Laya Healthcare Clinical Indications List – Updated 1st January 2024

The Clinical Indications listed in this document should be used for guidance purposes only and is effective from 1st April 2019.

Certain procedures require Clinical Indications which will need to be provided by your GP or Consultant. The application of a Clinical Indication for a specific procedure is a widely accepted practice of achieving quality of care by providing guidance as to acceptable investigation/treatment according to current best practice. Laya healthcare, will only accept and provide benefit for claims for specified procedures where a correct clinical indication, as per our Schedule of Benefits, is provided by the treating Clinician.

Where conditions of payment are also listed for specified procedure codes within the laya healthcare Schedule of Benefits, these will need to be met along with Clinical Indications. Please refer to our online Schedule for any conditions of payment.

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7041	MRI of Head, includes orbits, (including MRA if performed)	GP or Consultant

Benefit for procedure code 7041 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0095)	*For exclusion, further investigation or monitoring of tumour of the brain or meninges*
(0096)	*For exclusion, further investigation or monitoring of skull base or orbital tumour*
(0097)	*For exclusion, further investigation or monitoring of acoustic neuroma*
(0098)	*For exclusion, further investigation or monitoring of pituitary tumour - in the case of females with elevated prolactin levels, MRI benefit is only allowable following repeated testing and exclusion of the presence of macroprolactin and there continues to be significant hyperprolactinaemia*
(0099)	*For exclusion, further investigation or monitoring of inflammation of the brain or meninges*
(0100)	*For exclusion, further investigation or monitoring of encephalopathy*
(0101)	*For exclusion, further investigation or monitoring of encephalitis*
(0102)	*For exclusion, further investigation or monitoring of suspect leukodystrophies*
(0103)	*For exclusion, further investigation or monitoring of ENT problems - following consultation with a Consultant Radiologist*
(0104)	*For exclusion, further investigation or monitoring of demyelinating disease of the brain*

(0105)	*For exclusion, further investigation or monitoring of congenital malformation of brain or meninges*
(0106)	*For exclusion, further investigation or monitoring of venous sinus thrombosis*
(0107)	*Screening of intracranial aneurysm in the following high risk individuals: - Positive family history, defined as two or more first degree relatives with subarachnoid haemorrhages*
(0108)	*Screening of intracranial aneurysm in the following high risk individuals: - Patients with polycystic kidney disease*
(0109)	*For further investigation or monitoring of head trauma*
(0110)	*For further investigation or monitoring of epilepsy*
(0111)	*For further investigation or monitoring of stroke*
(0112)	*For further investigation or monitoring of post-operative follow-up after brain surgery*
(0113)	*MRA for exclusion or further investigation of stroke*
(0464)	*For exclusion or further investigation of vertebral artery dissection*
(0115)	*MRA for exclusion or further investigation of intracranial aneurysm*
(0116)	*MRA for exclusion or further investigation of intracranial arteriovenous malformation*
(0117)	*MRA for exclusion or further investigation of venous sinus thrombosis*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7042	MRI for ophthalmic operations	GP or Consultant

Benefit for procedure code 7042 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0118)	*For further investigation of suspected intra-orbital or visual pathway lesions*
(0119)	*For further investigation of dysthyroid eye disease*
(0120)	*For further investigation of diplopia*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7044	Magnetic Resonance Angiography (MRA) for renal artery stenosis	GP or Consultant

Benefit for procedure code 7044 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0121)	*For exclusion of renal artery stenosis post renal transplant*
(0122)	*For exclusion of renal artery stenosis in patients with refractory hypertension requiring multiple therapies, or in patients with documented renal insufficiency in whom renal vascular disease is being considered and in whom angioplasty and stenting is being considered*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7046	MRI of spine for further investigation and monitoring of cervical radiculopathy, neck pain, spinal cord abnormality or spinal stenosis	GP or Consultant or Physiotherapist

Benefit for procedure code 7046 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0465)	*Absent or reduced sensation on clinical examination*
(0466)	*Absent or reduced reflexes*
(0467)	*Muscle wasting*
(0561)	*Severe intractable arm pain where symptoms have been present for more than 6 weeks*
(0127)	*Cervical radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by laya healthcare*
(0128)	*Axial neck pain persisting for greater than 3 months following referral by a Consultant recognised by laya healthcare*
(0468)	*Reduced power on physical examination*
(0469)	*For exclusion, further investigation or monitoring of tumour of the CNS or meninges*
(0470)	*For exclusion, further investigation or monitoring of inflammation of the CNS or meninges*
(0471)	*For exclusion, further investigation or monitoring of demyelinating disease*
(0472)	*For exclusion, further investigation or monitoring of spinal cord compression (acute)*

(0473)	*For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges*
(0474)	*For exclusion, further investigation or monitoring of syrinx - congenital or acquired*
(0475)	*For exclusion, further investigation or monitoring of myelopathy*
(0476)	*For further investigation or monitoring of previous spinal surgery*
(0477)	*For further investigation or monitoring of trauma*
(0478)	*For investigation of any cause of spinal disease in pregnancy*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7047	MRI of the Musculoskeletal System	GP or Consultant or Physiotherapist

Benefit for procedure code 7047 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0140)	*For exclusion, further investigation or monitoring of tumour arising in bone or other connective tissue*
(0141)	*For exclusion, further investigation or monitoring of infection arising in bone or other connective tissue*
(0142)	*For exclusion, further investigation or monitoring of osteonecrosis*
(0143)	*For exclusion, further investigation or monitoring of sacro-iliac joints in the following circumstances:* *(a)There is a suspicion of the presence of ankylosing spondylitis and* *(b) Patients have negative or inconclusive plain radiography films of the sacro-iliac joints and* *(c) Patients are HLA B27 positive*
(0144)	*For further investigation or monitoring of slipped upper femoral epiphysis*
(0145)	*For further investigation or monitoring of post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age*
(0146)	*For further investigation or monitoring of complex cases of juvenile dermatomyositis or juvenile idiopathic arthritis*
(0147)	*For further investigation or monitoring of Gaucher's disease*
(0148)	*For diagnosis of juvenile dermatomyositis by guiding biopsy*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7048	MRI for exclusion, further investigation and monitoring of derangement of one or both hips, and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7048 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0225)	*Benefit is payable for scanning of derangement of one or both hips and supporting structures where the patient::* *i. has not responded to conservative therapy (e.g. Analgesia, Physiotherapy)* *ii. patient has persistent symptoms*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7049	MRI of the Cardiovascular System (including MRA if performed) **(Consultant Cardiologist, Paediatric Cardiologist or Cardio-Thoracic Surgeon Referral Only)**	**Consultant Only**

Benefit for procedure code 7049 is ***only available on referral by a Consultant Cardiologist, Paediatric Cardiologist or Cardio-Thoracic Surgeon*** *participating with laya healthcare for the following clinical indications:*

Clinical Indication Number	***Clinical Indication Description***
Thoracic aortic disease	
(0150)	*Abnormal aortic contour or size on chest X-ray, differentiation of mediastinal mass vs. vascular abnormality, to rule out aortic dissection, aneurysm, leaking thoracic aneurysm, exclude aortic source of peripheral embolisation, Valsalva aneurysm, Marfan's syndrome and aorta annular actasia, after therapy of aortic dissection of aortic arch anomalies, coarctation, following aortic angioplasty, peri-aortic abscess or infection*
Pericardial disease	
(0152)	*To assess pericardial thickness and detection of metastases, for diagnosing pericarditis and constriction, for diagnosing effusion and tamponade*
External or internal masses, pathology of lung and pleura	
(0154)	*Chest wall and mediastinal tumour invasion of the lung and pleura, lipoma, intracavity tumours, and differentiation of tumour from thrombus, assessment of vascular invasion, hilar assessment and paracardial/cardiac invasion, pleural diseases*
Pathology involving surrounding structures	
(0156)	*To evaluate intrinsic abnormalities of the pulmonary arteries, including central thrombi, aneurysms, stenoses, occlusions, dissection, and extra-vascular disease involving the pulmonary arteries*
(0157)	*Assessment of ventricular dysplasia*

Congenital heart disease

(0159) *Pulmonary atresia, severe obstruction to the right ventricular outflow tract, complex cyanotic heart disease, pulmonary venous anomalies, after surgery for correction of congenital heart disease*

Cardiac function, morphology and structure

(0161) *After it has been determined that echocardiogram is inconclusive*

Sudden cardiac death screening

(0163) *Screening of first degree relatives (mother, father, brother, sister or child) of an individual who has experienced sudden cardiac death under 30 years of age following initial screening by ECG, echocardiogram and holter monitoring that has identified unusual results*

Diseases of the large veins

(0165) *Acquired and congenital abnormalities of the superior vena cavae, inferior vena cavae, and portal venous system (e.g. vena caval thrombus, differentiation of tumour thrombus and blood clot of the vena cava, superior vena caval syndrome, superior vena caval invasion or encasement by lung or mediastinal tumours, diagnosis of Budd-Chiari syndrome and diagnosis of caval anomalies)*

(0166) *Valvular heart disease*

(0167) *After it has been determined that ECG and doppler studies are inconclusive*

(0168) *To demonstrate complications of infarction*

(0169) *Formation of an aneurysm, mural thrombus formation, to demonstrate regional wall motion or wall thickening abnormalities of a damaged left ventricle*

(0170) *Post-operative aortic graft infection or dehiscence*

(0171) *For further investigation, in persons under the age of 16 years, of the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7054	MRI of spine for further investigation and monitoring of lumbar radiculopathy, low back pain, spinal cord abnormality or spinal stenosis	GP or Consultant or Physiotherapist

Benefit for procedure code 7054 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0420)	*Absent or reduced sensation on clinical examination*
(0421)	*Absent or reduced reflexes*
(0422)	*Muscle wasting*
(0172)	*Severe intractable leg pain where symptoms have been present for more than 6 weeks*
(0173)	*Lumbar radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by laya healthcare*
(0174)	*Axial lumbar spine pain for greater than 3 months following referral by a Consultant recognised by laya healthcare*
(0423)	*Reduced power on physical examination*
(0424)	*For exclusion, further investigation or monitoring of tumour of the CNS or meninges*
(0425)	*For exclusion, further investigation or monitoring of inflammation of the CNS or meninges*
(0426)	*For exclusion, further investigation or monitoring of demyelinating disease*
(0427)	*For exclusion, further investigation or monitoring of spinal cord compression (acute)*
(0428)	*For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges*
(0429)	*For exclusion, further investigation or monitoring of syrinx - congenital or acquired*
(0430)	*For exclusion, further investigation or monitoring of myelopathy*
(0431)	*For further investigation or monitoring of previous spinal surgery*
(0432)	*For further investigation or monitoring of trauma*
(0433)	*For investigation of any cause of spinal disease in pregnancy*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7056	MRI of Abdomen	GP or Consultant

Benefit for procedure code 7056 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0175)	*Characterisation of equivocal liver lesions identified on ultrasound or CT scan*
(0176)	*Placenta Accreta/Percreta*
(0177)	*Adenomyosis - Pre-procedural planning for uterine artery embolisation for fibroids*
(0178)	*Assessment of fistulae/abscesses/strictures in patients with established Crohn's disease following discussion with a multi-disciplinary team*
(0179)	*Assessment of liver lesions in patients with known malignant disease for potential liver resection*
(0180)	*For pre-operative evaluation of perineal abscess*
(0181)	*For pre-operative evaluation of perineal fistula*
(0182)	*For pre-operative evaluation of assessment of the inferior vena cava in patients with known solid renal tumour*
(0183)	*For pre-operative evaluation of MR urography (MRU) in patients with urographic contrast allergy*
(0184)	*For pre-operative evaluation of MR urography in pregnancy and in those 16 years and under*
(0185)	*Post-surgical MRI following uterine artery embolisation for fibroids*
(0186)	*Further investigation of adrenal masses identified on CT scanning*
(0187)	*Further investigation of complex/indeterminable/solid renal parenchymal masses*
(0348)	*Solid organ malignancy: re-staging or surveillance following treatment in those 16 years and under*
(0592)	*Assessment of incontinence or obstructive defaecation, when a patient's symptoms are in excess of the physical examination findings and urodynamic testing is inconclusive*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7057	Magnetic resonance cholangiopancreatography (MRCP)	GP or Consultant

Benefit for procedure code 7057 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0188)	*For further investigation of pancreatic and biliary disease where conventional methodology has not revealed the definitive diagnosis and ERCP is considered undesirable*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7058	Magnetic Resonance Angiography (MRA) for exclusion or further investigation of vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium	GP or Consultant

Benefit for procedure code 7058 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0189)	*For exclusion or further investigation of vascular/lympatic abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7059	MRI of Breast **(Consultant Referral Only)**	**Consultant Only**

Benefit for procedure code 7059 is only available following Consultant referral for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0190)	*For the detection of breast cancer - where mammogram and/or ultrasound are negative for pathology but there continues to be a high index of clinical suspicion (e.g. in persons with inherited BRCA1 and BRCA2 mutations)*
(0191)	*For pre-operative evaluation of patients with invasive lobular carcinoma*
(0192)	*For pre-operative evaluation of patients with multi-focal or multi-centric disease*
(0193)	*To rule out intra-capsular implant rupture following assessment by a Breast or Plastic Surgeon, where breast ultrasound is equivocal or non-diagnostic*
(0349)	*For the detection of suspected occult breast cancer in patients, typically with axillary lymphadenopathy where previous investigations/imaging findings are equivocal*

(0350)	*Evaluation before and after neo-adjuvant therapy to define extent of disease, response to treatment, and potential for breast conserving therapy*
(0351)	*Evaluation of patients with invasive breast cancer, if there is discrepancy regarding the extent of disease from clinical examination, mammography and ultrasound assessment for planning treatment, or if breast density precludes accurate size assessment*
(0352)	*Detect additional disease in women with mammographically dense breasts*
(0353)	*In the setting of negative conventional imaging, MRI can facilitate treatment planning for patients with Paget's disease*
(0410)	*Pre and at one year post fat transfer procedure to establish and control for calcification, and to avoid misinterpreting it for micro calcification associated with recurrent breast cancer*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7060	MRI of the foot (excludes hind foot)	GP or Consultant or Physiotherapist

Benefit for procedure code 7060 is only available for the following clinical indications and where previous examination and conventional imaging proved inconclusive:

Clinical Indication Number	***Clinical Indication Description***
(0562)	*Investigation of suspected tarsal coalition*
(0195)	*For exclusion or further investigation of soft tissue tumours in the foot*
(0563)	*For further investigation of posterior tibial nerve compression in the presence of persistent symptoms and signs and failure to respond to at least 6 weeks of appropriate therapy*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7061	MRI of Body	GP or Consultant

Benefit for procedure code 7061 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0197)	*Rectal Cancer staging*
(0198)	*Prostate Cancer Staging*
(0199)	*Cervical Cancer staging*

(0200)	*Endometrial Cancer staging*
(0354)	*Multiparametric MRI (using T2- and diffusion-weighted imaging) for men with a negative transrectal ultrasound 10-12 core biopsy to determine whether another biopsy is needed*
(0355)	*Multiparametric MRI, or CT if MRI is contraindicated, for men with histologically proven prostate cancer if knowledge of the T or N stage could affect management*
(0577)	*Multiparametric MRI of prostate, pre-biopsy*
(0590)	*For patients undergoing curative chemo-radiotherapy for locally advanced cervical cancer*
(0591)	*MRI pelvis scan immediately prior to brachytherapy with the patient in the treatment position*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7062	MRI of Body for further investigation and monitoring of malignant soft tissue tumours (other than those tumours provided for under procedure code 7061), for diagnosis and staging	GP or Consultant

Benefit for procedure code 7062 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0201)	*For further investigation or monitoring of malignant soft tissue tumours for diagnosis and staging*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7063	MRI of Body for further investigation of congenital uterine or anorectal abnormality	GP or Consultant

Benefit for procedure code 7063 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0202)	*For further investigation of congenital uterine or anorectal abnormality*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7064	MRI for other exceptions	GP or Consultant

Benefit for procedure code 7064 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0203)	*As notified to laya healthcare and agreed by the Medical Advisors at laya healthcare*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7067	MRI for paediatric cardiac congenital anomalies for infants and children under 16 years of age	GP or Consultant

Benefit for procedure code 7067 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0204)	*Paediatric cardiac congenital anomalies for infants and children under 16 years of age*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7068	Magnetic Resonance Angiography (MRA) for exclusion or further investigation of obstruction of the superior vena cava, inferior vena cava or a major pelvic vein	GP or Consultant

Benefit for procedure code 7068 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0205)	*For exclusion or further investigation of obstruction of the superior vena cava, inferior vena cava or a major pelvic vein*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7069	Magnetic Resonance Angiography (MRA) for exclusion or further investigation of peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities	GP or Consultant

Benefit for procedure code 7069 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0206)	*For exclusion or further investigation of peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7074	MRI for exclusion, further investigation and monitoring of derangement of one knee and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7074 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0479)	*Persistent knee pain/swelling and/or instability (giving way) not associated with an injury and not responding to at least 4 weeks of conservative management; or*
(0480)	*Persistent knee pain/swelling and/or instability (giving way) secondary to an injury and not responding to conservative management for at least 4 weeks and when multi-view x-rays have ruled out a fracture or loose body in the knee and the clinical picture remains uncertain or*
(0481)	*Persistent true locking of the knee indicative of a torn meniscus or loose body. (True locking is defined as more than a momentary locking of the joint with the knee in a flexed position, as compared to the sensation of momentary "catching" that many individuals experience in extension.); or*
(0482)	*Suspected bone infection (i.e., osteomyelitis); or*
(0483)	*Suspected osteochondritis dissecans or suspected osteonecrosis, if the clinical picture, including x-rays, is equivocal or*
(0484)	*Fitting of implants for total knee arthroplasty; or*
(0485)	*Detection, staging, and post-treatment evaluation of tumour of the knee; or*
(0486)	*Other conditions of unknown aetiology when there are both signs and symptoms that suggest a significant underlying pathology and when previous imaging is equivocal for the aetiology of the underlying condition.*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7075	MRI for exclusion, further investigation and monitoring of derangement of both knees and supporting structures	GP or Consultant or Physiothearpist

Benefit for procedure code 7075 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0487)	*Persistent knee pain/swelling and/or instability (giving way) not associated with an injury and not responding to at least 4 weeks of conservative management; or*
(0488)	*Persistent knee pain/swelling and/or instability (giving way) secondary to an injury and not responding to conservative management for at least 4 weeks and when multi-view x-rays have ruled out a fracture or loose body in the knee and the clinical picture remains uncertain or*
(0489)	*Persistent true locking of the knee indicative of a torn meniscus or loose body. (True locking is defined as more than a momentary locking of the joint with the knee in a flexed position, as compared to the sensation of momentary "catching" that many individuals experience in extension.); or*
(0490)	*Suspected bone infection (i.e., osteomyelitis); or*
(0491)	*Suspected osteochondritis dissecans or suspected osteonecrosis, if the clinical picture, including x-rays, is equivocal or*
(0492)	*Fitting of implants for total knee arthroplasty; or*
(0493)	*Detection, staging, and post-treatment evaluation of tumour of the knee; or*
(0494)	*Other conditions of unknown aetiology when there are both signs and symptoms that suggest a significant underlying pathology and when previous imaging is equivocal for the aetiology of the underlying condition.*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7076	MRI for exclusion, further investigation and monitoring of derangement of the ankle and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7076 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0207)	*Benefit is payable for scanning of derangement of ankle and supporting structures only*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7077	MRI for exclusion, further investigation and monitoring of derangement of the shoulder and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7077 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0208)	*Benefit is payable for scanning of derangement of shoulder and supporting structures only*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7078	MRI for exclusion, further investigation and monitoring of derangement of an elbow and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7078 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0209)	*Benefit is payable for scanning of derangement of elbow and supporting structures only*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7079	MRI for exclusion, further investigation and monitoring of derangement of hand* and/or wrist joint(s) and supporting structures, unilateral	GP or Consultant or Physiotherapist

Benefit for procedure code 7079 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0210)	*Benefit is payable for scanning of derangement of wrist joint and supporting structures only*

**MRI of Hand on GP or Consultant Referral Only*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7080	MRI for exclusion, further investigation and monitoring of derangement of both ankles and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7080 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0211)	*Benefit is payable for scanning of derangement of ankles and supporting structures only*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7081	MRI of both feet (excludes hind foot)	GP or Consultant

Benefit for procedure code 7081 is only available for the following clinical indications and where previous examination and conventional imaging proved inconclusive:

Clinical Indication Number	***Clinical Indication Description***
(0462)	*Investigation of suspected tarsal coalition*
(0212)	*For exclusion or further investigation of soft tissue tumours in the feet*
(0463)	*For further investigation of posterior tibial nerve compression in the presence of persistent symptoms and signs and failure to respond to at least 6 weeks of appropriate therapy*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7082	MRI of spine for further investigation and monitoring of thoracic radiculopathy, mid back pain, spinal cord abnormality or spinal stenosis	GP or Consultant or Physiotherapist

Benefit for procedure code 7082 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0434)	*Absent or reduced sensation on clinical examination*
(0435)	*Absent or reduced reflexes*
(0436)	*Muscle wasting*
(0419)	*Severe intractable arm pain where symptoms have been present for more than 6 weeks*
(0213)	*Thoracic radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by laya healthcare*
(0214)	*Thoracic back pain persisting for greater than 3 months following referral by a Consultant recognised by laya healthcare*
(0437)	*Reduced power on physical examination*
(0438)	*For exclusion, further investigation or monitoring of tumour of the CNS or meninges*
(0439)	*For exclusion, further investigation or monitoring of inflammation of the CNS or meninges*
(0440)	*For exclusion, further investigation or monitoring of demyelinating disease*
(0441)	*For exclusion, further investigation or monitoring of spinal cord compression (acute)*
(0442)	*For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges*
(0443)	*For exclusion, further investigation or monitoring of syrinx - congenital or acquired*
(0444)	*For exclusion, further investigation or monitoring of myelopathy*
(0445)	*For further investigation or monitoring of previous spinal surgery*
(0446)	*For further investigation or monitoring of trauma*
(0447)	*For investigation of any cause of spinal disease in pregnancy*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7083	MRI for exclusion, further investigation and monitoring of derangement of both elbows and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7083 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0215)	*Benefit is payable for scanning of derangement of elbow joints and supporting structures only*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7084	MRI for exclusion, further investigation and monitoring of derangement of both hands* and/or wrist joints and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7084 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0216)	*Benefit is payable for scanning of derangement of wrist joints and supporting structures only and where the initial radiographs are negative/normal and patient has persistent symptoms*

**MRI of Hands on GP or Consultant Referral Only*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7085	MRI for exclusion, further investigation and monitoring of derangement of both shoulders and supporting structures	GP or Consultant or Physiotherapist

Benefit for procedure code 7085 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0217)	*Benefit is payable for scanning of derangement of shoulders and supporting structures only*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7086	MRA of carotid or vertebral artery	GP or Consultant

Benefit for procedure code 7086 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0418)	*For exclusion or further investigation of vertebral artery dissection*
(0218)	*Pre-operative MRA of carotid artery when an interventional procedure or surgery is planned*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7087	MR enterography/enteroclysis	GP or Consultant

Benefit for procedure code 7087 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0227)	*To exclude Crohn's disease in patients less than 18 years following review by a Paediatrician*
(0228)	*To assess disease activity in patients with Crohn's disease of the small bowel*
(0229)	*To exclude Crohn's disease when the referral for MRI is made by a Consultant Gastroenterologist or Surgeon with an interest in Gastrointestinal disease*

PROCEDURE CODE	PROCEDURE DESCRIPTION	REFERRAL TYPE
7088	MRI of whole spine, (cervical, thoracic and lumbar); for further investigation and monitoring of combined upper and lower limb radiculopathy or combined upper and lower limb neurological signs, spinal cord compression (in the setting of known bone metastasis or polytrauma) or spinal cord abnormality **(Consultant Referral Only)**	**Consultant Only**

Benefit for procedure code 7088 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0448)	*Absent or reduced sensation on clinical examination*
(0449)	*Absent or reduced reflexes*
(0450)	*Muscle wasting*
(0219)	*Severe intractable pain where symptoms have been present for more than 6 weeks*
(0220)	*Radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by laya healthcare*
(0221)	*Axial spine pain for greater than 3 months following referral by a Consultant recognised by laya healthcare*
(0451)	*Reduced power on physical examination*
(0452)	*For exclusion, further investigation or monitoring of tumour of the CNS or meninges*
(0453)	*For exclusion, further investigation or monitoring of inflammation of the CNS or meninges*

(0454)	*For exclusion, further investigation or monitoring of demyelinating disease*
(0455)	*For exclusion, further investigation or monitoring of spinal cord compression (acute)*
(0456)	*For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges*
(0457)	*For exclusion, further investigation or monitoring of syrinx - congenital or acquired*
(0458)	*For exclusion, further investigation or monitoring of myelopathy*
(0459)	*For further investigation or monitoring of previous spinal surgery*
(0460)	*For further investigation or monitoring of trauma*
(0461)	*For investigation of any cause of spinal disease in pregnancy*

PROCEDURE CODE	PROCEDURE DESCRIPTION
16	Therapeutic phlebotomy by the General Practitioner, includes appropriate advice to the patient as necessary, including file report or report to the referring doctor (see note below)

Benefit for procedure code 16 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0222)	*Haemochromatosis (including hereditary haemochromatosis) where there is evidence of Iron overload with an initial serum ferritin of 300 µg per litre in males and 200µg per litre in females*
(0223)	*Polycythaemia vera; primary**
(0224)	*Polycythaemia secondary* EPO-mediated, including:* *i. Central hypoxia e.g. chronic lung disease, right to left cardiopulmonary vascular shunts or* *ii. Local renal hypoxia e.g. renal artery stenosis, end-stage renal failure or* *iii. Pathologic EPO production e.g. Hepatocellular carcinoma, renal cell carcinoma, pheochromocytoma or* *iv. Exogenous EPO, drug associated e.g. post renal transplant erythrocytosis, idiopathic erythrocytosis*

** For patients with haematocrit greater than 60% and where it is clinically appropriate to bring the HCT down to circa 45%*

PROCEDURE CODE	PROCEDURE DESCRIPTION
121	Cytoreductive surgery (peritonectomy) combined with hyperdermic intraperitoneal chemotherapy (HIPEC)

Benefit for procedure code 121 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0416)	*For treatment of patients with extensive peritoneal disease from the following diagnosis: Pseudomyxoma peritonei (including disseminated peritoneal adomucinosis (DPAM)*
(0417)	*For treatment of patients with extensive peritoneal disease from the following diagnosis: Peritoneal mesothelioma*

PROCEDURE CODE	PROCEDURE DESCRIPTION
178	Gastric restrictive procedure, with gastric bypass for morbid obesity with Roux-en-Y gastroenterostomy
179	Gastric restrictive procedure, with partial gastrectomy, pylorus preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption/biliopancreatic diversion with duodenal switch
181	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy
182	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g. gastric band and subcutaneous port components) benefit includes all subsequent restrictive device adjustment(s)
183	Laparoscopy, surgical, longitudinal gastrectomy (i.e. sleeve gastrectomy)

Benefit for procedure codes 178, 179, 181, 182 and 183 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0639)	*Bariatric surgery can be considered for people with body mass index (BMI) ≥ 40 kg/m2*
(0640)	*Bariatric surgery can be considered for people with body mass index BMI ≥ 35 kg/m2 with at least one adiposity-related disease e.g. hypertension, hyperlipidaemia, obstructive sleep apnoea (OSA), non-alcoholic fatty liver disease (NAFLD), GERD, asthma, venous stasis disease, severe urinary incontinence, debilitating arthritis, or considerably impaired quality of life*
(0641)	*Bariatric surgery should be considered in patients with BMI between 30 kg/m2 - 35 kg/m2 with inadequately controlled T2DM despite optimal medical management*

PROCEDURE CODE	PROCEDURE DESCRIPTION
192	Capsule endoscopy

Benefit for procedure code 192 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0321)	*For evaluation of loco-regional carcinoid tumours of the small bowel in persons with carcinoid syndrome; or*
(0322)	*For initial diagnosis in persons with suspected Crohn's disease (abdominal pain or diarrhoea, with one or more inflammatory indicators (e.g. fever, raised WBC, raised ESR, raised CRP, or bleeding) without evidence of disease on conventional diagnostic tests, including small-bowel follow-through or abdominal CT scan/CT enterography and upper and lower endoscopy ((OGD) and colonoscopy); or*
(0323)	*For re-evaluation of persons with Crohn's disease who remain symptomatic despite treatment and there is no suspected or confirmed gastro-intestinal obstruction, stricture, or fistulae; or*
(0324)	*For investigating suspected small intestinal bleeding in persons with objective evidence of recurrent, obscure gastro-intestinal bleeding (e.g. persistent or recurrent iron-deficiency anaemia and/or persistent or recurrent positive faecal occult blood test, or visible bleeding) who have had upper and lower gastro-intestinal endoscopies within the past 12 months (OGD and colonoscopy) that have failed to identify a bleeding source; or*
(0325)	*For surveillance of small intestinal tumours in persons with Lynch syndrome, Peutz-Jeghers syndrome and other polyposis syndromes affecting the small bowel.*

PROCEDURE CODE	PROCEDURE DESCRIPTION
194	Upper G.I. endoscopy with or without biopsies (includes jejunal biopsy), with or without polypectomy (see note below and include the relevant clinical indicator code on the claim form)

Benefit for procedure code 194 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0001)	*Suspected treatment failure in patients who remain symptomatic and are serologically positive for Helicobacter pylori infection, have received treatment with PPIs and where 4 weeks have lapsed following completion of treatment*
(0002)	*Presentation with signs or symptoms suggesting serious organic disease (e.g. anorexia, weight loss) or in patients with upper abdominal symptoms > 45 years old*
(0003)	*Dysphagia or odynophagia*
(0004)	*Oesophageal reflux symptoms that are persistent or recurrent despite treatment*
(0005)	*Persistent vomiting, unknown aetiology*
(0006)	*Biopsy for suspected coeliac disease after positive tTGA and EMA serology testing*
(0007)	*Other diseases in which the presence of upper GI pathology might modify treatment options in:* *a) those scheduled for organ transplantation who have a history of upper GI bleeding,* *b) those on long term anti-coagulation,* *c) those on long-term non-steroidal anti-inflammatory drug therapy for arthritis, and* *d) those with cancer of the head and neck*
(0008)	*To confirm and secure histological diagnosis of radiological findings of suspected upper gastro-intestinal tract lesions*
(0009)	*GI haemorrhage in patients with active or recent blood loss*
(0010)	*Presumed chronic blood loss: when the clinical situation suggests an upper GI bleeding source or when colonoscopy results are negative*
(0011)	*Iron deficiency anaemia*
(0012)	*Pernicious anaemia (further planned endoscopy is on an individual basis on the submission of a medical report)*
(0013)	*To assess acute injury after ingestion of a corrosive substance*

(0014)	*Therapeutic management of bleeding lesions such as ulcers, tumours, vascular abnormalities (e.g. electro-coagulation, heater probe, laser photocoagulation, or injection therapy)*
(0015)	*Diagnosis and further investigation of achalasia*
(0016)	*In exceptional instances where the clinical need is detailed in a medical report that accompanies the claim form on submission*

Repeat Upper GI Endoscopy

Benefit is available for a repeat upper GI endoscopy, procedure code 194, as per the following clinical indications:

Clinical Indication Number	**Clinical Indication Description**
(0017)	*Previously confirmed diagnosis of gastric ulcer to check for healing and or re-biopsy*
(0018)	*In Helicobacter pylori infection after a first or second treatment failure to carry out further susceptibility testing of antimicrobial agents*
(0019)	*Coeliac Disease — in suspected refractory disease, once only. If further required, include detail on a medical report accompanying the claim*
(0020)	*Monitoring of oesophageal varices*
(0021)	*Stent blockage*
(0022)	*Gastric polyp, other than those associated with a polyposis syndrome*
(0023)	*Follow-up investigation of those with gastric or oesophageal cancer as clinically indicated*
(0024)	*Following a major bleed where the initial gastroscopy failed to identify the source of bleeding*
(0025)	*Post treatment of bleeding ulcer or Mallory Weiss tear*

Note: *New clinical presentation will not be excluded by a prior endoscopy, please refer to initial endoscopy clinical indicators and/or submit a detailed medical report with the claim.*

Surveillance Upper Gastrointestinal Gastroscopy

No Consultant or hospital benefits are payable for a surveillance upper GI endoscopy except for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0026)	*Barrett's mucosa shorter than 3cm, without dysplasia on a previous endoscopy: benefit is for a surveillance endoscopy every 3 years*

(0027)	*Barrett's mucosa, greater than 3cm, without dysplasia on a previous endoscopy: benefit is for a surveillance endoscopy every 2 years*
(0028)	*Barrett's mucosa, with low-grade dysplasia on a previous endoscopy: benefit is for a surveillance endoscopy every 6 months until 2 consecutive endoscopies have no metaplasia*
(0029)	*Barrett's mucosa, with high-grade dysplasia on a previous endoscopy: benefit is for a surveillance endoscopy every 3months*
(0030)	*Gastric intestinal metaplasia/gastric epithelial dysplasia/atrophic gastritis with low-grade dysplasia: benefit is for a surveillance endoscopy every 3 years*
(0031)	*Gastric intestinal metaplasia/gastric epithelial dysplasia/atrophic gastritis with high-grade dysplasia: benefit is for a surveillance endoscopy at 6 months*
(0032)	*Upper GI surveillance for patients with Peutz-Jeghers syndrome: benefit is for a surveillance endoscopy every 2 years from age 18 years*
(0033)	*Upper GI surveillance for patients with Juvenile polyposis: benefit is for a surveillance endoscopy every 3 years from age 18 years*
(0034)	*Upper GI surveillance for patients with Lynch Syndrome: benefit is for a surveillance endoscopy every 2 years from age 50 years*
(0035)	*Upper GI surveillance for patients with MUTYH bi-allelic carriers: benefit will be provided for a 3 yearly gastrointestinal endoscopy from age 30 years*

PROCEDURE CODE	PROCEDURE DESCRIPTION
444	Risk reduction, colectomy, total
445	Risk reduction, laparoscopic colectomy, total

Benefit for procedure code 444 & 445 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0578)	*Familial adenomatous polyposis (FAP) or*
(0579)	*Hereditary non-polyposis colorectal cancer (HNPCC)*

PROCEDURE CODE	PROCEDURE DESCRIPTION
450	Colonoscopy, left side
453	Colonoscopy with balloon dilatation, full colon
454	Incomplete colonoscopy, claimable where the scope reached beyond the splenic flexure but where it was not possible to reach the caecum because of obstruction or lesion (Colonoscopy to the splenic flexure should be claimed using procedure code 450)
455	Colonoscopy, full colon
456	Colonoscopy plus polypectomy, left side
457	Colonoscopy plus polypectomy, full colon
530	Proctoscopy or sigmoidoscopy
535	Proctoscopy or sigmoidoscopy, with biopsy
536	Diagnostic flexible sigmoidoscopy and biopsies
540	Proctoscopy or sigmoidoscopy with biopsy of muscle coats of bowel, for megacolon

Benefit for procedure code 450, 453, 454, 455, 456, 457, 530, 535, 536 & 540 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0036)	*A sustained alteration in bowel habit*
(0037)	*Rectal bleeding - occult, overt or profuse*
(0038)	*Iron deficiency Anaemia, or other unexplained anaemia*
(0039)	*Persistent unexplained lower abdominal pain, where the diagnosis is inconclusive following comprehensive clinical/radiological investigation*
(0040)	*Abdominal mass*
(0041)	*Obstructive symptoms*
(0042)	*Abnormal GIT imaging*
(0043)	*Assessment of disease severity in Colitis*
(0044)	*Tattooing margins of colonic polyp or colonic neoplasm prior to laparoscopic resection*
(0045)	*Unexplained weight loss*

Repeat Colonoscopy

No benefit is available for repeat Proctoscopy, Sigmoidoscopy and Colonoscopy within 36 months of the initial examination except for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0046)	*Following removal of adenomas with severe dysplasia*

(0047)	*Multiple or large adenomas which could not be satisfactorily cleared in one endoscopy session e.g. large sessile adenomas*
(0048)	*Pre-operative assessment of chronic inflammatory bowel disease (IBD)*
(0049)	*Relapse of IBD following change of therapy to evaluate response*
(0050)	*Post Colon cancer surgery at the 1st and 3rd years, thereafter every 5 years*
(0051)	*Assessment of surgical anastomosis post resection of Crohn's disease*
(0052)	*Complete colon examination following previous left sided colonoscopy where findings suggest that a complete colon examination is necessary to exclude: colonic polyps, colonic carcinoma, IBD*
(0053)	*Repeat full colonoscopy when there is unexplained deterioration in symptomatology not explained by left sided colonoscopy*
(0054)	*Left sided colonoscopy to assess disease activity following withdrawal of medication*
(0055)	*Left colonoscopy at the time of significant symptomatic relapse*
(0056)	*Left sided colonoscopy where there is a failure to respond to treatment and/or where there is suspicion of a secondary diagnosis such as Clostridium difficile infection with superimposed pseudomembranous colitis.*
(0057)	*Evaluation of an abdominal mass*
(0604)	*For balloon dilatation of stricture*

Note: *New clinical presentation will not be excluded by a prior colonoscopy, please refer to initial colonoscopy clinical indications and/or submit a detailed medical report with the claim*

Screening for Colorectal Cancer and a Surveillance Colonoscopy

No benefit is available for a surveillance Proctoscopy, Sigmoidoscopy and Colonoscopy except for the following clinical indications:

A. HIGH RISK GENETIC GROUPS

Clinical Indication Number	***Clinical Indication Description***
(0059)	*Individuals who have one first-degree relative diagnosed with colorectal cancer before the age of 50 years, or two first degree relatives diagnosed with colorectal cancer at any age:* *Benefit is for colonoscopy from age 40 years, or 10 years before the age at diagnosis of the youngest affected relative, whichever is the first, and if normal, repeats at five-yearly intervals*

(0060)	*Individuals with a genetic or clinical diagnosis of hereditary non-polyposis colorectal cancer (Lynch Syndrome):* *Benefit is for colonoscopy on an annual basis commencing at age 20 years, or 10 years before the age of diagnosis of the youngest affected relative in the immediate family*
(0061)	*Individuals with one first-degree relative diagnosed with colorectal cancer after the age of 50 years:* *Benefit will be provided for colonoscopy from age 50 years, or 10 years before the age at diagnosis of the affected relative, whichever is the first, and if normal repeat at five-yearly intervals*
(0062)	*Individuals with one second-degree relative diagnosed with colorectal cancer before the age of 50:* *Benefit will be provided for a single colonoscopy at or after the age of 50 years. No benefit will be paid for repeat colonoscopy unless other indications have been met*
(0063)	*Individuals with first-degree relative diagnosed with a history of advanced adenoma:* *Benefit will be paid for a single colonoscopy 10 years before the age at diagnosis of the affected relative. No benefit will be paid for repeat colonoscopy unless other indications have been met*
(0064)	*Family history of familial adenomatous polyposis (FAP): Mutation carriers:* *Benefit will be provided to mutation carriers for yearly colonoscopy alternating with sigmoidoscopy from age 10, unless an adenoma(s) develops, in which case benefit will be provided for annual full colonoscopy until polyp load indicates the need for surgery*
(0065)	*Family history of familial adenomatous polyposis (FAP): Where no mutation can be identified, for family members at 50% risk, age 13-30 years:* *Benefit will be provided to mutation carriers for yearly colonoscopy alternating with sigmoidoscopy every year up to the age of 30 years*
(0066)	*Family history of familial adenomatous polyposis (FAP): Where no mutation can be identified, for family members at 50% risk, age 30-60 years:* *Benefit will be provided for colonoscopy alternating with sigmoidoscopy every 3-years up to 60 years of age*
(0067)	*Family History of Peutz-Jeghers Syndrome:* *Benefit is for a colonoscopy every 2 years commencing at age 25 years*
(0068)	*Family history of Juvenile polyposis:* *Benefit is for colonoscopy every two years starting at age 15 years*
(0069)	*Family history of MUTYH-associated polyposis (MAP):* *Benefit is for colonoscopy every 2 years starting at age 25 years*

B. COLORECTAL ADENOMAS

Clinical Indication Number	***Clinical Indication Description***
(0070)	*Low risk adenoma (tubular, <1cm) identified on previous colonoscopy:*

	Benefit will be provided for a repeat colonoscopy at 5 years (benefit is available for further endoscopy if relevant pathology is found at repeat colonoscopy)
(0071)	*Intermediate risk adenomas (3-4 small adenomas or at least one >/= 1cm) identified on previous colonoscopy:* *Benefit will be provided for 3-yearly colonoscopies until 2 consecutive negative colonoscopies, then no further colonoscopies*
(0072)	*High risk adenomas (>/= 5 small adenomas or >/= 3 with at least one >/= 1cm) identified on previous colonoscopy:* *Benefit is for annual colonoscopy until out of this risk group, then interval colonoscopy as per intermediate risk group with 3-yearly colonoscopies until 2 consecutive negative colonoscopies*

C. INFLAMMATORY BOWEL DISEASE:

Clinical Indication Number	***Clinical Indication Description***
(0073)	*Benefit will be provided for colonoscopic surveillance for colorectal cancer from 10 years after onset of IBD, with further follow-up for:* ***i)*** *Low risk: Benefit is for colonoscopy every 5 years* ***ii)*** *Intermediate risk (extensive colitis with mild active disease or post-inflammatory polyps or family history of colorectal cancer in a first degree relative <50 years old: Benefit is for a colonoscopy every 3 years* ***iii)*** *High Risk (extensive colitis with moderate to severe active disease or stricture or dysplasia in past 5 years, or concurrent primary cholangitis or colorectal cancer in a first degree relative <50 years old: Benefit is for a colonoscopy every year*

D. OTHER RECOMMENDED SCREENING GROUPS

Clinical Indication Number	***Clinical Indication Description***
(0074)	*Individuals with acromomegaly:* *Benefit is for a colonoscopy every 3 years starting at age 40 years*
(0075)	*Individuals after ureterosigmoidostomy:* *Benefit is for an annual flexible sigmoidoscopy commencing 10 years after surgery*

PROCEDURE CODE	PROCEDURE DESCRIPTION
464	Endoscopic mucosal resection (EMR) of colorectal adenoma

Benefit for procedure code 464 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0563)	*Flat broad based adenomas >2cms in size*

PROCEDURE CODE	PROCEDURE DESCRIPTION
1240	Risk reduction unilateral mastectomy, complete, without insertion of tissue expander
1241	Risk reduction unilateral mastectomy, complete, with immediate insertion of tissue expander, includes subsequent expansions
1242	Risk reduction unilateral mastectomy, with immediate breast reconstruction with latissimus dorsi pedicle flap, with or without prosthetic implant or expanding prosthesis
1243	Risk reduction unilateral mastectomy with immediate breast reconstruction with extended latissimus dorsi pedicle flap
1244	Risk reduction bilateral mastectomy, complete, without insertion of tissue expander(s)
1245	Risk reduction bilateral mastectomy, complete, with immediate insertion of tissue expander(s), includes subsequent expansions
1246	Risk reduction bilateral mastectomy, with immediate breast reconstructions with latissimus dorsi pedicle flaps, with or without prosthetic implant(s) or expanding prosthesis(es)
1247	Risk reduction bilateral mastectomy with immediate breast reconstructions with extended latissimus dorsi pedicle flap(s)

Benefit for procedure code 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0314)	*Women diagnosed with breast cancer at 45 years of age or younger; or*
(0315)	*Women who received radiation treatment to the chest between ages of 10 and 30 years, such as for Hodgkin disease; or*
(0316)	*Women who possess BRCA1 or BRCA2 mutations confirmed by molecular susceptibility testing for breast and/or epithelial ovarian cancer; or*
(0317)	*Women who carry a genetic mutation in the TP53 or PTEN genes; or*
(0318)	*A family history of breast cancer in multiple first degree relatives and/or multiple successive generations of family members with breast and/or ovarian cancer (family cancer syndrome)*
(0319)	*Women who have lobular histology or multiple primary (multicentric breast cancer unilaterally) breast cancers or bilateral breast cancers*
(0320)	*Prophylactic removal of contralateral breast tissue in men with breast cancer*

PROCEDURE CODE	PROCEDURE DESCRIPTION
1455	Sclerosing operation on varicose vein(s), one leg
1460	Sclerosing operation on varicose veins, both legs
1470	Sclerotherapy with foam of varicose veins, ultrasound-guided, one leg
1475	Sclerotherapy with foam of varicose veins, ultrasound-guided, both legs

Benefit for procedure code 1455, 1460, 1470 & 1475 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
The patient has symptoms caused by the varicosities including, but not limited to:	
(0406)	*pain, burning, aching, itching, discomfort, or other symptoms leading to impairment of activities of daily living; or*
(0407)	*bleeding or recurrent bleeding episodes from a rupture of a varicose vein; or*
(0408)	*lower extremity skin ulcers secondary to venous stasis that don't heal; or*
(0409)	*recurrent thrombophlebitis;*

PROCEDURE CODE	PROCEDURE DESCRIPTION
1570	Iron isomaltoside (Monover), intravenous infusion of, for patients with resistant iron deficiency anaemia

Benefit for procedure code 1570 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0230)	*When oral iron preparations are ineffective or cannot be used*
(0231)	*Where there is a clinical need to deliver iron rapidly*

PROCEDURE CODE	PROCEDURE DESCRIPTION
1581	Mohs micrographic technique, including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the Consultant, head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves or vessels; first layer (stage), up to 5 tissue blocks. (If the tissue layer is large enough that it must be cut into six or more specimens producing six or more blocks of tissue in order to examine the entire surgical margin, then use procedure code 1596 for each block beyond the first five)
1582	Each additional layer (stage) after the first layer (stage), up to five tissue blocks (Use procedure code 1582 in conjunction with procedure code1581) (Benefit shown is payable in full with procedure code 1581)
1583	Mohs Micrographic technique, including removal of all gross tumour, surgical excision of tissue specimens , mapping, colour coding of specimens, microscopic examination of specimens by the Consultant, of the trunk, arms or legs; first layer (stage), up to five tissue blocks. (If the tissue layer is large enough that it must be cut into six or more specimens producing six or more blocks of tissue in order to examine the entire surgical margin, then use procedure code 1596 for each block beyond the first five)
1584	Each additional layer (stage) after the first layer (stage), up to five tissue blocks (Use procedure code 1584 in conjunction with procedure code 1583 and benefit is payable in full)
1596	Each additional block after the first five tissue blocks, any layer (stage) (Benefit is payable in full in conjunction with procedure codes 1581 to 1584)
1597	Repair closure associated with Mohs surgery, head and neck, all sizes
1598	Repair closure associated with Mohs surgery, non-head and neck, all sizes
1599	Adjustment tissue transfer or rearrangement or full thickness graft, free (including direct closure of donor site) associated with Mohs surgery, head and neck, all sizes
1604	Adjustment tissue transfer or rearrangement or full thickness graft, free (including direct closure of donor site) associated with Mohs surgery, non-head and neck, all sizes

Benefit for procedure code 1581, 1582, 1583, 1584, 1596, 1597, 1598, 1599 & 1604 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0326)	*poorly defined clinical borders*
(0232)	*lesion(s) with clinical margins ≥ 2cm*
(0233)	*lesion(s) located in anatomically sensitive areas. These areas would include involvement of the face (especially around the nose, mouth, eyes and central third of face), external ear and tragus, temple, scalp, mucosal lesions and nail bed and periungual areas*
(0234)	*recurrent lesion(s) or unexpected positive margin on recent excision, regardless of anatomic region*
(0235)	*malignant lesion(s) in a patient with immunodeficiency or genodermatoses predisposing to widespread cancers, such as basal cell nevus syndrome*

(0236)	*histologically aggressive lesion(s) e.g. basal cell carcinoma (BCC) morpheaform (sclerosing), basosquamous (metatypical or keratinizing), perineural or perivascular involvement, infiltrating tumours, multicentric tumours, contiguous tumours (i.e. BCC and SCC); squamous cell carcinomas (SCCs) ranging from undifferentiated to poorly differentiated and SCCs that are adenoid (acantholytic), adenosquamous, desmoplastic, infiltrative, perineural, periadnexal, or perivascular*
(0237)	*primary BCC or SCC regardless of subtype, size or depth arising in (identify relevant sub indicator):* *a. Prior radiated skin* *b. Traumatic scar* *c. Area of osteomyelitis* *d. Area of chronic inflammation/ulceration* *e. Patients with genetic syndromes*
(0238)	*primary Lentigo maligna*
(0239)	*locally recurrent lentigo maligna*
(0240)	*primary melanoma in situ; non–lentigo maligna*
(0241)	*locally recurrent melanoma in situ; non–lentigo maligna*

PROCEDURE CODE	PROCEDURE DESCRIPTION
1600	Infusion of vedolizumab

Benefit for procedure code 1600 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0593)	*vedolizumab is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a tumour necrosis factor-alpha (TNFα) antagonist*
(0594)	*vedolizumab is indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a tumour necrosis factor-alpha (TNFα) antagonist*

PROCEDURE CODE	PROCEDURE DESCRIPTION
1641	Therapeutic phlebotomy by the Consultant Physician or under Consultant Physician supervision, includes appropriate advice to the patient as necessary, including file report or report to the referring Doctor

Benefit for procedure code 1641 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0222)	*Haemochromatosis (including hereditary haemochromatosis) where there is evidence of Iron overload with an initial serum ferritin of 300 µg per litre in males and 200µg per litre in females*
(0223)	*Polycythaemia vera; primary**
(0224)	*Polycythaemia secondary* EPO-mediated, including:* *i. Central hypoxia e.g. chronic lung disease, right to left cardiopulmonary vascular shunts or* *ii. Local renal hypoxia e.g. renal artery stenosis, end-stage renal failure or* *iii. Pathologic EPO production e.g. Hepatocellular carcinoma, renal cell carcinoma, pheochromocytoma or* *iv. Exogenous EPO, drug associated e.g. post renal transplant erythrocytosis, idiopathic erythrocytosis*

** For patients with haematocrit greater than 60% and where it is clinically appropriate to bring the HCT down to circa 45%*

PROCEDURE CODE	PROCEDURE DESCRIPTION
1674	Botulinum toxin type A - injection to muscle for chronic migraine

Benefit for procedure code 1674 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0365)	*provided the migraine has not responded to at least three prior pharmacological prophylaxis therapies and whose condition is appropriately managed for medication over use*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2114	Cardiopulmonary Exercise Testing

Benefit for procedure code 2114 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0595)	*Heart Failure*
(0596)	*suspected or confirmed hypertrophic cardiomyopathy*
(0597)	*unexplained exertional dyspnoea*
(0598)	*suspected or confirmed pulmonary arterial hypertension/secondary pulmonary hypertension*
(0600)	*chronic obstructive lung disease or interstitial lung disease*
(0601)	*suspected myocardial ischemia*
(0602)	*suspected mitochondrial myopathy*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2239	Insertion of IUD for menorrhagia under general anaesthesia for those under 25 years of age

Benefit for procedure code 2239 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0626)	*Adolescents under the age of 25 where deemed necessary by the Consultant*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2401	Risk reducing bilateral oophorectomy, laparoscopic procedure
2402	Risk reducing bilateral oophorectomy, open procedure

Benefit for procedure code 2401 & 2402 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0329)	*Women with BRCA1 or BRCA2 mutations confirmed by molecular susceptibility testing; or*
(0330)	*Women who have been diagnosed with a hereditary epithelial ovarian cancer syndrome based on a familial hereditary lineage established by a genetic counsellor or a physician competent in determining the presence of an autosomal dominant inheritance pattern; or*
(0331)	*Women who have two 1st degree relatives (e.g., mother, sister, daughter) with a history of epithelial ovarian cancer; or*
(0332)	*Women with or who have had breast cancer and at least one 1st degree relative (e.g., mother, sister, daughter) with history of epithelial ovarian cancer; or*
(0333)	*Women with one 1st degree relative (e.g., mother, sister, daughter) and one or more 2nd degree relatives (e.g., maternal or paternal aunt, grandmother, niece) with epithelial ovarian cancer.*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2403	Risk reducing total abdominal hysterectomy with bilateral salpingo-oophorectomy
2404	Risk reducing vaginal hysterectomy with bilateral salpingo-oophorectomy
2405	Risk reducing laparoscopic total hysterectomy with bilateral salpingo-oophorectomy
2406	Risk reducing laparoscopically assisted vaginal hysterectomy with bilateral salpingo-oophorectomy

Benefit for procedure code 2403, 2404, 2405 & 2406 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0334)	*Women with a diagnosis of HNPCC or women from families with hereditary non-polyposis colorectal cancer (HNPCC).*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2421	Endoscopic injection of implant material (e.g. peri-urethral bulking agents) into the submucosal tissue of the urethra and/or bladder neck

Benefit for procedure code 2421 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0564)	*Patient who is a poor surgical candidate*
(0565)	*Patient who does not wish to have surgery or*
(0566)	*Patients where surgical options are restricted*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2537	Implantation of intra-corneal stromal ring for advanced keratoconus

Benefit for procedure code 2537 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0576)	*Advanced keratoconus*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2542	Corneal collagen epithelium off cross linking - per eye

Benefit for procedure code 2542 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0625)	*Individual with evidenced progressive corneal keratoconus*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2596	Blepharophimosis, for pathology (not cosmetic). See below for clinical indications

Benefit for procedure code 2596 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0625)	*To correct visual impairment caused by:* *a. Dermatochalasis* *b. Blepharochalasis* *c. Blepharoptosis* *d. Brow ptosis* *Documentation in the patient's records (which should be available for audit) and claim form submitted must include patient complaints that justify functional surgery. This documentation must describe the signs and symptoms commonly found in ptosis, pseudoptosis, blepharochalasis and/or dermatochalasis e.g. difficulty seeing objects approaching from the periphery, difficulty reading due to superior visual field loss or looking through the eyelashes or seeing the upper eyelid skin.* *A copy of the visual fields report (submitted with the claim form) should demonstrate and outline a significant loss of superior visual field and potential correction of the visual field by the proposed procedures (e.g. taped and untaped to illustrate diagnosis/correction).*
(0336)	*Repair of anatomical or pathological defects, including those caused by disease (including thyroid dysfunction and cranial nerve palsies), trauma or neuro-surgical procedures.* *Documentation in the patient's records and claim form submitted must detail patient complaints and patient examination findings to justify the medical necessity for the reconstructive eyelid surgery/blepharoplasty.*
(0337)	*Relief of eye symptoms associated with blepharospasm.* *Documentation in the patient's records and claim form submitted must detail patient complaints and patient examination findings to justify the medical necessity for the reconstructive eyelid surgery/blepharoplasty.*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2671	Right eye intravitreal injection/insertion of a fluocinolone acetonide implant for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye (Benefit is available when administered in a hospital setting only and according to the following conditions of payment

Benefit is payable for procedure codes 2671 for one implant in a 36 month period where the following clinical indication is met:

Clinical Indication Number	***Clinical Indication Description***
(0610)	*Where the patient does not respond to or is intolerant to conventional treatment (i.e. failed corticosteroid or immunosuppressive therapy)*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2672	Left eye intravitreal injection/insertion of a fluocinolone acetonide implant for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye (Benefit is available when administered in a hospital setting only and according to the following conditions of payment

Benefit is payable for procedure codes 2672 for one implant in a 36 month period where the following clinical indication is met:

Clinical Indication Number	***Clinical Indication Description***
(0610)	*Where the patient does not respond to or is intolerant to conventional treatment (i.e. failed corticosteroid or immunosuppressive therapy)*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2850	Gender Reassignment - Bilateral mastectomy

Benefit for procedure code 2850 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0580)	*Referral and recommendation to surgeon by one participating mental health professional competent in the treatment and assessment of gender dysphoria*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2851	Gender Reassignment - Vaginal hysterectomy with bilateral salpingo-oophorectomy
2852	Gender Reassignment - Laparascopic total hysterectomy with bilateral salpingo-oophorectomy

Benefit for procedure code 2851 & 2852 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0581)	*Has had at least 12-months of continuous hormone therapy appropriate to desired gender*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2853	Gender Reassignment - Orchidectomy

Benefit for procedure code 2853 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0582)	*Has had at least 12-months of continuous hormone therapy appropriate to desired gender*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2854	Gender Reassignment - Augmentation Mammoplasty (Bilateral)

Benefit for procedure code 2854 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0583)	*Has had 18-months of feminising hormones*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2855	Reconstruction surgery, male to female, e.g. labiaplasty (to include the removal of testicles, shortening of the urethra and the creation of a clitoris and labia)

Benefit for procedure code 2855 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0584)	*Has had 18-months of feminising hormones*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2856	Reconstruction surgery, male to female, e.g. Vaginaplasty (which may include the removal of testicles, shortening of the urethra and the creation of a clitoris, labia and vagina)

Benefit for procedure code 2856 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0585)	*Has had 18-months of feminising hormones*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2857	Reconstruction Surgery, male to female, Revision surgery – to amend the appearance of previous genital reconstructive surgery

Benefit for procedure code 2857 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0586)	*Previous male to female reconstruction surgery*

PROCEDURE CODE	PROCEDURE DESCRIPTION
2858	Reconstruction surgery, female to male, e.g. Metoidioplasty (which may include reconstruction of clitoral tissue to form penis and the creation of a urethra)

Benefit for procedure code 2858 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0587)	*Has had 18-months of masculinising hormones*

PROCEDURE CODE	PROCEDURE DESCRIPTION
3436	Superior Capsular reconstruction

Benefit for procedure code 3436 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0415)	*In the instance of a major irreparable rotator cuff tear, the diagnosis of which should be supported with MRI, and detail in medical record outlining history and symptoms*

PROCEDURE CODE	PROCEDURE DESCRIPTION
3892	Arthroscopic, anterior cruciate ligament repair/augmentation or reconstruction with allograft

Benefit for procedure code 3892 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0327)	*For a secondary reconstruction procedure, where previous reconstruction/revision surgeries have failed compromising candidates suitability for an autologous tissue transplant or*
(0328)	*For patients whose own tissue is unsuitable secondary to a disease process*

PROCEDURE CODE	PROCEDURE DESCRIPTION
3913	Complex Primary total knee Replacement where one of the clinical indications listed below are met, unilateral

Benefit for procedure code 3913 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0567)	*severe pre-operative deformity*
(0568)	*ligamentous instability*
(0569)	*marked bone loss*
(0570)	*coronal deformities*
(0571)	*genu recurvatum*
(0572)	*a stiff knee*
(0573)	*extra-articular deformities*
(0574)	*following previous osteotomy around the knee*
(0575)	*Chronic dislocation of the patella*

PROCEDURE CODE	PROCEDURE DESCRIPTION
4278	Hyperbaric oxygen therapy (HBOT) under pressure, full body chamber, initial, including full medical assessment and planning of the scheduled treatment session
4279	Hyperbaric oxygen therapy (HBOT) under pressure, full body chamber, subsequent, per session

Benefit for procedure code 4278 & 4279 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0369)	*Acute air or gas embolism*
(0370)	*Acute carbon monoxide poisoning*
(0371)	*Acute cerebral oedema*
(0372)	*Acute peripheral arterial insufficiency (i.e. compartment syndrome)* *(i) Requiring imminent surgical intervention (e.g. embolectomy or bypass surgery)* *(ii) Imaging documentation of embolus/thrombus available in patient's medical records (e.g. MRI, angiogram)*
(0373)	*Acute traumatic peripheral ischaemia (including crush injuries and suturing of severed limbs) when loss of function, limb, or life is threatened and HBOT is used in combination with standard therapy*
(0374)	*Central retinal artery occlusion, acute treatment*
(0375)	*Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management including:* *(i) unresponsive to conventional medical and surgical management, and* *(ii) a six-week course of intravenous antibiotics, and* *(iii) at least one surgical debridement attempt unless contraindicated, with* *(iv) documentation of wound bone culture, x -ray and photograph of wound are available in patient's medical record*
(0376)	*Compromised skin grafts and flaps where:* *(i) hypoxia or decreased perfusion has compromised viability acutely and* *(ii) transcutaneous oximetry to demonstrate hypoxia and response potential to HBOT is documented and* *(iii) documentation of wound in the patient's medical record should include type of flap or whether additional surgical intervention was required*
(0377)	*Decompression illness ("the bends")*
(0378)	*Exceptional blood loss anaemia only when there is overwhelming blood loss and transfusion is impossible because there is no suitable blood available, or religion does not permit transfusions*
(0379)	*Gas gangrene (Clostridial myositis and myonecrosis)*

(0380) *Progressive necrotizing soft tissue infections, including mixed aerobic and anaerobic infections (Meleney's ulcer, necrotizing fasciitis) with:*

(i) history of inpatient treatment for intravenous antibiotics and surgical debridement (unless contraindicated) and

(ii) documentation of wound photographs, wound care etc. are available in patient's medical record

(0381) *Radiation-induced haemorrhagic cystitis*

(0382) *Radiation necrosis (brain radionecrosis, myoradionecrosis, osteoradionecrosis, and other soft tissue radiation necrosis)*

(0383) *Radiation proctitis*

(0384) *Selected non healing wounds (Diabetic/Ischaemic) present for greater than 6 months and*

(i) transcutaneous oximetry to demonstrate hypoxia and response potential to HBOT is documented and

(ii) there is documentation to support wound healing every 30 days of treatment with HBOT

Note: HBOT is considered not medically necessary if measurable signs of wound healing have not been demonstrated in any 30-day period of treatment

(0385) *Sudden sensorineural hearing loss e.g. secondary to acoustic trauma, or noise induced hearing loss when HBOT is initiated within 2 weeks*

PROCEDURE CODE	PROCEDURE DESCRIPTION
5016	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single chamber
5017	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), dual chamber

Benefit for procedure code 5016 & 5017 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0076)	*For individuals with a previous serious ventricular arrhythmia, that is, those who, without a treatable cause who have survived a cardiac arrest caused by either ventricular tachycardia (VT) or ventricular fibrillation*
(0077)	*For individuals with a previous serious ventricular arrhythmia, that is, those who, without a treatable cause who have spontaneous sustained VT causing syncope or significant haemodynamic compromise*
(0078)	*For individuals with a previous serious ventricular arrhythmia, that is, those who, without a treatable cause who have sustained VT without syncope or cardiac arrest, and also have an associated reduction in left ventricular ejection fraction (LVEF) of 35% or less but their symptoms are no worse than class III of the New York Heart Association (NYHA) functional classification of heart failure*
(0079)	*For individuals who have a familial cardiac condition with a high risk of sudden death, such as long QT syndrome, hypertrophic cardiomyopathy, Brugada syndrome or arrhythmogenic right ventricular dysplasia*
(0080)	*For individuals who have undergone surgical repair of congenital heart disease*

PROCEDURE CODE	PROCEDURE DESCRIPTION
5018	Insertion of Biventricular pacemaker with an implantable Cardioverter-Defibrillator: Cardiac Resynchronisation Therapy (CRT)
5020	Insertion of Biventricular pacemaker without an implantable Cardioverter-Defibrillator: Cardiac Resynchronisation Therapy (CRT)

Benefit for procedure code 5018 & 5020 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0081)	*For individuals with heart failure who have left ventricular dysfunction with a left ventricular ejection fraction (LVEF) of 35% or less*

PROCEDURE CODE	PROCEDURE DESCRIPTION
5052	Intravenous Sodium Channel Blocker Challenge (e.g. Ajmaline, procainamide, dysopiramide, etc.) administered and supervised by a Consultant Electrophysiologist where there is strong suspicion of Brugada Syndrome

Benefit for procedure code 5052 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0366)	*for individuals who without a treatable cause have survived a cardiac arrest and Brugada Syndrome is a consideration or*
(0367)	*for individuals who have had an unexplained syncope without demonstrable structural heart disease and Brugada Syndrome is a consideration or*
(0368)	*for individuals who are a 1st degree relative of an individual diagnosed with Brugada Syndrome*

PROCEDURE CODE	PROCEDURE DESCRIPTION
5053	Subcutaneous implantation of a patient-activated cardiac event loop recorder with memory, activator and programmer. Benefit includes electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data) Benefit is for one cardiac loop recorder implantation within a two year time frame

Benefit for procedure code 5053 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0082)	*In high risk patients (at risk of short-term serious events) in whom a comprehensive evaluation did not demonstrate a cause of syncope or lead to specific treatment*
(0083)	*To assess the contribution of bradycardia before embarking on cardiac pacing in patients with suspected or certain neural mediated syncope, presenting with frequent or traumatic syncopal episodes*
(0084)	*Diagnosis of syncope not established, just suspected in patients with transient-LOC of uncertain origin in order to definitely exclude an arrhythmic mechanism*
(0085)	*In the early phase of evaluation of patients with recurrent syncope of uncertain origin where conventional cardiac investigations are negative and where there is:* *i) an absence of high risk criteria that requires hospitalisation or intensive evaluation but have Sinus Bradycardia with or without AV block or other arrhythmia;* *ii) a likely recurrence within the longevity of the device*

PROCEDURE CODE	PROCEDURE DESCRIPTION
5058	Cardiac catheterisation and coronary angiography with or without ventriculography with fractional flow reserve (FFR) intracoronary pressure measurements
5090	Cardiac catheterisation and coronary angiography with or without ventriculography

Benefit for procedure code 5058 & 5090 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
Suspected or Known Acute Coronary Syndrome:	
(0288)	*ST Elevation myocardial infarction*
(0289)	*Non-ST-elevation myocardial infarction*
(0290)	*Unstable Angina Pectoris*
(0291)	*Cardiogenic Shock due to suspected Acute Coronary Syndrome*
Suspected CAD with prior non-invasive testing:	
(0292)	*Angina Pectoris or other symptoms brought on by exertion; in patients whose exercise stress demonstrates ST segment depression greater than 1.5-2 mm approx.*
(0293)	*Symptomatic, unexplained chest pain when the exercise stress test is inconclusive and where the probability of coronary heart disease is increased*
(0294)	*Left ventricular systolic impairment or left ventricular wall motion abnormality detected at echocardiography, unknown aetiology, to confirm or exclude underlying coronary heart disease*
(0295)	*Asymptomatic or Symptomatic with ECG findings e.g. significant Q-waves, left bundle branch block (LBBB), ST/T wave abnormal; suspicious for underlying heart disease in patients with independent risk factors for heart disease*
(0296)	*Perfusion scan suggestive of myocardial perfusion defect or findings in exercise echo cardiography suggests myocardial ischaemia*
(0297)	*Cardiac MRI showing perfusion abnormalities and/or myocardial scarring or fibrosis suggestive of ischaemic heart disease*
(0298)	*Symptomatic with lesion > / = 50% on Coronary CTA; left main/non-left main*
(0299)	*Symptomatic with Coronary CTA findings of lesion < 50% where high index of suspicion persists for obstructive or prognostically important coronary artery disease*
(0300)	*Symptomatic with symptoms suggestive of coronary artery disease (e.g. chest or neck/jaw or arm discomfort, dyspnoea or atypical digestive symptoms) in patients with independent risk factors for ischaemic heart disease and where cardiac non-invasive testing has proven to be inconclusive*

(0301) *Suspected cardiac chest pain and a pre-test probability of obstructive coronary artery disease of > 60%*

Patients with known obstructive Coronary Artery disease e.g. prior MI, prior PCI, prior CABG or obstructive disease on invasive testing:

(0302) *Worsening or limiting angina symptoms with previous PCI, CABG, or known significant Coronary Artery Disease*

(0303) *Where coronary artery disease has been confirmed and where FFR measurement is required to allow reclassification of number of vessels diseased and/or with an indicative SYNTAX score, thereby guiding decisions regarding revascularization by PCI or CABG*

Medically managed patients: Suspected CAD with or without prior non-invasive testing:

(0304) *Heart Failure with reduced Ejection Fraction*

(0305) *Worsening or limiting breathlessness or chest tightness where non-invasive cardiac stress testing is positive or inconclusive*

Pre-operative Coronary Evaluation in stable patients:

(0306) *Valvular heart disease prior to valve surgery*

(0307) *Prior to solid organ transplantation*

(0308) *Surveillance and monitoring for transplant vasculopathy, following heart transplant*

Arrhythmias:

(0309) *Resuscitated Cardiac Arrest after return of spontaneous circulation*

(0310) *VF or sustained VT with or without symptoms*

(0311) *Aetiology of ventricular arrhythmia unclear and where non-invasive cardiac stress testing is positive or inconclusive*

Other:

(0312) *Patients with independent risk factors (e.g. smoking, diabetes mellitus, hypertension, hyperlipidaemia) with suspicious symptoms and where non-invasive cardiac stress testing is positive or inconclusive and has a first degree relative with premature ischaemic heart disease e.g. Sudden death, MI, PCI, or CABG (male < 55 years, female < 65 years)*

(0313) *In exceptional cases where coronary artery disease is suspected and none of the clinical indicators above are indicative of the clinician's suspicions or clinical findings and provided that a detailed medical report to support the medical necessity for the procedure accompanies the claim*

PROCEDURE CODE	PROCEDURE DESCRIPTION
5133	All inclusive benefit for the Consultant team for transcatheter aortic valve implantation (TAVI) by transfemoral or transapical approach including fluoroscopy, aortography and echocardiography (using the Edwards Sapien Valve)
5140	All inclusive benefit for the Consultant team for transcatheter aortic valve implantation (TAVI) by transfemoral or transapical approach including fluoroscopy, aortography and echocardiography (using the Jena Valve)
5153	All inclusive benefit for the Consultant team for transcatheter aortic valve implantation (TAVI) by transfemoral or transapical approach including fluoroscopy, angiography and echocardiography (using the Medtronic Core Valve)
5175	All inclusive benefit for the Consultant team for transcatheter aortic valve implantation (TAVI) by transfemoral or transapical approach including fluoroscopy, aortography and echocardiography (using the Acurate Neo Valve
5176	All inclusive benefit for the Consultant team for transcatheter aortic valve implantation (TAVI) by transfemoral or transapical approach including fluoroscopy, aortography and echocardiography (using the Portico valve)
5177	All inclusive benefit for the Consultant team for transcatheter aortic valve implantation (TAVI) by transfemoral or transapical approach including fluoroscopy, aortography and echocardiography (using the Evolut Valve)

Benefit for procedure codes 5133, 5140, 5153, 5175, 5176 and 5177 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0630)	*Symptomatic patient with severe, high-gradient aortic stenosis [mean gradient ≥ 40 mmHg, peak velocity≥ 4.0 m/s, and valve area ≤ 1.0 cm2 (or ≥ 0.6 cm2/m2)*
(0631)	*Symptomatic patient with severe low-flow (SVi ≤ 35 mL/m2), low-gradient (< 40 mmHg) aortic stenosis with reduced ejection fraction (< 50%), and evidence of flow (contractile) reserve*
(0632)	*Symptomatic patients with low-flow, low-gradient (< 40 mmHg) aortic stenosis with normal ejection fraction after careful confirmation that the aortic stenosis is severe*
(0633)	*Symptomatic patients with low-flow, low-gradient severe aortic stenosis, and reduced ejection fraction without flow (contractile) reserve, particularly when CCT calcium scoring confirms severe aortic stenosis*
(0634)	*Asymptomatic patients with severe aortic stenosis and systolic LV dysfunction (LVEF < 50%) without another cause*
(0635)	*Asymptomatic patients with severe aortic stenosis and demonstrable symptoms on exercise testing*
(0636)	*Asymptomatic patients with severe aortic stenosis and systolic LV dysfunction (LVEF < 55%) without another cause*

(0637) *Asymptomatic patients with LVEF >55% and a normal exercise test if the procedural risk is low and one of the following parameters is present:*

- *Very severe aortic stenosis (mean gradient ≥ 60 mmHg or Vmax >5 m/s).*
- *Severe valve calcification (ideally assessed by CCT) and Vmax progression ≥ 0.3 m/s/year.*
- *Markedly elevated BNP levels (>3 X age- and sex-corrected normal range) confirmed by repeated measurements and without other explanation.*

(0638) *Exceptional case, outside of clinical indications as above and supported with a medical report outlining detailed clinical history including the rationale to proceed with a TAVI for this member, which will be considered by our medical advisors for approval*

PROCEDURE CODE	PROCEDURE DESCRIPTION
5155	All inclusive benefit for a percutaneous mitral valve leaflet repair, including angiography, fluoroscopy, echocardiography (TOE) and transseptal puncture

Benefit for procedure code 5155 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0588)	*significant symptomatic mitral regurgitation (MR 3+) due to primary abnormality of the mitral apparatus (degenerative MR) in patients who have been determined to be at prohibitive risk to mitral valve surgery by a cardiac multidisciplinary team, which includes a cardiac surgeon experienced in mitral valve surgery and a cardiologist experienced in mitral valve disease, and in whom existing comorbidities would not preclude the expected benefits from reduction of the mitral regurgitation*
(0589)	*severe mitral regurgitation that is primary in nature. This means the primary problem is with the valve itself (i.e. mitral valve prolapse, a problem with the valve leaflets themselves) as opposed to secondary mitral regurgitation (i.e. severely enlarged heart causing the valve problem)* *AND* *the patient is considered to be too high risk for normal mitral valve surgery (details to be outlined)* *AND* *a specialist cardiac multidisciplinary team, which includes a cardiac surgeon experienced in mitral valve surgery and a cardiologist in mitral valve disease and the Mitraclip for example, has assessed the case (details to be outlined)* *Exclusion Criteria: There is no benefit for this procedure where:* *- there is a high risk of bleeding and in members who will not be able to tolerate blood thinning medicines given at the time of the procedure and those required after the procedure* *- there is an active infection of the mitral valve* *- it has been determined that the member has rheumatic heart disease, and would therefore be at risk of developing an overly tight mitral valve if the 'Mitraclip' for example was used* *- where the patient has a dot inside the heart, or inside the vessels through which the 'Mitraclip' for example is delivered to the heart*

PROCEDURE CODE	PROCEDURE DESCRIPTION
5601	All inclusive benefit for CyberKnife surgery; for cerebral metastases: one or more sessions, including evaluation of all digitised data, target outline, radiation treatment planning and CT scan evaluation volumetric analysis and including one follow up consultation - Radiation Oncologist's Benefit
5602	All inclusive benefit for CyberKnife surgery; for cerebral metastases: one or more sessions, including evaluation of all digitised data, target outline, radiation treatment planning and CT scan evaluation volumetric analysis and including one follow up consultation - Neurosurgeon's Benefit

Benefit for procedure codes 5601 & 5602 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0345)	Cerebral metastases where all of the following are met: - tumour diameter < 4 cm - absence of mass effect e.g. midline shift - ≤ 4 brain metastatic lesions or a single recurrent focus of previously irradiated primary brain malignancy - stable and cancer absent or controlled in all other organs - all lesions can be encompassed in a single treatment plan - the total volume of treated lesions is considered safe to deliver SRS

PROCEDURE CODE	PROCEDURE DESCRIPTION
5607	All inclusive benefit for CyberKnife surgery; one or more sessions, including evaluation of all digitised data, target outline, radiation treatment planning and CT scan evaluation volumetric analysis - Radiotherapists Benefit
5608	All inclusive benefit for CyberKnife surgery; one or more sessions, including evaluation of all digitised data, target outline, radiation treatment planning and CT scan evaluation volumetric analysis - Neurosurgeons Benefit
5992	All inclusive benefit for stereotactic radiosurgery (linear accelerator) for arteriovenous malformations, acoustic neuromas and deep seated tumours, one or more sessions, including evaluation of all digitised data, target outline, radiation treatment planning, CT scan evaluation volumetric analysis, stereotactic frame placement and removal including one follow-up consultation - Radiotherapists Benefit
5994	All inclusive benefit for stereotactic radiosurgery (linear accelerator) for arteriovenous malformations, acoustic neuromas and deep seated tumours, one or more sessions, including evaluation of all digitised data, target outline, radiation treatment planning, CT scan evaluation volumetric analysis, stereotactic frame placement and removal including one follow-up consultation - Neurosurgeons Benefit

Benefit for procedure code 5607, 5608, 5992 & 5994 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0338)	*Small symptomatic arterio-venous malformations less than 3cm.*
(0339)	*Trigeminal neuralgia following referral by a Consultant Neurologist or Oral Surgeon with a qualification in the management of orofacial pain, recognised by laya healthcare and when the condition has persisted for at least six months despite conservative treatment with pharmacotherapies (carbamazepine, phenytoin and baclofen) or the patient is unable to tolerate the side effects of the medications.*
(0340)	*Meningiomas, excluding the initial treatment of those with a cortical or spinal location.*
(0341)	*Primary and secondary malignant spinal tumours where surgery is not an option and conventional radiotherapy is not appropriate because of the dose limitations to the spine. Benefit will only be provided following discussion at a multi-disciplinary team meeting at that involves a Neuroradiation Oncologist.*
(0342)	*Benign tumours (acoustic neuromas (vestibular schwannomas) less than or equal to 3cms, craniopharyngiomas, hemangiomas, meningiomas, pituitary adenomas, and neoplasms of the pineal gland) if the lesion is unresectable due to its deep intracranial location or if the patient is unable to tolerate conventional operative intervention;*
(0343)	*Non-vestibular schwannomas*
(0344)	For the treatment of metastatic lesions located in such close proximity to a vital structure (e.g., optic nerve or hypothalamus) and where the following are met: - tumour diameter < 4 cm - absence of mass effect e.g. midline shift - less than four brain metastases - stable and absent or controlled systemic disease

PROCEDURE CODE	PROCEDURE DESCRIPTION
5613	All inclusive benefit for stereotactic body radiation therapy for patients with low or intermediate risk prostate cancer, per course of 5 fractions, including image guidance

Benefit for procedure code 5613 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0346)	for patients with a 'low risk' prostate cancer classified as: - T1-T2a or - Gleason score ≤6 or - PSA <10ng/ml
(0347)	for patients with an 'intermediate risk' prostate cancer classified as: - T2b or - Gleason score = 7 or - PSA 10-20ng/ml

PROCEDURE CODE	PROCEDURE DESCRIPTION
5640	All-inclusive benefit for Stereotactic body radiation therapy (SBRT) (i.e. stereotactic ablative radiotherapy (SABR)), including all image guidance

Benefit for procedure code 5640 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0411)	Hepatic tumour (primary or metastatic) as palliative or curative treatment when all of the following are met: i. Liver lesions most consistent with metastases on contrast enhanced CT or MRI and histologically diagnosed tumour ii. The tumour must be considered unresectable after review by a Hepatobilary Consultant Surgeon and approved at oncology MDT iii. Absence or minimal treatable extra hepatic disease; and iv. Karnofsky performance score greater than or equal to 70 or an ECOG score less than or equal to 2; and v. Life expectancy greater than 3 months
(0412)	Non-small cell lung cancer (NSCLC), primary (node negative) i. MDT diagnosis of NSCLC based on findings of positive histology, or a positive PET scan when predictive models indicate a > 70% risk of malignancy or growth on serial CT scan ii. Clinical stages T1 N0 M0 or T2 (≤5cm) N0 M0 or a subset of T3 (by virtue of chest wall invasion only) (≤ 7 cm) iii. Not suitable for surgery because of medical co-morbidity, lesion is technically inoperable or patient declines surgery after surgical assessment (or option of assessment) iv. Karnofsky performance score greater than or equal to 70 or an ECOG score less than or equal to 2.
(0413)	Prostate cancer, low- to intermediate-risk when all of the following criteria are met: i. Agreement at MDT meeting that treatment will provide best clinical outcome for patient based on current standards of care for his/her clinical & diagnostic presentation ii. Stage < T3a; and iii. PSA ≤ 20ng/ml; and iv. Gleason Score ≤ 7.
(0612)	Primary Renal Cancer i. Primary Cancer, non metastatic ii. Stage T1a-b iii. Patient unfit or not suitable for surgery or radiofrequency ablation iv. Karnofsky performance score greater than or equal to 70 or an ECOG score less than or equal to 2.

PROCEDURE CODE	PROCEDURE DESCRIPTION
5733	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
5734	Radiological imaging IGRT; KV and MV imaging during a radical course of IMRT radiotherapy (payable only when procedure code 5733 is utilised)

Benefit for procedure codes 5733 & 5734 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0614)	Primary, metastatic or benign tumours of the central nervous system including the brain, brain stem and spinal cord
(0615)	Primary or metastatic tumours of the spine where the spinal cord tolerance may be exceeded with conventional treatment or where the spinal cord has previously been irradiated
(0616)	Primary, metastatic, benign or recurrent head and neck malignancy
(0617)	Breast in the following clinical scenarios: a) A standard or integrated Boost treatment is prescribed for higher risk features (younger patients, higher grade, larger tumours, margins involved) b) Includes treatment of internal mammary glands c) Whole-breast irradiation for left-sided breast cancer where: i. Individual had breast-conserving surgery or ii. Significant cardiac radiation exposure cannot be avoided using alternative radiation techniques d) Whole-breast irradiation in individuals with large breasts where: i. Individual had breast-conserving surgery or ii. 3-D conformal radiation therapy cannot achieve adequate precision
(0618)	Thoracic malignancy
(0619)	Abdominal malignancies when dose constraints to small bowel or other normal tissue are exceeded and prevent administration of a therapeutic dose
(0620)	Pelvic malignancies, including a) prostatic b) gynaecologic c) rectal and d) anal carcinomas
(0621)	Other pelvic or retroperitoneal malignancies where benefit can be realised
(0622)	When the planning target volume (PTV) is in close proximity to a previously irradiated area i.e. at a separate prior time, not as part of the current dose treatment
(0623)	In the palliative setting where:

a) the prescribed dose is approaching normal tissue tolerances or
b) there is overlap of previous radiotherapy or
c) For bone metastases where there is a significant complex extraosseous component to the target volume

(0624) As prescribed by the treating Consultant Radiation Oncologist following evaluation and supported by pertinent documentation

PROCEDURE CODE	PROCEDURE DESCRIPTION
5806	All -inclusive benefit for Stereotactic Body Radiation Therapy (SBRT)/Stereotactic Ablative Radiation Therapy (SABR) for 1-2 extra-cranial oligometastases in a single organ including all image guidance
5807	All -inclusive benefit for Stereotactic Body Radiation Therapy (SBRT)/ Stereotactic Ablative Radiation Therapy (SABR) for 1-3 extra-cranial oligometastases in a single organ including all image guidance

Benefit for procedure codes 5806 & 5807 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0613)	Extra-cranial Oligometastases where all the following are met: i. Maximum size of 5 cm for lesions outside the brain, except: ii. Bone metastases up to 6 cm iii. Maximum 3 metastases in any single organ system (i.e. lung, liver, brain, bone), and the total number of metastases must be 5 or less. iv. At least 3 months disease control/ no progression v. Primary in remission/ treated/treatable

PROCEDURE CODE	PROCEDURE DESCRIPTION
5991	All-inclusive benefit for stereotactic radiosurgery (linear accelerator) for cerebral metastases, one or more sessions, including evaluation of all digitised data, target outline, radiation treatment planning, CT scan evaluation volumetric analysis, including one follow-up consultation - Radiotherapists Benefit
5993	All inclusive benefit for stereotactic radiosurgery (linear accelerator) for cerebral metastases, one or more sessions, including evaluation of all digitised data, target outline, radiation treatment planning, CT scan evaluation volumetric analysis, including one follow-up consultation - Neurosurgeons Benefit

Benefit for procedure codes 5991 & 5993 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0611)	Cerebral metastases where all of the following are met: - tumour diameter < 4 cm - absence of mass effect e.g. midline shift - stable and cancer absent or controlled in all other organs - treatable lesions can be encompassed in a single treatment plan - the total volume of treated lesions is considered safe to deliver SRS

PROCEDURE CODE	PROCEDURE DESCRIPTION
6222	Computed tomographic (C.T.) coronary angiography, with or without contrast material(s), all sections, including image post processing

Benefit for procedure code 6222 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0629)	*Evaluation of persons with chest pain who clinically have a low (but not very low) probability for CAD and where the direct referral for Cardiac CT angiogram is a possible alternative to functional testing by exercise and pharmacological stress testing*
(0089)	*Preoperative assessment of persons scheduled to undergo high risk non-cardiac surgery including; emergency operations in the elderly, aortic or other major vascular surgeries, peripheral vascular surgeries and anticipated prolonged surgical procedures with large fluid shifts and/or blood loss involving the abdomen or thorax and where an imaging stress test or invasive coronary angiography is not performed*
(0090)	*Preoperative evaluation of persons scheduled to undergo high risk non-coronary cardiac surgery including vascular heart disease, congenital heart disease, pericardial disease in lieu of cardiac catheterisation as the initial imaging study*
(0091)	*Detection and delineation of suspected coronary anomalies in persons with the following indications:*

a) Young persons (less than 30 years) with symptoms suggestive of cardiac aetiology (e.g. angina syncope, arrhythmia and exertional dyspnoea) without other known aetiology
b) Infants with symptoms suggestive of cardiac aetiology (e.g. dyspnoea, tachypnoea, wheezing, periods of pallor, irritability, diaphoresis, poor feeding and failure to thrive) without other known aetiology

(0092) *In persons undergoing pulmonary vein isolation procedure for atrial fibrillation (pre and post-ablation procedure)*

(0093) *In persons needing biventricular pacemaker to accurately identify the coronary veins for lead placement*

(0094) *Evaluation of cardiac structure and function for the preoperative assessment of the aortic valve annulus prior to anticipated transcatheter aortic valve replacement (TAVR)*

PROCEDURE CODE	PROCEDURE DESCRIPTION
8695	Out-Patient PET-CT Scan **(Consultant Referral Only)**

Benefit for procedure code 8695 is only available for the following clinical indications:

Clinical Indication Number ***Clinical Indication Description***

Thoracic Carcinomas:

(0242) *Characterisation of a solitary pulmonary nodule where the nodule size is more than 8mm depending on local PET CT equipment and with an initial risk of malignancy of more than 10% on Brock Model*

(0243) *Characterisation of an indeterminate solitary pulmonary nodule > 4cm, following discussion with MDT, when nodule is inaccessible to biopsy or biopsy has been unsuccessful or patient is not fit to undergo biopsy*

(0244) *Staging of non-small cell lung cancer (excepting those for Stage IV, M1a disease with pleural or pericardial effusion)*

(0245) *Re-staging of non-small cell lung cancer post-induction therapy of Stage IIIA, N2 to exclude disease progression or interval development of metastatic disease*

(0246) *Initial staging of mesothelioma in medically fit patients prior to planned surgery*

(0271) *Staging of small cell lung cancer*

(0280) *Staging of thymomas and thymic cancer*

Colorectal Carcinomas:

(0247) *Staging of invasive non-metastatic colo-rectal cancer when equivocal lesions (>/= 8mm) are identified on CT or MRI scan that are considered to be suspicious but inconclusive for metastases, provided further delineation will change management*

(0248) *Staging of metastatic colo-rectal cancer only if prior anatomic imaging (CT or MRI) indicates the presence of potentially surgically curable metastatic disease and/or those that can be treated by radical treatment and/or invasive targeted technique such as selective internal radiation therapy for liver metastasis and ablation of liver or lung metastasis*

(0249) *Re-staging colo-rectal cancer in the scenario of an elevated CEA with negative or equivocal good-quality CT scans*

(0250) *Re-staging of metastatic colo-rectal cancer:*
(i) If prior anatomic imaging (CT or MRI) indicates the presence of potentially surgically curable metastatic disease or
(ii) Following specialised targeted therapies when other imaging is inconclusive or suspicious

(0251) *Rectal cancer: re-staging of suspicious pre-sacral mass post-treatment*

(0252) *Staging of anal carcinoma*

Lymphoma:

(0253) *Staging of Hodgkin's or non-Hodgkin's lymphoma*

(0254) *Re-staging of Hodgkin's or non-Hodgkin's lymphoma*

(0387) *To exclude systemic involvement in skin lymphoma and/or exclude large cell transformation in mycosis fungoides*

Myeloma:

(0273) *Staging and re-staging of multiple myeloma for any of the following indications:*
(i) Indolent myeloma at high risk of progression to symptomatic disease, in line with the revised International myeloma working group criteria
(ii) Baseline assessment with non-secretory and oligo-secretory myeloma as baseline for subsequent response assessment and response assessment of suspected relapse in the subgroup of patients
(iii) Apparent solid plasmacytoma, to exclude other sites of disease
(iv) Remission assessment of post stem cell transplantation in patient with negative paraprotein or light chains and selected patients following MDT discussion and when MRI is non-diagnostic or not possible, and in measurement of suspected extra medullary disease

Skin Tumours:

(0255) *Staging of patients with stage II melanoma when a sentinel node biopsy cannot be performed*

(0256) *Staging of patients with stage III melanoma prior to or post resection*

(0257) *Staging of patients with stage IV malignant melanoma*

(0258) *Re-staging of patients with (a) local recurrence of melanoma, or (b) metastatic disease in whom resection is being considered*

(0388) *Assessment of selected patients with Merkel cell carcinoma to assess disease elsewhere, and for treatment response where CT/MRI is inconclusive*

(0389) *To exclude an underlying malignancy where a dermatomyositis is suspected to represent a paraneoplastic presentation*

Oesophageal Carcinoma:

(0259) *Staging and re-staging of oesophageal cancer*

Gastric Carcinoma:

(0272) *Staging and re-staging of gastric cancer in suspected recurrence when other imaging is negative or equivocal*

(0260) *Staging of stage III or IV head and neck cancers and to differentiate relapse from post-treatment changes in patient with suspected tumour recurrence where imaging (MRI) is non-diagnostic*

(0261) *Re-staging of head and neck cancer post completion of chemotherapy and/or radiotherapy*

Breast Cancer:

(0262) *Staging of IIIC, T4 and/or N2 breast cancer only when standard imaging studies (bone scan and CT scans) are equivocal or suspicious*

(0263) *Re-staging of recurrent breast cancer (either known or strongly suspected) when other imaging studies (CT or MRI scans) are equivocal and biopsy of the equivocal or suspicious site is not feasible or where there is clinical concern and tumour receptor expression*

(0264) *Monitoring response to treatment for locally advanced or metastatic breast cancer when other imaging studies (bone scan and CT or MRI scans) are shown to be equivocal or where there is clinical concern and tumour receptor expression*

(0390) *Assessment of multifocal disease or suspected recurrence in patients with dense breasts*

(0391) *Differentiation of treatment induced brachial plexopathy from tumour infiltration in symptomatic patients with an equivocal or normal MRI*

Thyroid Cancer:

(0265) *Staging of anaplastic thyroid cancer*

(0266) *Re-staging of papillary or Hurthle cell carcinoma previously treated by Thyroidectomy and radio-iodine ablation with an elevated serum Tg > 10ng/ml and stimulated Tg > 2-5ng/ml and negative iodine scintigraphy*

(0267) *Re-staging of medullary carcinoma of thyroid when serum calcitonin levels are > 500pg/ml*

Gynaecological Cancer:

(0268) *Detection of pre-treatment metastases (staging) in newly diagnosed cervical cancer or re-staging of previously treated cervical cancer or response assessment of locally advanced cervical carcinoma after chemo-radiotherapy*

(0284) *Staging and Restaging of patients with cervical/endometrial carcinoma considered for exenterative surgery. Suspected recurrence, when other imaging is equivocal*

(0285) *Staging and restaging of patients with vulval carcinoma considered for exenterative surgery. Suspected recurrence, when other imaging is equivocal*

(0269) *Re-staging of ovarian cancer*

Male Genital Tract Carcinoma:

(0270) *Re-staging of men with seminoma post chemotherapy with (a) a residual mass > 3cm and normal markers, or (b) rising tumour markers with negative or equivocal CT scan*

(0286) *Staging of penile cancer for assessment of extent of metastatic disease or evaluation of equivocal nodes*

Musculoskeletal Tumours:

(0274) *Staging and re-staging of osteosarcoma and Ewings's sarcoma family of tumours*

(0275) *Staging and re-staging of soft tissue sarcomas (including GIST)*

(0392) *Assessment of suspected malignant transformation of plexiform neurofibromas, in patients with neurofibromatosis type 1*

Other:

(0276) *Detection of the Primary site when imaging and histopathology has failed to show a primary site, where the site of tumour will influence management and choice of treatment*

(0405) *Prior to resection of isolated liver or lung metastases, when other investigations and imaging is negative or equivocal*

Hepato-Pancreatico-Biliary Tumours:

(0277) *Staging of neuro-endocrine tumours of unknown primary site*

(0278) *Staging of pancreatic cancer, in selected patients where imaging is equivocal or negative*

(0279) *Staging of hepatobilary cancer other than hepatocellular cancer*

Brain:

(0281) *Primary Brain Tumour – Differentiation of radiation necrosis from tumour recurrence*

(0282) *Primary Brain Tumour – Differentiation of progression and pseudoprogression within 3 months of completion of temozolamide therapy*

(0283) *Staging of selected cases of neuroblastoma where MIBG imaging is negative*

(0393)	*Assessment of suspected high-grade transformation in low grade gliomas*
(0394)	*Where the grade of malignancy in a brain tumour may be uncertain on anatomical imaging and metabolic assessment would provide a target for biopsy*
(0395)	*Differentiation of cerebral tumour from atypical infection in immunocompromised patients, where MRI/CT is indeterminate*

Paraneoplastic Syndromes:

(0396)	*In paraneoplastic syndrome presentation to detect occult tumour in selected patients with non-metastatic manifestations of malignancy, when other imaging is negative or equivocal*

Neurological:

(0287)	*Pre-surgical evaluation of patients with refractory seizures for the purpose of localisation of a focus of the refractory seizure activity*

PROCEDURE CODE	PROCEDURE DESCRIPTION
8696	Out-Patient PET-CT Scan (Previously Pre-Cert.) **(Consultant Referral Only)**

Benefit for procedure code 8696 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***

Thoracic Carcinomas:

(0386)	*Staging of non-small cell lung cancer for the following indications:* *(i) In stage IV disease; where the PET CT may influence the treatment with chemotherapy, depending on genetic mutation and staging (request to indicate rationale for PET CT)* *(ii) To exclude extrathoracic disease in certain patients with CT M1a disease.* *(iii) In patients with pleural effusion only or history of pleurodesis where the Consultant advises on how he expects the PET CT to influence further management*

Neurological:

(0397)	*In the evaluation of selected patients with cognitive impairment/neurological signs suggestive of dementia, and differentiation of the type of dementia will influence the patients management following MDT discussion*
(0398)	*In the exceptional presentation of a patient with suspected Alzheimer's dementia, where Amyloid imaging is a consideration with cognitive impairment and where dementia is a possible diagnosis, but remains uncertain after comprehensive evaluation by dementia expert/s AND conventional imaging workup is equivocal AND with knowledge of presence or absence of amyloid is expected to increase diagnostic certainty and influence patient management*

Sarcoidosis:

(0399)	*Sarcoidosis: Assessment of activity and distribution of disease at baseline in highly selective cases where there is diagnostic uncertainty using conventional imaging (for example cardiac sarcoidosis)*

(0400)	*Sarcoidosis: Assessment of disease response where other measures to monitor response are unhelpful and/or in patients with disease resistant to treatment*

Vasculitis:

(0401)	*Vasculitis: Evaluation of suspected vasculitis in selected cases, to determine the extent and distribution of disease activity or to exclude underlying malignancy e.g. paraneoplastic phenomenon, resulting in atypical presentations such as vasculitis*
(0402)	*Vasculitis: Diagnosis of giant cell arteritis, in cases with non-specific symptoms and where conventional workup is equivocal and treatment would be altered if ongoing inflammatory disease is confirmed*

Infection:

(0403)	*Infection: Evaluation of fever of unknown origin in selected patients where conventional workup and imaging are non-diagnostic or contraindicated*
(0404)	*Infection: Evaluation of metastatic infection and of high risk patients with bacteraemia when conventional workup and imaging are non-diagnostic*

PROCEDURE CODE	PROCEDURE DESCRIPTION
8697	In-Patient PET-CT Scan **(Consultant Referral Only)**

Benefit for procedure code 8697 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***

Thoracic Carcinoma:

(0495)	*Characterisation of a solitary pulmonary nodule where the nodule size is more than 8mm depending on local PET CT equipment and with an initial risk of malignancy of more than 10% on Brock Model*
(0496)	*Characterisation of an indeterminate solitary pulmonary nodule > 4cm, following discussion with MDT, when nodule is inaccessible to biopsy or biopsy has been unsuccessful or patient is not fit to undergo biopsy*
(0497)	*Staging of non-small cell lung cancer (excepting those for Stage IV, M1a disease with pleural or pericardial effusion)*
(0552)	*Staging of non-small cell lung cancer for the following indications* *(i) In stage IV disease; where the PET CT may influence the treatment with chemotherapy, depending on genetic mutation and staging (request to indicate rationale for PET CT)* *(ii) To exclude extrathoracic disease in certain patients with CT M1a disease.*

(iii) In patients with pleural effusion only or history of pleurodesis where the Consultant advises on how he expects the PET CT to influence further management

(0498) *Re-staging of non-small cell lung cancer post-induction therapy of Stage IIIA, N2 to exclude disease progression or interval development of metastatic disease*

(0499) *Initial staging of mesothelioma in medically fit patients prior to planned surgery*

(0524) *Staging of small cell lung cancer*

(0533) *Staging of thymomas and thymic cancer*

Colorectal Carcinoma:

(0500) *Staging of invasive non-metastatic colo-rectal cancer when equivocal lesions (>/= 8mm) are identified on CT or MRI scan that are considered to be suspicious but inconclusive for metastases, provided further delineation will change management*

(0501) *Staging of metastatic colo-rectal cancer only if prior anatomic imaging (CT or MRI) indicates the presence of potentially surgically curable metastatic disease and/or those that can be treated by radical treatment and/or invasive targeted technique such as selective internal radiation therapy for liver metastasis and ablation of liver or lung metastasis*

(0502) *Re-staging colo-rectal cancer in the scenario of an elevated CEA with negative or equivocal good-quality CT scans*

(0503) *Re-staging of metastatic colo-rectal cancer:*
(i) If prior anatomic imaging (CT or MRI) indicates the presence of potentially surgically curable metastatic disease or
(ii) Following specialised targeted therapies when other imaging is inconclusive or suspicious

(0504) *Rectal cancer: re-staging of suspicious pre-sacral mass post-treatment*

(0505) *Staging of anal carcinoma*

Lymphoma:

(0506) *Staging of Hodgkin's or non-Hodgkin's lymphoma*

(0507) *Re-staging of Hodgkin's or non-Hodgkin's lymphoma*

(0541) *To exclude systemic involvement in skin lymphoma and/or exclude large cell transformation in mycosis fungoides*

Myeloma:

(0526) *Staging and re-staging of multiple myeloma for any of the following indications:*
(i) Indolent myeloma at high risk of progression to symptomatic disease, in line with the revised International myeloma working group criteria
(ii) Baseline assessment with non-secretory and oligo-secretory myeloma as baseline for subsequent response assessment and response assessment of suspected relapse in the subgroup of patients

(iii) Apparent solid plasmacytoma, to exclude other sites of disease.
(iv) Remission assessment of post stem cell transplantation in patient with negative paraprotein or light chains and selected patients following MDT discussion and when MRI is non-diagnostic or not possible, and in measurement of suspected extra medullary disease

Skin Tumours:

(0508) *Staging of patients with stage II melanoma when a sentinel node biopsy cannot be performed*

(0509) *Staging of patients with stage III melanoma prior to or post resection*

(0510) *Staging of patients with stage IV malignant melanoma*

(0511) *Re-staging of patients with (a) local recurrence of melanoma, or (b) metastatic disease in whom resection is being considered*

(0542) *Assessment of selected patients with Merkel cell carcinoma to assess disease elsewhere, and for treatment response where CT/MRI is inconclusive*

(0543) *To exclude an underlying malignancy where a dermatomyositis is suspected to represent a paraneoplastic presentation*

Oesophageal Carcinoma:

(0512) *Staging and re-staging of oesophageal cancer*

Gastric Carcinoma:

(0525) *Staging and re-staging of gastric cancer in suspected recurrence when other imaging is negative or equivocal*

(0513) *Staging of stage III or IV head and neck cancers and to differentiate relapse from post-treatment changes in patient with suspected tumour recurrence where imaging (MRI) is non-diagnostic*

(0514) *Re-staging of head and neck cancer post completion of chemotherapy and/or radiotherapy*

Breast Cancer:

(0515) *Staging of IIIC, T4 and/or N2 breast cancer only when standard imaging studies (bone scan and CT scans) are equivocal or suspicious*

(0516) *Re-staging of recurrent breast cancer (either known or strongly suspected) when other imaging studies (CT or MRI scans) are equivocal and biopsy of the equivocal or suspicious site is not feasible or where there is clinical concern and tumour receptor expression*

(0517) *Monitoring response to treatment for locally advanced or metastatic breast cancer when other imaging studies (bone scan and CT or MRI scans) are shown to be equivocal or where there is clinical concern and tumour receptor expression*

(0544) *Assessment of multifocal disease or suspected recurrence in patients with dense breasts*

(0545) *Differentiation of treatment induced brachial plexopathy from tumour infiltration in symptomatic patients with an equivocal or normal MRI*

Thyroid Cancer:

(0518) *Staging of anaplastic thyroid cancer*

(0519) *Re-staging of papillary or Hurthle cell carcinoma previously treated by Thyroidectomy and radio-iodine ablation with an elevated serum Tg > 10ng/ml and stimulated Tg > 2-5ng/ml and negative iodine scintigraphy*

(0520) *Re-staging of medullary carcinoma of thyroid when serum calcitonin levels are > 500pg/ml*

Gynaecological Cancer:

(0521) *Detection of pre-treatment metastases (staging) in newly diagnosed cervical cancer or re-staging of previously treated cervical cancer or response assessment of locally advanced cervical carcinoma after chemo-radiotherapy*

(0537) *Staging and Restaging of patients with cervical/endometrial carcinoma considered for exenterative surgery. Suspected recurrence, when other imaging is equivocal*

(0538) *Staging and restaging of patients with vulval carcinoma considered for exenterative surgery. Suspected recurrence, when other imaging is equivocal*

(0522) *Re-staging of ovarian cancer*

Male Genital Tract Carcinoma:

(0523) *Re-staging of men with seminoma post chemotherapy with (a) a residual mass > 3cm and normal markers, or (b) rising tumour markers with negative or equivocal CT scan*

(0539) *Staging of penile cancer for assessment of extent of metastatic disease or evaluation of equivocal nodes*

Musculoskeletal Tumours:

(0527) *Staging and re-staging of osteosarcoma and Ewings's sarcoma family of tumours*

(0528) *Staging and re-staging of soft tissue sarcomas (including GIST)*

(0546) *Assessment of suspected malignant transformation of plexiform neurofibromas, in patients with neurofibromatosis type 1*

Other:

(0529) *Detection of the Primary site when imaging and histopathology has failed to show a primary site, where the site of tumour will influence management and choice of treatment*

(0551) *Prior to resection of isolated liver or lung metastases, when other investigations and imaging is negative or equivocal*

Hepato-Pancreatico-Biliary Tumours:

(0530) *Staging of neuro-endocrine tumours of unknown primary site*

(0531) *Staging of pancreatic cancer, in selected patients where imaging is equivocal or negative*

(0532) *Staging of hepatobilary cancer other than hepatocellular cancer*

Brain:

(0534) *Primary Brain Tumour – Differentiation of radiation necrosis from tumour recurrence*

(0535) *Primary Brain Tumour – Differentiation of progression and pseudoprogression within 3 months of completion of temozolamide therapy*

(0536) *Staging of selected cases of neuroblastoma where MIBG imaging is negative*

(0547) *Assessment of suspected high-grade transformation in low grade gliomas*

(0548) *Where the grade of malignancy in a brain tumour may be uncertain on anatomical imaging and metabolic assessment would provide a target for biopsy*

(0549) *Differentiation of cerebral tumour from atypical infection in immunocompromised patients, where MRI/CT is indeterminate.*

Paraneoplastic Syndromes:

(0550) *In paraneoplastic syndrome presentation to detect occult tumour in selected patients with non-metastatic manifestations of malignancy, when other imaging is negative or equivocal*

Neurological:

(0540) *Pre-surgical evaluation of patients with refractory seizures for the purpose of localisation of a focus of the refractory seizure activity*

(0553) *In the evaluation of selected patients with cognitive impairment/neurological signs suggestive of dementia, and differentiation of the type of dementia will influence the patients management following MDT discussion*

(0554) *In the exceptional presentation of a patient with suspected Alzheimer's dementia, where Amyloid imaging is a consideration with cognitive impairment and where dementia is a possible diagnosis, but remains uncertain after comprehensive evaluation by dementia expert/s AND conventional imaging workup is equivocal AND with knowledge of presence or absence of amyloid is expected to increase diagnostic certainty and influence patient management*

Sarcoidosis:

(0555) *Sarcoidosis: Assessment of activity and distribution of disease at baseline in highly selective cases where there is diagnostic uncertainty using conventional imaging (for example cardiac sarcoidosis)*

(0556) *Sarcoidosis: Assessment of disease response where other measures to monitor response are unhelpful and/or in patients with disease resistant to treatment*

Vasculitis:

(0557) *Vasculitis: Evaluation of suspected vasculitis in selected cases, to determine the extent and distribution of disease activity or to exclude underlying malignancy e.g. paraneoplastic phenomenon, resulting in atypical presentations such as vasculitis*

(0558)	*Vasculitis: Diagnosis of giant cell arteritis, in cases with non-specific symptoms and where conventional workup is equivocal and treatment would be altered if ongoing inflammatory disease is confirmed*

Infection:

(0559)	*Infection: Evaluation of fever of unknown origin in selected patients where conventional workup and imaging are non-diagnostic or contraindicated*
(0560)	*Infection: Evaluation of metastatic infection and of high risk patients with bacteraemia when conventional workup and imaging are non-diagnostic*

PROCEDURE CODE	PROCEDURE DESCRIPTION
8698	PSMA PET-CT Scan **(Consultant Referral Only)**

Benefit for procedure code 8698 is only available for the following clinical indications:

Clinical Indication Number	***Clinical Indication Description***
(0627)	*Evaluation of high-risk patients before curative treatment or to evaluate equivocal findings on conventional imaging such as possible nodal or metastatic disease in patients with prostate cancer where confirmation or exclusion of distant disease would directly influence patient management*
(0628)	*Suspected reoccurrence in patients with a rapidly rising prostate-specific antigen (PSA) and negative or equivocal conventional imaging where the results would directly influence patient management*