevant**]** health services and/or solely to the public hospital daily in-patient charges made under Regulations, pursuant to Section 53 of the Health Act 1970) shall provide for the payment by that undertaking, in respect of the provision of prescribed health services to an insured person by a health services provider, of amounts that are not less than the amounts provided for in these Regulations (herein referred to as the "prescribed minimum payments").

(2) Prescribed minimum payments shall be determined in accordance with Schedule A (payments in respect of hospital charges (in-patient and day patient services)), Schedule B (payments in respect of hospital charges relating to special procedures), Schedule C (payments in respect of consultants' fees (in-patient and day-patient services)), or Schedule D (payments in respect of hospital charges and consultants' fees (out-patient services)), as appropriate and as amended from time to time.

(3) If all registered undertakings combined have been required to make prescribed minimum payments in relation to in-patient services provided to an insured person in respect of any psychiatric condition other than a condition described in subarticle (4) for a total of 100 in-patient days in a calendar year then notwithstanding the provisions of subarticles (1) and (2) a registered undertaking shall not be required to make any further such payments in respect of the same calendar year.

(4) If all registered undertakings combined have been required to make prescribed minimum payments in relation to in-patient services provided to an insured person constituting treatment for alcoholism, drug or other substance abuse for a total of 91 in-patient days in any continuous period of 5 years then notwithstanding the provisions of subarticles (1), (2) and (3) a registered undertaking shall not be required to make any further such payments in respect of that 5 year period.

(5) A registered undertaking shall not be required to make any prescribed minimum payments in respect of prescribed health services provided by a registered nursing home unless—

(i) such prescribed health services are provided to an insured person immediately following the provision of in-patient services to such insured person; and

(ii) the registered undertaking has received and approved, prior to the admission of the insured person to the registered nursing home, a certificate from the hospital consultant responsible for the treatment of the insured person, in such form as may be specified by the undertaking, to the effect that the prescribed health services to be provided by the registered nursing home are appropriate health services.

(6) If all registered undertakings combined have been required to make prescribed minimum payments in respect of in-patient and day patient services provided to an insured person for a total of 180 days (in-patient and day-patient days combined) in a calendar year then notwithstanding the provisions of subarticles (1), (2), (3) and (4), a registered undertaking shall not be required to make any further prescribed minimum payments in respect of in-patient or day-patient services provided to such insured person.

(7) This article applies subject to article 9.

Annotations

Amendments:

F2 Substituted (1.07.2005) by *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2005* (S.I. No. 333 of 2005), reg. 2(b), in effect as reg. 3.

PART III

LIMITATION ON TYPE OF HEALTH SERVICES FOR WHICH PAYMENT MUST BE MADE

6. (1) A registered undertaking shall not be required to make the prescribed minimum payments specified in sub-paragraphs (1), (2), (3) or (6) of paragraph 1 of Schedule A in respect of in-patient services if, on receipt of appropriate medical advice, the undertaking determines that the health services provided to the insured person could have been provided as day-patient services or out-patient services rather than in-patient services. In such circumstances if the undertaking determines that—

(*a*) the relevant health services should have been day-patient services, the prescribed minimum payments may be the amounts specified in sub-paragraphs (4) or (5) of paragraph 1 of Schedule A, as appropriate; or

(*b*) the relevant health services should have been out-patient services and if the relevant health services were provided in a private hospital, the prescribed minimum payments may be the amounts specified in Tables D.1 and D.2 of Schedule D, as appropriate.

(2) A registered undertaking shall not be required to make the prescribed minimum payments specified in sub-paragraphs (4) or (5) of paragraph 1 of Schedule A in respect of day-patient services if, on receipt of appropriate medical advice, the undertaking determines that the health services provided to the insured person could have been provided as out-patient services rather than day-patient services. In such circumstances, and if the relevant health services were provided in a private hospital, the undertaking may make the prescribed minimum payments specified in Tables D.1 and D.2 of Schedule D.

(3) If the health services provided to an insured person were not prescribed health services, a registered undertaking shall not be required to make any payment.

(4) This article applies subject to article 9.

PART IV

LIMITATIONS ON PRESCRIBED MINIMUM PAYMENTS IN RESPECT OF OUT-PATIENT SERVICES

7. Notwithstanding articles 5 and 6, the total amount which must be paid by a registered undertaking in respect of out-patient services listed in Table D.1 of Schedule D (and all in-patient services and day-patient services in respect of which the prescribed minimum payment is, in accordance with subarticle 1(b) or subarticle (2) of article 6, determined by reference to Table D.1 of Schedule D) provided to all insured persons named in a health insurance contract in a benefit year shall be the total of the prescribed minimum payments determined by reference to Table D.1 of Schedule D provided that in the case where the health insurance contract—

(*a*) relates to only one insured person that total amount shall be subject to a maximum of £650 and shall also be subject to an excess of £150, and

(*b*) relates to more than one insured person that total amount shall be subject to a maximum of £1,300 and shall also be subject to an excess of £300.

PART V

HEALTH SERVICES PROVIDED DURING THE PRESCRIBED WAITING PERIODS

8. (1) Notwithstanding articles 5 and 6, a registered undertaking shall not be required to make a prescribed minimum payment in respect of prescribed health services provided to an insured person during the initial waiting period applicable to such a

person, except where such prescribed health services are provided as a result of accident or injury to the insured person which occurred while that person was an insured person.

(2) Notwithstanding articles 5 and 6, a registered undertaking shall not be required to make a prescribed minimum payment in respect of prescribed health services provided to an insured person during a pre-existing condition waiting period except where such prescribed health services do not relate to the condition which gave rise to that waiting period.

PART VI

HEALTH SERVICES PROVIDED BY A PARTICULAR HEALTH SERVICE PROVIDER

9. Where:

(*a*) the provision of specified prescribed health services by a health service provider is not covered under the terms of a contract; and

(*b*) the specified prescribed health services concerned could have been provided by a health service provider who is specified in that contract,

then notwithstanding articles 5 and 6, a registered undertaking shall not be required to make a prescribed minimum payment in respect of those prescribed health services.

PART VII

MISCELLANEOUS PROVISIONS

10. Notwithstanding articles 5 and 6, the total amount of prescribed minimum benefits payable by a registered undertaking in respect of the provision of prescribed health services to an insured person may be reduced by any corresponding third party recoveries which that registered undertaking has made in respect of those services.

11. The prescribed minimum benefit which a registered undertaking is required to make under sub-paragraphs (3), (5) and (6) of paragraph 1 of Schedule A may be reduced to take into account the effect of any discount, overall limit or like reduction which has been agreed between that registered undertaking and the private hospital concerned.

12. If a person to whom prescribed health services are provided is an insured person under more than one health insurance contract (other than any such contract which relates solely to F3**[**relevant**]** health services and/or solely to the public hospital daily in-patient charges made under Regulations pursuant to Section 53 of the Health Act, 1970) the prescribed minimum payment to be made under each such health insurance contract in respect of such prescribed health services shall be the prescribed minimum payment determined in accordance with articles 5 to 11 divided by the total number of such health insurance contracts.

Annotations

Amendments:

F3 Substituted (1.07.2005) by *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2005* (S.I. No. 333 of 2005), reg. 2(c), in effect as reg. 3.

13. The prescribed minimum payment may be made by the registered undertaking either to the health services provider or to the person who effected the health insurance contract under which the recipient of the prescribed health services is an insured person, depending upon the terms of the contract, and subject always to the requirements of section 15 of the Finance Act, 1987.

14. Notwithstanding articles 5 and 6, in the case of a restricted membership undertaking lawfully carrying on health insurance business in the State on the 30th day of June 1994 and covering less than 1,500 insured persons at that date, the prescribed minimum payments (and where relevant the total periods over which such payments are required to be made) for the prescribed health services specified under the said articles shall be subject to a maximum of the lowest level of cover provided for those services under the rules of that undertaking at the date on which these regulations shall come into operation.

15. Notwithstanding sub-articles (3) and (4) of article 5, in the case of a restricted membership undertaking lawfully carrying on health insurance business in the State on the 30th day of June 1994 and covering 1,500 or more insured persons at that date, the prescribed minimum payments (and where relevant the total periods over which such payments are required to be made) for the prescribed health services specified under the said sub-articles shall be subject to a maximum of the lowest level of cover provided for those services under the rules of that undertaking at the date on which these regulations shall come into operation.

Schedule A

-Hospital Charges (In-patient and Day-patient Services)

1. The prescribed minimum payments in this Schedule relate to prescribed health services (other than those special procedures listed in Table B.1 of Schedule B of these Regulations) provided by a private hospital, and prescribed health services provided by a publicly-funded hospital or a registered nursing home, to an insured person as in-patient services or day-patient services. Prescribed minimum payments shall be determined as follows

In respect of:	Prescribed Minimum Payment
1. F4**[**Prescribedhealthservices which are in-patient services provided by a publicly-funded hospital where the insured person avails of services provided under section 52 (1) of the Health Act 1970.	The public hospital daily in-patient charges made under regulations pursuant to section 53 of the Health Act 1970.**]**
2. F4**[**Prescribedhealthservices which are in-patient services provided by a publicly funded hospital where the insured person avails of services provided under section 55 (1)(a)(i) or (ii) of the Health Act 1970.	The amount of the charge payable under Section 55 of, and specified in column 4 of the Fourth Schedule to, the Health Act 1970.**]**
3. Prescribed health services (other than special procedures listed in Table B.1 of Schedule B) which are in-patient services provided by a private hospital, other than a private psychiatric hospital.	The lesser of: (a) £135 for each in-patient day; or (b) 60 of (i) the charge made by the private hospital; less (ii) £40 for each day during which the insured person was accommodated in a single room
4. F5**[**Prescribedhealthservices which are day-patient services provided by a publicly-funded hospital.	The amount of the charge payable under Section 55 of the Health Act 1970.**]**
5. Prescribed health services which are day-patient services provided by a private hospital, other than a private psychiatric hospital.	The lesser of: (a) £135 for each day patient day; or (b) 60 of (i) the charge made by the private hospital; less (ii) £40 for each day during which the insured person was accommodated in a single room.
6. Prescribed health services which are in-patient services provided by a private psychiatric hospital.	The lesser of: (a) £65 for each in-patient day; or (b) 60 of the charge made by that hospital;
7. Prescribed health services which are in-patient services provided by a registered nursing home.	£20 per day, subject to a maximum of £280 respect of any particular continuous period during which an insured person was in receipt of such prescribed health services.

2. The amount determined under paragraph I in respect of hospital charges relating to childbirth by means of a normal vaginal delivery shall be £300.

Annotations

Amendments:

F4 Substituted (13.03.2015) by *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2015* (S.I. No. 96 of 2015), regs. 3, 4.

F5 Substituted (1.01.2015) by *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2014* (S.I. No. 612 of 2014), reg. 4, in effect as per reg. 1(2).

Editorial Notes:

E1 Previous affecting provision: para. 2 substituted (1.01.2015) by *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2014* (S.I. No. 612 of 2014), reg. 3, in effect as per reg. 1(2); substituted (13.03.2015) as per F-note above.

Schedule B

— Special Procedures

1. The prescribed minimum payments in this Schedule relate to prescribed health services which are the special procedures listed herein and which are provided by a private hospital to an insured person while that person is maintained in private hospital accommodation for in-patient services orday-patient services.

2. The prescribed minimum payment shall be 35 of the procedure benefit derived from Table B.1 of this Schedule.

TABLE B.1

Procedure Code	Procedure Description	Procedure Benefit (£)
5801	Exploration of mediastinum	940
5802	Endoscopic extirpation of lesion of mediastinum	940
5803	Diagnostic endoscopic examination of mediastinum	940
6675	Angiogram (direct puncture, single vessel study, brachial, femoral)	1,238
5945	Cardiac catheterisation with digital subtraction angiography	1,270
5080	Cardiac catheterisation (left, right or both sides)	1,306
5085	Cardiac angiography (left, right or both sides)	1,306
5090	Cardiac catheterisation and cardiac angiography combined	1,306
2676	Vitroctomy	2,354

5520	Valve shunt (hydrocephalus) - (Brain and Meninges)	2,756
5730	Cervical disc, partial excision of or fusion	2,866
5862	Cardiac Pacemaker System introduced through vein (Single Chamber)	3,032
5067	Cardiac Pacemaker System introduced through vein (Dual Chamber)	3,032
5068	Insertion of antitachycardia pacemaker	3,032
5069	Insertion of automatic implantation cardioverter/defibrillator	3,032
5525	Valve shunt revision - (Brain & Meninges)	3,032
5660	Craniotomy	3,721
3595	Spinal fusion anterior & posterior	4,410
3596	Spinal fusion, in scoliosis spine, anterior and posterior	4,410
3601	Spinal fusion with instrumentation	4,410
5101	Angioplasty (Coronary)	4,410
5962	Plastic repair of aorta (Coarctation/Interrupted Aortic Arch)	5,181
5957	Revision repair of coarctation of aorta	5,181
5893	Open Operations on pulmonary artery	5,209
5735	Cervical spondylosis, laminectomy, etc.	5,435
5480	Posterior fossa tumours, removal of	5,512
5470	Pituitary gland, hypophysectomy	5,677
5075	Blalock Operation	5,788
5870	Myocardial aneurysmyotomy	5,788
5811	Atrial inversion for transposition of great vessels	5,788
5812	Other correction of transposition of great vessels	5,788
5814	Closure of defect of atrioventricular septum using dual prosthetic patch	5,788
5817	Closure of defect of interventricular septum	5,788
5818	Planned repair of post infraction ventricular septal defect	5,788
5819	Emergency repair of post infraction ventricular septal defect	5,788
5958	Revision closure of defect of intra-ventricular septum	5,788
5813	Correction of total anomalous pulmonary venous connection	5,788
5872	Excision of pericardium	5,788
5809	Correction of tetralogy of fallot	5,788
5871	Open correction of patent ductus arteriosus	5,788
5882	Closed correction of patent ductus arteriosus	5,788
5875	Shoulder replacement prosthesis	6,107
5555	Acoustic neuroma, removal of	6,173

1246	Arterial bypass, popliteal artery	6,284
5865	Repair of ascending aortic aneurysm	6,284
3300	Arthroplasty (Forearm & Elbow)	7,186
5942	Lobectomy of Lung (including excision of segment)	7,717
5831	Plastic repair of mitral valve	8,268
5833	Replacement of tricuspid valve (includes valvuloplasty)	8,268
5855	Annuloplasty	8,268
5839	Double valves	8,268
5842	Triple valves	8,268
5843	Valve and grafts	8,268
5959	Revision of valve surgery	8,268
5816	Closure of defect of interatrial septum	8,599
5821	Other open operations on the septum of the heart	8,599
5824	Refashioning of atrium (Ebstein's)	8,599
5826	Operations on wall of atrium	8,599
5832	Replacement of aortic valve (includes valvuloplasty)	9,922
5836	Open Valvotomy	9,922
5055	Aortic endarterectomy	9,922
5829	Replacement of mitral valve (includes valvuloplasty)	9,922
5844	Saphenous vein graft bypass for coronary artery(ies)	9,922
5846	Autograft bypass for coronary artery(ies)	9,922
5847	Allograft bypass for coronary artery(ies)	9,922
5848	Prosthetic bypass for coronary artery(ies)	9,922
5849	Connection of mammary artery(ies) to coronary artery(ies)	9,922
5851	Connection of other thoracic artery(ies) to coronary artery(ies)	9,922
5852	Correction of anomalous coronary arteries	9,922
5853	Other open operation(s) on coronary artery(ies)	9,922
5904	Revision of prosthesis of aorta	9,922
5956	Revision coronary artery surgery	9,922
5099	Coronary artery bypass grafts and angiogram	10,970
4283	Allogeneic bone marrow transplantation, (complete procedure)	27,560
4284	Autologous bone marrow transplantation (complete procedure)	27,560

Schedule C

— Consultants' Fees (In-Patient and Day-Patient Services)

1. Definitions

"consultant anaesthetist" means a hospital consultant whose designated speciality is anaesthesia;

"consultant pathologist" means a hospital consultant whose designated speciality is pathology;

"consultant radiologist" means a hospital consultant whose designated speciality is radiology;

"in-patient attendance" means a period during which a hospital consultant is responsible for the care of an insured person;

"linked procedure" means a linked surgical procedure, or a radiological procedure, which is carried out in conjunction with other radiological procedures;

"linked surgical procedure" means a surgical procedure which is performed in conjunction with other surgical procedures during the same theatre session;

"pathological procedure" means a service, treatment or procedure listed in Table C.4 of this Schedule;

"radiological procedure" means a service, treatment or procedure listed in Table C.3 of this Schedule and therapeutic/invasive procedures listed in Table C.2 of this Schedule;

"surgical procedure" means a service, treatment or procedure listed in Table C.2 of this Schedule.

2. The prescribed minimum payments in this Schedule relate to prescribed health services which are provided by a hospital consultant to an insured person for in-patient services or day-patient services while that person is maintained in private hospital accommodation or in a recognised intensive care unit.

3. The prescribed minimum payment in respect of the participation by a consultant anaesthetist in a surgical or radiological procedure, that procedure not being an integral part of another more serious procedure performed at the same time, shall be the anaesthetic procedure benefit as set out in Tables C.2 or C.3 respectively of this Schedule except that if that procedure is a linked procedure the prescribed minimum payment shall be that anaesthetic procedure benefit multiplied by a value derived from the following table

	Value
For the linked procedure which has the greatest anaesthetic procedure benefit of all related linked procedures	1.00
For all other linked procedures	0.00

4. The prescribed minimum payment in respect of a period of in-patient attendance by a consultant anaesthetist on an insured person in a recognised intensive care unit shall be—

(*a*) determined in accordance with Table C.1 of this Schedule if that attendance arises in other than a post surgical context; and

(*b*) £45 if that attendance arises in a post surgical context provided that this payment shall only fall due for care on or after the third post operative day.

5. The prescribed minimum payment in respect of in-patient attendance by a hospital consultant, other than a consultant anaesthetist, shall be the in-patient attendance benefit determined in accordance with Table C.1 of this Schedule except that no payment shall fall due if that attendance arises:—

(*a*) in conjunction with a surgical procedure performed by that hospital consultant other than as provided under paragraph 7; or

(*b*) during a stay in a private psychiatric hospital.

6. The prescribed minimum payment in respect of an in-patient consultation is £33 and falls due when the admitting hospital consultant responsible for the care of an insured person refers that person to another hospital consultant for an opinion, other than where such a referral is a routine matter of policy, and shall be payable once only, irrespective of the number of examinations or visits required to form an opinion.

7. The prescribed minimum payment in respect of a surgical procedure performed by a hospital consultant, other than a consultant anaesthetist, that procedure not being an integral part of another procedure performed at the same time, shall be the surgical procedure benefit as set out in Table C.2 of this Schedule except that—

(*a*) where that procedure is a linked surgical procedure the prescribed minimum payment shall be that surgical procedure benefit multiplied by a value derived from the following table—

	Value
For the linked surgical procedure which has the greatest surgical procedure benefit of all related linked surgical procedures	1.00
For the linked surgical procedure which has the second greatest surgical procedure benefit of all related linked surgical procedures	0.50
For the linked surgical procedure which has the third greatest surgical procedure benefit of all related linked surgical procedures	0.25
For all other linked surgical procedures	0.00

(*b*) notwithstanding subsection (a) herein where that procedure is designated as "I.P." and is a linked surgical procedure no prescribed minimum payment shall fall due;

(*c*) where that procedure is designated "Diagnostic" the prescribed minimum payment shall be—

(i) if the insured person is maintained in private hospital accommodation for a period of three in-patient days or less, the greater of the surgical procedure benefit and the in-patient attendance benefit for that period determined in accordance with Table C.1; and

(ii) if the insured person is maintained in private hospital accommodation for a period of more than three in-patient days, the sum of the surgical procedure benefit and the in-patient attendance benefit for that period.

(*d*) Notwithstanding subsection (a) herein where that procedure is designated as "*" and other surgical procedures so designated are carried out during the same in-patient stay or day-patient day the prescribed minimum payment shall be that surgical procedure benefit multiplied by a value derived from the following table:

	Value
For the surgical procedure which has the greatest surgical procedure benefit of all such designated surgical procedures.	1.00
For all other such designated surgical procedures	0.00

8. The prescribed minimum payment in respect of a radiological procedure performed by a consultant radiologist, that procedure not being an integral part of another more serious procedure performed at the same time, shall be the radiological procedure benefit as set out in Table C.3 of this Schedule or the surgical procedure benefit set out in Table C.2 of this Schedule as appropriate, except that no payment for Magnetic Resonance Imaging shall fall due other than in respect of the following clinical indications:-

Suspected Multiple Sclerosis after appropriate clinical screening		
Suspect leukodystrophies		
Vascular malformations		
Epilepsy - Temporal lobe type		
Suspect posterior fossa tumours		
IAMS - suspect acoustic neuromas with audiology screening		
Pituitary - after Computerised Tomography screen		
Lower cranial nerve palsies, i.e. meningeal processes		
Encephalitis		
Spine	-	Post-operative failed back
	-	Spinal cord compression (acute)
	-	Cervical radiculopathy with neurological signs
	-	Spinal dysraphism and associated abnormalities
	-	Patients having had previous Computerised Tomography or myelogram which was in conflict with the patient's symptoms/signs
	-	Intrinsic spinal cord disease including cervical myelopathy
Bone Tumours	-	Staging of primary malignant bone tumours
	-	Soft tissue tumours for dialnosis and staging
Shoulder Joint	-	Rotator cuff tears
Knee Joint	-	Assessment of menisceal tears, cruciate ligament injuries and losse bodies (but only when

		clinically indicated in preference to an arthroscopy)
Abdomen	-	Possible assessment of patients with known liver tumours for resection (previous dynamic Computerised Tomography and ultrasound scans will have to have been performed)
		Assessment of the inferior vena cave in patients with known solid renal tumours

9. The prescribed minimum payment in respect of a pathological procedure performed by a consultant pathologist shall be the procedure benefit as set out in Table C.4 of this Schedule, except that for each hospital admission a payment shall be due only once for any of the procedures comprising a designated group. A designated group is any of the following groups of pathological procedures:

(*a*) Category 1 and 1(A) combined

(*b*) Category 5(A)

(*c*) Category 8(A)

(*d*) Category 9

10. In respect of each episode of radiotherapy the prescribed minimum payment to a consultant anaesthetist shall be £69 and the prescribed minimum payment to a hospital consultant, other than a consultant anaesthetist, shall be £50.

11. In respect of surgical procedures coded from 1636 to 1639 on Table C.2 of this Schedule only an in-patient attendance benefit determined in accordance with Table C.1 of this Schedule shall be payable if these are performed other than while an insured person is in receipt of day-patient services.

Table C.1

Period of Attendance	In Patient Attendance Benefit
1 day	£ 50
2 days	£ 50
3 days	£ 50
4 days	£ 50
5 days	£ 50
6 days	£ 50
7 days	£ 59
8 days	£ 67
9 days	£ 75
10 days	£ 84
11 days	£ 92
12 days	£ 100

13 days	£ 109
14 days	£ 117
15 days	£125
Periods in excess of 15 days	£8 for each day in excess of 15 days plus £125

TABLE C.2

Code	Surgical Procedure	Procedure Benefit IR£ Surgical	Anaesthetic		
	GENERALSURGICALOPERATIONS				
	ABDOMINAL WALL and PERITONEUM:				
5	Abdominal wall, secondary suture of	107	69		
15	Laparotomy, division of adhesions	179	69	I.P.	
20	Intra abdominal injury with rupture of viscus	322	107	I.P.	
25	Intra abdominal injury, multiple complicated with rupture of viscus	394	154	I.P.	
30	Laparotomy	144	69	I.P.	
35	Laparoscopy with or without biopsy	107	54	I.P.	
45	Omentopexy (otherwise)	144	69		
50	Paracentesis abdominis	36	0		
60	Pelvic abscess, drainage of	54	38		
61	Percutaneous transabdominal biopsy	72	38		Diagnostic
80	Peritoneum, drainage of	144	69	I.P.	
90	Laparotomy, intra-abdominal sepsis	287	69	I.P	
5835	Peritoneal - venous shunt for ascites	287	92		
	ADRENAL GLANDS:				
95	Adrenalectomy (unilateral)	287	107	I.P.	
100	Adrenalectomy (bilateral)	358	107	I.P.	
101	Adrenalectomy for phaeochromocytoma	287	107		
105	Adrenal glands - any other operations	287	107		
106	Neuroblastoma, tru cut biopsy	66	38		Diagnostic
107	Neuroblastoma, resection	456	177		
	APPENDIX:				

110	Appendicectomy (with or without complications)	144	69	I.P.	
	GALL BLADDER and BILE DUCTS:				
115	Cholecystojejunostomy	287	107		
116	Choledochojejunostomy (Roux - en - Y)	432	107		
117	Choledochoduodenostomy	314	107		
118	Surgical repair of post-operative bilary stricture	471	107		
129	Hepaticojejunostomy	432	107		
132	Cholecystectomy with exploration of common bile duct	394	107		
135	Cholecystectomy (including laparoscopic method) and per operative cholangiogram	287	69		
136	Percutaneous removal of gallstones from the bile ducts	179	69		
140	Cholecystostomy with exploration, drainage or removal of calculus	179	69		
145	Hepaticoduodenostomy	358	107		
150	Transduodenal sphincteroplasty with or without transduodenal extraction of calculus	322	107		
151	Transhepatic insertion of biliary endoprosthesis	215	92		
152	Percutaneous insertion of gall bladder catheter for MTBE installation Including catheter removal	179	69		
153	Insertion of naso biliary tube and administration of CDC/URSO	179	69		
	GASTRIC OPERATIONS:				
155	Antrectomy and drainage	358	69		
165	Duodenal diverticula, excision of	322	92		
175	Gastrectomy total or revision	430	131		
180	Gastrectomy (sub total)	358	92		
190	Gastroenterostomy	287	69		
195	Gastroscopy or gastroduodenoscopy(fibroscope)	54	38	I.P.	Diagnostic
196	Upper G.I. endoscopy and biopsies	54	38		Diagnostic
197	Upper G.I. endoscopy and polypectomy	54	40		Diagnostic
200	Gastrostomy	215	69		
201	Percutaneous gastrostomy	107	54		
205	Gastrotomy/duodenotomy for haemorrhage	251	69		

215	Oversewing perforated peptic ulcer	215	69	
230	Rammstedt's operation	215	69	
235	Stomach transection	358	69	
240	Vagotomy and drainage or highly selective vagotomy	287	69	
	HERNIA:			
245	Epigastric/Ventral hernia, repair of	144	54	I.P.
246	Exomphalos, minor	228	69	
247	Exomphalos, major	448	177	
248	Exomphalos. delayed	448	177	
250	Femoral hernia, repair of (bilateral)	268	69	
255	Femoral hernia, repair of (unilateral)	179	54	I.P.

Code	Surgical Procedure	Procedure Benefit IR£		
		Surgical	Anaesthetic	
270	Hiatus hernia, abdominal repair of	322	92	
271	Laparoscopic repair of hiatus hernia	322	92	
275	Hiatus hernia, transthoracic, repair of	322	131	I.P.
280	Incisional hernia, repair of	287	54	I.P.
285	Inguinal hernia, repair of (bilateral)	215	69	I.P.
290	Inguinal hernia, repair of (unilateral)	144	54	I.P.
291	Strangulated inguinal hernia, unilateral	201	54	I.P.
295	Patent urachus, closure and repair of abdominal muscles	215	54	
305	Recurrent hernia, repair of	215	69	I.P.
310	Umbilical hernia, repair of	144	54	I.P.
	JEJUNUM and ILEUM:			
320	Congenital defects, correction of (including Meckel's diverticulum)	144	69	
331	Gastroschisis	531	177	
355	Ileostomy	287	69	I.P.
360	Intestinalobstruction(including bowel resection)	287	92	
361	Intestinal atresia, single/multiple	359	107	

364	Hydrostatic reduction of intussusception	144	69		
370	Jejunostomy	144	69		
385	Resection and anastomosis of jejunum or ileum	287	69		
	LARGE INTESTINE:				
389	Anal canal EUA	32	33	I.P.	
390	Anal canal, plastic repair of (for incontinence)	215	69		
395	Anal fissure, dilatation of anus for	36	38	I.P.	
396	Anoplasty for low anorectal anomaly	215	69		
397	Anorectal anomaly, (posterior sagittal anorectoplasty PSARP), for high/inter	424	177		
400	Lateral internal sphincterotomy	72	42	I.P.	
404	Parks' anal sphincter repair	424	177		
405	Anal warts or papillae, removal of	54	38	I.P.	
410	Anus, excision of epithelioma of, with colostomy	287	92		
415	Anus, excision of epithelioma of, without colostomy	54	42		
420	Caecostomy	287	92	I.P.	
425	Caecostomy or colostomy, closure of	287	69		
430	Colectomy, partial	287	92		
435	Colectomy, total	358	154		
436	Total colectomy and ileal pouch construction with temporary ileostomy	501	200		
437	Closure of ileostomy	179	69		
438	Total colectomy for toxic megacolon	573	177		
450	Colonoscopy, one side	54	40		Diagnostic
455	Colonoscopy, both sides	144	40		Diagnostic
456	Colonoscopy plus polypectomy	72	40		Diagnostic
457	Colonoscopy plus polypectomy full colon	144	40		Diagnostic
458	Left colonoscopy and laser photocoagulation of rectum	107	40		
459	Colonoscopy, full colon and laser photocoagulation of rectum	215	40		
460	Colostomy	287	92	I.P.	

465	Resection of bowel and colostomy or anastomosis for diverticulitis	322	92		
470	Faecal fistula, closure or resection	358	92		
485	Fistula in ano, excision	179	69	I.P.	
490	Haemorrhoidectomy (external)	89	54	I.P.	
495	Haemorrhoidectomy (external, multiple)	107	54	I.P.	
500	Haemorrhoidectomy (internal)	144	54	I.P.	
506	Haemorrhoids, injection and/or banding	36	0	I.P.	
515	Imperforate anus, simple incision	36	38		
520	Imperforate anus, with colostomy or pull through operation	287	107		
525	Ischio rectal abscess, incision and drainage	107	38	I.P.	
513	Meconium ileus, open reduction with or without stoma	359	107		
514	Meconium ileus reduction	107	54		
516	Necrotising enterocolitis, percutaneous drainage	76	38		
517	Necrotising enterocolitis, laparotomy resection/stoma	359	107		
530	Proctoscopy or sigmoidoscopy	36	38	I.P.	Diagnostic

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
535	Proctoscopy or sigmoidoscopy, with biopsy	36	38	I.P.	Diagnostic
536	Diagnosticflexiblesigmoidoscopy and biopsies	36	40	I.P.	Diagnostic
540	Proctoscopy or sigmoidoscopy with biopsy of muscle coats of bowel, for megacolon	54	54	I.P.	Diagnostic
545	Prolapse of rectum, abdominal approach involving laparotomy, colostomy or intestinal anastomosis	358	107		
549	Delorme procedure	286	107		
550	Prolapse of rectum, perineal repair	107	69	I.P.	
555	Rectal fistula, closure or repair	358	107		
556	Balloon dilation of the rectum	72	54		

560	Rectal or sigmoid polypi (removal by diathermy, etc)	107	54		
565	Rectum, excision of (all forms including perineoabdominal, perineal anterior resection)	394	177		
570	Rectum, partial excision of	394	177		
574	Presacral teratoma, excision	537	177		
575	Rectum (combined synchronous resection)	466	177		
576	Revision/refashioning of ileostomy and duodenostomy, complicated reconstruction in - depth	179	69	I.P.	
577	Low anterior resection with coloanal anastomosis for cancer	608	177		
578	Soave procedure	608	177		
580	Sigmoid myotomy (Reilly's operation)	161	69		
581	Sigmoidoscopy including dilatation of intestinal strictures	89	38		
585	Stricture of rectum (dilation of)	36	38	I.P.	
590	Volvulus (stomach, small bowel or colon, including resection and anastomosis)	358	107		
	LIVER:				
595	Hepatotomy for drainage of abscess or cyst, one or two stages	144	69		
600	Biopsy of liver (by laparotomy)	144	69	I.P.	Diagnostic
601	Transjugular liver biopsy	144	54		Diagnostic
605	Biopsy of liver (needle)	72	38		Diagnostic
610	Haemangioma of liver	144	131		
611	Major liver resection	786	261		
612	Kasai type liver resection	456	131		
616	Wedge resection of liver	236	131		
617	Intrahepatic cholangioenteric anastomosis	511	131		
618	Resection of hilar bile duct tumour	608	261		
619	Liver trauma	511	261		
622	Insertion of hepatic artery catheter and reservoir pump	179	69		
625	Left lateral lobectomy	430	261		
630	Excision of hydatid cyst	315	131		
	MALE GENITAL TRACT:				
635	Circumcision (over 6 years)	72	38		
640	Circumcision (under 6 years)	72	54		

645	Epididymectomy	144	54	I.P.
650	Hydrocele (tapping)	36	38	
655	Hydrocele, radical operation, bilateral	215	69	I.P.
660	Hydrocele, radical operation, unilateral	144	54	I.P.
665	Meatotomy	54	38	
670	Orchidectomy, bilateral	144	69	I.P
675	Orchidectomy, unilateral	107	54	I.P
680	Orchidectomy with radical removal of lymph nodes	358	107	
681	Injection of corpora cavernosa with pharmacologic agent(s) (e.g.papaverine, phentolamine)	36	38	
685	Penis, amputation of partial	179	69	
686	Chordee release of	144	69	
690	Penis, amputation of - with block dissection of glands	358	69	
691	Transcatheter embolosation for relief of priapism	215	69	
695	Prepuce, dorsal incision of	54	38	
700	Prostatectomy	287	69	
701	Radical retropubic nerve sparing prostatectomy (includes bilateral			
701	pelvic lymph adenectomy with bladder neck reconstruction and anastomosis to the urethra).	430	177	
702	Transurethral microwave thermotherapy to the prostate (TUMT)	215	69	
703	Insertion of an endo urethral stent for prostate obstruction	215	69	
705	Spermatocele or spermatic cyst, (simple) excision of	144	54	
706	Spermatocele or spermatic cyst, (multiloculate) excision of	144	54	

Code	Surgical Procedure	Procedure Benefit IR£		
		Surgical	Anaesthetic	
710	Testes, agenesis of - bilateral exploration of inguinal canals and pelvis	251	92	
711	Electro ejaculation procedure	72	38	
715	Testicle, imperfectly descended, orchidopexy	107	69	I.P.
720	Testicle, imperfectly descended bilateral orchidopexy	144	69	

725	Testicle, imperfectly descended, associated with inguinal hernia	144	69	I.P.	
730	Testes, imperfectly descended, associated with bilateral inguinal hernia	215	92		
735	Testes, unilateral orchidopexy and exploration of opposite side	215	69		
740	Testicular biopsy (needle)	54	38		Diagnostic
741	Testicular biopsy	107	38		Diagnostic
742	Insertion of testicular prosthesis, unilateral	144	38		
745	Reduction of torsion of testicle	72	54		
749	Transcatheter management of varicocele, including testicular venography	179	69		
750	Varicocele, bilateral removal	251	92		
755	Varicocele, unilateral removal	179	54		
760	Vasotomy or ligation of vas	72	38		I.P.
765	Vas, reconstruction of (unilateral)	233	75		
770	Vas. reconstruction of (bilateral)	322	92		
	PANCREAS:				
771	ERCP sphincterotomy and extraction of stones	198	54		
772	ERCP sphincterotomy and insertion of endoprosthesis	215	69		
774	ERCP (endoscopic retrograde cholangiogram of pancreas)	179	54		Diagnostic
775	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple - type procedure); with pancreatojejunostomy				
775		501	200		
776	Pancreatic biopsy	215	92		Diagnostic
778	Pancreaticojejunostomy	466	154		
780	Distal pancreatectomy	358	131		
789	Total pancreatectomy, distal gastrectomy, splenectomy, duodenectomy,cholecystectomy and resection of distal bile duct				
785		501	200		
786	Simultaneous pancreas/kidney transplant	609	307		
790	Drainage of pancreatic abscess or pseudocyst	358	200		

795	Pancreatotomy for drainage of pancreatitis, abscess or cyst with exploration of biliary and pancreatic duct	430	200	
	SPLEEN:			
800	Splenectomy	287	92	I.P.
806	Transcatheter ablation of function of spleen	215	69	
807	Aspiration of splenic cysts	107	54	
	URINARY TRACT:			
815	Aberrant vessels, division of	358	69	
822	Permacath Hickman catheter for dialysis	179	69	
823	Home based haemodialysis self dialysis training (max. 18 sessions)	22	0	
824	Haemodlatysis, chronic, in patient's home or at hospital out patient department, after			
824	completion of training sessions (minimum of three dialysis sessions per week inclusive of all consultant care) monthly benefit	134	0	
825	Artificial kidney, use of (pre shunt) (haemodialysis, surgical fee)	89	0	
826	Chronic haemodialysis (post shunt) 1st 12th treatment	36	0	
827	Chronic haemodialysis (post shunt) 13th treatment onwards	36	0	
828	Acute intermittent haemodialysis 1st 12th treatment	54	0	
829	Acute intermittent haemodialysis 13th treatment onwards	54	0	
830	Artificial kidney, use of (peritoneal dialysis)	89	0	
831	Chronic peritoneal dialysis, hospital based establishment of therapy (1st 12th day)	36	0	
832	Chronic peritoneal dialysis (hospital based after 12th day)	36	0	
	Peritoneal dialysis, chronic, in the patient's home or at hospital out			
833	patient department, after completion of training sessions (minimum of three dialysis sessions per week inclusive of all consultant care) monthly benefit	151	0	
834	Tenchkoff catheter for CAPD dialysis	144	69	
835	Bladder, implantation of radioactive source	179	54	

836	Bladder, instillation of anticarcinogenic agent (BCG)	54	38		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
837	Continuous veno venous haemofiltrationdialysis(CVVHD), per day	54	0		
840	Bladder - rupture of (simple)	215	69		
845	Bladder - rupture of (complicated traumatic)	287	154		
850	Bladder neck, transurethral resection of	144	54		
855	Bladder tumour, diathermy to, primary resection	215	69		
860	Bladder tumour, repeat diathermy	72	54		
865	Cystectomy, partial	251	69		
870	Cystectomy,withre-implantation of ureters	358	131		
875	Cystectomy with ileal or sigmoid loop and bowel anastomosis	484	200		
876	Cystectomy with ileal or sigmoid loop and bowel anastomosis including continent catheterizable diversion	538	200		
877	Cystectomy with ileal or sigmoid loop and bowel anastomosis including neo bladder with urethral re anastomosis	609	223		
880	Cystoscopy with or without biopsy	54	38		Diagnostic
881	Cystoscopy and removal of JJ stent	107	54		
885	Cystoscopy with intravesical operation (diathermy, etc.)	89	54		
886	Therapeutic overdistension of the bladder	54	38	I.P.	
890	Cystoscopy with ureteric catheterisation including retrograde pyelography	72	54	I.P.	Diagnostic
895	Cystoscopy with removal of ureteric calculus	144	54		
900	Cystoscopy with ureteric dilatation or meatotomy	107	54		
905	Cystotomy	144	69		
906	Augmentation cystoplasty (ileo caeco cystoplasty, colocystoplasty)	358	200		

910	Diverticulum of bladder, excision or obliteration of	287	69		
915	Embolisation of haemangioma of kidney	251	92		
920	Hemi nephrectomy	251	92		
923	Kidney transplant	501	200		
924	Litholapaxy: Crushing or fragmentation of calculus by any means, in the bladder, including ultrasonic destruction	215	69		
925	Nephrectomy	322	92		
926	Nephrectomy and caval extension below liver	394	107		
927	Nephrectomy and caval extension of tumour above liver	520	154		
928	Nephrectomy with caval invasion	592	223		
930	Nephrolithotomy	358	69		
931	Percutaneous nephrolithotomy, unilateral	215	92		
932	Percutaneous nephrolithotomy, bilateral	322	92		
933	Percutaneous nephrolithotomy, staghorn	322	92		
934	Percutaneous nephrostomy with or without antegrade pyelogram or stent placement	251	92		
935	Peri renal tissues, exploration, open biopsy (no abnormality discovered)	215	92	I.P.	
936	Percutaneous tract formation for renal stone removal	144	54		
940	Pyelolithotomy	358	69		
945	Pyeloplasty	394	92		
950	Pyelotomy	215	69		
955	Renal biopsy (needle)	72	38		Diagnostic
956	Renal cyst puncture and aspiration	107	54		
960	Suprapubic cystostomy	107	69	I.P.	
965	Suprapubic fistula, closure of	215	92		
966	Transcatheter ablation of function of kidney	215	69		
967	Transcatheter ablation of function of adrenal	215	69		
970	Ureteric fistula, closure of (including uretero-vaginal and vesico - vaginal)	287	92		
975	Ureterolithotomy	215	69		
980	Ureterolithotomy (bilateral)	322	92		

981	Ureterolysis (unilateral)	287	69		
982	Ureterolysis (bilateral)	430	92		
984	STING procedure	215	54		
985	Ureters, transplantation of, (bilateral)	430	92		
990	Ureter, transplantation of, (unilateral)	322	69		
991	Stamey Raz urethropexy	215	69		
995	Ureterostomy (unilateral)	215	69		
1000	Ureterostomy (bilateral)	322	92		
1005	Urethral rupture of (straddle injury), repair of	215	69		
1010	Urethra rupture, repair of with fractured pelvis (orthopaedic surgeon)	358	154		
1015	Urethral dilatation	36	38	I.P.	
1020	Urethroscopy with treatment (diathermy)	72	38	I.P.	

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
1025	Urethrostomy	144	54	I.P.	
1030	Urethrotomy	72	42	I.P.	
1031	Complex urodynamic evaluation involving cineradiology	72	54		Diagnostic
1032	Implantation of artificial urinary sphincter	358	69		
1033	Whittaker test for evaluation of upper urinary tract obstruction	144	0		Diagnostic
1035	Vesicolic fistula, closure of	287	92		
5845	Ileal conduit urinary diversion	430	131		
5850	Cystoscopy and ureteroscopy	144	54		Diagnostic
5910	Lithotripsy, one or more sessions per hospital stay	215	69		
5911	Lithotripsy including placement and removal of J stent and/or push ureteroscopy. one or more sessions per hospital stay	251	92		
	HEAD AND NECK				
	ARTERIES: (See also Neurological Section)				
1041	Carotid body tumour greater than 4 cms	538	154		
1042	Carotid body tumour less than 4 cms	394	92		
	CHEEK:				

1045	Cyst or benign tumour of cheek or mouth, excision of	54	38
1050	Malignant growth of cheek, full thickness/wide excision of	287	69
1051	Malignant growth of cheek, superficial, excision of	126	69
	JAWS:See E.N.T. and Plastic Sections.LIPS: (see also Plastic Section)		
1055	Cyst or benign tumour on lip, excision of	54	38
1058	Epithelioma of lip, lip shave	72	54
1059	Epithelioma of lip, wedge excision	144	54
1060	Epithelioma of lip, excision and flap reconstruction	287	69
	NECK:		
1065	Branchial cyst, pouch or fistula, excision of	287	69
1075	Cysts or tuberculous glands of neck (deep to deep fascia) excision of	215	69
1080	Conservative neck dissection	287	107
1082	Radical neck dissection	342	107
1085	Thyroglossal cyst or fistula, excision of	287	69
1090	Torticollis, partial excision, open correction of	179	54
1095	Tuberculous caseous glands or sinuses, curettage of	72	38
	PALATE: (See also Plastic Section)		
1100	Laceration of palate, repair of	72	54
1105	Radical operation for malignant growth of palate	358	107
1104	Biopsy lesion of palate	34	38
	MAXILLA:		
1106	Partial maxillectomy including plastic reconstruction	268	69
1107	Total maxillectomy includinq plastic reconstruction	358	107
	PARATHYROID GLANDS:		
1110	Parathyroid adenoma, excision of	358	107
1111	Transcatheter ablation of function of parathyroid glands	215	69
1112	Parathyroid hyperplasia, excision of (4 glands - frozen section)	402	107

1113	Total parathyroidectomy with autotransplant or mediastinal exploration/intra-thoracic	475	107		
1114	Parathyroid re-exploration	475	107		
	SALIVARY GLANDS:				
1115	Abscess of salivary gland, incision and drainage	54	54		
1120	Fistula of salivary duct, repair of	251	54		
1125	Parotid or submandibular duct, dilatation of	36	38		
1126	Submandibular duct, relocation	358	107		
1130	Excision of parotid tumour or parotid gland, lateral lobe, (enucleation of)	287	54		
1133	Excision of parotid tumour or parotid gland, lateral lobe (superficial parotidectomy) with dissection and preservation of facial nerve	268	54		
1134	Excision of parotid tumour or parotid gland, total, en bloc removal with sacrifice of facial nerve	340	75		
1135	Excision of parotid tumour or parotid gland, total with dissection and preservation of facial nerve	412	92		
1140	Salivary calculus, removal of	72	54		
1150	Submandibular salivary gland, excision of	107	54		
1151	Excision of sublingual gland	108	54		
	THYROID GLAND:				
1152	Thyroid cyst(s) aspiration/fine needle biopsy	29	0	I. P.	
1154	Excision of thyroid cyst	252	92		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
1156	Percutaneous core needle biopsy of thyroid gland (for fine needle biopsy use procedure code 1152)	50	38	I.P.	Diagnostic
1155	Total/revision thyroidectomy	358	92		
1157	Partial/subtotal thyroidectomy	344	92		
	TONGUE:				
1165	Excision of epithelioma of tongue with radical operation on glands	358	92		
1170	Frenectomy (tongue tie)	36	38		

1175	Hemiglossectomy	179	54		
1176	Total glossectomy	358	92		
1180	Growths of tongue, diathermy to	36	38		
1185	Excision biopsy, oral cavity	54	38	I.P.	
1186	Resection of tonsil, tongue base, palate, mandible and radical neck dissection	683	261		
	BREAST:				
1190	Abscess, incision and drainage of	54	38		
1191	Breast cyst(s) aspiration/fine needle biopsy (diagnostic or therapeutic)	29	0	I.P.	
1195	Percutaneous core needle biopsy of breast (for fine needle biopsy use procedure code 1191)	54	54	I.P.	Diagnostic
1200	Cysts or benign tumours, excision of, or segmental resection	107	54		
1205	Duct papilloma, excision	107	54		
1210	Gynaecomastia (excision for), unilateral	134	54		
1211	Gynaecomastia (excision for), bilateral	251	69		
1214	Segmental mastectomy with axillary sampling	215	69		
1215	Total mastectomy	215	69		
1216	Mastectomy with axillary clearance	342	69		
1217	Quadrant mastectomy with axillary clearance	342	69		
1218	Mammographic wire guided breast biopsy	117	38		Diagnostic
	LYMPHATICS:				
1310	Axillary/inguinal lymph node(s) superficial dissection of	73	42	I.P.	
1315	Axillary lymph nodes complete dissection of	251	69		
1320	Axillary or inguinal lymph nodes, incision of abscess	73	38		
1326	Deep cervical node excision biopsy (not needle biopsy)	73	38		Diagnostic
1335	Inguinal or pelvic lymph node block dissection, unilateral	268	92	I.P.	
1336	Inguinal or pelvic lymph node block dissection, bilateral	402	92	I.P.	
1355	Lymphatic infusion	179	0		

1365	Primary or secondary retroperitoneal, lymphadenectomy complete, transabdominal	430	92	I.P.	
	MUSCLES:				
1370	Haemangioma of muscle, excision and repair of	215	69		
1375	Muscle, manipulation and stretching of	36	0		
1380	Muscle, repair and suture of	144	54		
1385	Muscle biopsy	54	38		Diagnostic
	NERVES: (See also E.N.T.and Plastic Sections)				
1390	Nerve biopsy	107	38		Diagnostic
1395	Nerve repairs (primary)	287	69	I.P.	
1400	Nerve suture (secondary, including grafting and anastomosis)	322	69		
1405	Neurectomy or local excision of neuroma	215	54		
	TENDONS:(See also Orthopaedic and Plastic Sections)				
1410	Tendon repairs (primary) single	144	69		
1415	Tendon repairs (primary) multiple	287	92		
1420	Tendon sheath, incision of	72	38		
1425	Tenotomy	72	38		
1426	Tenolysis	144	69		
	VASCULAR:				
1427	Supra - renal aneurysm repair	573	223		
1428	Repair of super renal aortic aneurysm rupture	573	223		
1429	Tube graft repair of abdominal aorta	573	223		
1431	Repair of ruptured abdominal aortic aneurysm	573	223		
1432	Aorto bi-iliac bypass for atherosclerosis or aneurysm	573	223		
1433	Aorto-femoral or bifemoral bypass for atherosclerosis or aneurysm	573	223		
1434	Endarterectomy of abdominal aorta and iliac vessels	573	223		
1436	Repair of ruptured iliac artery aneurysm	573	223		
1437	Endarterectomy of iliac vessels alone	573	223		

1438	Visceral artery repair, re-anastomosis or endarterectomy	573	223		
1439	Renal artery anastomosis, endarterectomy or re-implantation or bypass	573	223		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
1156	Percutaneous core needle biopsy of thyroid gland (for fine needle biopsy use procedure code 1152)	50	38	I.P.	Diagnostic
1155	Total/revision thyroidectomy	358	92		
1157	Partial/subtotal thyroidectomy	344	92		
	TONGUE:				
1165	Excision of epithelioma of tongue with radical operation on glands	358	92		
1170	Frenectomy (tongue tie)	36	38		
1175	Hemiglossectomy	179	54		
1176	Total glossectomy	358	92		
1180	Growths of tongue, diathermy to	36	38		
1185	Excision biopsy, oral cavity	54	38	I.P.	
1186	Resection of tonsil, tongue base, palate, mandible and radical neck dissection	683	261		
	BREAST:				
1190	Abscess, incision and drainage of	54	38		
1191	Breast cyst(s) aspiration/fine needle biopsy (diagnostic or therapeutic)	29	0	I.P.	
1195	Percutaneous core needle biopsy of breast (for fine needle biopsy use procedure code 1191)	54	54	I.P.	Diagnostic
1200	Cysts or benign tumours, excision of, or segmental resection	107	54		
1205	Duct papilloma, excision	107	54		
1210	Gynaecomastia (excision for), unilateral	134	54		
1211	Gynaecomastia (excision for), bilateral	251	69		
1214	Segmental mastectomy with axillary sampling	215	69		
1215	Total mastectomy	215	69		

1216	Mastectomy with axillary clearance	342	69		
1217	Quadrant mastectomy with axillary clearance	342	69		
1218	Mammographic wire guided breast biopsy	117	38		Diagnostic
	LYMPHATICS:				
1310	Axillary/inguinal lymph node(s) superficial dissection of	73	42	I.P.	
1315	Axillary lymph nodes complete dissection of	251	69		
1320	Axillary or inguinal lymph nodes, incision of abscess	73	38		
1326	Deep cervical node excision biopsy (not needle biopsy)	73	38		Diagnostic
1335	Inguinal or pelvic lymph node block dissection, unilateral	268	92	I.P.	
1336	Inguinal or pelvic lymph node block dissection, bilateral	402	92	I.P.	
1355	Lymphatic infusion	179	0		
1365	Primary or secondary retroperitoneal, lymphadenectomy complete. transabdominal	430	92	I.P.	
	MUSCLES:				
1370	Haemangioma of muscle, excision and repair of	215	69		
1375	Muscle, manipulation and stretching of	36	0		
1380	Muscle, repair and suture of	144	54		
1385	Muscle biopsy	54	38		Diagnostic
	NERVES: (See also E.N.T,and Plastic Sections)				
1390	Nerve biopsy	107	38		Diagnostic
1395	Nerve repairs (primary)	287	69	I.P.	
1400	Nerve suture (secondary, including grafting and anastomosis)	322	69		
1405	Neurectomy or local excision of neuroma	215	54		
	TENDONS: (See also E.N.T. and Plastic Sections)				
1410	Tendon repairs (primary) single	144	69		
1415	Tendon repairs (primary) multiple	287	92		
1420	Tendon sheath, incision of	72	38		
1425	Tenotomy	72	38		
1426	Tenolysis	144	69		

	VASCULAR:		
1427	Supra - renal aneurysm repair	573	223
1428	Repair of super renal aortic aneurysm rupture	573	223
1429	Tube graft repair of abdominal aorta	573	223
1431	Repair of ruptured abdominal aortic aneurysm	573	223
1432	Aorto bi-iliac bypass for atherosclerosis or aneurysm	573	223
1433	Aorto - femoral or bifemoral bypass for atherosclerosis or aneurysm	573	223
1434	Endarterectomy of abdominal aorta and iliac vessels	573	223
1436	Repair of ruptured iliac artery aneurysm	573	223
1437	Endarterectomy of iliac vessels alone	573	223
1438	Visceral artery repair, re-anastomosis or endarterectomy	573	223
1439	Renal artery anastomosis, endarterectomy or re-implantation or bypass	573	223

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
1441	Embolectomy of visceral branches, superior mesenteric or renal arteries	287	107
1442	Removal of infected aortic prosthesis	736	307
1443	Obturator bypass from aorta or iliac to profunda or distal femoral bypass	358	154
1444	Repair of abdominal aortic trauma	358	154
1446	Aortic exclusion by axillo-femoral bypass	358	154
1447	Endarterectomy of internal/external common carotid artery with or without shunt	573	223
1448	Patch repair of internal carotid artery	236	107
1449	Vertebral artery bypass or repair	528	154
1451	Open repair of subclavian artery	358	154
1454	Translocation of common carotid to subclavian artery	287	154
1456	Carotid subclavian bypass	287	200

1457	Subclavian/subclavian bypass	287	154		
1458	Thoracotomy with repair of vessels of arch of aorta	573	223		
1285	Intra arterial injection (excluding arteriography)	54	0	I.P.	
1305	Renal stenosis, repair of	358	177		
1306	Transcatheter embolisation	215	107		
1307	Transcatheter removal of intravascular thrombus or foreign body	215	107		
5866	Percutaneous angioplasty	215	131		
	VASCULAR - HEAD. NECK and UPPER LIMBS:				
1459	Subclavian to branchial bypass or endarterectomy	287	200		
1461	Repair of subclavian aneurysm	287	200		
1462	Brachial embolectomy	287	107		
1463	Repair or bypass of brachial to radial or ulnar vessel	358	154		
1464	Repair of trauma to brachial artery with endarterectomy patch or bypass	447	154		
820	Arterial venous fistula in arm under L.A.	144	92		
821	Gortex graft placement for AV access for dialysis	322	69		
1290	Ligation of major vessels	179	54		
1250	Arterial biopsy (temporal artery biopsy bilateral under L.A.)	72	54		Diagnostic
	VASCULAR - LOWER LIMBS:				
1467	Femoral popliteal bypass, above knee vein	358	154		
1468	Femoral to popliteal bypass, above knee synthetic	358	154		
1469	Femoral to popliteal bypass, below knee vein	358	154		
1471	Femoral to popliteal bypass, below knee synthetic	358	154		
1472	Profundaplasty with or without patch or endarterectomy	358	154		
1473	Common femoral artery endarterectomy	215	107		
1474	Repair of femoral artery aneurysm	358	154		
1280	Common femoral artery embolectomy	215	107		
1476	Popliteal artery embolectomy	358	154		
1477	Tibial artery embolectomy	358	154		

1478	Femoral tibial artery bypass, including tibial-peroneal and peroneal artery bypass, or other distal vessels	573	223
1479	Popliteal aneurysm artery repair or bypass	358	154
1481	Femoral/femoral bypass	358	154
1482	Repair of femoral or popliteal vessels due to trauma	358	154
	VARICOSE VEINS:		
1483	Ligation and division at the sapheno-femoral junction and complete stripping of the long saphenous vein, ligation and division of the short saphenous vein at the sapheno popliteal junction,ligation and avulsion of multiple varicose veins, for both legs	287	69
1484	As 1483 for one leg	198	54
1486	Ligation and division at the sapheno-femoral junction of the long saphenous vein with complete stripping of the long saphenous vein and ligation and avulsion of multiple varicose veins in the leg (both legs)	215	69
1487	Ligation and division at the sapheno-femoral junction of the long saphenous vein with complete stripping of the long saphenous vein with ligation and avulsion of multiple varicose veins in the leg (one leg) Ligation and division of the short saphenous vein at the sapheno	144	54
1488	Ligation and division of the short saphenous vein at the sapheno popliteal junction with ligation and avulsion of multiple varicose veins in the leg (both legs) Ligation and division of the short saphenous vein at the sapheno	215	69

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
1489	Ligation and division of the short saphenous vein at the sapheno popliteal junction plus ligation and avulsion of multiple varicose veins in the leg (one leg)	144	54

1491	Cockett, Linton or Dodd procedure on perforators Ligation and division at the sapheno-femoral junction of the long	287	69	I.P.	
1492	saphenous vein with ligation and avulsion of multiple varicose veins, one or both legs	144	54		
1430	Iliac or femoral veins, removal of thrombus from	179	69		
1435	Inferior vena cava, ligation or clipping of, with or without removal of thrombus	287	107		
1440	Ligation and division of individual perforator	54	54	I.P.	
1450	Portosystemic shunt	394	177		
1455	Sclerosing operation on vein(s), one leg	36	0	I.P.	
1460	Sclerosing operation on veins, both legs	54	0	I.P.	
1465	Splenorenal anastomosis	358	177		
1490	Varicose veins, exploration and removal of thrombus, unilateral	179	54		
1495	Varicose veins, exploration and removal of thrombus, bilateral	215	69		
1500	Venous pressure and blood volume studies	36	0		Diagnostic
	SKIN and SUBCUTANEOUS TISSUES:				
1505	Abscess, cyst or tumour, aspiration of	36	38		
1506	Angioma cauterisation or injection into, under general anaesthetic	36	38		
1507	Angioma of skin and subcutaneous tissue or mucous surfaces, small, excision and repair of, under general anaesthetic	54	38		
1508	Angioma of skin and subcutaneous tissue or mucous surfaces, large,.excision and repair of, under general anaesthetic	107	54		
1509	Biopsy of skin, subcutaneous tissue and/or mucous membrane including simple closure	52	0		Diagnostic
1510	Excision and biopsy/curettage of a seborrhoeic keratosis / basal cell papilloma (single or multiple)	54	38		
1513	Ellipse biopsy of the skin	70	0		Diagnostic

1514	Cryotherapy or curettage to solar or actinic keratosis or warts other than plantar (single or multiple)	54	38
1525	Foreign body, removal of	54	38
1540	Skin abscess, (superficial) incision and drainage of	54	38
1545	Keloid or other scar, excision of	54	38
1546	Enucleation of lipoma	72	54
1550	Malignant melanoma, wide excisional biopsy	107	69
1551	Malignant melanoma, wide excisional biopsy and graft **(See "LYMPHATICS" for block dissection of glands)**	215	69
1555	Excision of pigmented naevi	54	38
1560	Incision and drainage of pilonidal abscess	52	38
1561	Pilonidal sinus or cyst, excision of	144	54
1565	Tubed pedicle flap, per stage	215	92
1570	Removal of foreign body from hand or foot under anaesthetic	54	54
1575	Basal cell carcinoma / squamous cell carcinoma, simple excision	107	69
1576	Basal cell carcinoma / squamous cell carcinoma, excision and graft or local flap	215	69
1577	Basal cell carcinoma / squamous cell carcinoma, curettage and/or electrosurgery	126	69
1580	Excision of a sebaceous cyst(s) (single or multiple)	72	38
1586	Laser treatment to naevi, initial patch test	54	38
1587	Laser treatment to naevi, each subsequent treatment session	107	38
1588	Excision of axillary skin for hyperhidrosis	144	54
1591	Hydradenitissuppurativa,excision and suture	89	38
1592	Hydradenitissuppurativa,excision and graft	215	69
1605	Surgical diathermy under general anaesthetic for any condition other than those listed separately	72	38
1610	Interstitial implant with radioactive source	72	54
1615	Wounds and sinuses, curettage of	54	38
1620	Wounds (multiple), suture or excision and suture	107	54

1625	Simple repair of superficial wounds	52	38
	OTHER PROCEDURES:		
1630	Exchange transfusion	107	0
1635	Exchange transfusion (intra uterine)	144	0

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
1631	Hyperbaric oxygen therapy, initial, including full medical evaluation	107	0
1632	Hyperbaric oxygen therapy, subsequent, per session	36	0
1636	Intravenous immunoglobulin for patients with a haematological malignancy or immune deficiencies	35	0
1637	Blood transfusion for patients with a haematological malignancy or immune deficiencies	35	0
1638	Intravenous antibiotics for patients on cytotoxic chemotherapy regimens for malignant disease	35	0
1639	Electrolyte replacement for patients on cytotoxic chemotherapy regimens for malignant disease	35	0
1641	Therapeutic phlebotomy for patients with polycythemia rubra vera or haemochromatosis	36	0
1642	Isolated limb perfusion including exposure of major limb artery and vein, arteriotomy and venotomy	358	154
1645	Intracaviatory insertion with radioactive source (cranium, chest, abdomen)	215	69
1646	Plasmapheresis.	36	0
1657	Cytotoxic chemotherapy (combination therapy), infusion, for (a) initial day's treatment for a new patient, (b) first day's treatment of a new cycle of therapy, for an established patient, day care or in-patient.	52	0
1658	Succeeding days of cytotoxic chemotherapy (combination therapy) infusion treatment after the first day's treatment, day care or in-patient.	35	0

1663	Drainage of abscess or haematoma, (deep tissues) requiring general anaesthetic	72	38		
4281	Bone marrow aspiration	36	38		Diagnostic
4282	Bone marrow biopsy	54	38		Diagnostic
4287	Bone marrow aspiration and biopsy	72	38		Diagnostic
4283	Allogeneic bone marrow transplantation, benefit includes all procedures and in-patient care	609	0		
4284	Autologous bone marrow transplantation, benefit includes all procedures and in-patient care	501	0		
4286	Bone marrow harvesting	107	69	I.P.	
4288	Peripheral blood stem cell harvesting	107	0	I.P.	
4291	Peripheral blood stem re infusion, benefit includes cytotoxic chemotherapy and in patient care	501	0		
	EAR, NOSE AND THROAT				
	EAR: (See also Plastic Section)				
1665	Atresia of auricle, 2 or 3 stages, correction of (per stage)	251	69	I.P.	
1666	Attico antrostomy, unilateral	358	107		
1670	Ear polyp, excision of Ear toilet requiring use of operating microscope and micro	54	38		
1671	inspection of tympanic membrane with or without general anaesthesia, unilateral or bilateral	54	38	I.P.	
1675	Drainage external ear, abscess or haematoma	54	69		
1680	External auditory canal excision of tumour	107	54		
1685	External auditory canal removal of exostosis or osteoma	107	69		
1686	Reconstruction of external auditory canal (meatoplasty) (e.g, for stenosis due to trauma, infection)	212	69	I.P.	
1690	Facial nerve decompression (in temporal bone)	358	107		
1695	Facial nerve graft (in temporal bone)	394	107		
1700	Removal of foreign body from ear, under general anaesthetic	72	38	I.P.	
1701	Labyrinthectomy; transcanal	266	92		
1710	Mastoidectomy, radical with or without labyrinthectomy	358	107		

1715	Mastoidectomy, simple	305	69		
1730	Myringoplasty	251	92	I.P.	
1735	Myringotomy	36	38		
1740	Myringotomy (bilateral)	72	38		
1741	Removal of drain tube(s) under general anaesthetic	36	38		
1751	Pinna, total excision	144	54		
1752	Pinna, partial excision with flap reconstruction	215	69		
1753	Pinna, partial excision and graft	144	54		
1755	Preauricular sinus, excision of	144	54		
1760	Saccus endolymphaticus for Meniere's Disease	322	107		
1765	Sebaceous cyst of ear, removal of	54	38		
1770	Stapedectomy	430	92		
1771	Stapedectomy with plastic reconstruction of ossicles	430	107		
1790	Tympanoplasty	394	92	I.P.	

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
5980	Combined approach tympanoplasty	466	107		
1785	Myringotomy with insertion of grommet	107	42		
1786	Myringotomy, bilateral, with insertion of grommets	161	54		
1796	Electrocochleography	22	38		Diagnostic
	NOSE:				
1800	Epistaxis anterior packing and/or cautery	72	38	I.P.	
1805	Epistaxis posterior anterior packing and/or cautery	107	38	I.P.	
1810	Epistaxis anterior ethmoid and/or internal maxillary ligation	144	54	I.P.	
1815	Foreign body, removal under general anaesthetic	36		38	
1820	Polypectomy, single	36	38	I.P.	
1825	Polypectomy, multiple	107	38	I.P.	
	NOSE and ACCESSORY SINUSES: (See also Plastic Section)				
1830	Accessory sinuses, open operations on, unilateral (including Caldwell Luc)	179	54		

1840	Accessory sinuses, open operations on, bilateral (including Caldwell Luc)	268	69		
1850	Antral biopsy	36	38		Diagnostic
1855	Antral puncture (antrotomy) and washout unilateral	72	38	I.P.	
1860	Antral puncture (antrotomy) and washout bilateral	107	38	I.P.	
1865	Antral lavage involving insertion of polythene tube (unilateral)	107	38		
1870	Antral lavage involving insertion of polythene tubes (bilateral)	144	42		
1875	Sinusotomy with or without biopsy, with mucosal stripping or removal of polyp(s)	107	54		
1880	Nasal/Sinus endoscopy, surgical, with antrostomy (unilateral)	89	54	I.P.	
1885	Nasal/Sinus endoscopy, surgical, with antrostomy (bilateral)	144	54	I.P.	
1890	Repair of choanal atresia, intranasal	144	54		
1895	Repair of choanal atresia, transpalatine	322	92		
1896	Crawford tube insertion, unilateral	72	38		
1897	Crawford tube insertion, bilateral	107	38		
1900	Ethmoid area malignant tumour excision	179	92		
1905	Nasal/Sinus endoscopy, with or without biopsy, polypectomy or debridement	72	54	I.P.	Diagnostic
1910	Ethmoidectomy extranasal (unilateral)	144	69		
1915	Ethmoidectomy extranasal (bilateral)	215	92		
1920	Ethmoidectomy intranasal (unilateral)	144	54		
1925	Ethmoidectomy intranasal (bilateral)	198	69		
1935	External frontal sinus exploration	358	69		
1940	External frontal sinus operation for malignant disease	430	107		
1945	External rhinotomy (with drainage of ethmoid frontal, or maxillary sinuses)	358	92		
1968	Nasal septum insertion of prosthetic button	89	38		
1969	Plastic repair of nasal septum	251	92		

1970	Nasal septum, submucous resection of	144	54		
1980	Naso pharyngeal tumour, excision of	430	223		
1985	Oro antral fistula, closure of	358	54		
1990	Cauterisation and/or ablation, mucous of turbinates, unilateral or bilateral, any method, superficial	72	38	I.P.	
1992	Nasal/Sinus endoscopy, surgical with ethmoldectomy (partial or total)	205	92		
1993	Nasal/Sinus endoscopy, surgical with frontal sinus exploration with or without removal of tissue from frontal sinus	228	92		
1745	Nostril closure for atrophic rhinitis	144	54		
4525	Rhinoplasty	322	92	I.P.	
5975	Rhinoplasty, primary, including major septal repair	358	92		
	THROAT:				
1995	Abscess (retropharyngeal), incision and drainage (internal pharyngotomy)	72	54		
1996	Bronchoscopy with bronchoalveolar lavage (includes irrigation of bronchial tree)	72	0		Diagnostic
1997	Bronchoscopy with transbronchial biopsy of lung	144	40		Diagnostic
2003	Bronchoscopy with combined bronchial and/or transbronchial biopsies and bronchoalveolar lavage	147	40		Diagnostic
1999	Bronchoscopy with laser ablation/ resection of tumour	215	69		
2000	Bronchoscopywithbrachytherapy or placement of radium source	215	69		
2001	Bronchoscopy with selective bronchography	107	40	I.P	Diagnostic
2002	Bronchial provocation testing (histamine, methacholine etc.)	144	0	I.P.	Diagnostic

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
2011	Bronchoscopy with or without bronchial biopsy	72	40	I.P.	Diagnostic

2012	Bronchoscopy with or without bronchial biopsy (less than 2 years old)	92	54	I.P.	Diagnostic
2020	Bronchoscopy with removal of foreign body (includes foreign body removal by rigid endoscopy)	72	54	I.P.	Diagnostic
2030	Laryngoscopy	54	38	I.P.	Diagnostic
2040	Laryngectomy, all forms including vertical hemi laryngectomy and tracheostomy	501	200		
2045	Larynx, microsurgery of	215	69		
2050	Laryngofissure, external operation on	358	69		
2055	Lateral pharyngotomy	287	69		
2056	Direct operative laryngoscopy with operating microscope with or without biopsy, removal of foreign body, removal of lesion etc.	215	54	I.P.	
2057	Vocal cord augmentation (injection of teflon)	161	54		
2060	Oesophagoscopy	54	38	I.P.	Diagnostic
2065	Oesophagoscopy with biopsy and dilatation	89	54	I.P.	Diagnostic
2070	Oesophagoscopy with removal of foreign body	54	54	I.P.	
2074	Upper G.I. endoscopy with oesophageal dilatation and lasertherapy	179	54		
2075	Operative peroral endoscopy (including biopsy of larynx, trachea, bronchus, pharynx or oesophagus)	54	54	I.P.	
2077	Oesophageal dilation and insertion of endoprosthesis	179	69		
2079	Oesophagoscopy with multiple injection of oesophageal varices	107	69		
5840	Oesophageal motility study	54	69		Diagnostic
2080	Papilloma or cyst of larynx, excision of	144	107		
2081	Balloon dilatation of the oesophagus (includes endoscopy)	111	54		
2085	Pharyngeal pouch or diverticulum, excision of	394	69		
2090	Pharyngeal pouch or diverticulum endoscopic diathermy division	251	69		
2096	Drainage and marsupialisation of cyst	161	54		

2100	Pharyngolaryngectomy	538	261		
2115	Incision and drainage, abscess; retropharyngeal or parapharyngeal	36	69		
2125	Tonsils and/or adenoids (adults), removal of	161	54		
2130	Tonsils and/or adenoids, removal of (children under 12 years)	126	54		
2131	Tonsils or tonsils and adenoids, arrest of haemorrhage requiring general anaesthetic, following removal	89	54		
2132	Tracheoesophageal puncture and insertion of prosthesis	126	54		
2136	Transtracheal aspiration	72	0		Diagnostic
	OTHER PROCEDURES:				
2126	Overnight oximetry	36	0		Diagnostic
2133	Kveim test including follow up punch biopsy of skin	52	0		Diagnostic
2134	Kveim test including follow-up ellipse biopsy of skin	70	0		Diagnostic
2137	Mantoux test, injection and follow up interpretation	52	0		Diagnostic
5895	Full pulmonary function studies carried out in a pulmonary function laboratory including report Prolonged post-exposure evaluation of bronchospasm after	70	0		Diagnostic
2141	exercise, with multiple spirometric determinations as in 5895 including measurement of thoracic gas volume and expired gas determinations	79	0		Diagnostic
2139	Full sleep study (polysomnography)	139	0		Diagnostic
	GYNAECOLOGICAL OPERATIONS				
	CERVIX:				
2140	Cervix, amputation of	72	54	I.P.	
2145	Cervix, biopsy of	36	38	I.P.	Diagnostic
2146	Cervix, cone biopsy of	72	54	I.P.	Diagnostic
2150	Cervical polypi, removal of	36	38	I.P.	
2155	Cervix, dilatation of	36	38	I.P	
2160	Cervix, local excision of lesion of	36	38	I.P.	
2170	Cervix, suture of	54	38	I.P.	
2171	Cervical cerclage	72	38		
2175	Cervix, cautery of	36	38	I.P.	

2180	Cervix, examination under anaesthesia	36	38	I.P.	Diagnostic
2181	Colposcopy	36	38	I.P.	Diagnostic
2182	Colposcopy and biopsy including Lletz procedure and/or laser therapy	54	38		Diagnostic

OBSTETRICAL:

Code	Surgical Procedure	Procedure Benefit IR£		
		Surgical	Anaesthetic	
2185	Caesarean hysterectomy	430	131	
2190	Caesarean section (grant In aid for obstetrician's fees) Ectopic pregnancy, surgical management (laparoscopic or open):	207	92	
2200	salpingectomy and/or salpingo oophorectomy (unilateral or bilateral)	179	92	
2205	Hydatidiform mole (hysterotomy)	144	92	
2206	Vaginal delivery (grant in aid)	137	0	
2207	Epidural anaesthesia for vaginal delivery	0	96	
	UTERUS and ADNEXA:			
2215	Aldridge sling operation	144	69	
2220	Broad ligament, excision of cyst of	144	69	
2225	Dilatation and curettage (diagnostic or therapeutic) Microsurgical repair of extensive tubal and peritubal disease	54	38	I.P.
2235	consequent on pelvic inflammatory disease and endometriosis including re-implantation of fallopian tube, unilateral Microsurgical repair of extensive tubal and peritubal disease	215	69	
2240	consequent on pelvic inflammatory disease and endometriosis including re-implantation of fallopian tubes, bilateral Surgical repair of extensive tubal and peritubal disease consequent	322	92	
2241	on pelvic inflammatory disease or endometriosis, unilateral or bilateral	228	69	
2248	Hysteroscopy	54	38	
2249	Transcervical endometrial resection	358	92	
2250	Total abdominal hysterectomy Radical abdominal hysterectomy, with bilateral total pelvic	287	92	
2255	lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	484	131	

2256	Total vaginal hysterectomy combined with anterior and posterior pelvic floor repair	466	92	
2257	Total abdominal hysterectomy with unilateral or bilateral salpingo oophorectomy	466	92	
2258	Resection of ovarian malignancy with total abdominal . hysterectomy, complete procedure	531	131	
2259	Debulking of ovarian carcinoma with or without omenfectomy, complete procedure	380	131	
2260	Sub total abdominal hysterectomy	287	92	
2264	Total vaginal hysterectomy with urethropexy or urethroplasty	322	92	
2265	Total vaginal hysterectomy	287	92	
2267	Total vaginal hysterectomy and anterior or posterior pelvic floor repair	430	92	
2270	Induction of radiation menopause	72	38	
2273	Marlex sling procedure	144	69	
2280	Myomectomy (multiple)	287	69	I.P.
2285	Myomectomy (simple, single)	251	69	I.P.
2289	Oophorectomy, unilateral or bilateral (complete or partial)	159	69	I.P.
2300	Ovarian cystectomy, unilateral or bilateral	179	69	I.P.
2319	Salpingectomy complete or partial, unilateral or bilateral	159	69	I.P.
2354	Salpingostomy or salpingolysis, unilateral or bilateral	228	69	I.P.
2364	Microsurgical tuboplasty (salpingostomy or salpingolysis), unilateral or bilateral	258	69	I.P.
2365	Salpingo oophorectomy, complete or partial, unilateral or bilateral	179	69	I.P.
2366	Salpingography and cannulisation for unblocking fallopian tubes, unilateral or bilateral	179	0	
2370	Uterus, plastic reconstruction of	287	69	
2375	Ventrosuspension/Gliliam's operation	144	69	I.P.
	VULVOVAGINAL:			
2380	Atresia vaginae, relief of (including dilatation of vulva and vagina)	107	90	I.P.
2385	Bartholin's gland cyst, excision of	54	38	
2390	Bartholin's or Skene's gland, abscess of, incision and drainage	54	38	I.P.
2391	Burch colposuspension	215	92	
2395	Caruncle, vulvovaginal, removal of	54	38	I.P.

2400	Colporrhaphy with amputation of cervix, anterior and posterior (Manchester or Fothergill operation)	287	69	
2410	Colpotomy	107	69	
2415	Cystocele, repair of	144	69	I.P.
2420	Cystocele and rectocele, repair of (including colpoperineorraphy)	179	69	

Code	Surgical Procedure	Procedure Benefit IR£		
		Surgical	Anaesthetic	
2425	Cysts or simple tumours of the vulva or vagina, excision of	72	38	
2430	Hymenotomy	54	38	I.P.
2435	Hymenectomy	54	54	
2440	Perineal tear complete repair of	215	54	
2441	Partial vaginectomy	358	92	I.P.
2445	Rectocele, repair of	179	69	I.P.
2450	Stress incontinence, Marshall Marchetti, urethropexy for	215	92	
2460	Vaginal fistulae (recto vaginal), repair of	179	92	
2465	Vaginal fistulae (vesico vaginal), repair of	287	92	
2470	Vaginal wall, suture of	107	54	
2475	Vagina, plastic repair for dyspareunia	144	92	
2480	Vulvectomy simple, without glands	287	92	
2485	Vulvectomy radical, with glands	394	131	
2486	Intracaviatory insertion of radioactive source, cervix, vagina or uterus	215	69	
2484	Diagnostic laparoscopy with or without biopsy, with or without tubal irrigation/insufflation	108	69	I.P.
2488	Diagnostic laparoscopy with or without biopsy. This procedure also includes dilatation and curettage (diagnostic or therapeutic), with or without tubal irrigation/insufflation	146	69	I.P.
2487	Diagnostic laparoscopy with/without biopsy and one or more of: excision of lesions of ovary;pelvic viscera or peritoneal surface; diathermy of endometriosis;division of adhesions;puncture of cysts. With/without tubal irrigation/insufflation.	126	69	I.P.
2489	As 2487 but including dilatation and curettage (diagnostic/therapeutic)	171	69	I.P.

OPHTHALMIC OPERATIONS

	CONJUNCTIVA:			
2490	Conjunctival flap	72	38	
2493	Conjunctivectomy	54	42	
2495	Conjunctival graft	107	38	
2498	Conjunctival tumour with or without graft	144	38	
2496	Cryotherapy, unilateral	144	42	
2497	Cryotherapy, bilateral	215	42	
2500	Cyst/ Granuloma - excision of	54	38	
2505	Foreign body - removal of, from conjunctiva	54	38	
2520	Wounds, repair	72	54	
2521	Symblepharon division	72	54	
2526	Symblephora - division of (includes conjunctival graft)	144	69	
2527	Conjunctival biopsy	54	42	
	ANTERIOR SEGMENT:			
2522	Removal of foreign body from anterior chamber, magnetic	287	69	
2523	Removal of foreign body from anterior chamber, non-magnetic	287	69	
2524	Removal of implanted material from anterior chamber	287	69	
2525	Paracentesis of anterior chamber of eye with or without diagnostic aspiration of aqueous	107	54	I.P.
2580	Paracentesis of anterior chamber of eye for hyphaema with or without irrigation and/or air injection	179	38	
2585	Paracentesis/Saemisch section etc.	179	38	
2586	Reform anterior chamber secondary to trabeculectomy or post cataract surgery	179	38	
	CORNEA and SCLERA:			
2530	Corneal grafting - penetrating/lamellar	430	107	
2531	Removal of sutures (late Stage) corneal/sclera	54	38	
2532	Keratoprosthesis	440	69	
2533	Epikeratophakia	440	69	
2535	Corneal surface removed and EDTA application	72	38	
2510	Pterygium removal	72	38	
2511	Pterygium removal and conjunctival graft	144	42	
2540	Comeal tattooing Ulcer/Recurrent erosion,surgicaltreatment/Cauterywith or without	72	38	

2548	pricking, with or without debridement, with or without cryotherapy - one or more treatments, per episode of illness	72	38
2546	Corneal scraping	72	38
2547	Corneal biopsy	72	38
2555	Corneal or scleral tumour, excision	179	69
2556	Perforating injury cornea and/or sclera not involving uveal tissue	179	54
2565	Perforating injury cornea and/or sclera with reposition or resection of uveal tissue	306	69
2566	Repair of scleral staphyloma with or without graft	430	69

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
2575	Foreign body, removal of, from cornea Keratotomy (Wedge resections, relaxing incisions etc; for the	54	38		
2577	correction of abnormal refractive errors resulting from cataracts, corneal scars or post traumatic corneal astigmatism)	358	69		
2579	Excimer laser therapy for corneal pathology, per course	215	54		
	EYELIDS:				
2589	Biopsy of eyelids	54	38		Diagnostic
2590	Chalazion - incision and curettage, one or more	72	38		
2591	Botulinum injection for blepharospasm or to induce ptosis	89	38		
2595	Ectropion	144	42		
2600	Entropion	126	38		
2596	Blepharophimosis - for pathology (not cosmetic)	188	69		
2605	Epilation trichiasis	40	38		
2606	Cryo to lash/electrolysis/ Removal lash follicle per course of therapy	79	38		
2610	Injury to eyelid - repair (superficial)	54	38		
2611	Opening of tarsorrhaphy	54	38	I.P.	
2615	Injury to eyelid - repair (deep)	144	42		
2620	Lid papilloma	144	42		

2625	Superficial dermoid or cyst - excision of	107	38	
2626	Canthotomy	31	0	I.P.
2630	Tarsorrhaphy	107	42	
	GLOBE:			
2635	Evisceration of eye	215	69	
2640	Excision of eye plus implant	251	69	
2645	Removal of intraocular foreign body	287	69	
2660	Removal of eye	215	69	
	IRIS, CILIARY BODY and CHOROID OPERATIONS:			
2680	Division of anterior synechiae	179	54	I.P.
2685	Cyclodialysis	251	69	
2696	Cyclocryotherapy/Diathermy	251	54	
2700	Goniotomy	287	69	
2710	Iridectomy	179	54	
2711	Pupil reconstruction post trauma, post surgery	287	69	
2725	Iris tumour, removal	287	69	
2726	Iris biopsy	179	54	I.P.
2740	Trabeculectomy/Drainage procedure	287	54	
2741	Laser trabeculoplasty, one or more treatments	251	54	
2845	Local resection of ciliary body or choroidal tumour	215	42	
2742	Trabeculectomy and tubes, etc.	424	54	
	LACRIMAL APPARATUS:			
2750	Canaliculus repair with or without tube	251	54	
2755	Dacryocystorhinostomy with or without tubes	287	69	
2756	Removal of D.C.R. tube	31	0	
2760	Lacrimalabscess(dacryocystitis) incision	54	38	
2761	Lacrimal sac, syringing and probing	72	38	
2764	Intubation of nasolacrimal duct	287	54	I.P.
2766	Punctal closure with cautery or controller	54	38	
2768	3 Snip operation of lacrimal punctum	72	38	
2769	Correction of everted punctum: cautery only	54	38	

2770	Lacrimal sac excision (dacryocystectomy)	287	54	
2771	Lacrimal gland tumour excision	314	69	
2772	Conjunctivo - dacryocystorhinostomy with Lester Jones tube	298	69	
2775	Lacrimal sac. syringing	54	38	
	LENS:			
2779	Repositioning of intraocular lens	215	69	I.P
2780	Intraocular lens insertion not associated with concurrent cataract removal (secondary)	215	69	
2785	Capsulotomy, needling (surgical)	107	69	
2786	Revision of cataract wound	118	69	
2795	Lens extraction	376	92	
2802	Cataract extraction plus insertion of artificial lens (includes phacoemulsfication, etc.) For cataract extraction operations, all forms, where only monitored	466	92	
2803	anaesthesia care is given, the anaesthetic benefit payable is shown opposite	0	38	

Code	Surgical Procedure	Procedure Benefit IR£		
		Surgical	Anaesthetic	
	LASER / LIGHT COAGULATION:			
2644	Argon or Diode laser or Xenon Arc - for treatment of retinal or choridal disease, glaucoma, one or more treatments YAG laser - for capsulotomy, pupil formation, iridectomy,	215	42	
2647	membranectomy, ciliary body treatment, glaucoma, one or more treatments	215	0	
2806	Argon laser therapy for pan - retinal photocoagulation of diabetic retinopathy (per course of therapy)	314	42	
	MUSCLES:			
2870	Routine squint operation, horizontal, vertical or oblique	287	69	
2871	Transposition surgery - Jansens, Hummelsheim, Knapp procedure	393	69	

2872	Adjustment post strabismus operation	95	38		
2873	Botulinum toxin injection to extraocular muscles	89	38		
2874	Muscle biopsy	79	38	I.P.	
	ORBIT:				
2890	Orbit, exenteration of	430	92		
2895	Orbit, exploration of, including biopsy	215	54		
2900	Orbit, removal of foreign body from	251	69		
2905	Orbit, removal of tumour from (Kronlein's operation)	322	69		
2910	Orbit, repair of fracture of	287	69		
2911	Orbitotomy	440	92		
2915	Orbit, repair of fracture of, with plastic implant	358	69		
2912	Trans nasal wiring	354	69		
2920	Radio Active Source application	144	42		
	POSTERIOR SEGMENT:				
2665	Prophylactic therapy for retinal detachment	298	54		
2506	Removal of silicone oil	322	69		
2675	Repair of retinal detachment - retinopexy with scleral buckling, scleral resection or scleral implant, etc. (For diathermy, cryotherapy or photocoagulation, use 2665)	538	107		
2676	Vitrectomy	538	107		
	MISCELLANEOUS:				
2875	Retrobulbar, orbital floor, subconjunctival, subtenons and facial nerve injections	54	69	I.P.	
2880	Examination of eye under general anaesthetic	54	38	I.P.	Diagnostic
2926	Fluorescein angiography	36	0		Diagnostic
	DENTAL/ORAL SURGERY				
2940	Dental cysts of maxilla or mandible	107	54		
2950	Extraction of teeth (more than 6 permanent teeth) with or without alveolectomy	89	54		
2980	Labial frenectomy with dissection of tissue	36	54		
2985	Odontoma, excision of	89	54		

3005	Root resection or apicectomy, single, with or without cyst removal and apical curettage	72	54	
3010	Root resection or apicectomy, multiple, with or without cyst removal and apical curettage	107	69	
3015	Reimplantation of tooth in socket with splinting	72	54	
3020	Simple cysts or epulis, palate or floor of mouth, excision of	72	54	
3025	Small tumours of dental origin, removal of, includes biopsy	54	54	
3030	Tuberosities, reduction of	72	54	
	ORTHOPAEDIC OPERATIONS			
	HAND: (See also Plastic Section)			
3035	Abscess or infected tendon sheath of palmar spaces, drainage of	54	38	
3039	Synovectomy of metacarpophalangeal joints, (more than two joints) with release of ulnar intrinsic tendons	251	69	
3040	Arthrodesis of joint	144	54	I.P.
3045	Arthroplasty using joint prosthesis single	144	54	
3050	Arthroplasty using joint prosthesis two joints	215	69	
3055	Arthroplasty using joint prosthesis more than two joints	322	75	
3060	Bone tumours (benign), excision of	251	54	
3070	Bursectomy	72	38	
3075	Chondroma, excision of (multiple) with bone graft	251	69	
3080	Chondroma, excision (single) with bone graft	179	54	
3085	Exostosis, excision of	107	42	
3095	Fracture of phalanges and/or metacarpals closed reduction	72	38	I.P.
3100	Fracture of phalanx single internal fixation	107	42	
3105	Fracture of phalanges multiple internal fixation	179	69	
3110	Ganglion of hand, surgical removal	107	38	

Code	Surgical Procedure	Procedure Benefit IR£		
		Surgical	Anaesthetic	

3115	Manipulation for treatment of dislocation of metacarpophalangeal joint	36	38	I.P.	
3120	Nail, removal of	36	38		
3125	Nails, removal of all	72	38		
3130	Application of plaster of Paris casts	36	38	I.P.	
3135	Synovioma, excision of	107	54		
3136	Tendon repair - flexor-double (hand)	246	69		
3140	Traumatic amputation of finger - single - reconstructive operation	144	54		
3145	Amputation of two or more fingers	287	69		
3150	Trigger finger, correction of	72	54		
3155	Whitlow incision and drainage	36	0		
	WRIST:				
3159	Arthroscopy of the wrist	144	54		Diagnostic
3160	Arthrodesis, using bone graft	322	75		
3165	Arthroplasty	358	75		
3170	Aspiration, wrist joint	36	38		
3175	Bone grafting operation on scaphoid	215	69		
3176	Herbert screw fixation, scaphoid	189	69		
3180	Carpal bone (lunate scaphoid trapezium), excision of	144	54		
3181	Trapezial joint replacement	430	75		
3185	Carpal tunnel, decompression	107	54		
3190	Carpus or peri carpal dislocations, manipulation	107	42		
3195	Corrective osteotomy of lower end of radius	215	69		
3200	Dislocation open reduction of	215	54		
3205	Fracture (Colles') internal fixation of	144	69		
3210	Fracture (Colles') manipulation and plaster of Paris	89	54		
3211	Fracture of distal radius, external fixation of	108	38		
3215	Injection, wrist joint	36	0	I.P.	
3220	Ganglion, removal of aspiration	36	38		
3225	Ganglion, removal of surgical	107	38		
3229	Intercarpal fusion	189	69		
3230	Nerve block for pain control	36	0		

3235	Nerve median and ulnar nerve repair of	358	69	
3240	Nerve median or ulnar nerve repair of	287	54	
3245	Radial styloid, excision of	107	69	
3250	Sympathetic block	72	0	
3255	Synovectomy of wrist joint	215	69	
3260	Tendon repair at wrist single	144	54	
3265	Tendons repair at wrist multiple	215	69	
3270	Tendon transfer about the wrist, single	179	69	
3271	Tendon transfer about the wrist, multiple	268	92	
3275	Ulna, lower end of (malunited Colles), excision of	107	69	
3276	Smith's or Barton's fractures, internal fixation of	201	69	
	FOREARM and ELBOW:			
3280	Amputation through forearm	377	69	
3285	Annular ligament, repair of	215	69	
3290	Anterior capsulotomy and excision myositis ossificans	215	69	
3295	Arthrodesis	358	69	
3296	Arthroscopy, elbow, diagnostic, with or without synovial biopsy, removal of loose body or foreign body, synovectomy, debridement	144	54	
3300	Arthroplasty	430	92	
3305	Aspiration and injection forearm/elbow	36	38	I.P.
3315	Drainage of joint	72	42	
3316	External fixation, upper limb	108	54	
3320	Fracture forearm (complete) closed reduction and plaster of Paris	107	54	
3325	Fracture forearm (greenstick) closed reduction and plaster of Paris	89	54	
3330	Fracture about elbow, closed manipulation of	107	69	
3335	Fracture dislocation, open reduction	287	69	
3340	Fracture of forearm bones, open reduction of	358	69	

3341	Open reduction, internal fixation and bone grafting (forearm & elbow)	417	92	
3345	Fracture of lateral condyle, open reduction of	251	69	
3350	Fracture of medial condyle, open reduction of	179	69	
3355	Fracture (supracondylar), closed reduction of	107	54	
3360	Fracture olecranon, screwing of	107	69	
3365	Closed treatment of elbow dislocation	36	38	I.P.

Code	Surgical Procedure	Procedure Benefit IR£		
		Surgical	Anaesthetic	
3370	Nerve ulnar transplant	215	69	
3375	Olecranon bursa, removal of	107	54	
3380	Radius excision of head of	144	69	
3381	Silastic interposition of radial head	265	69	
3385	Synovectomy of elbow joint	287	69	
3390	Tendon transplants about the elbow	179	54	
3395	Tendon sheaths, removal of in forearm	179	54	
3400	Tennis elbow advancement of extensor muscles	144	54	
	HUMERUS and SHOULDER:			
3401	Arthroscopy, shoulder, surgical, with removal of loose body or foreign body, synovectomy, debridement	215	69	
3402	Arthroscopic suture capsulorrhaphy for anterior shoulder instability	430	107	
3403	Arthroscopy, shoulder, diagnostic with or without synovial biopsy	144	54	Diagnostic
3404	Acromioplasty	215	69	
5875	Shoulder replacement prosthesis	430	107	
3405	Acromio clavicular joint, excision of	144	69	
3410	Acromio clavicular joint, open reduction of	215	69	
3411	Arthroscopic subacromial decompression	228	69	

3412	Arthroscopic excision outer end clavicle	189	69		
3413	Arthroscopic excision outer end of clavicle/subacromial decompression	265	69		
3415	Amputation through arm	287	69		
3420	Arthrodesis, humerus/shoulder	430	92		
3425	Aspiration of joint, humerus/shoulder	36	38		
3430	Biopsy, synovial, humerus/shoulder	54	38		Diagnostic
3435	Capsulotomy (acute capsulitis)	107	54		
3440	Disarticulation, humerus/shoulder	430	92		
3445	Dislocation, open reduction, humerus/shoulder	358	69		
3450	Dislocation, acute, manipulation under general anaesthetic, humerus/shoulder	54	38		
3455	Dislocation recurrent operation for, humerus/shoulder	358	69		
3464	Forequarter amputation	456	92		
3465	Fractured clavicle, closed reduction	89	38		
3470	Fractured clavicle, open reduction	215	69		
3475	Fractured humerus, open reduction with internal fixation	287	69		
3480	Fractured humerus, open reduction and bone graft	358	69		
3485	Fractured humerus, closed reduction	107	54		
3490	Injection of joint, humerus/shoulder	36	38	I.P.	
3495	Manipulation of humérus/ shoulder under general anaesthetic	36	38	I.P.	
3500	Repair of capsule (in rotator cuff injuries) humerus/shoulder	322	69		
3509	Saucerising humerus in chronic osteomyelitis	228	69		
3510	Subacromial bursectomy	251	69		
3515	Tendon transplant about shoulder	251	69		
	SPINAL REGION:				
3520	Anterior drainage of paravertebral abscess with bone graft	394	107		

3521	Anterior release and fusion for scoliosis/kyphosis	759	261	
3525	Antero lateral decompression	394	107	
3526	Antero lateral decompression involving two or more levels	555	177	
3530	Coccyx, excision of	215	54	
3540	Epidural injection	89	0	I.P.
3541	Caudal injection	89	0	I.P.
3545	Epidural infusion with cannula	107	0	
3550	Fracture or fracture dislocation of spine traction, reduction and plaster cast	394	92	
3555	Fractured spine, open reduction of	394	177	
3559	Chemonucleolysis for intervertebral disc	144	54	
3560	Intervertebral disc, removal	251	92	
3561	Needle aspiration of intervertebral disc	144	54	
3563	Excision of thoracic intervertebral disc	538	200	
3565	Laminectomy and exploration	358	92	
3566	Neuralarch biopsy	92	38	
3571	Posterior spinal fusion with instrumentation for scoliosis	759	261	
3580	Spina bifida closure	358	69	
3585	Spina bifida lumbar spinal osteotomy	358	107	
3586	Spinal fusion, simultaneous combined anterior and posterior - one level, with instrumentation	759	261	
3587	Spinal fusion, simultaneous combined anterior and posterior -multiple level with instrumentation	835	261	

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
3588	Spinal fusion, simultaneous combined anterior and posterior fusion - one level without instrumentation	607	261
3589	Spinal fusion, simultaneous combined anterior and posterior fusion - multiple level, without instrumentation	759	261

3590	Spinal manipulation, under general anaesthetic	72	38		
3592	External fixature of the spine	305	69		
3593	Synthetic fusion (GRAF) one level	531	200		
3594	Synthetic fusion (GRAF) two level	683	261		
3598	Spinal fusion, multiple level, with internal fixation	759	261		
3595	Spinal fusion	466	154		
3596	Spinal fusion, in scoliosis spine, anterior and posterior	466	261		
3597	Spinal fusion involving two or more levels	573	300		
3600	Vertebral body biopsy	215	69		Diagnostic
3601	Spinal fusion, one level with instrumentation	501	261		
3602	Removal of instrumentation	215	92		
3603	Spinal stenosis decompression, one level	341	107		
3604	Spinal stenosis decompression, two levels	380	107		
	SACRO - ILIAC JOINT REGION:				
3605	Arthrodesis, sacro iliac joint	394	92		
3610	Aspiration, sacro iliac joint	36	38		
3615	Biopsy of sacro iliac joint region	54	38		Diagnostic
3620	Injection, sacro iliac joint region	36	38	I.P.	
3625	Pelvic osteotomy (bilateral) in ectopia vesica	358	107		
	HIP and FEMUR:				
3630	Acetabuloplasty shelf operation	251	92		
3631	Internal fixation of acetabular fractures	609	300		
3635	Acute dislocation manipulation for	107	42		
3636	Congenital dislocation of hip, E.U.A. and P.O.P.	92	38		
3640	Acute dislocation or fracture dislocation open reduction, hip/femur	358	107		
3645	Above knee amputation	430	69		
3650	Arthrodesis, hip/femur	501	92		
3660	Arthroplasty of hip using prosthesis	430	107		
3661	Revision of total hip arthroplasty, acetablar and femoral components with or without autograft or allograft	466	131		
3665	Arthrotomy for loose body	287	69		

3670	Colonna's arthroplasty	430	107	
3675	Corrective osteotomy with or without internal fixation	358	107	
3680	Curetting of greater trochanter and bursectomy	144	54	
3685	Decompression operations or hanging hip operations	215	69	
3690	Hind quarter amputation	501	154	
3695	Drainage of hip joint for acute infection	144	54	
3700	Exostosis of femoral neck in slipped femoral epiphysis, excision of	358	69	
3705	Femoral condyle, osteotomy of	287	69	I.P.
3709	Fractured femur, hemiarthroplasty	430	107	
3710	Fracture shaft of femur open reduction with internal fixation	358	69	
3715	Fracture shaft of femur closed reduction with traction	144	69	
3720	Fracture femur (supracondylar) open reduction of	358	69	
3723	Fractured shaft of femur, closed intramedullary nailing	357	69	
3724	Fractured shaft of femur closed intramedullary - interlocking nail	456	92	
3725	Fracture of neck of femur intramedullary nail fixation of	322	69	
3730	Fracture of femur (pertrochanteric or introchanteric) intramedullary nail fixation of	322	69	
3731	Open treatment of anterior ring fracture and/or dislocation with internal fixation, (includes pubic symphysis and/or rami)	358	69	
3732	Open treatment of posterior ring fracture and/or dislocation with internal fixation, (includes ilium, sacroiliac joint and/or sacrum)	471	154	
3733	Pelvic fracture, external fixation	152	54	
3735	Hip deformity, soft tissue operations for correction of	215	69	I.P.
3740	Injection or aspiration of the hip	36	38	I.P.
3745	Manipulation of hip closed, requiring general anaesthetic	36	38	
3750	Open reduction and/or rotation osteotomy	358	69	

3751	Open reduction, pelvic osteotomy and femoral shortening	501	92		
3755	Pelvic osteotomy	430	92		
3756	Modified innominate osteotomy including bone graft	501	92		
3760	Pseudoarthroplasty of hip (Girdlestone operation)	322	107		
3765	Slipped femoral epiphysis intramedullary nail, fixation of	322	69		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
3770	Slipped femoral epiphysis lower end stapling of	215	69		
3775	Synovectomy of hip joint and debridement	322	69		
3785	Transplantation of psoas muscle to greater trochanter (Mustard's or Sherrard's operation)	322	92		
	KNEE and LOWER LEG:				
3790	Below knee amputation	322	69		
3795	Arthrodesis, knee	358	69		
3810	Aspiration, knee/lower leg	36	38		
3815	Baker's cyst excision of	215	69		
3816	Bone transportation	305	69		
3817	Removal of fixator device tibia	89	54		
3819	Arthroscopy, knee, diagnostic, with or without synovial biopsy	126	54		Diagnostic
3820	Cartilage(s), removal of, knee	215	69		
3821	Arthroscopy and removal of cartilage, knee	251	69		
3822	Arthroscopy of the knee for removal of loose body or foreign body, synovectomy, debridement	198	69		
5890	Ligament reconstruction at the knee joint	358	69	I.P.	
5891	Ligament reconstruction of the knee joint using autogenous graft	358	69	I.P.	
3825	Corrective osteotomy of tibia in region of knee	322	69		
3830	Corrective osteotomy of tibia in region of ankle	251	69		
3835	Cruciate ligaments repair	287	92		

3836	Arthroscopic anterior cruciate ligament reconstruction	358	69	
3837	Arthroscopic anterior cruciate ligament reconstruction and menisectomy	440	69	
3838	Arthroscopic anterior cruciate ligament reconstruction and menisceal repair	471	69	
3839	Arthroscopic menisceal repair	281	69	
3840	Drainage of joint in acute infection	107	54	
3845	Exploration of joint, knee/lower leg	179	54	
3850	Fixed flexion of knee soft tissue operations for	287	69	
3855	Fracture dislocation of knee joint, operations for	394	75	
3860	Fracture of tibia (condylar) open reduction of	358	69	
3865	Fracture of tibial shaft open reduction and internal fixation	358	69	
3870	Fracture of tibial shaft closed reduction	107	69	
3875	Injection of joint, knee/lower leg	36	38	I.P.
3880	Lateral ligaments, repair	251	69	
3885	Manipulation under general anaesthetic, knee/lower leg	36	38	I.P.
3890	Osteochondritis dissecans Smillies operation for	144	54	
3895	Patellectomy or open reduction of fractured patella	251	69	
3900	Pre patellar bursa, removal of	144	54	
3905	Plication of vastii, etc.	144	54	
3910	Prosthetic replacement (total) of knee joint	430	107	
3911	Revision of arthroplasty of knee joint with or without allograft one or more components	466	131	
3912	Reconstruction of knee, (anterior cruciate)	358	69	
3915	Quadriceps mechanism repair	251	69	
3920	Slipped epiphysis, stapling of, or epiphysiodesis	287	69	
3925	Slipped epiphysis (tibial and femoral combined) stapling of, or epiphysiodesis	358	69	
3930	Slipped epiphyses (bilateral tibial), stapling of	287	69	
3931	Slocum's or similar procedure	358	69	

3935	Synovectomy	287	69		
3940	Synovial biopsy, knee/lower leg	54	38		Diagnostic
3945	Tendon transplants about knee joint	287	69		
3950	Transplant of tibial tubercle	287	69		
	ANKLE:				
3955	Arthrodesis of ankle joint	322	92		
3956	Arthroscopy, ankle, with or without removal of loose body or foreign body, with or without synovectomy, debridement	161	54		
3957	Arthroplasty (ankle)	212	69		
3960	Aspiration and injection, ankle	36	38	I.P.	
3965	Fracture of medial or lateral malleolus (1st degree Pott's fracture) internal fixation of	215	69		
3970	Fracture of posterior malleolus (with or without fracture of other malleolus) internal fixation of	251	69		
3971	Fracture of medial and lateral malleolus - open reduction and internal fixation of	265	69		
3975	Fracture Pott's closed reduction	144	69		
3980	Synovectomy and debridement	251	69		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
3985	Synovial biopsy, ankle	54	38		Diagnostic
3986	Talar fracture, open reduction and internal fixation of	251	69		
3990	Tendo achillis, elongation of	215	69		
3995	Tendo achillis, repair of	287	69		
4000	Tendon transplants about the ankle joint and foot (multiple)	287	69		
4005	Tendon transplants about the ankle joint and foot (single)	215	54		
4010	Traumatic fracture and dislocation, open reduction of	287	69		
4015	Unstable ankle Watson Jones operation for	287	69		
	CONGENITAL TALIPES EQUINOVARUS:				
4019	Astragalectomy	251	69		
4020	Dwyer's Valgus osteotomy	215	69		
4025	Manipulation and plaster fixation	54	38		

4030	Manipulation and strapping	54	38	
4035	Rotation osteotomy of tibia	287	69	
4040	Soft tissue release	215	54	
4045	Tarsal osteotomy	251	69	
4050	Tendon transplant - single	215	54	
4051	Tendon transplant - multiple	304	69	
	FOOT:			
4060	Arthrodesis of all inter phalangeal joints (Lambrinudi) unilateral	215	69	
4065	Arthrodesis of all inter phalangeal joints (Lambrinudi) bilateral	322	92	
4070	Arthrodesis of first metatarso phalangeal joint	144	54	I.P.
4075	Arthrodesis triple, in all its forms	358	69	
4080	Arthrodesis, pantalar	430	92	
4085	Claw foot (Steindlar) muscle stripping operations for	144	54	
4090	Exostosis of first metatarsal (unilateral), removal of	107	54	
4095	Exostosis of first metatarsal (bilateral), removal of	144	54	
4100	Flat foot involving joint fusion, operation for	215	69	
4101	Flexor tenotomy, single (foot)	76	38	
4102	Flexor tenotomy, multiple (foot)	113	54	
4103	Fracture of hindfoot, internal fixation, unilateral	228	69	
4104	Fracture of hindfoot, internal fixation, bilateral	341	69	
4105	Fracture of phalanges and/or metatarsals (closed reduction)	72	38	I.P.
4110	Fracture of phalanx and/or metatarsal (single) internal fixation of	107	54	
4115	Fracture of phalanges and/or metatarsals (multiple) internal fixation of	215	69	
4120	Ganglion of foot, excision of	72	38	
4125	Hallux valgus and follow up, other than simple removal of exostosis (unilateral) operation for	215	54	
4130	Hallux valgus and follow up, other than simple removal of exostosis (bilateral) operation for	287	69	

4135	Hammertoe unilateral, correction of	107	54	
4140	Hammertoe bilateral, correction of	161	69	
4145	Grice's operation, subtalar bone block	107	54	
4150	Ingrowing toe nail hemiphalangectomy	107	54	
4155	Avulsion of nail plate, partial or complete, simple	35	0	
4160	Ingrowing toe nail, removal of nail and nail bed	107	54	
4165	Injection and manipulation, foot	36	38	I.P.
4170	Laprau's operation to correct position of toe	107	54	
4175	Metatarsal heads, excision of all, and plastic correction of sole (unilateral)	161	54	
4180	Metatarsal heads, excision of all, and plastic correction of sole (bilateral) (Hoffman's)	251	75	
4181	Metatarsal joint replacement with prosthesis	358	69	
4182	Metatarsal osteotomy, unilateral	152	54	
4183	Metatarsal osteotomies, bilateral	228	75	
4184	Chevron osteotomy - single	228	69	
4185	Os calcis, osteotomy of (Dwyer)	215	69	
4190	Os calcis and bursa, posterior exostosis of (unilateral) removal of	144	54	
4195	Os calcis and bursa, posterior exostosis of (bilateral) removal of	215	69	
4200	Plantar fascia, excision or division of (unilateral)	144	54	
4205	Plantar fascia, excision or division of (bilateral)	215	69	
4210	Plantar warts, surgical excision, one or more (not local application, cryotherapy etc.)	52	38	
4211	Plantar warts, one or more, local application, per complete course of therapy	11	0	

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
4215	Stamm's operation, unilateral	287	69

4220	Stamm's operation, bilateral	322	92	
4225	Talectomy	287	69	
4230	Tarsal osteotomy	179	54	
4235	Tendon transplantation about the foot, multiple	287	69	
4240	Tendon transplantation about the foot, single	215	54	
4245	Tendon transplantation flexor and extensor all toes, unilateral	322	69	
4250	Tendon transplantation flexor and extensor all toes, bilateral	394	92	
4255	Trans metatarsal amputation of foot	215	54	
4260	Trans metatarsal amputation of one toe	107	38	
4261	Trans metatarsal amputation of two or more toes	215	54	
	MISCELLANEOUS:			
4264	Arthroscopy	72	54	Diagnostic
4265	Arthrotomy for removal of loose bodies	144	54	
4270	Biopsy of tumour of long bones open	72	54	Diagnostic
4271	Costotransversectomy	205	54	
4272	Excision of large malignant bone tumours for limb conservation	430	177	
4273	Excision of large malignant bone tumours for limb conservation including prosthetic insertion	501	177	
4275	Body plaster application	144	42	
4280	Bone cysts excision	179	54	
4285	Bursectomy large joints	144	75	
4290	Chondroma removal	322	69	
4295	Exostosis of long bones removal	144	54	
4300	Fracture sternum and ribs operative reduction	179	92	
4301	Limb lengthening (upper or lower limb) including osteotomy procedure and application of fixator devices	430	107	
4305	Long bones, sequestrectomy, decortication or bone graft	322	69	
4310	Osteomyelitis drilling of bones	161	54	
4315	Osteomyelitis, marsupialisation and bone grafting	358	75	
4320	Removal of plates, pins, screws, etc. (superficial)	89	54	

4325	Removal of plates, pins, screws, etc. (deep)	215	69
4330	Trimming of stump following amputation of limb	107	54
	PLASTIC SURGERY		
	(See also Orthopaedic, E.N.T.and General Sections) Benefit is not payable for cosmetic treatment except the correction of accidental disfigurement or significant congenital disfigurement.		
	BURNS:		
4335	Burns and scalds, treatment under anaesthesia, second degree or more (depending on extent)	144	92
4340	Burns, over 10% body surface (equivalent of whole upper limb), excision and graft of	358	92
4350	Graft of extensive areas beyond 10%	430	92
4355	Graft of granulating areas less than 10%	179	54
4360	Major burns of face, excision and graft of	358	92
4365	Major burns of hands, excision and graft of	358	69
4370	Smaller areas, excision and graft of	215	54
	BURNS - LATE DEFORMITIES:		
4385	Inlay grafts (ankle)	287	54
4390	Inlay grafts (elbow)	179	54
4395	Inlay grafts (fingers)	179	54
4400	Inlay grafts (knee)	287	54
4405	Scar excisions (per scar) flexion, elbows, fingers, groin, knees	144	54
4410	Z plasty (per scar) flexion, fingers, elbows, groin, knees	144	54
	CLEFT LIP and PALATE:		
4415	Adjustment of lip margin	72	38
4420	Adjustment of scars, secondary	72	54
4425	Cleft palate reconstruction	287	92
4430	Complete cleft lip and anterior palate repair	358	92
4431	Primary repair, unilateral cleft lip	358	92
4432	Primary repair, bilateral cleft lip	376	92
4433	Secondary repair, unilateral cleft lip	358	92

4434	Secondary repair, bilateral cleft lip	376	92
4440	Fistula, secondary closure of	287	69
4460	Maxillary bone graft	358	107
4465	Nostril margin, secondary correction of	215	54
4466	Total cleft rhinoplasty	322	92
4470	Pharyngoplasty (not for snoring)	287	92

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
4475	Soft palate partial cleft, reconstruction of	251	69
	BREAST RECONSTRUCTION:		
4479	Nipple reconstruction	198	69
4480	Breast reduction	501	92
4481	Breast augmentation (implants)	198	69
4482	Plastic repair of inverted nipple	215	42
4483	Transverse flap (TAIF or TRAM), reconstruction of breast, post mastectomy	430	177
4484	Mastopexy including full thickness graft from other areas	358	107
4485	Breast reconstruction, vertical rectus flap, post mastectomy	412	177
4486	Breast reconstruction, latissimus dorsi flap, with or without implant, post mastectomy	340	69
4487	Breast reconstruction, other flap, with or without implant, post mastectomy	340	69
4488	Breast reconstruction, implant only, post mastectomy	126	54
	TISSUE EXPANDERS:		
4551	Insertion of expander including any subsequent injections of expander	322	69
4552	Removal of expander	107	54
4553	Removal of expander and inserting of expanded skin	233	69
	EYELIDS:		
4490	Eyelid bags, repair of	251	54
	FACIAL TRAUMA:		
4489	Facial trauma, suturing of facial nerve	287	75
4491	Facial trauma, suturing of facial nerve branch	251	69
4492	Facial trauma, grafting of facial nerve, sural nerve, greater auricular nerve	358	92
	FACIAL TUMOURS:		

4493	Excision of facial nerve and graft, sural nerve, greater auricular nerve	412	92
	DELAYED FACIAL REANIMATION - SKIN and DERMAL HITCHES:		
4494	Wedge excision of lower lip	251	75
4496	Nasolabial skin/dermal hitch	179	69
	STATIC SLINGS:		
4497	Temporalis fascial sling, oral, nasolabial, ocular	466	154
4498	Orbicularis oris hitch	466	154
	DYNAMIC SLINGS:		
4499	Masseter to oral angle, digastric to lower lip or temporalis to fascial slings	466	154
	NERVE TRANSFERS:		
4500	Facial nerve graft (in face) (see E.N.T. operations for facial nerve graft in facial canal	430	107
4501	Cross facial nerve grafting, hypoglossal/facial nerve reanimation	609	223
	COMPLEX FREE TISSUE TRANSFER:		
4502	Free muscle transfer, pectoralis minor, gracilis or extensor digitorum brevis as a second stage to 4501	609	223
4510	Facial reanimation in facial paralysis (unilateral)	466	107
	OTHER PROCEDURES:		
4520	Moles or cysts, excision and suture (Plastic)	72	54
4530	Facial scars, dermabrasion, per scar	72	38
4535	Scars on face excision or Z plasty (3 or more)	251	69
4540	Scars on trunk excision or Z plasty	251	69
4545	Wounds of face suture (per wound)	72	38
	EAR:		
4555	Accessory auricles, removal	72	38
4560	Epithelioma of ear, excision and reconstruction, lobule placement	144	54
4561	Cartilage graft(s), reconstruction of ear	322	75
4562	Ear reconstruction, further minor procedures	144	54
4575	Protruding ears correction with reconstruction of folds (bilateral)	268	69
4580	Protruding ears, correction of with reconstruction of folds (unilateral)	179	54
	EYES:		
4585	Contracted socket	251	92

4590	Cyst of eyelids, excision of	72	38
4595	Enophthalmos bone graft	322	92
4605	Decompression, orbit	358	131

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
4610	Eyebrow graft	144	54
4615	Eyelids, repair of, for avulsion	144	54
4620	Eyelid, inlay grafts (one lid)	251	54
4625	Eyelid operations in facial paralysis	215	54
4630	Eyelid, total reconstruction of	358	69
4635	Muscle advancement for ptosis (unilateral)	268	69
4640	Naso lacrimal duct, reconstruction of	179	69
	GENITO URINARY:		
4645	Ectopia vesica (reconstruction of bladder)	358	154
4650	Ectopia vesica (reconstruction of urethra) (per stage)	179	92
4655	Epispadias, correction of dorsal curvature	215	69
4660	Epispadias, reconstruction of urethra	215	69
4665	Hypospadias, correction of ventral curvature or chordee	215	69
4670	Hypospadias, fistula closure	215	69
4675	Hypospadias, reconstruction of urethra	251	69
4676	One stage hypospadias or epispadias repair with or without chordee, urethroplasty with skin graft repair	555	107
4680	Urethra, plastic reconstruction of	287	69
4681	Insertion of Jonas penile prosthesis	215	69
4682	Insertion of inflatable (multi component) penile prosthesis, including placement of pump, cylinders and/or reservoir	305	92
4685	Urethra, second stage, reconstruction of	358	69
4686	Cliteroplasty	304	92
4690	Vaginal reconstruction with skin graft	358	92
4691	Young Dee's Leadbetter operation	538	177
	HANDS:		
4695	Congenital hand deformities reconstruction on each hand (per stage)	251	69
4700	Congenital hand deformities moderate repairs on each hand (per stage)	144	92
4705	Contractures extensive straightening of hand and inlay grafts	251	75
4710	Contractures, localised, division and graft	144	54

4711	Dermofasciectomy, removal of flexor, skin, full thickness skin graft including distal or full palm, one finger	287	92
4712	Dermofasciectomy, removal of flexor skin, full thickness skin graft including distal or full palm, one finger including simple fasciectomy to another finger	394	92
4715	Dupuytren's contracture fasciectomy (one or two fingers)	215	69
4720	Dupuytren's contracture fasciectomy (three or more fingers)	287	69
4721	Dupuytren's contracture, palm and fingers	304	69
4730	Injury to hand major multiple repair of tendons, nerves and skin	394	92
4735	Injury to hand, moderate, wound repair or graft	215	69
4740	Island grafting, for sensory loss, finger and/or thumb	394	92
4745	Neoplasm, major excision and repair with tendon grafts and flaps	430	92
4750	Neoplasm, localised excision and graft	215	69
4760	Nerve repair, primary, single or multiple	251	92
4765	Nerve repair in extensively scarred hand	358	92
4770	Opposition strut graft to thumb	287	69
4775	Palmar ganglion, compound, synovectomy of	287	69
4780	Policisation (finger replacement of lost thumb)	466	177
4785	Syndactyly, repair of (single)	287	69
4790	Syndactyly, repair of (multiple)	287	92
4795	Tendon grafting, single	251	54
4800	Tendon grafting, multiple	358	75
4805	Tendon repair, single	215	54
4810	Tendon repair, multiple	287	69
4815	Tendon transplants, for restoration of opposition	287	69
4820	Tendon transfers for paralysis, multiple	394	92
4825	Tube pedicle or flap reconstructions, first stage	322	92
4830	Tube pedicle or flap reconstructions, second stage	268	92
4835	Tube pedicle or flap reconstructions, final stage	358	69
4840	Wound suture of	72	38
	MAXILLA and MANDIBLE:		

4845	Facial bone, simple fixation of undisplaced fracture (e.g. jaw sling)	107	54
4850	Facial bones, tumours of, major resection and/or reconstruction	430	107

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
4855	Fracture of maxilla or mandible, open reduction and fixation	287	69
4860	Fracture of maxilla or mandible, fixation of undisplaced	179	69
4865	Fracture of maxilla or mandible, malar bone or part of these, reduction without fixation	179	69
4870	Hypertelorism correction, sub cranial	501	223
4875	Mandible, excision of	358	107
4880	Maxilla or mandible, advancement or recession osteotomy of	287	223
4881	Maxillary and mandibular osteotomy	430	261
4885	Orbital floor, fracture of, reduction, direct wiring and build up from antrum	358	92
4890	Orbital floor, secondary bone grafting	287	69
4895	Osteomyelitis or abscess of facial bones, operation for	179	69
4900	Temporo mandibular joint, reduction of dislocation under general anaesthetic	72	38
4901	Arthroscopy, temporo mandibular joint for release of adhesions or arthroplasty, with or without biopsy	144	54
4905	Temporo mandibular joint, condylectomy for ankylosis	251	177
	NOSE:		
4910	Bone graft	322	69
4915	Nasal tip deformities, correction of	251	54
4920	Fracture of nose, digital closed reduction	36	54
4925	Fracture of nose, instrumental closed reduction	54	54
4926	Fracture of nose, instrumental closed reduction with plaster of Paris fixation	72	54
4927	Fracture of nose, instrumental closed reduction with reduction of septum and plaster of Paris fixation	107	54
4930	Fracture of nose, open reduction	72	54
4935	Fracture of nose, open reduction with internal or external fixation	161	54
4940	Fracture of nose, open reduction with open reduction of fractured septum	251	54

4945	Reconstruction with imported flaps, partial	322	92
4950	Reconstruction with imported flaps, total	394	92
4955	Re fracture and open corrective rhinoplasty	358	92
	SKIN REPLACEMENT AND RECONSTRUCTIONS		
	LOCAL GRAFTS and FLAPS:		
4956	Excision of lesion and split skin graft	144	69
4957	Excision of lesion and full thickness (Wolfe) skin graft	144	69
4958	Excision of lesion, local flap face	215	69
4959	Excision of lesion, local flap hand	215	69
4961	Excision of lesion, local flap limb	179	69
4962	Excision of lesion, local flap trunk	179	69
	CUTANEOUS FLAPS:		
4963	Excision of lesion including scalp rotation flap	179	69
4964	Excision of lesion including cheek rotation flap	268	69
4966	Excision of lesion including cervicofacial rotation flap	268	69
4967	Excision of lesion including forehead flap	287	69
4968	Excision of lesion including deltopectoral flap	340	92
4969	Excision of lesion including groin flap	340	92
	FASCIOCUTANEOUS FLAPS:		
4971	Fasciocutaneous flap upper limb	268	69
4972	Fasciocutaneous flap lower limb	268	69
4973	Fasciocutaneous flap trunk	268	69
	(Flap repair is payable in addition to the primary operation for procedures 4974 to 4989		
	MYOCUTANEOUS FLAPS:		
4974	Myocutaneous flap, pectoralis	251	69
4976	Myocutaneous flap, latissimus dorsi	251	69
4977	Myocutaneous flap, latissimus dorsi with serratus and rib	268	69
4978	Myocutaneous flap, vertical rectus	268	69
4979	Myocutaneous flap, transverse rectus (TRAM)	251	69
4981	Myocutaneous flap, tensor fascia lata	268	69
4982	Myocutaneous flap, gluteal	268	69
	FREE MICROVASCULAR FLAPS:		
4983	Free microvascular flap, radial forearm without bone	412	92

4984	Free microvascular flap, radial forearm with bone	448	107
4986	Free microvascular flap, latissimus dorsi	412	92
4987	Free microvascular flap, latissimus dorsi with serratus and rib	448	107
4988	Free microvascular flap, scapular	412	92
4989	Free microvascular flap, para scapular	412	92

Code	Surgical Procedure	Procedure Benefit IR£		
		Surgical	Anaesthetic	
	(Flap repair is payable in addition to the primary operation for procedures 4953 and 4954)			
4953	Free microvascular flap, fibula	412	92	
4954	Free microvascular flap, deep circumflex iliac (DCIA)	412	92	
	REPLANTATION:			
4991	Replantation, per digit	412	92	
4992	Replantation, hand (mid palm)	609	177	
4993	Replantation, hand (wrist)	520	177	
4994	Replantation, forearm	573	177	
4996	Replantation, foot	573	177	
4997	Replantation, scalp	412	92	
4998	Replantation, ear	412	92	
	TRAUMA:			
4990	Major degloving injuries of limbs, excision and graft of	430	107	
	THORACIC OPERATIONS:			
	LUNGS:			
5015	Lung abscess with thoracotomy, drainage of	394	200	
5025	Pneumonolysis	251	154	
5038	Refilling and maintenance of implantable pump or reservoir including access to pump port (see 5039)	54	0	
5039	Implantation of catheter system and reservoir for administration of pain control therapy and/or chemotherapy	179	69	
	MEDIASTINUM:			
5041	Myocardial biopsy	179	75	Diagnostic
5055	Aortic endarterectomy	501	307	

5065	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter	80	0	I.P.		*
5801	Exploration of mediastinum	251	69		Diagnostic	
5802	Endoscopic extirpation of lesion of mediastinum	251	69		Diagnostic	
5803	Diagnostic endoscopic examination of mediastinum	251	69		Diagnostic	
5804	Operation on lymphatic duct	366	107			
5863	Thymectomy	394	107			
5075	Blalock operation	430	307			
5080	Cardiac catheterisation (left, right or both sides)	144	0	I.P.	Diagnostic	
5090	Cardiac catheterisation and coronary angiography with or without ventriculography	207	0	I.P.	Diagnostic	*
5112	Cardiac catherisation and coronary angiography with or without ventriculography (including opacifaction of coronary bypass grafts)	234	0	I.P.	Diagnostic	*
5091	Cardioversion	89	54			
5092	Venotomy and insertion of filter into the inferior vena cava	268	131			
5093	Paediatric cardiac catheterisation (left, right or both sides)	215	107		Diagnostic	
5094	Paediatric cardiac catheterisation and cardiac angiography combined	322	131		Diagnostic	
5101	Coronary angioplasty, single or multiple vessel(s), with or without angiography with or without pacing	344	131	I.P.		*
5098	Recatheterisation post angioplasty/angiography (within 6 months)	73	54	I.P.		*
5855	Annuloplasty	430	300			
	Transcatheter placement of an intracoronary stent(s),					
5103	percutaneous, with or without other therapeutic intervention, any method one or more vessel(s)	413	92	I.P.		*
5104	Intra coronary stent placement, post coronary angioplasty	394	92			
	Cardiac ultrasound, (echocardiography) m-mode, 2D including					

5108	ventricular function, chamber dimensions, wall motion, doppler exam (pulse, continuous wave, colour flow) assessment of valve areas, pressure gradients, regurgitant fractions	91	0	I.P.	Diagnostic *
5109	Cardiac ultrasound, transoesophageal	44	0	I.P.	Diagnostic *
5110	Heller's operation	287	154		
5113	Pericardial drainage	89	42		
5114	Continuous pericardial drainage	151	54		
5118	Atherectomy	609	200		
5120	Mediastinum (cysts, etc.) and contents, any operation on (excluding biopsy)	501	154		
5135	Mediastinoscopy and biopsy	251	69		Diagnostic
5136	Percutaneous transthoracic biopsy	72	38		Diagnostic
5137	Percutaneous transthoracic biopsy under CAT guidance	172	54		Diagnostic
5151	Percutaneous trans septal mitral valvuloplasty	358	131		
5152	Valvuloplasty (other than mitral valvuloplasty)	430	131		

Code	Surgical Procedure	Procedure Benefit IR£	
		Surgical	Anaesthetic
5160	Oesophageal anastomosis	466	177
5870	Myocardial aneurysmyotomy	430	307
5161	Trachea oesophageal fistula repair of	466	261
5162	Repair, tracheo-oesophageal atresia	485	177
5163	Repair, tracheo-oesophageal fistula (TOF) alone (H-fistula)	424	177
5164	Repair, tracheo-oesophageal fistula (TOF) and atresia, replacement	608	307
5165	Oesophagectomy (all forms including three stage)	609	307
5170	Oesophagus, repair and short circuit	466	177
5171	Transection of oesophagus with repair, for oesophageal varices	358	177
5172	Oesophageal devascularisation	393	177
5180	Pott's operation	322	107
5190	Rashkind septostomy	287	250

5195	Resuscitation including electrical defibrillation and open cardiac massage	358	0	I.P.	
5200	Transeptal left heart catheterisation	144	75		
5205	Vagotomy (through chest)	287	154		
5217	Needle biopsy, transthoracic	72	38		Diagnostic
5218	Needle biopsy, abdominal	72	38		Diagnostic
5219	Trans thoracic electro - cautery of subclavian chain for arm	340	107		
	HEART:				
5808	Transplantation of heart	1462	307		
5809	Correction of tetralogy of fallot	573	307		
5811	Atrial inversion for transposition of great vessels	609	307		
5812	Other correction of transposition of great vessels	609	307		
5813	Correction of total anomalous pulmonary venous connection	430	307		
5814	Closure of defect of atrioventricular septum using dual prosthetic patches	573	261		
5816	Closure of defect of interatrial septum	358	261		
5817	Closure of defect of interventricular septum	573	261		
5818	Planned repair of post infarction ventricular septal defect	573	261		
5819	Emergency repair of post infarction ventricular septal defect	573	261		
5821	Other open operations on the septum of the heart	358	261		
5822	Creation of valved cardiac conduit	900	307		
5823	Creation of other cardiac conduit	900	307		
5824	Refashioning of atrium (Ebstein's)	358	261		
5826	Operations on wall of atrium	358	261		
5827	Excision of cardiac tumour	900	307		
5828	Staged correction of hypoplastic left heart syndrome per stage	562	200		
5829	Replacement of mitral valve (includes valvuloplasty)	501	307		
5831	Plastic repair of mitral valve	501	261		

5832	Replacement of aortic valve (includes valvuloplasty)	501	307
5833	Replacement of tricuspid valve (includes valvuloplasty)	501	307
5834	Replacement of pulmonary valve includes valvuloplasty valvotomy	787	307
5836	Open valvotomy	787	307
5837	Closed valvotomy	562	200
5838	Other open operation(s) on heart valves	787	307
5839	Double valves	573	307
5841	Removal of obstruction from structure adjacent to valve of heart	787	307
5842	Triple valves	573	307
5843	Valve and grafts	573	307
5844	Saphenous vein graft bypass for coronary artery(ies)	609	307
5846	Autograft bypass for coronary artery(ies)	609	307
5847	Allograft bypass for coronary artery(ies)	609	307
5843	Prosthetic bypass for coronary artery(ies)	609	307
5849	Connection of mammary artery(ies) to coronary artery(ies)	609	307
5851	Connection of other thoracic artery(ies) to coronary artery(ies)	609	307
5852	Correction of anomalous coronary arteries	609	307
5853	Other open operation(s) on coronary artery(ies)	609	307
5854	Map guided surgery for ventricular arrhythmias	900	307
5856	Exploration of heart	843	307
5857	Left ventricular aneurysmectomy	787	307
5858	Open operations on heart	787	307
5859	Insertion management and removal of ventricular assist device	562	200
5861	Insertion, maintenance and removal of aortic conterpulsation balloon pump	226	69

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
5862	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial (single or dual chamber)	175	107	I.P.	*
5864	Insertion or replacement of pacemaker pulse generator	124	69	I.P.	*
5064	Insertion, replacement or repositioning of permanent transvenous electrode(s), single or dual chamber (15 days or more after initial insertion)	117	69	I.P.	*
5867	Removal of pacing system with bypass	562	200	I.P.	
5868	Removal of permanent pacing system	135	69	I.P.	*
5069	Insertion of automatic implantable cardioverter/defibrillator	314	69	I.P.	*
5872	Excision of pericardium	358	261		
5873	Decompression of cardiac tamponade (re operation for bleeding)	282	131		
5874	Pericardiocentesis	107	42		
5876	Transthoracic drainage of pericardium	226	69		
5877	Incision of pericardium	226	69		
5878	Rewiring of sternum	282	107		
	GREAT VESSELS:				
5879	Correction of truncus arteriosus	957	307		
5871	Open correction of patent ductus arteriosus	394	261		
5882	Closed correction of patent ductus arteriosus	394	281		
5883	Creation of shunt to pulmonary artery from aorta using interposition tube prosthesis	422	154		
5886	Connection to pulmonary artery from aorta	422	154		
5887	Creation of shunt to pulmonary artery from subclavian artery using interposition tube prosthesis	422	154		
5888	Connection to pulmonary artery from subclavian artery	422	154		
5889	Repair of pulmonary artery/ PA De Banding	787	307		
5884	Pulmonary artery banding	421	154		
5892	Pulmonary embolectomy	843	307		
5893	Open operations on pulmonary artery	358	300		
5894	Extra anatomic bypass of aorta	676	307		
5896	Replacement of ascending aorta	736	307		

5897	Replacement of arch of aorta	736	307
5898	Replacement of aneurysmal segment of thoracic aorta	736	307
5899	Planned replacement of ascending aorta	957	307
5901	Planned replacement of arch of aorta	1013	307
5902	Replacement of aneurysm of aorta	843	307
5903	Other bypass of segment of aorta	736	307
5904	Revision operation of prosthetic aortic grafts	736	307
5962	Plastic repair of aorta (coarctation/ interrupted aortic arch)	394	261
	CHEST WALL:		
5963	Repair of diaphragmatic hernia using thoracic approach	322	177
5907	Repair of congenital diaphragmatic hernia (anaesthetist benefit includes all pre-operative and post-operative intensive care for the child. The consultant anaesthetist should report all intensive care services using the Special Reporting Process, see pa	322	0
5908	Thoracoplasty one stage	322	131
5909	Excision of chest wall tumour	450	261
5912	Correction of pectus deformity of chest wall	466	107
5913	Reconstruction of chest wall	450	251
5914	Exploratory thoracotomy	198	92
5916	Resection of rib and open drainage of pleural cavity	251	92
5917	Repair of rupture of diaphragm	422	154
5918	Plication of paralysed diaphragm	338	154
	TRACHEA:		
5919	Partial excision of trachea	731	307
5920	Reconstruction of trachea	787	307
5921	Tracheostomy permanent	179	69
5922	Insertion of mini tracheostomy	56	38
5923	Destruction of lesion of trachea by rigid endoscopy	84	54
5924	Dilatation of tracheal stricture by rigid endoscopy	84	54
5928	Therapeutic operations on bronchus or lung using rigid bronchoscopy	84	54
	FIBREOPTICENDOSCOPICPROCEDURES UNDER TOPICAL ANAESTHESIA:		
5931	Destruction of lesion of trachea	84	54
5932	Dilatation of tracheal stricture	84	54

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
5936	Dilatation of bronchial stricture by fibreoptic bronchoscopy	84	54		
	BRONCHI/LUNGS/PLEURA:				
5941	Total pneumonectomy	466	200		
5942	Lobectomy of lung (including excision of segment)	466	200		
5947	Removal of lung, with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	607	307		
5948	Removal of lung, with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	570	200		
5943	Thoracoscopic lung resections	501	154		
5944	Open excision of lesion of lung	466	200		
5946	Decortication of pleura or lung	501	154		
5949	Pleurectomy for pneumothorax, open	322	154		
5951	Endoscopic examination of pleura	168	75		
5952	Insertion of tube drain into pleural cavity	73	0		
5953	Introduction of substance into pleural cavity with chest aspiration	73	0		
5954	Introduction of substance into pleural cavity with chest drain	73	0		
	REVISION SURGERY:				
5956	Revision coronary artery surgery	609	307		
5957	Revision repair of coarctation of aorta	394	261		
5958	Revision closure of defect of intra ventricular septum	573	261		
5959	Revision of valve surgery	573	307		
	PLEURA:				
5220	Apicolysis	251	107		
5221	Closed pleural biopsy	72	0		Diagnostic
5230	Empyema, drainage	251	154	I.P.	
5231	Percutaneous drainage of empyema	72	0		

5234	Paracentesis thoracis	36	0	I.P.	Diagnostic	
5235	Paracentesis thoracis with intercostal drain	107	0	I.P.	Diagnostic	
5240	Paracentesis thoracis with infusion of cytotoxic drugs	107	0			
5245	Phrenic avulsion	107	107	I.P.		
5250	Pleurodesis	179	150			
5251	Closed drainage of pneumothorax	107	0			
5260	Thoracoscopy	179	69	I.P.	Diagnostic	
5265	Thoracoscopy with intrapleural procedure	251	107			
5270	Thoracotomy including lung or pleural biopsy	251	107	I.P.	Diagnostic	
5274	Exploration for post operative haemorrhage or thrombosis, chest	287	107			
	ULTRASOUND/VASCULAR STUDIES:					
5926	Full mapping	609	223		Diagnostic	
5930	Lower limb arterial ultrasound examination	54	0		Diagnostic	
5935	Venous ultrasound examination	54	0		Diagnostic	
5940	Duplex ultrasound scan	107	0		Diagnostic	
5960	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	253	69	I.P.		*
5961	Intracardiac catheter ablation of arrhythmogenic focus for treatment of supraventricular of ventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combinatio	365	107	I.P.		*
5502	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters	175	0	I.P.	Diagnostic	*
	NEUROSURGICAL OPERATIONS:					
	BRAIN and MENINGES:					
5290	Aneurysms (direct operations)	609	261			

5292	Detachable balloon occlusion of carotico cavernous aneurysms and fistulae	358	107		
5295	Anomalies (direct operations) including haemangioma	609	261		
5305	Biopsy of brain	358	177		Diagnostic
5320	Brain tumour (all forms not otherwise listed)	430	261		
5325	Brain wounds, open	466	177		
5330	Calcified subdural haematoma, excision of	394	177		
5345	Carotid ligation. neck	215	69	I.P.	
5350	Carotid ligation, removal	144	69		
5360	Cisternal puncture	179	54	I.P.	
5365	Convexity meningioma, excision of	430	223		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
5370	C.S.F. Rhinorrhea repair	466	92		
5376	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	573	223		
5377	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	725	223		
5380	Glioma biopsy	394	177		Diagnostic
5385	Glioma (lobectomy)	394	223		
5390	Glioma (part removal)	394	223		
5400	Hemispherectomy	573	223		
5410	Intra cerebral haemorrhage, open operation	394	177		
5415	Intra cerebral and intracerebellar tumours not otherwise listed	394	261		
5420	Intracranial abscess (open operation)	394	177		
5425	Intracranial abscess (tapping)	358	92		
5430	Intraventricular tumours, excision of	394	223		
5435	Leucotomy	358	223		
5440	Meningocele, repair of	358	131		

5446	Direct lateral cervical puncture of c1 and c2 levels as for cervical myelogram	107	54		
5450	Myelomeningocele, repair of	358	131		
5455	Other extra cerebral intracranial tumours, excision of	394	261		
5460	Parasagittal meningioma, repair of	430	223		
5465	Pinealoma, excision of	394	177		
5470	Pituitary gland, hypophysectomy all approaches	538	177		
5480	Posterior fossa tumours, removal of	430	261		
5484	Stereotactic computer assisted volumetric intracranial procedure (List separately in addition to code for primary procedure)	89	0		
5490	Subdural haematoma (burr hole drainage)	358	92		
5495	Subdural haematoma (open operation)	394	177		
5500	Subdural tap (infant)	179	54		
5505	Tentorial decompression	430	177		
5510	Third ventriculostomy	430	177		
5515	Torkilsden shunt	430	92		
5520	Valve shunt (hydrocephalus)	287	92		
5525	Valve shunt revision	287	92		
5535	Ventricle puncture (fontanelle)	179	54	I.P.	
5540	Ventriculography (adult)	179	54	I.P.	Diagnostic
5545	Ventriculography (child under 12)	179	54	I.P.	Diagnostic
	CRANIAL NERVES:				
5555	Acoustic neuroma, removal of	609	261		
5560	Auditory nerve, etc. (section)	430	131		
5565	Differential section, facial nerve	322	131		
5575	Injection trigeminal branch (peripheral)	72	0		
5580	Injection trigeminal division	179	0		
5585	Injection trigeminal ganglion	287	0		
5590	Intracranial sensory root division (trigeminal)	430	223		
5600	Peripheral nerve repairs	287	69		
5605	Peripheral nerve tumour, excision of	251	69		
5610	Sensory nerve neurectomy	215	54		

5611	Rhizolysis, one or more facet joints	144	69		
5615	Nerve block for pain control	72	0		
5620	Sympathetic block including coeliac ganglion and stellate ganglion	107	0		
5621	Intravenous block (Biers technique)	107	0		
5622	E.C.T. (each session)	36	38		
	SCALP:				
5630	Cirsoid aneurysm scalp, repair of	358	69		
5635	Laceration, suture of (per laceration)	54	38		
	SKULL:				
5645	Burr holes (diagnostic)	179	92	I.P	Diagnostic
5650	Burr holes (therapeutic)	358	92	I.P	
5660	Craniotomy	538	261		
5665	Depressed skull fracture (dural involvement)	287	131		
5670	Depressed skull fracture, (simple) operation for	287	92		
5675	Extradural haematoma, evacuation of	394	177		
5690	Osteoma calvarium. excision of	358	92		
5691	Consultant plastic surgeon cranio facialplasty, including the correction of craniosynostoses and facial synostoses	501	223		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
5692	Consultant neurosurgeon neurosurgical involvement with cranio facialplasty (for Anaesthetist Benefit see 5691)	358	0		
5693	Skull bone grafting to facial skeleton	340	92		
5695	Platybasia, repair of	358	54		
5700	Skull biopsy	179	54	I.P.	Diagnostic
5705	Skull defect repair	358	69		
5710	Subtemporal decompression	322	92		
5715	Suture splitting	322	92		
	SPINAL CORD:				
5719	Chemical lumbar sympathectomy	107	0		

5725	Anomalies of cord vascular, operation for	609	177		
5730	Cervical disc, partial excision of or fusion	394	154		
5731	Cervical disc, excision of two or more levels	724	154		
5732	Microneurosurgical subarticular fenestration and foraminal decompression including microdisectomy	491	177		
5740	Chordoma (spinal), removal of	358	177		
5745	Cord tumours, removal of	430	177		
5746	Dumbbelltumours,transthoracic or abdominal removal	358	177		
5755	Haematomyelia, aspiration of	394	107		
5756	Intrathecal cytotoxic, chemotherapy infusion	126	42		
5760	Lumbar puncture	54	70	I.P.	Diagnostic
5761	Cervical sympathectomy (unilateral)	322	92		
5762	Cervical sympathectomy (bilateral)	376	92		
5763	Exploration of the brachial plexus with removal of tumours	466	177		
5765	Lumbar sympathectomy	322	69		
5770	Lumbar sympathectomy (bilateral)	376	92		
5771	Nerve root tumours, transthoracic or abdominal removal	358	177		
5775	Spinal posterior rhizotomy	322	131		
5785	Syringomyelia. aspiration of	394	177		
	NEUROLOGICAL ASSESSMENT:				
5880	EMG	72	0		Diagnostic
5881	Electromyography study rectal mucosal sensitivity testing	72	0		Diagnostic
5905	Video telemetric EEG recordings including full clinical evaluation and placement of sphenoidal electrodes	251	69		
5906	Video telemetric EEG recordings including full clinical evaluation following placement of sub dural electrodes.	179	0		
	UROLOGY PROCEDURES				
	KIDNEY:				
925	Simple Nephrectomy	322	92		
920	Hemi nephrectomy	251	92		

921	Radical nephrectomy (includes adrenalectomy and para-aortic lymph nodes)	380	107		
926	Radical nephrectomy and caval extension below liver	394	107		
927	Radical nephrectomy and caval extension of tumour above liver	520	154		
929	Nephroureterectomy including bladder cuff	475	107		
930	Nephrolithotomy	358	69		
931	Percutaneous nephrolithotomy	215	92		
935	Peri renal tissues, exploration, open biopsy (no abnormality discovered)	215	92	I.P.	
940	Pyelolithotomy	358	69		
945	Pyeloplasty	394	92		
955	Renal biopsy (needle)	72	38		Diagnostic
5910	ESWL, one or more sessions per hospital stay or as an outpatient up to 3 months	215	69		
	ADRENAL GLANDS:				
95	Adrenalectomy (unilateral)	287	107	I.P.	
100	Adrenalectomy (bilateral)	358	107	I.P.	
101	Adrenalectomy for phaeochromocytoma	287	107		
106	Neuroblastoma, tru cut biopsy	66	38		Diagnostic
107	Neuroblastoma. resection	456	177		
	TRANSPLANTATION:				
923	Kidney transplant	501	200		
	URETER:				
5850	Ureteroscopy, diagnostic, with or without biopsy	110	54		Diagnostic
5911	Ureteroscopy & contact lithotripsy with placement/removal of J stent, one or more sessions per hospital stay	251	92		
975	Open ureterolithotomy	215	69		
981	Ureterolysis (unilateral)	287	69		
982	Ureterolysis (bilateral)	430	92		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
983	Ureteric reimplantation, unilateral for reflux, stricture or fistula	342	92	I.P.	

986	Ureteric reimplantation, bilateral for reflux, stricture or fistula	456	92	I.P.	
984	STING procedure (initial)	215	54		
987	STING procedure (repeat)	107	38		
995	Ureterostomy (unilateral)	215	69		
1000	Ureterostomy (bilateral)	322	92		
996	Ureteric substitution (with bowel segment)	380	92		
	BLADDER:				
836	Bladder, instillation of anticarcinogenic agent (8CG)	42	38		
898	Percutaneous suprapubic cystostomy	45	38	I.P.	
1031	Complex urodynamic evaluation, involving cineradiography	72	54		Diagnostic
884	Cystoscopy with or without overdistension, with or without biopsy	54	38	I.P.	Diagnostic
890	Cystoscopy with ureteric catheterisation	72	54		
885	Cystoscopy with diathermy to bladder tumour(s)	89	54	I.P.	
887	Cystoscopy with insertion of JJ stent	91	54		
881	Cystoscopy with removal of JJ stent	76	54		
895	Cystoscopy with or without ureteroscopy and removal of ureteric calculus	144	54	I.P.	
960	Open suprapubic cystostomy	107	69		I.P.
924	Litholapaxy	215	69		
897	Open cystolithotomy	152	69		
855	Primary transurethral resection of bladder tumour(s), one or more	215	69		
910	Excision of bladder diverticulum	287	69		
901	Closure of ruptured bladder (intraperitoneal)	286	69		
865	Cystectomy, partial	251	69		
875	Cystectomy with ileal or sigmoid conduit and bowel anastomosis	484	200		
877	Cystectomy with continent diversion with or without construction of neobladder	609	223		
906	Augmentation cystoplasty	358	200		
899	Substitution cystoplasty	569	200		
5845	Ileal conduit and bowel anastomosis	365	131		

4645	Closure of bladder exstrophy	620	177		
4691	Young - Dees operation	475	177		
902	Bladder, implantation of radioactive sources, simple, one to four sources	87	38		
903	Bladder, implantation of radioactive sources, intermediate, five to ten sources	131	54		
904	Bladder, implantation of radioactive sources, complex, greater than ten sources	193	54		
	PROSTATE:				
713	Biopsy of prostate (perineal) or transrectal)	45	38	I.P.	Diagnostic
711	Electro ejaculation procedure	72	38		
907	Bladder neck, transurethral incision of	152	54		
850	Bladder neck, transurethral resection of	144	54		
700	Transurethral prostatectomy	287	69		
708	Open prostatectomy	365	107		
701	Radical retropubic nerve sparing prostatectomy (includes bilateral pelvic lymph adenectomy with bladder neck reconstruction and anastomosis to the urethra)	430	177		
	URETHRA:				
1015	Urethral dilatation	36	38	I.P.	
665	Meatotomy	54	38	I.P.	
664	Meatoplasty	143	69		
1030	Optical urethrotomy	72	42	I.P.	
666	Urethroplasty for penile or bulbar urethral stricture	286	92		
667	Acute repair of rupture of membranous urethra	286	92		
668	Urethroplasty for repair of prostatic or membranous urethral stricture, complete procedure	456	154		
703	Insertion of an endo urethral stent for urethral stricture	108	42		
1032	Implantation of artificial urinary sphincter	358	69		
676	Removal of artificial urinary sphincter	152	54		
4670	Hypospadias, fistula closure	215	69		
677	Hypospadias - MAGPI procedure	215	69		

4675	Hypospadias, reconstruction of urethra	251	69		
4660	Epispadias, reconstruction of urethra	215	69		

Code	Surgical Procedure	Procedure Benefit IR£			
		Surgical	Anaesthetic		
4676	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	475	107		
	MALE GENITAL TRACT:				
681	Injection of corpora cavernosa with pharmacologic agent(s) (e.g. papaverine, phentolamine)	36			
688	Biopsy of penis	45	38	I.P.	Diagnostic
695	Prepuce, dorsal incision of	54	38		
696	Release of priapism (needle drainage)	54	38		
663	Circumcision	72	54		
686	Chordee release of	144	69		
693	Nesbit procedure (plastic operation on penis to correct angulation)	212	69		
4681	Insertion of malleable penile prosthesis	215	69		
4682	Insertion of inflatable penile prosthesis	305	92		
694	Removal of penile prosthesis	212	69		
685	Penis, amputation of partial	179	69		
687	Penis, amputation of - total	358	69		
650	Hydrocele (tapping)	36			
655	Hydrocelectomy, bilateral	185	69	I.P.	
660	Hydrocelectomy, unilateral	129	54	I.P.	
698	Excision of epididymal cyst(s) unilateral or bilateral	167	54	I.P.	
645	Epididymectomy, unilateral	145	54	I.P.	
699	Epididymectomy, bilateral	212	69	I.P.	
755	Varicocelectomy	179	54		
704	Epididymovasostomy, bilateral	266	92		
715	Orchidopexy, unilateral	107	69	I.P.	
720	Orchidopexy, bilateral	144	69	I.P.	
735	Orchidopexy, unilateral for torsion and exploration of opposite side	178	69		

740	Testicular biopsy (needle)	54	38	I.P.	Diagnostic
741	Testicular biopsy (open surgical)	107	38	I.P.	Diagnostic
742	Testicular prosthesis, insertion /replacement/removal of, unilateral	144	38		
743	Testicular prosthesis, insertion /replacement/removal of, bilateral	178	69		
675	Orchidectomy, unilateral	107	54	I.P.	
670	Orchidectomy, bilateral	144	69	I.P.	
672	Drainage of intra-scrotal abscess	45		I.P.	
	FEMALE GENITAL TRACT:				
2415	Cystocele, repair of	144	69	I.P.	
991	Urethropexy for genuine stress incontinence (Stamey, Raz, Burch, Marshall-Marchetti)	215	69		
992	Pubovaginal sling urethropexy	307	69		
2465	Vaginal fistula (vesico vaginal), repair of	287	92		
4690	Vaginal reconstruction with skin graft	358	92		
993	Vesico colic fistula - excision of, and sigmoid colectomy	358	92		
	MISCELLANEOUS:				
820	Arterial venous fistula in arm under L.A.	144	92		
821	Gortex graft placement for AV access for dialysis	322	69		
822	Permacath Hickman catheter for dialysis	179	69		
834	Insertion/replacement of Tenchkoff catheter for dialysis	144	69		
838	Removal of Tenchkoff catheter	144	69		
	LYMPHATICS:				
1310	Axillary/inguinal lymph node(s) superficial dissection of	73	42	I.P.	
1320	Axillary or inguinal lymph nodes, incision of abscess	73	38		
1326	Deep cervical node excision biopsy (not needle biopsy)	73	38		Diagnostic
1315	Axillary lymph nodes complete dissection of	251	69		
1335	Inguinal or pelvic lymph node block dissection, unilateral	268	92	I.P.	
1336	Inguinal or pelvic lymph node block dissection, bilateral	402	92	I.P.	
1355	Lymphatic infusion	179			

1365	Primary or secondary retroperitoneal lymphadenectomy complete, transabdominal	430	92	I.P.	

TABLE C.3

Code	Radiological Procedure	Procedure Benefit IR£	
		Radiological	Anaesthetic
	ALIMENTARY TRACT		
6000	Plain film, abdomen	11	
6001	Plain film abdomen complete, including decubitus and/or erect views	22	
	SINGLE CONTRAST STUDIES(BARIUM OR WATER SOLUBLE)		
6005	Ba. enema	33	
6015	Ba. meal	22	
6020	Ba. meal and follow through or small bowel study	33	
6025	Ba. swallow	22	
6060	Small bowel enema	46	
6066	Defaecating proctogram	64	
	DOUBLE CONTRAST STUDIES		
6010	Ba. enema, double contrast	46	
6011	Ba. enema, therapeutic forreduction of intussusception	64	
6021	Ba. meal (double contrast)	33	
6030	Ba. swallow and meal	33	
6035	Cholecystogram	22	
6040	Screening crosbie capsule	22	
6045	Screening diaphragm	22	
6070	T - tube cholangiogram	22	
6055	IV cholangiogram	33	
	CHEST		
6075	Chest and ribs	11	
6079	Chest, PA and lateral	11	
6080	Chest, PA and lateral with flouroscopy	22	
6085	Chest, PA lateral and apical-	11	
6086	Chest, complete, minimum of four views	22	
6090	Larynx	11	
6095	Sternum and chest	11	
6100	Thoracic inlet	11	
	C.T. SCANS		
6102	Brain, without contrast	64	42

6103	Brain, with contrast material	100	42
6104	Orbit, sella or outer, middle, or inner ear, without contrast (except if done at same time as 6102 or 6103)	64	42
6106	Orbit, sella or outer, middle, or inner ear: with contrast material (except if done at same time as 6102 or 6103)	100	42
6107	Maxillofacial area, without contrast material (except if done at same time as 6102 or 6103)	64	42
6108	Maxillofacial area, with contrast material (except if done at same time as 6102 or 6103)	100	42
6109	Thorax, without contrast material	64	42
6112	Thorax, with contrast material	100	42
6111	CAT scanning for biopsy or drainage	100	42
6113	High resolution, lungs	100	42
6114	Abdomen, without contrast material	64	42
6116	Abdomen, with contrast material	100	42
6117	I.V. dynamic sequential scanning	100	42
6118	I.V. dynamic non-incremental scanning	100	42
	SKELETAL		
6224	C.T. of spine with contrast material	100	42
6226	Long bones	48	42
6227	Joints	64	42
6228	Spine	64	42
6229	Feet/Hands	64	42
	JOINTS AND LONG BONES		
6115	Ankle	11	
6119	Ankle, complete, minimum of three views including inversion/eversion	22	
6121	Acromioclavicular joints,bilateral, with or without weight distraction	22	
6122	Knee, complete, including oblique(s), and tunnel, and/or patellar and/or standing views	22	

Code	**Radiological Procedure**	**Procedure Benefit IR£**	
		Radiological	**Anaesthetic**
6120	Bone age	22	
6125	Calcaneum	11	
6130	Clavicle	11	
6135	Elbow	11	
6140	Femur	11	
6145	Finger/toe	11	

6150	Foot	11	
6155	Hand	11	
6160	Hip	11	
6165	Humerus	11	
6170	Knee	11	
6175	Limb length/orthopaedic measurement	22	
6180	Pelvis (inc. hips)	11	
6185	Radius and ulna	11	
6190	Sacro-lliac joints	11	
6195	Scaphoid	11	
6200	Scapula	11	
6205	Scoliosis series	11	
6210	Shoulder	11	
6215	Sternoclavicular joint	11	
6220	Tibia and fibula	11	
6225	Wrist	11	
	MAGNETIC RESONANCE IMAGING (M.R.I.)		
6230	Magnetic resonance imaging	73	42
6231	Magnetic resonance imaging with contrast enhancement	100	42
	NUCLEAR MEDICINE IMAGING		
	MUSCULO SKELETAL SYSTEM		
6270	Limited joint scan	22	
6275	Multiple joint scan	33	
6280	Sacro-iliac joint uptake	22	
6290	Partial body bone scan	22	
6295	Whole body bone scan	33	
6300	3—Phase bone scan	33	
6305	SPECT (tomo) bone scan	46	
6340	Gallium scan	33	
	CENTRAL NERVOUS SYSTEM		
6310	Static brain	22	
6315	Dynamic brain scan	33	
6320	SPECT brain (CBF, ceretec, ECD, blood pool)	46	
6325	Static - planar cysternogram	45	
6330	SPECT cysternogram	64	
	CARDIOVASCULAR SYSTEM		
6260	Aortogram	22	
6265	Arteriogram	22	
6360	Angiocardiogram (1st pass)	33	

6365	Blood pool scan (MUGA)	46
6370	Exercise blood pool scan (EX. MUGA)	73
6375	Dipyridamole thallium	73
6380	Exercise thallium	73
6385	P.Y.P. infarct scan	33
6390	Anti-myosin scan	33
6395	SPECT anti-myosin scan	46
6400	SPECT thallium	73
6570	Venogram, unilateral	33
6575	Venogram, bilateral	46
	GENITOURINARY SYSTEM	
6415	Renogram	33
6420	Combined renogram/GFR	46
6425	Captopril renogram	46
6430	Diuretic renogram	46

Code	**Radiological Procedure**	**Procedure Benefit IR£**	
		Radiological	**Anaesthetic**
6435	DMSA renal scan	33	
6440	Micturating cystogram	46	
6445	SPECT DMSA renal scan	46	
6550	Testicular scan	33	
	GASTROINTESTINAL SYSTEM		
628 5	Abdominal scan (Meckel's)	22	
6335	Duodenal/gastric reflux	22	
6345	Gastric emptying	33	
6350	G.I. bleed	33	
6355	G.F.R. (Tc-99m DTPA, Cr-51 EDTA)	22	
6525	Oesophageal motility study	33	
6450	Colloid liver scan	33	
6455	HIDA liver scan	33	
6460	SPECT liver scan	46	
6465	Hepatic (liver) blood flow	33	
6540	Salivary scan	22	
6545	Spleen scan	22	
	RESPIRATORY SYSTEM		
6470	Aerosol lung scan	33	
6475	Gallium lung scan	33	
6480	Lung perfusion scan	33	
6485	Lung ventilation scan	33	
6490	SPECT lung scan	46	

6495	Ventilation/perfusion lung scan	64
	ENDOCRINE SYSTEM	
6410	Whole body iodine scan	33
6520	MIBG scan	46
6530	Parathyroid scan	33
6555	Technetium scan of thyroid	22
6560	Iodine scan of thyroid	22
6565	Thallium scan of thyroid	22
	OTHER SCANS	
6255	Cholesterol scan	33
6285	Bile salt malabsorption scan	33
6500	Lymphoscintigram	33
6505	Marrow scan	46
6240	White blood cell scan (WBC)	33
6510	Monoclonal antibody scan-SPECT	46
6515	Monoclonal antibody scan - static	33
6535	Platelet scan	33
	NUCLEAR MEDICINE IN-VIVO NON-IMAGING TESTS	
	GENERAL TESTS	
6566	Bile salt absorption (ScHCAT)	22
6567	Bile salt breath test	11
6568	Exchangeable body sodium	22
6569	1—131 Uptake (thyroid uptake)	22
6571	1—131 Therapy (thyroid therapy)	33
6572	Oestrogen receptor assay	11
6573	Red cell survival	22
6574	Red cell mass	11
6576	Schilling test (urine)	22
6577	Schilling test (whole body monitor)	22
6578	Total body water	22
6579	Total body potassium	22
	OBSTETRIC	
6580	Abdomen	11
6585	Pelvimetry	22
	SKULL	
6590	Facial bones	11
6595	Foramina optic	11

Code	**Radiological Procedure**	**Procedure Benefit IR£**
		Radiological Anaesthetic

6600	Internal auditory canals	11
6605	Mandible	11
6610	Mastoid	11
6615	Maxilla	11
6620	Nasal bones	11
6625	Nasal sinuses	11
6630	Orbital views	11
6635	Parotid gland	11
6640	Pituitary fossa	11
6645	Skull	11
6650	Temporomandibular joint	22
	SOFT TISSUES	
6655	F.B. in eye and localisation	22
6660	Mammogram	33
6665	Soft tissue neck	11
	SPECIAL PROCEDURES	
6675	Angiogram (direct puncture, single vessel study, branchial, femoral) includes introduction of needles or catheter injection of contrast media and necessary pre and post injection care specifically related to the injection procedure	73
6680	Angiogram (selective catheter,single/multiple vessel study,coeliac, mesenteric, renal, subclavian etc) includes introduction of needles/catheter injection of contrast media and necessary pre and post injection care specifically related to injection procedure	100
6681	Single selective carotid angiography and/or vertebral study	107
6682	Bilateral carotid angiography study	185
6683	Bilateral carotid angiography and vertebral study	278
6685	Aortogram (arch/TLA, etc.)	73
6690	Cavernosogram	73
6705	Facet arthrogram (single level)	46
6706	Hepaticneedlepuncture/catheterisation for biliary procedures	100
6710	Portogram	64
6720	Orbital venogram	64
6721	Spinal arteriogram	334
6725	Splenoportogram	64
6730	Venous sampling - adrenal, parathyroid, renal, etc.	100

6735	Venogram, peripheral, single limb	46
6740	Venography (selective, catheter, single vessel study and/or venous sampling, I.V.C., S.V.C., adrenal, renal, hepatic)	100
	SPINE	
6745	Cervical	11
6750	Coccyx	11
6755	Complete spine	22
6760	Dorsal (thoracic)	11
6765	Lumbar	11
6770	Sacrum	11
6775	Scoliosis views	22
6780	Skeletal survey	33
	TEETH	
6785	Occlusal (Intra-Oral)	11
6790	Pantomogram	22
6795	Tooth single	11
6800	Total Lower and Lower Jaw	22
	ULTRASOUND	
6805	Biliary	22
6810	Breast	22
6811	Chest	33
6825	Doppler (carotid, cerebral, peripheral, abdominal, renal, etc.)	46
6835	Eye	22
6840	Hip	33
6841	Knee	33

Code	**Radiological Procedure**	**Procedure Benefit IR£**	
		Radiological	**Anaesthetic**
6845	Obstetrical	22	
6846	Obstetrical (with full foetal assessment)	46	
6850	Paediatric cranial	46	
6855	Pelvic	33	
6856	Parotid gland	33	
6857	Pleural space (for localisation)	33	
6860	Prostate - transrectal	46	
6865	Renal (kidneys)	33	
6870	Shoulder	33	
6875	Testicular	33	
6880	Transvaginal	46	
6885	Thyroid	22	

6890	Upper abdominal (includes liver, pancreas, aorta and kidneys)	46
6895	Ultrasound guidance during investigations or therapeutic procedure	64
	URINARY TRACT	
6905	Cystogram	22
6910	I.V.P.	33
6915	Micturating cystogram	33
6920	Straight renal tract (KUB)	11
6925	Urethrogram	33
6930	Vesiculogram	33
	OTHERS	
6950	Antegrade pyelogram	46
6955	Arthrogram	46
6960	Bronchial brushing	73
6965	Bronchogram	46
6970	Dacrocystogram	33
6975	Discogram	64
6985	Hysterosalpingogram	33
6990	Laryngogram	33
6995	Lymphangiogram	100
7000	Myelogram	64
7005	Myelogram (direct lateral puncture, thoracic or cervical)	100
7010	Needle biopsy (trans-thoracic, bone, abdominal)	64
7011	Nephrostogram	46
7020	Percutaneous transhepaticcholangiogram	64
7025	Per-operative cholangiogram	33
7034	Imaging supervision, interpretation and report for injection procedures during cardiac catheterisation; ventricular and/or atrial angiography	27
7036	Radiological guidance during investigations or therapeutic procedure (use code 7034 for cardiology procedures)	64
7037	Radiological guidance for mammographic wire guided biopsy	27
7040	Retrograde pyelogram	33
7051	Sialgram, Parotid	33
7052	Sialogram, Submandibular	33
7055	Sinogram	22
7065	Tomograms (+ area films)	22

7070	Ventriculogram	64
	THERAPEUTIC/INVASIVE PROCEDURES	
	Please note that therapeutic/invasive procedures are listed in Table C.2	

TABLE C.4

Code	Pathological Investigation	Procedure Benefit IR£
8900	CATEGORY 1	13
	HAEMATOLOGY	
	APTT, PT+INR, Blood Gp+uncomplicated crossmatch. Cold Aggluts,	
	FBC without film, HbH, (in)/direct Coomb's test. Monospot.	
	BIOCHEMISTRY	
	Single analytes	
	IMMUNOLOGY	
	a-1—AT, C3, C4, lgs, RA Screen, Thyroid Abs	
	MICROBIOLOGY	
	Pregnancy test. Stool O/B	
	CATEGORY 1(A)	13
	HAEMATOLOGY	
9230	Coag. Factor Assay	
8930	Ferritin	
8910	Fibrinogen	
8935	Iron	
9220	RBC autohaemolysis	
9215	RBC osm frag.	
9225	Platelet Aggregation	
8920	Protein C	
	BIOCHEMISTRY	
9185	All nuclear medicine in-vitro investigations(except for those investigations listed in category 5)	
	All Profiles:	
	Biochemical Investigations of,	
9000	-Renal (one or more)	
9005	-Hepatic (one or more)	
9010	-Cardiac (one or more)	
9015	-Thyroid (one or more)	
9020	-Bone(not PTH) (one or more)	
9025	-Lipids (one or more)	
9310	Biochemistry of hypertension	

9165	GTT	
9165	HbA1C	
9166	Drug levels (including RIA)	
9167	HPLC	
	IMMUNOLOGY	
9285	Allurgens	
9168	Caeruloplasmin	
9169	CRP	
9171	Cryoglobulins	
9275	IgE	
9172	PFB	
8945	Streptolysin	
8936	Transferrin	
	ENDICRINOLOGY	
8937	Hormone Levels (except for those investigations listed in Category 5)	
	CATEGORY 3	5
	HAEMATOLOGY	
8905	FBC + manual film ± eosinophil count	
9040	Kliehauer	
8915	LAP	
9035	Reticulocyte count	
	MICROBIOLOGY	
8970	MSU + culture	
9045	Stool O+P	
	BIOCHEMISTRY	
9030	Sweat investigation	
	IMMUNOLOGY	
9050	IF - single antibody e.g. ANF (except if this investigation gives rise to the investigations listed in Categories 4 or 5)	
	CATEGORY 4	10
	BIOCHEMISTRY	
9160	All electrophoresis|serum, lipoprotein, urine	
9175	CSF including oligoclonal bands	
9180	Myeloma Screen including electrophoresis	
9181	Trace metals	
9182	Vits A & E	
	HAEMATOLOGY	
9205	Ab indentification (transfusion)	
9200	Bleeding time	
8925	HbA2	

9210	Hb electrophoresis	
9226	Thrombophilia screen -this consists of three or more of the following items:	
	Antithrombin 3, protein C, protein S. factor 7, factor 12, platelet aggregation (spontaneous, second wave of aggregation with weak ADP, and response to dilutions of epinephrine)	
8940	U. haemosiderin	
9507	Flow cytometry	
	MICROBIOLOGY	
9100	Interpretive review of culture result from wounds, joint fluids, sputum, intestine and other body sites including TB Culture	
9385	Interpretative review of viral, bacterial or fungal sarology or viral culture	
9202	Antibiotic assay }	
9203	MBC } maximum payable, any combination, three	
9204	MIC } per claim	
9206	Cidal levels	
9207	Toxin levels	
	IMMUNOLOGY	
9221	ANCA-for single antibody	
9222	AGBM-for single antibody	
9280	Gel electrophoresis	
9223	HIV, VD or Hepatitis screen	
9224	Teicoic acid	
9228	Cardiolipin	
9227	CH50— functional assay	
	ALL DISCIPLINES	
9694	Gene rearrangement studies	
	CATEGORY 5 (A)	20
	BIOCHEMISTRY	
9301	·Diabetic KA/hyperosmolar coma	
9302	·Acute Renal failure	
9303	· Acute hepatic failure	
9306	Porphyria investigation	
9308	Diabetes insipidus	
	ENDOCRINOLOGY	
9304	Dynamic endocrine function tests (IST. Synact, TRH, Dex supp)	
9307	Full endocrinological investigation of infertility	
9309	Full investigations for inborn errors of metabolism in paediatric patients.	
	Benefit is only payable once per patient at time of initial investigation(diagnosis).	

	CATEGORY 5 (B)	20
	HISTOPATHOLOGY	
9360	Small (1-2 blocks) include cytology and neuropathology	
	MICROBIOLOGY	
9381	Interpretive review of culture of CSF, blood	
	IMMUNOLOGY	
9391	Infertility screen	
9270	Paraprotein typing	
9392	IF - autoantibody screen and/or DNA Abs and/or subtyping	
9605	Immune complex assays (except for those investigations listed in Category 1)	
	All DISCIPLINES	
9393	Polymerase chain reaction	
	CATEGORY 6	31
	HAEMATOLOGY	
9501	Marrow aspirate (except immunocytochemistry)	
9502	Marrow trephine	
	HISTOPATHOLOGY	
9530	Medium (e.g. description + 3—5 blocks)	
9540	Colonoscopic series	
9550	Clinical (i.e. non screening cytology (not including smear + section)	
9535	Lymph node	
9545	Parathyroid	
	IMMUNOLOGY	
9503	HLA typing	
	MICROBIOLOGY	
9504	Immunofluorescence	
9506	Electron microscopy	
	CATEGORY 7	56
	HISTOPATHOLOGY	
9601	Liver, renal biopsies including special stains	
9602	Fine needle aspiration biopsy, cell block and smear done together	
9650	Large (5 + blocks and all major dissections)	
9651	Breast screening, localisation segments with review of radiographs	
	HAEMATOLOGY	
9603	Marrow aspirate and trephine done together	
	IMMUNOLOGY	
9670	IF - frozen section direct or indirect	

9610	WBC function tests	
	CATEGORY 8 (A)	73
	HISTOPATHOLOGY	
9693	Frozen section or rapid intraoperative diagnosis	
9691	Immunohistology (include fluorescence)	
	CATEGORY 8 (B)	73
	HAEMATOLOGY	
9505	Immunocytochemistry	
	CATEGORY 9	30
9700	All tests associated with Obstetrics, including normal delivery, caesarean section and miscarriage	

SCHEDULE D

—Out-Patient Services

1. The prescribed minimum payments in this Schedule relate to prescribed health services which are provided by a private hospital or a hospital consultant to an insured person while that person is in receipt of services other than in-patient services or day-patient services. Prescribed minimum payments shall be determined under Table D.1 and D.2 as follows:—

TABLE D.1

In respect of	**Prescribed Minimum Payment**	
	Private Hospital Charges (Column 1)	**Hospital Consultant's Fees (Column 2)**
1 Procedures and services carried out when the insured person is in receipt of out-patient services only.	In respect of each procedure or group of procedures which gives rise to a payment under Column 2 of this table either: (a) £6 for each procedure or group of associated procedures listed in Table C.4 of Schedule C;or	Either: (a) £15 for each procedure or group of associated procedures listed in Table C.4 of Schedule C;or (b) determined in accordance with Table C.3 of Schedule C for the procedures listed therein.

	(b)	£15 for each procedure or group of associated procedures listed in Table C.3 plus £90 in respect of a Magnetic Resonance Imaging procedure and £60 in respect of a Computerised Tomography procedure	
2. Services provided by a hospital consultant excluding those services described in sub-paragraph 1 of this Table or in Table D.2.		Not applicable.	£30 for each consultation.

TABLE D.2

In respect of	**Prescribed Minimum Payment**	
	Private Hospital Charges (Column 1)	**Hospital Consultant's Fees (Column 2)**
Procedures and services carried out when the insured person is in receipt of out-patient services only.	£15 for each procedure or group of associated procedures which results in a payment arising under Column 2 of this Table.	Determined in accordance with Table C.2 of Schedule C for the procedures listed therein.

GIVEN under the Official Seal of the Minister for Health this 28th day of March, 1996.

Michael Noonan
Minister for Health

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation).

These Regulations prescribe a minimum level of cover to be provided under health insurance contracts. They set out payments and periods applicable to the minimum level of benefits as regards hospital in-patient, day-patient and out-patient services and medical consultants' fees. They also set out minimum benefits applicable to maternity, convalescence and treatment for substance abuse. Provision is made for insurance undertakings to determine whether benefits are appropriate for payment as in-patient, day-patient or out-patient services. There are also excesses specified in relation to payment of benefit in respect of out-patient services. The Regulations set out the conditions relating to the payment of minimum benefit during waiting periods relating to first entry to health insurance and to pre-existing conditions. They provide for registered undertakings to specify health service providers who will make available health services for the purposes of payment of benefits under the Regulations. There are also a number of miscellaneous provisions.

S.I. No. 83 *of* 1996

HEALTH INSURANCE ACT 1994 (MINIMUM BENEFIT) REGULATIONS 1996

REVISED

Updated to 1 July 2024

About this Revised Act

This Revised Statutory Instrument presents the text of the instrument as it has been amended since it was made, and preserves the format in which it was made.

Related legislation

This instrument is not collectively cited with any other instrument.

Annotations

This Revised Statutory Instrument is annotated and includes textual and non-textual amendments and previous affecting provisions.

An explanation of how to read annotations is available at www.lawreform.ie/annotations.

Material not updated in this revision

Where other legislation is amended by this statutory instrument, those amendments may have been superseded by other amendments in other legislation, or the amended legislation may have been repealed or revoked. This information is not represented in this revision but will be reflected in a revision of the amended legislation if one is available.

Where legislation or a fragment of legislation is referred to in annotations, changes to this legislation or fragment may not be reflected in this revision but will be reflected in a revision of the legislation referred to if one is available.

A list of legislative changes to any Act, and to statutory instruments from 1972, may be found linked from the page of the Act or statutory instrument at www.irishstatutebook.ie.

Acts which affect or previously affected this revision

None.

All Acts up to and including *Health (Assisted Human Reproduction) Act 2024* (18/2024), enacted 2 July 2024, were considered in the preparation of this revision.

Statutory instruments which affect or previously affected this revision

- *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2015* (S.I. No. 96 of 2015)
- *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2014* (S.I. No. 612 of 2014)
- *Health Insurance Act 1994 (Minimum Benefit) (Amendment) Regulations 2005* (S.I. No. 333 of 2005)

All statutory instruments up to and including *International Protection Act 2015 (Safe Countries of Origin) (Amendment) (No. 2) Order 2024* (S.I. No. 327 of 2024), made 1 July 2024, were considered in the preparation of this revision.