

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
REGULATIONS 2009**

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**BR 83/2009**

**BERMUDA HOSPITALS BOARD ACT 1970**

**1970 : 384**

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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The Bermuda Hospitals Board, in exercise of the power conferred upon it by section 13 of the Bermuda Hospitals Board Act 1970 and with the approval of the Minister responsible for Health, makes the following Regulations:

**Short Title**

1 These Regulations may be cited as the Bermuda Hospitals Board (Hospital Fees) Regulations 2009.

**Rates for in-patient treatment of residents in the general hospital**

2 (1) The fees payable to the Board by residents for in-patient treatment in public accommodation at the general hospital are—

- (a) in respect of any admission to the hospital with a length of stay of 15 days or less, equal to the amount in Schedule 1 opposite the Diagnosis Related Group to which the patient has been assigned by the attending physician; or
- (b) in respect of any admission to the hospital with a length of stay of greater than 15 days, equal to the amount referred to in paragraph (a) plus the product obtained by multiplying the number of days of stay at the hospital greater than 15 days by the per diem rate listed in Part A of Schedule 2 for public accommodation.

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(2) The fees payable to the Board by residents for in-patient treatment in semi-private or private accommodation at the general hospital—

(a) in respect of any admission to the hospital with a length of stay of 15 days or less, are equal to the sum of —

- (i) the amount in Schedule 1 opposite the Diagnosis Related Group to which the patient is assigned by the attending physician; and
- (ii) the product obtained by multiplying the number of days of stay at the hospital by the room differential for semi-private or private accommodation listed in Part B of Schedule 2;

(b) in respect of any admission to the hospital for a length of stay greater than 15 days, are equal to the amount referred to in paragraph (a) plus the product obtained by multiplying the number of days stay at the hospital greater than 15 days by the per diem rate listed in Part A of Schedule 2 for semi-private or private accommodation, as the case may be.

(3) Notwithstanding subsections (1) and (2), the fees payable for in-patient treatment at the general hospital to the Board by residents who are long term care patients or patients requiring hospice care are equal to the product obtained by multiplying the number of days of hospital stay by the applicable per diem rate listed in Part A of Schedule 2.

**Rates for in-patient treatment of non-residents' in the general hospital**

3 (1) In the case of any person who is not ordinarily resident in Bermuda or who is deemed not to be so resident for the purposes of the Health Insurance Act 1970, the fees payable to the Board for in-patient treatment at the general hospital—

(a) in respect of any admission to the hospital with a length of stay of 15 days or less, are equal to the sum of —

- (i) the amount in Schedule 1 opposite the Diagnosis Related Group to which the patient has been assigned by the attending physician plus a 50% surcharge based on that amount; and
- (ii) the product obtained by multiplying the number of days of stay at the hospital by the room

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differential listed in Part C of Schedule 2 for semi-private or private accommodation, as the case may be; or

- (b) in respect of any admission to the hospital with a length of stay of greater than 15 days, are equal to the amount referred to in paragraph (a) plus the product obtained by multiplying the number of days of stay at the hospital greater than 15 days by the per diem rate listed in Part D of Schedule 2 for public, semi-private or private accommodation, as the case may be.

**Rates where patient readmitted with related diagnosis**

4 Where a resident referred to in section 2 or a non-resident referred to in section 3 is readmitted to the general hospital within three days after discharge and is assigned by the attending physician to a Diagnosis Related Group closely related to the one to which he was assigned before discharge, the fees payable to the Board are calculated as provided in section 2 or 3, whichever is applicable, as if—

- (a) the length of stay at the hospital for the admission and readmission were one continuous period, not counting the days between discharge and readmission; and
- (b) the Diagnosis Related Group to which the patient is assigned were the one determined by the attending physician after readmission to be the most appropriate to apply to the entire period referred to in paragraph (a).

**Rates for physician charges**

5 The fees payable to the Board for in-patient or out-patient treatment of a resident referred to in section 2 or a non-resident referred to in section 3 in the general hospital by a physician provided by the Board are as set out in Schedule 3.

**Rates for treatment of residents in the Mid Atlantic Wellness Institute**

6 (1) The fees payable to the Board in respect of in-patient treatment at the Mid-Atlantic Wellness Institute are equal to the product obtained by multiplying the number of days of stay at the Institute by the applicable per diem rate listed in Part A of Schedule 2.

(2) The maximum number of days in any calendar year for which the per diem rate may be charged under subsection (1) is 40 days.

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**Rates for treatment residents in hospices**

7 The fees payable to the Board for residential hospice care in an establishment under the charge and management of the Board are equal to the product obtained by multiplying the number of days of stay at the hospice by the applicable per diem rate listed in Part A of Schedule 2.

**Rates for in-patient treatment of non-residents in the Mid Atlantic Wellness Institute**

8 The fees payable to the Board by non-residents for in-patient treatment at the Mid-Atlantic Wellness Institute are equal to the product obtained by multiplying the number of days of stay at the Institute by the applicable per diem rate listed in Part D of Schedule 2.

**Rates for out-patient treatment**

9 The fees payable to the Board by residents and non-residents in respect of out-patient treatment at the general hospital or in an establishment under the charge and management of the Board are as set out in Schedule 4.

**Revocation**

10 The Bermuda Hospitals Board (Hospital Fees) Regulations 2008 are revoked.

**Commencement**

11 These Regulations shall come into operation on 1 April 2009.

**SCHEDULE 1 (Regulations 2(1)(a), 3(1)(a) and 5)**

**IN-PATIENT TREATMENT  
CHARGE BY DIAGNOSIS RELATED GROUP (DRG)\***

*\* Reference 47870 Federal Register/Vol. 71, No. 160/ Friday, August 18,  
2006/Rules and Regulations*

<b>DRG</b>	<b>DRG TITLE</b>	<b>\$</b>
1	CRANIOTOMY AGE >17 W CC	22,996
2	CRANIOTOMY AGE >17 W/O CC	12,958
3	CRANIOTOMY AGE 0-17	13,348
6	CARPAL TUNNEL RELEASE	5,249
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	17,659
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	10,587

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9	SPINAL DISORDERS & INJURIES	9,057
10	NERVOUS SYSTEM NEOPLASMS W CC	8,333
11	NERVOUS SYSTEM NEOPLASMS W/O CC	5,702
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	6,187
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	5,668
14	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	8,042
15	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	6,266
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	9,012
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	4,739
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	6,662
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	4,774
21	VIRAL MENINGITIS	9,377
22	HYPERTENSIVE ENCEPHALOPATHY	7,733
23	NONTRAUMATIC STUPOR & COMA	5,319
26	SEIZURE & HEADACHE AGE 0-17	6,687
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	8,959
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	8,864
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	4,912
30	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	2,258
31	CONCUSSION AGE >17 W CC	6,501
32	CONCUSSION AGE >17 W/O CC	4,253
33	CONCUSSION AGE 0-17	1,418
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	6,753
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	4,371
36	RETINAL PROCEDURES	5,346
37	ORBITAL PROCEDURES	8,006
38	PRIMARY IRIS PROCEDURES	4,111
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	4,288
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	6,842
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	2,298
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	5,121
43	HYPHEMA	4,109

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44	ACUTE MAJOR EYE INFECTIONS	4,769
45	NEUROLOGICAL EYE DISORDERS	4,934
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	5,253
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	3,663
48	OTHER DISORDERS OF THE EYE AGE 0-17	2,024
49	MAJOR HEAD & NECK PROCEDURES	11,072
50	SIALOADENECTOMY	5,840
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	5,832
52	CLEFT LIP & PALATE REPAIR	4,312
53	SINUS & MASTOID PROCEDURES AGE >17	8,986
54	SINUS & MASTOID PROCEDURES AGE 0-17	3,281
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	6,406
56	RHINOPLASTY	5,930
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	6,620
58	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	1,863
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	4,521
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	1,418
61	MYRINGOTOMY W TUBE INSERTION AGE >17	10,610
62	MYRINGOTOMY W TUBE INSERTION AGE 0-17	2,009
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	9,264
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	8,294
65	DYSEQUILIBRIUM	4,087
66	EPISTAXIS	4,168
67	EPIGLOTTITIS	5,470
68	OTITIS MEDIA & URI AGE >17 W CC	4,383
69	OTITIS MEDIA & URI AGE >17 W/O CC	3,259
70	OTITIS MEDIA & URI AGE 0-17	2,375
71	LARYNGOTRACHEITIS	5,149
72	NASAL TRAUMA & DEFORMITY	5,166
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	5,641

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74	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	2,284
75	MAJOR CHEST PROCEDURES	20,142
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	18,838
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	7,888
78	PULMONARY EMBOLISM	8,201
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	10,796
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	5,935
81	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	10,339
82	RESPIRATORY NEOPLASMS	9,371
83	MAJOR CHEST TRAUMA W CC	6,841
84	MAJOR CHEST TRAUMA W/O CC	4,000
85	PLEURAL EFFUSION W CC	8,268
86	PLEURAL EFFUSION W/O CC	4,733
87	PULMONARY EDEMA & RESPIRATORY FAILURE	9,184
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	5,892
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	6,886
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	4,080
91	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	3,715
92	INTERSTITIAL LUNG DISEASE W CC	7,950
93	INTERSTITIAL LUNG DISEASE W/O CC	4,936
94	PNEUMOTHORAX W CC	7,615
95	PNEUMOTHORAX W/O CC	3,896
96	BRONCHITIS & ASTHMA AGE >17 W CC	4,878
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	3,603
98	BRONCHITIS & ASTHMA AGE 0-17	3,896
99	RESPIRATORY SIGNS & SYMPTOMS W CC	4,748
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	3,591
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	5,717
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	3,731
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	125,199
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH	55,018

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105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH	40,195
106	CORONARY BYPASS W PTCA	44,718
108	OTHER CARDIOTHORACIC PROCEDURES	38,189
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	25,261
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	16,511
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	21,665
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	11,632
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	9,101
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	11,074
119	VEIN LIGATION & STRIPPING	9,659
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	16,042
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	10,729
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	6,385
123	CIRCULATORY DISORDERS W AMI, EXPIRED	9,890
124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	9,357
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	6,988
126	ACUTE & SUBACUTE ENDOCARDITIS	17,688
127	HEART FAILURE & SHOCK	6,962
128	DEEP VEIN THROMBOPHLEBITIS	4,977
129	CARDIAC ARREST, UNEXPLAINED	6,715
130	PERIPHERAL VASCULAR DISORDERS W CC	6,445
131	PERIPHERAL VASCULAR DISORDERS W/O CC	3,819
132	ATHEROSCLEROSIS W CC	4,193
133	ATHEROSCLEROSIS W/O CC	3,646
134	HYPERTENSION	4,107
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	6,242
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	4,367



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137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	5,570
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	5,551
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	3,515
140	ANGINA PECTORIS	3,345
141	SYNCOPE & COLLAPSE W CC	5,066
142	SYNCOPE & COLLAPSE W/O CC	3,990
143	CHEST PAIN	3,741
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	8,880
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	3,872
146	RECTAL RESECTION W CC	18,204
147	RECTAL RESECTION W/O CC	10,037
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	9,528
150	PERITONEAL ADHESIOLYSIS W CC	18,496
151	PERITONEAL ADHESIOLYSIS W/O CC	8,536
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	12,516
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	7,289
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	8,593
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17	5,737
157	ANAL & STOMAL PROCEDURES W CC	8,913
158	ANAL & STOMAL PROCEDURES W/O CC	4,365
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	9,501
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	5,757
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	8,231
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	4,590
163	HERNIA PROCEDURES AGE 0-17	4,519
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	14,251
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	7,860
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	9,314
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	5,973
168	MOUTH PROCEDURES W CC	8,513

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169	MOUTH PROCEDURES W/O CC	5,096
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	19,857
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	8,124
172	DIGESTIVE MALIGNANCY W CC	9,485
173	DIGESTIVE MALIGNANCY W/O CC	5,074
174	G.I. HEMORRHAGE W CC	6,833
175	G.I. HEMORRHAGE W/O CC	3,854
176	COMPLICATED PEPTIC ULCER	7,483
177	UNCOMPLICATED PEPTIC ULCER W CC	6,194
178	UNCOMPLICATED PEPTIC ULCER W/O CC	4,579
179	INFLAMMATORY BOWEL DISEASE	7,170
180	G.I. OBSTRUCTION W CC	6,590
181	G.I. OBSTRUCTION W/O CC	3,839
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	5,212
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	3,876
184	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0- 17	4,109
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17	5,897
186	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17	2,186
187	DENTAL EXTRACTIONS & RESTORATIONS	5,589
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	7,254
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	3,926
190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	4,215
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	26,137
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	11,109
193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	22,452
194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	10,538
195	CHOLECYSTECTOMY W C.D.E. W CC	20,242

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196	CHOLECYSTECTOMY W C.D.E. W/O CC	10,228
197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	16,935
198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC	7,818
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	14,832
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON- MALIGNANCY	18,849
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	25,156
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	8,890
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	9,073
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	7,293
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	7,972
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	4,836
207	DISORDERS OF THE BILIARY TRACT W CC	7,857
208	DISORDERS OF THE BILIARY TRACT W/O CC	4,573
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	12,624
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	8,587
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	6,082
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS	14,052
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	12,439
217	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS	20,241
218	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC	11,317
219	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC	7,322
220	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17	3,974
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC	7,782
224	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC	5,690

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225	FOOT PROCEDURES	8,478
226	SOFT TISSUE PROCEDURES W CC	10,844
227	SOFT TISSUE PROCEDURES W/O CC	5,719
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC	7,651
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	4,784
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	8,883
232	ARTHROSCOPY	6,459
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	12,631
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	8,339
235	FRACTURES OF FEMUR	5,459
236	FRACTURES OF HIP & PELVIS	5,102
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	4,362
238	OSTEOMYELITIS	9,357
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY	7,435
240	CONNECTIVE TISSUE DISORDERS W CC	9,163
241	CONNECTIVE TISSUE DISORDERS W/O CC	4,405
242	SEPTIC ARTHRITIS	7,330
243	MEDICAL BACK PROBLEMS	5,289
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	4,907
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	3,280
246	NON-SPECIFIC ARTHROPATHIES	4,188
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	3,938
248	TENDONITIS, MYOSITIS & BURSITIS	5,891
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	4,981
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC	4,798
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC	3,399
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17	1,725

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253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W CC	5,429
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC	3,304
255	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE 0-17	2,010
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	5,783
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	6,054
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	4,732
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	6,676
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	4,525
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION	6,328
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	6,385
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	14,089
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC	7,287
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC	11,249
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC	6,063
267	PERIANAL & PILONIDAL PROCEDURES	6,267
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	8,109
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	11,893
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	5,448
271	SKIN ULCERS	7,143
272	MAJOR SKIN DISORDERS W CC	6,873
273	MAJOR SKIN DISORDERS W/O CC	3,884
274	MALIGNANT BREAST DISORDERS W CC	7,509
275	MALIGNANT BREAST DISORDERS W/O CC	3,951
276	NON-MALIGANT BREAST DISORDERS	4,931
277	CELLULITIS AGE >17 W CC	5,945
278	CELLULITIS AGE >17 W/O CC	3,749
279	CELLULITIS AGE 0-17	5,257

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	5,121
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	3,456
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	1,747
283	MINOR SKIN DISORDERS W CC	5,047
284	MINOR SKIN DISORDERS W/O CC	3,042
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS	14,450
286	ADRENAL & PITUITARY PROCEDURES	12,674
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS	12,946
288	O.R. PROCEDURES FOR OBESITY	12,696
289	PARATHYROID PROCEDURES	6,135
290	THYROID PROCEDURES	5,844
291	THYROGLOSSAL PROCEDURES	3,882
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	17,908
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	9,233
294	DIABETES AGE >35	5,222
295	DIABETES AGE 0-35	5,080
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	5,531
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	3,378
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17	3,818
299	INBORN ERRORS OF METABOLISM	6,962
300	ENDOCRINE DISORDERS W CC	7,428
301	ENDOCRINE DISORDERS W/O CC	4,121
302	KIDNEY TRANSPLANT	20,674
303	KIDNEY AND URETER PROCEDURES FOR NEOPLASM	13,124
304	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC	15,578
305	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC	7,645
306	PROSTATECTOMY W CC	8,886
307	PROSTATECTOMY W/O CC	4,255
308	MINOR BLADDER PROCEDURES W CC	9,685

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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309	MINOR BLADDER PROCEDURES W/O CC	5,987
310	TRANSURETHRAL PROCEDURES W CC	8,051
311	TRANSURETHRAL PROCEDURES W/O CC	4,348
312	URETHRAL PROCEDURES, AGE >17 W CC	7,809
313	URETHRAL PROCEDURES, AGE >17 W/O CC	4,954
314	URETHRAL PROCEDURES, AGE 0-17	3,369
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	14,051
316	RENAL FAILURE	8,363
317	ADMIT FOR RENAL DIALYSIS	5,354
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	8,213
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	4,038
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	5,820
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	3,845
322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	4,088
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	5,481
324	URINARY STONES W/O CC	3,351
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	4,582
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	3,016
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	1,400
328	URETHRAL STRICTURE AGE >17 W CC	4,841
329	URETHRAL STRICTURE AGE >17 W/O CC	3,450
330	URETHRAL STRICTURE AGE 0-17	2,169
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	7,274
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	4,151
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	6,749
334	MAJOR MALE PELVIC PROCEDURES W CC	9,425
335	MAJOR MALE PELVIC PROCEDURES W/O CC	7,416
336	TRANSURETHRAL PROSTATECTOMY W CC	5,691
337	TRANSURETHRAL PROSTATECTOMY W/O CC	3,900
338	TESTES PROCEDURES, FOR MALIGNANCY	9,156
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	8,331

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17	1,927
341	PENIS PROCEDURES	8,905
342	CIRCUMCISION AGE >17	5,378
343	CIRCUMCISION AGE 0-17	1,048
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY	8,046
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY	8,619
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	7,112
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	3,574
348	BENIGN PROSTATIC HYPERTROPHY W CC	4,930
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	3,063
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	5,142
351	STERILIZATION, MALE	1,607
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	5,189
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY	12,073
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	9,932
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	6,022
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5,024
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	14,766
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	7,578
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	5,344
360	VAGINA, CERVIX & VULVA PROCEDURES	5,847
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	7,052
362	ENDOSCOPIC TUBAL INTERRUPTION	2,055
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	7,319
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	5,930
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	13,610
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	8,273



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367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	3,892
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	7,763
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	4,379
370	CESAREAN SECTION W CC	5,974
371	CESAREAN SECTION W/O CC	4,357
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	3,756
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	2,596
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	4,317
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	7,467
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	4,081
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	8,267
378	ECTOPIC PREGNANCY	4,754
379	THREATENED ABORTION	2,746
380	ABORTION W/O D&C	2,940
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	4,692
382	FALSE LABOR	1,206
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	3,387
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	2,515
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	9,362
386	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	30,872
387	PREMATURITY W MAJOR PROBLEMS	21,085
388	PREMATURITY W/O MAJOR PROBLEMS	12,722
389	FULL TERM NEONATE W MAJOR PROBLEMS	21,659
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	7,666
391	NORMAL NEWBORN	1,038
392	SPLENECTOMY AGE >17	20,043
393	SPLENECTOMY AGE 0-17	9,171
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD	12,808

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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	FORMING ORGANS	
395	RED BLOOD CELL DISORDERS AGE >17	5,304
396	RED BLOOD CELL DISORDERS AGE 0-17	4,416
397	COAGULATION DISORDERS	8,805
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	7,479
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	4,460
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	19,678
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	7,706
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	12,360
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	6,121
405	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	13,002
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC	18,052
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC	7,662
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC	14,369
409	RADIOTHERAPY	8,593
410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	7,239
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	2,443
412	HISTORY OF MALIGNANCY W ENDOSCOPY	5,680
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	8,858
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	5,095
417	SEPTICEMIA AGE 0-17	12,504
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	7,295
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	5,717
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	3,953
421	VIRAL ILLNESS AGE >17	5,141
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17	4,099
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	12,197
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	14,923

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425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	4,180
426	DEPRESSIVE NEUROSES	3,399
427	NEUROSES EXCEPT DEPRESSIVE	3,703
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	5,174
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	5,567
430	PSYCHOSES	4,819
431	CHILDHOOD MENTAL DISORDERS	4,466
432	OTHER MENTAL DISORDER DIAGNOSES	4,387
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	2,179
439	SKIN GRAFTS FOR INJURIES	12,656
440	WOUND DEBRIDEMENTS FOR INJURIES	12,802
441	HAND PROCEDURES FOR INJURIES	6,583
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	16,945
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	6,967
444	TRAUMATIC INJURY AGE >17 W CC	5,173
445	TRAUMATIC INJURY AGE >17 W/O CC	3,518
446	TRAUMATIC INJURY AGE 0-17	2,015
447	ALLERGIC REACTIONS AGE >17	3,808
448	ALLERGIC REACTIONS AGE 0-17	664
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	5,795
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	2,933
451	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	1,790
452	COMPLICATIONS OF TREATMENT W CC	7,092
453	COMPLICATIONS OF TREATMENT W/O CC	3,515
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	5,718
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	3,228
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	10,424
462	REHABILITATION	6,278
463	SIGNS & SYMPTOMS W CC	4,750
464	SIGNS & SYMPTOMS W/O CC	3,498
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY	3,951

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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	DIAGNOSIS	
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	5,066
467	OTHER FACTORS INFLUENCING HEALTH STATUS	3,158
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	26,496
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	20,191
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	22,314
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	14,371
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	13,877
479	OTHER VASCULAR PROCEDURES W/O CC	9,557
480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT	62,446
481	BONE MARROW TRANSPLANT	42,426
482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES	22,226
484	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	33,824
485	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	23,259
486	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	32,085
487	OTHER MULTIPLE SIGNIFICANT TRAUMA	12,563
488	HIV W EXTENSIVE O.R. PROCEDURE	34,044
489	HIV W MAJOR RELATED CONDITION	11,893
490	HIV W OR W/O OTHER RELATED CONDITION	6,907
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	11,417
492	CHEMOTHERAPY W ACUTE LEUKEMIA OR W USE OF HI DOSE CHEMOAGENT	23,156
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	12,131
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC	6,849
495	LUNG TRANSPLANT	55,867
496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	42,329
497	SPINAL FUSION EXCEPT CERVICAL W CC	25,346
498	SPINAL FUSION EXCEPT CERVICAL W/O CC	19,840

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499	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC	9,216
500	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	6,121
501	KNEE PROCEDURES W PDX OF INFECTION W CC	17,538
502	KNEE PROCEDURES W PDX OF INFECTION W/O CC	9,473
503	KNEE PROCEDURES W/O PDX OF INFECTION	8,262
504	EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT	74,676
505	EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/O SKIN GFT	17,474
506	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	25,123
507	FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA	12,827
508	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA	9,395
509	FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA	5,539
510	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA	8,280
511	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA	4,525
512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	41,536
513	PANCREAS TRANSPLANT	26,394
515	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	34,704
518	PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI	10,876
519	CERVICAL SPINAL FUSION W CC	16,882
520	CERVICAL SPINAL FUSION W/O CC	11,660
521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	4,870
522	ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC	3,977
523	ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC	2,785
524	TRANSIENT ISCHEMIA	4,893
525	OTHER HEART ASSIST SYSTEM IMPLANT	81,143
528	INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE	46,871
529	VENTRICULAR SHUNT PROCEDURES W CC	14,426
530	VENTRICULAR SHUNT PROCEDURES W/O CC	8,087

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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531	SPINAL PROCEDURES W CC	20,685
532	SPINAL PROCEDURES W/O CC	9,674
533	EXTRACRANIAL PROCEDURES W CC	10,262
534	EXTRACRANIAL PROCEDURES W/O CC	6,587
535	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	48,938
536	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK	43,829
537	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC	12,185
538	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC	6,824
539	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC	21,175
540	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC	7,804
541	ECMO OR TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	127,786
542	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	77,275
543	CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS	28,906
544	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	13,192
545	REVISION OF HIP OR KNEE REPLACEMENT	16,815
546	SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG	35,712
547	CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX	40,741
548	CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX	30,820
549	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX	33,346
550	CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX	23,828
551	PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR	20,151
552	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX	13,844
553	OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX	19,992
554	OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX	13,786
555	PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX	15,308
556	PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING	11,778

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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	STENT W/O MAJ CV DX	
557	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W MAJOR CV DX	18,327
558	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX	13,813
559	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT	14,948
560	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	19,290
561	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	14,724
562	SEIZURE AGE > 17 W CC	7,025
563	SEIZURE AGE > 17 W/O CC	4,274
564	HEADACHES AGE >17	4,600
565	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS	34,795
566	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT < 96 HOURS	15,499
567	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE > 17 W CC W MAJOR GI DX	34,649
568	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES PROC AGE > 17 W CC W/O MAJOR GI DX	22,342
569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX	28,820
570	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX	17,916
571	MAJOR ESOPHAGEAL DISORDERS	7,372
572	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS	8,878
573	MAJOR BLADDER PROCEDURES	22,225
574	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	8,430
575	SEPTICEMIA W MV96+ HOURS AGE >17	39,629
576	SEPTICEMIA W/O MV96+ HOURS AGE >17	10,616
577	CAROTID ARTERY STENT PROCEDURE	11,852
578	INFECTIOUS & PARASITIC DISEASES W OR PROCEDURE	32,286
579	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W OR PROCEDURE	18,853

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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Standard Dollar Amount

6,636

**SCHEDULE 2 (Regulations 2, 3, 6, 7 and 8)**

**IN-PATIENT TREATMENT  
PER DIEM RATES AND ROOM DIFFERENTIALS**

**PART A Residents' Per Diem Rates**

- 1 The per diem rate for public accommodation is \$1,056.
- 2 The per diem rate for semi-private accommodation is \$1,262.
- 3 The per diem rate for private accommodation \$1,514.
- 4 The per diem rate for long term care patients is \$407.
- 5 The per diem rate for newborn infants is \$451.
- 6 The per diem rate for hospice care is \$549.
- 7 The per diem rate for patients at the Mid-Atlantic Wellness Institute is \$683.

**PART B Room Differentials for Residents**

- 1 The room differential for semi-private accommodation is \$206.
- 2 The room differential for private accommodation is \$458.

**PART C Room Differentials for Non-Residents**

- 1 The room differential for semi-private accommodation is \$309.
- 2 The room differential for private accommodation is \$688.

**PART D Non-Residents' Per Diem Rates**

- 1 The per diem rate for public accommodation is \$1,584
- 2 The per diem rate for semi-private accommodation is \$1,893.
- 3 The per diem rate for private accommodation is \$2,271.
- 4 The per diem rate for long term care patients is \$611.
- 5 The per diem rate for newborn infants is \$677.
- 6 The per diem rate for patients at the Mid-Atlantic Wellness Institute is \$1,025



**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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**SCHEDULE 3 (Regulation 5)**

**BERMUDA HOSPITALS BOARD PHYSICIAN SERVICES**

*Note: Reference CPT 2008 Professional Codebook, American Medical Association*

**PHYSICIAN CATEGORY**

- ANESTHESIST**
- CARDIOLOGIST**
- GYNECOLOGIST**
- HOSPITALIST**
- INTENSIVIST**
- OBSTETRICS**
- ONCOLOGIST**
- PALLIATIVE CARE**
- PROCEDURALIST**
- PHYSIATRIST**
- REMOTE CONSULTATION**
- ROBOTICS**
- VASCULAR SURGERY**

<b>CPT</b>	<b>ANESTHESIST (FEE PER 15 MINUTE INTERVAL)</b>	<b>\$</b>
00100	Anesth, salivary gland	111
00102	Anesth, repair of cleft lip	133
00103	Anesth, blepharoplasty	111
00104	Anesth, electroshock	89
00120	Anesth, ear surgery	111
00124	Anesth, ear exam	89
00126	Anesth, tympanotomy	89
00140	Anesth, procedures on eye	111
00142	Anesth, lens surgery	89
00144	Anesth, corneal transplant	133

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00145	Anesth, vitreoretinal surg	133
00147	Anesth, iridectomy	89
00148	Anesth, eye exam	89
00160	Anesth, nose/sinus surgery	111
00162	Anesth, nose/sinus surgery	156
00164	Anesth, biopsy of nose	89
00170	Anesth, procedure on mouth	111
00172	Anesth, cleft palate repair	133
00174	Anesth, pharyngeal surgery	133
00176	Anesth, pharyngeal surgery	156
00190	Anesth, face/skull bone surg	111
00192	Anesth, facial bone surgery	156
00210	Anesth, open head surgery	244
00212	Anesth, skull drainage	111
00214	Anesth, skull drainage	200
00215	Anesth, skull repair/fract	200
00216	Anesth, head vessel surgery	333
00218	Anesth, special head surgery	289
00220	Anesth, intrcrn nerve	222
00222	Anesth, head nerve surgery	133
00300	Anesth, head/neck/ptrunk	111
00320	Anesth, neck organ, 1 & over	133
00322	Anesth, biopsy of thyroid	67
00326	Anesth, larynx/trach, < 1 yr	156
00350	Anesth, neck vessel surgery	222
00352	Anesth, neck vessel surgery	111
00400	Anesth, skin, ext/per/atruunk	67
00402	Anesth, surgery of breast	111
00404	Anesth, surgery of breast	111
00406	Anesth, surgery of breast	289
00410	Anesth, correct heart rhythm	89
00450	Anesth, surgery of shoulder	111

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00452	Anesth, surgery of shoulder	133
00454	Anesth, collar bone biopsy	67
00470	Anesth, removal of rib	133
00472	Anesth, chest wall repair	222
00474	Anesth, surgery of rib(s)	289
00500	Anesth, esophageal surgery	333
00520	Anesth, chest procedure	133
00522	Anesth, chest lining biopsy	89
00524	Anesth, chest drainage	89
00528	Anesth, chest partition view	178
00529	Anesth, chest partition view	244
00530	Anesth, pacemaker insertion	89
00532	Anesth, vascular access	89
00534	Anesth, cardioverter/defib	156
00537	Anesth, cardiac electrophys	156
00539	Anesth, trach-bronch reconst	400
00540	Anesth, chest surgery	267
00542	Anesth, release of lung	333
00541	Anesth, one lung ventilation	267
00546	Anesth, lung,chest wall surg	333
00548	Anesth, trachea,bronchi surg	378
00550	Anesth, sternal debridement	222
00560	Anesth, heart surg w/o pump	333
00561	Anesth, heart surg < age 1	556
00562	Anesth, heart surg w/pump	444
00563	Anesth, heart surg w/arrest	556
00566	Anesth, cabg w/o pump	556
00580	Anesth, heart/lung transplnt	444
00600	Anesth, spine, cord surgery	222
00604	Anesth, sitting procedure	289
00620	Anesth, spine, cord surgery	222
00622	Anesth, removal of nerves	289

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00625	Anes spine tranthor w/o vent	289
00626	Anes, spine transthor w/vent	333
00630	Anesth, spine, cord surgery	178
00632	Anesth, removal of nerves	156
00634	Anesth for chemonucleolysis	222
00635	Anesth, lumbar puncture	89
00640	Anesth, spine manipulation	67
00670	Anesth, spine, cord surgery	289
00700	Anesth, abdominal wall surg	89
00702	Anesth, for liver biopsy	89
00730	Anesth, abdominal wall surg	111
00740	Anesth, upper gi visualize	111
00750	Anesth, repair of hernia	89
00752	Anesth, repair of hernia	133
00754	Anesth, repair of hernia	156
00756	Anesth, repair of hernia	156
00770	Anesth, blood vessel repair	333
00790	Anesth, surg upper abdomen	156
00792	Anesth, hemorr/excise liver	289
00794	Anesth, pancreas removal	178
00796	Anesth, for liver transplant	667
00797	Anesth, surgery for obesity	24
00800	Anesth, abdominal wall surg	89
00802	Anesth, fat layer removal	111
00810	Anesth, low intestine scope	111
00820	Anesth, abdominal wall surg	111
00830	Anesth, repair of hernia	89
00832	Anesth, repair of hernia	133
00834	Anesth, hernia repair< 1 yr	111
00836	Anesth hernia repair preemie	133
00840	Anesth, surg lower abdomen	133
00842	Anesth, amniocentesis	89

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00844	Anesth, pelvis surgery	156
00846	Anesth, hysterectomy	178
00848	Anesth, pelvic organ surg	178
00851	Anesth, tubal ligation	133
00860	Anesth, surgery of abdomen	133
00862	Anesth, kidney/ureter surg	156
00864	Anesth, removal of bladder	178
00865	Anesth, removal of prostate	156
00866	Anesth, removal of adrenal	222
00868	Anesth, kidney transplant	222
00870	Anesth, bladder stone surg	111
00872	Anesth kidney stone destruct	156
00873	Anesth kidney stone destruct	111
00880	Anesth, abdomen vessel surg	333
00882	Anesth, major vein ligation	222
00902	Anesth, anorectal surgery	111
00904	Anesth, perineal surgery	156
00906	Anesth, removal of vulva	89
00908	Anesth, removal of prostate	133
00910	Anesth, bladder surgery	67
00912	Anesth, bladder tumor surg	111
00914	Anesth, removal of prostate	111
00916	Anesth, bleeding control	111
00918	Anesth, stone removal	111
00920	Anesth, genitalia surgery	67
00921	Anesth, vasectomy	67
00922	Anesth, sperm duct surgery	133
00924	Anesth, testis exploration	89
00926	Anesth, removal of testis	89
00928	Anesth, removal of testis	133
00930	Anesth, testis suspension	89
00932	Anesth, amputation of penis	89

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00934	Anesth, penis, nodes removal	133
00936	Anesth, penis, nodes removal	178
00938	Anesth, insert penis device	89
00940	Anesth, vaginal procedures	67
00942	Anesth, surg on vag/urethral	89
00944	Anesth, vaginal hysterectomy	133
00948	Anesth, repair of cervix	89
00950	Anesth, vaginal endoscopy	111
00952	Anesth, hysteroscope/graph	89
01112	Anesth, bone aspirate/bx	111
01120	Anesth, pelvis surgery	133
01130	Anesth, body cast procedure	67
01140	Anesth, amputation at pelvis	333
01150	Anesth, pelvic tumor surgery	222
01160	Anesth, pelvis procedure	89
01170	Anesth, pelvis surgery	178
01173	Anesth, fx repair, pelvis	267
01180	Anesth, pelvis nerve removal	67
01190	Anesth, pelvis nerve removal	89
01200	Anesth, hip joint procedure	89
01202	Anesth, arthroscopy of hip	89
01210	Anesth, hip joint surgery	133
01212	Anesth, hip disarticulation	222
01214	Anesth, hip arthroplasty	178
01215	Anesth, revise hip repair	222
01220	Anesth, procedure on femur	89
01230	Anesth, surgery of femur	133
01232	Anesth, amputation of femur	111
01234	Anesth, radical femur surg	178
01250	Anesth, upper leg surgery	89
01260	Anesth, upper leg veins surg	67
01270	Anesth, thigh arteries surg	178

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01272	Anesth, femoral artery surg	89
01274	Anesth, femoral embolectomy	133
01320	Anesth, knee area surgery	89
01340	Anesth, knee area procedure	89
01360	Anesth, knee area surgery	111
01380	Anesth, knee joint procedure	67
01382	Anesth, dx knee arthroscopy	67
01390	Anesth, knee area procedure	67
01392	Anesth, knee area surgery	89
01400	Anesth, knee joint surgery	89
01402	Anesth, knee arthroplasty	156
01404	Anesth, amputation at knee	111
01420	Anesth, knee joint casting	67
01430	Anesth, knee veins surgery	67
01432	Anesth, knee vessel surg	133
01440	Anesth, knee arteries surg	178
01442	Anesth, knee artery surg	178
01444	Anesth, knee artery repair	178
01462	Anesth, lower leg procedure	67
01464	Anesth, ankle/ft arthroscopy	67
01470	Anesth, lower leg surgery	67
01472	Anesth, achilles tendon surg	111
01474	Anesth, lower leg surgery	111
01480	Anesth, lower leg bone surg	67
01482	Anesth, radical leg surgery	89
01484	Anesth, lower leg revision	89
01486	Anesth, ankle replacement	156
01490	Anesth, lower leg casting	67
01500	Anesth, leg arteries surg	178
01502	Anesth, lwr leg embolectomy	133
01520	Anesth, lower leg vein surg	67
01522	Anesth, lower leg vein surg	111

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01610	Anesth, surgery of shoulder	111
01620	Anesth, shoulder procedure	89
01622	Anes dx shoulder arthroscopy	89
01630	Anesth, surgery of shoulder	111
01632	Anesth, surgery of shoulder	133
01634	Anesth, shoulder joint amput	200
01636	Anesth, forequarter amput	333
01638	Anesth, shoulder replacement	222
01650	Anesth, shoulder artery surg	133
01652	Anesth, shoulder vessel surg	222
01654	Anesth, shoulder vessel surg	178
01656	Anesth, arm-leg vessel surg	222
01670	Anesth, shoulder vein surg	89
01680	Anesth, shoulder casting	67
01682	Anesth, airplane cast	89
01710	Anesth, elbow area surgery	67
01712	Anesth, uppr arm tendon surg	111
01714	Anesth, uppr arm tendon surg	111
01716	Anesth, biceps tendon repair	111
01730	Anesth, uppr arm procedure	67
01732	Anesth, dx elbow arthroscopy	67
01740	Anesth, upper arm surgery	89
01742	Anesth, humerus surgery	111
01744	Anesth, humerus repair	111
01756	Anesth, radical humerus surg	133
01758	Anesth, humeral lesion surg	111
01760	Anesth, elbow replacement	156
01770	Anesth, uppr arm artery surg	133
01772	Anesth, uppr arm embolectomy	133
01780	Anesth, upper arm vein surg	67
01782	Anesth, uppr arm vein repair	89
01810	Anesth, lower arm surgery	67



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01820	Anesth, lower arm procedure	67
01829	Anesth, dx wrist arthroscopy	67
01830	Anesth, lower arm surgery	67
01832	Anesth, wrist replacement	133
01840	Anesth, lwr arm artery surg	133
01842	Anesth, lwr arm embolectomy	133
01844	Anesth, vascular shunt surg	133
01850	Anesth, lower arm vein surg	67
01852	Anesth, lwr arm vein repair	89
01860	Anesth, lower arm casting	67
01916	Anesth, dx arteriography	111
01920	Anesth, catheterize heart	156
01922	Anesth, cat or MRI scan	156
01924	Anes, ther interven rad, art	111
01925	Anes, ther interven rad, car	156
01926	Anes, tx interv rad hrt/cran	178
01930	Anes, ther interven rad, vei	111
01931	Anes, ther interven rad, tip	156
01932	Anes, tx interv rad, th vein	133
01933	Anes, tx interv rad, cran v	156
01935	Anesth, perc img dx sp proc	111
01936	Anesth, perc img tx sp proc	111
01951	Anesth, burn, less 4 percent	67
01952	Anesth, burn, 4-9 percent	111
01953	Anesth, burn, each 9 percent	22
01958	Anesth, antepartum manipul	111
01960	Anesth, vaginal delivery	111
01961	Anesth, cs delivery	156
01962	Anesth, emer hysterectomy	178
01963	Anesth, cs hysterectomy	178
01964	Anesth, cs hysterectomy	89
01965	Anesth, inc/missed ab proc	89

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01966	Anesth, induced ab procedure	89
01967	Anesth/analg, vag delivery	111
01968	Anes/analg cs deliver add-on	44
01969	Anesth/analg cs hyst add-on	111
01990	Support for organ donor	156
01991	Anesth, nerve block/inj	67
01992	Anesth, n block/inj, prone	111
01995	Anesth, n block/inj, prone	111
01996	Hosp manage cont drug admin	67
01999	Unlisted anesth procedure	133
20526	Ther injection, carp tunnel	211
20550	Inj tendon sheath/ligament	168
20551	Inj tendon origin/insertion	168
20552	Inj trigger point, 1/2 muscl	148
20553	Inject trigger points, =/> 3	168
20600	Drain/inject, joint/bursa	148
20605	Drain/inject, joint/bursa	152
20610	Drain/inject, joint/bursa	177
27096	Inject sacroiliac joint	314
31500	Insert emergency airway	522
36400	Bl draw < 3 yrs fem/jugular	85
36410	Non-routine bl draw > 3 yrs	40
36420	Vein access cutdown < 1 yr	226
36425	Vein access cutdown > 1 yr	170
36555	Insert non-tunnel cv cath	600
36556	Insert non-tunnel cv cath	560
36600	Withdrawal of arterial blood	72
36620	Insertion catheter, artery	258
36625	Insertion catheter, artery	473
36660	Insertion catheter, artery	314
62263	Epidural lysis mult sessions	1,436
62264	Epidural lysis on single day	990

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62270	Spinal fluid tap, diagnostic	307
62272	Drain cerebro spinal fluid	302
62273	Inject epidural patch	482
62280	Treat spinal cord lesion	589
62281	Treat spinal cord lesion	596
62282	Treat spinal canal lesion	522
62310	Inject spine c/t	428
62311	Inject spine l/s (cd)	345
62318	Inject spine w/cath, c/t	457
62319	Inject spine w/cath l/s (cd)	419
62350	Implant spinal canal cath	1,801
62355	Remove spinal canal catheter	1,479
62360	Insert spine infusion device	824
62361	Implant spine infusion pump	1,476
62362	Implant spine infusion pump	1,922
62365	Remove spine infusion device	1,472
62367	Analyze spine infusion pump	108
62368	Analyze spine infusion pump	168
63650	Implant neuroelectrodes	1,696
63660	Revise/remove neuroelectrode	1,539
63685	Insrt/redo spine n generator	1,763
63688	Revise/remove neuroreceiver	1,367
64400	N block inj, trigeminal	249
64402	N block inj, facial	280
64405	N block inj, occipital	296
64408	N block inj, vagus	316
64410	N block inj, phrenic	320
64412	N block inj, spinal accessor	264
64413	N block inj, cervical plexus	314
64415	N block inj, brachial plexus	332
64416	N block cont infuse, b plex	863
64417	N block inj, axillary	323

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64418	N block inj, suprascapular	296
64420	N block inj, intercost, sng	264
64421	N block inj, intercost, mlt	376
64425	N block inj, ilio-ing/hypogi	392
64430	N block inj, pudental	327
64435	N block inj, paracervical	325
64445	N block inj, sciatic, sng	332
64446	N blk inj, sciatic, cont inf	809
64447	N block inj fem, single	336
64448	N block inj fem, cont inf	753
64449	N block inj, lumbar plexus	726
64450	N block, other peripheral	285
64470	Inj paravertebral c/t	414
64472	Inj paravertebral c/t add-on	289
64475	Inj paravertebral l/s	316
64476	Inj paravertebral l/s add-on	220
64479	Inj foramen epidural c/t	493
64480	Inj foramen epidural add-on	345
64483	Inj foramen epidural l/s	426
64484	Inj foramen epidural add-on	298
64505	N block, sphenopalatine gangl	305
64508	N block, carotid sinus s/p	251
64510	N block, stellate ganglion	273
64517	N block inj, hypogas plxs	493
64520	N block, lumbar/thoracic	302
64530	N block inj, celiac plexus	354
64600	Injection treatment of nerve	775
64605	Injection treatment of nerve	1,259
64610	Injection treatment of nerve	1,606
64620	Injection treatment of nerve	641
64622	Destr paravertebral nerve l/s	677
64623	Destr paravertebral n add-on	222

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64626	Destr paravertebrl nerve c/t	856
64627	Destr paravertebral n add-on	260
64630	Injection treatment of nerve	677
64640	Injection treatment of nerve	623
64680	Injection treatment of nerve	591
64681	Injection treatment of nerve	847
72275	Epidurography	170
73542	X-ray exam, sacroiliac joint	132
76005	Fluoroscope exam, extensive	150
76937	Us guide, vascular access	67
77001	Fluoroguide for vein device	85
77002	Needle localization by xray	121
77003	Fluoroguide for spine inject	134
92950	Heart/lung resuscitation cpr	849
93312	Echo transesophageal	493
93313	Echo transesophageal	213
93314	Echo transesophageal	280
93315	Echo transesophageal	623
93316	Echo transesophageal	213
93317	Echo transesophageal	410
93318	Echo transesophageal intraop	493
93320	Doppler echo exam, heart	85
93321	Doppler echo exam, heart	34
93325	Doppler color flow add-on	16
93503	Insert/place heart catheter	652
94002	Vent mgmt inpat, init day	446
94003	Vent mgmt inpat, subq day	307
94010	Breathing capacity test	38
94060	Evaluation of wheezing	69
94150	Vital capacity test	16
94375	Respiratory flow volume loop	69
94400	CO2 breathing response curve	90

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94450	Hypoxia response curve	90
94640	Airway inhalation treatment	170
94660	Pos airway pressure, CPAP	170
94662	Neg press ventilation, cnp	170
94680	Exhaled air analysis, o2	58
94681	Exhaled air analysis, o2/co2	45
94690	Exhaled air analysis	16
94750	Pulmonary compliance study	52
94770	Exhaled carbon dioxide test	34
95925	Somatosensory testing	121
95926	Somatosensory testing	121
95927	Somatosensory testing	121
95955	EEG during surgery	226
95970	Analyze neurostim, no prog	101
95971	Analyze neurostim, simple	175
95991	Spin/brain pump refill & main	173
99183	Hyperbaric oxygen therapy	524
99201	Office/outpatient visit, new	101
99202	Office/outpatient visit, new	197
99203	Office/outpatient visit, new	300
99204	Office/outpatient visit, new	515
99205	Office/outpatient visit, new	672
99211	Office/outpatient visit, est	38
99212	Office/outpatient visit, est	101
99213	Office/outpatient visit, est	206
99214	Office/outpatient visit, est	318
99215	Office/outpatient visit, est	448
99221	Initial hospital care	421
99222	Initial hospital care	574
99223	Initial hospital care	847
99231	Subsequent hospital care	170
99232	Subsequent hospital care	311

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99233	Subsequent hospital care	448
99238	Hospital discharge day	287
99239	Hospital discharge day	426
99241	Office consultation	143
99242	Office consultation	300
99243	Office consultation	421
99244	Office consultation	677
99245	Office consultation	845
99251	Inpatient consultation	224
99252	Inpatient consultation	336
99253	Inpatient consultation	509
99254	Inpatient consultation	737
99255	Inpatient consultation	896
99291	Critical care, first hour	1,008
99292	Critical care, additional 30 min	504
99440	Newborn resuscitation	656
93314	Echo transesophageal	280
<b>CARDIOLOGIST</b>		
99201	Level I - Office Visit (New Patient)	137
99203	Level II - Office Visit (New Patient)	409
99205	Level III - Office Visit (New Patient)	917
99211	Level I - Office Visit (Est. Patient)	52
99213	Level II - Office Visit (Est. Patient)	281
99215	Level III - Office Visit (Est. Patient)	611
99221	Level I -Hospital Visit (New Pt.)	574
99222	Level II - Hospital Visit (New Pt.)	782
99223	Level III - Hospital Visit (New Pt.)	1,155
99231	Level I - Hospital Visit (Est. Pt.)	232
99232	Level II - Hospital Visit (Est. Pt.)	425
99233	Level III - Hospital Visit (Est. Pt.)	611
99231	Hospital Follow Up, Routine	232
99232	Hospital Follow, More Than Routine	425

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99233	Hospital Follow Up, Complex Care ICU	611
99251	Hospital Consult, Self Limited/Minor	306
99252	Hospital Consult, Low Complexity	458
99253	Hospital Consult, Moderate Complexity	693
99254	Hospital Consult, High Complexity	1,005
99255	Hospital Consult, Critical	1,222
99291	Unusual Critical Care Detention, First 60 Minutes	1,375
99292	Unusual Critical Care Detention, Additional 30 Minutes	687
<b>GYNECOLOGIST</b>		
57400	Dilation of vagina	509
57410	Pelvic examination	392
57415	Remove vaginal foreign body	547
57420	Exam of vagina w/scope	358
57421	Exam/biopsy of vag w/scope	493
57423	Repair paravag defect, lap	3,585
57425	Laparoscopy, surg, colpopexy	3,793
57452	Exam of cervix w/scope	336
57454	Bx/curett of cervix w/scope	522
57455	Biopsy of cervix w/scope	446
57456	Endocerv curettage w/scope	414
57460	Bx of cervix w/scope, leep	634
57461	Conz of cervix w/scope, leep	768
57500	Biopsy of cervix	269
57505	Endocervical curettage	260
57505	Endocervical curettage	260
57511	Cryocautery of cervix	430
57513	Laser surgery of cervix	430
57520	Conization of cervix	910
57522	Conization of cervix	811
57530	Removal of cervix	1,163
57531	Removal of cervix, radical	6,670
57540	Removal of residual cervix	2,955



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57545	Remove cervix/repair pelvis	3,137
57550	Removal of residual cervix	1,398
57555	Remove cervix/repair vagina	2,205
57556	Remove cervix, repair bowel	2,075
57558	D&c of cervical stump	379
57700	Revision of cervix	945
57720	Revision of cervix	1,015
57800	Dilation of cervical canal	173
58100	Biopsy of uterus lining	343
58110	Bx done w/colposcopy add-on	173
58120	Dilation and curettage	793
58140	Myomectomy abdom method	3,515
58145	Myomectomy vag method	1,974
58146	Myomectomy abdom complex	4,535
58150	Total hysterectomy	3,856
58152	Total hysterectomy	4,868
58180	Partial hysterectomy	3,697
58200	Extensive hysterectomy	5,153
58210	Extensive hysterectomy	6,891
58240	Removal of pelvis contents	10,982
58260	Vaginal hysterectomy	3,141
58262	Vag hyst including t/o	3,542
58263	Vag hyst w/t/o & vag repair	3,831
58267	Vag hyst w/urinary repair	4,084
58270	Vag hyst w/enterocele repair	3,405
58275	Hysterectomy/revise vagina	3,786
58280	Hysterectomy/revise vagina	4,077
58285	Extensive hysterectomy	5,220
58290	Vag hyst complex	4,519
58291	Vag hyst incl t/o, complex	4,920
58292	Vag hyst t/o & repair, compl	5,209
58293	Vag hyst w/uro repair, compl	5,428

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58294	Vag hyst w/enterocele, compl	4,806
58300	Insert intrauterine device	226
58301	Remove intrauterine device	285
58321	Artificial insemination	206
58322	Artificial insemination	246
58323	Sperm washing	52
58340	Catheter for hystero-graphy	197
58345	Reopen fallopian tube	1,046
58346	Insert heyman uteri capsule	1,676
58350	Reopen fallopian tube	231
58353	Endometr ablate, thermal	800
58356	Endometrial cryoablation	1,425
58400	Suspension of uterus	1,582
58410	Suspension of uterus	3,069
58520	Repair of ruptured uterus	2,998
58540	Revision of uterus	3,497
58541	Lsh, uterus 250 g or less	3,264
58542	Lsh w/t/o ut 250 g or less	3,681
58543	Lsh uterus above 250 g	3,750
58544	Lsh w/t/o uterus above 250 g	4,086
58545	Laparoscopic myomectomy	3,461
58546	Laparo-myomectomy, complex	4,445
58548	Lap radical hyst	7,046
58550	Laparo-asst vag hysterectomy	3,354
58552	Laparo-vag hyst incl t/o	3,759
58553	Laparo-vag hyst, complex	4,472
58554	Laparo-vag hyst w/t/o, compl	5,148
58555	Hysteroscopy, dx, sep proc	746
58558	Hysteroscopy, biopsy	1,062
58559	Hysteroscopy, lysis	1,380
58560	Hysteroscopy, resect septum	1,566
58561	Hysteroscopy, remove myoma	2,238

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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58562	Hysteroscopy, remove fb	1,165
58563	Hysteroscopy, ablation	1,380
58565	Hysteroscopy, sterilization	1,582
58570	Tlh, uterus 250 g or less	3,529
58571	Tlh w/t/o 250 g or less	3,934
58572	Tlh, uterus over 250 g	4,472
58573	Tlh w/t/o uterus over 250 g	5,148
58600	Division of fallopian tube	1,313
58605	Division of fallopian tube	1,176
58611	Ligate oviduct(s) add-on	325
58615	Occlude fallopian tube(s)	876
58660	Laparoscopy, lysis	2,585
58661	Laparoscopy, remove adnexa	2,532
58662	Laparoscopy, excise lesions	2,706
58670	Laparoscopy, tubal cautery	1,313
58671	Laparoscopy, tubal block	1,313
58672	Laparoscopy, fimbrioplasty	2,886
58673	Laparoscopy, salpingostomy	3,134
58700	Removal of fallopian tube	2,877
58720	Removal of ovary/tube(s)	2,706
58740	Revise fallopian tube(s)	3,314
58750	Repair oviduct	3,486
58752	Revise ovarian tube(s)	3,486
58760	Remove tubal obstruction	3,103
58770	Create new tubal opening	3,291
58800	Drainage of ovarian cyst(s)	1,017
58805	Drainage of ovarian cyst(s)	1,420
58820	Drain ovary abscess, open	1,035
58822	Drain ovary abscess, percut	2,623
58823	Drain pelvic abscess, percut	755
58825	Transposition, ovary(s)	2,621
58900	Biopsy of ovary(s)	1,458

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58920	Partial removal of ovary(s)	2,659
58925	Removal of ovarian cyst(s)	2,762
58940	Removal of ovary(s)	1,819
58943	Removal of ovary(s)	4,351
58950	Resect ovarian malignancy	4,086
58951	Resect ovarian malignancy	5,410
58952	Resect ovarian malignancy	6,083
58953	Tah, rad dissect for debulk	7,611
58954	Tah rad debulk/lymph remove	8,283
58956	Bso, omentectomy w/tah	5,074
58957	Resect recurrent gyn mal	5,838
58958	Resect recur gyn mal w/lym	6,511
58960	Exploration of abdomen	3,513
58970	Retrieval of oocyte	789
58976	Transfer of embryo	856
99201	Office/outpatient visit, new	101
99203	Office/outpatient visit, new	300
99205	Office/outpatient visit, new	672
99211	Office/outpatient visit, est	38
99213	Office/outpatient visit, est	206
99215	Office/outpatient visit, est	448
99221	Initial hospital care	421
99222	Initial hospital care	574
99223	Initial hospital care	847
99231	Subsequent hospital care	170
99232	Subsequent hospital care	311
99233	Subsequent hospital care	448
99231	Subsequent hospital care	170
99232	Subsequent hospital care	311
99233	Subsequent hospital care	448
99251	Inpatient consultation	224
99252	Inpatient consultation	336

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99253	Inpatient consultation	509
99254	Inpatient consultation	737
99255	Inpatient consultation	896
99291	Critical care, first hour	1,008
99292	Critical care, add/Æl 30 min	504
<b>HOSPITALIST</b>		
99221	Level I - Hospitalist Visit (New Pt.)	230
99222	Level II - Hospitalist Visit (New Pt.)	313
99223	Level III - Hospitalist Visit (New Pt.)	462
99231	Level I - Hospitalist Visit (Est. Pt.)	93
99232	Level II - Hospitalist Visit (Est. Pt.)	170
99233	Level III - Hospitalist Visit (Est. Pt.)	244
99251	Hospital Consult, Self Limited/Minor	122
99252	Hospital Consult, Low Complexity	183
99253	Hospital Consult, Moderate Complexity	277
99254	Hospital Consult, High Complexity	402
99255	Hospital Consult, Critical	489
99291	Unusual Critical Care Detention, First 60 Minutes	550
99292	Unusual Critical Care Detention, Additional 30 Minutes	275
<b>INTENSIVIST</b>		
99221	Level I - Intensivist Visit (New Pt.)	421
99222	Level II - Intensivist Visit (New Pt.)	574
99223	Level III - Intensivist Visit (New Pt.)	847
99231	Level I - Intensivist Visit (Est. Pt.)	170
99232	Level II - Intensivist Visit (Est. Pt.)	311
99233	Level III - Intensivist Visit (Est. Pt.)	448
<b>OBSTETRICS</b>		
59000	Amniocentesis, diagnostic	132
59001	Amniocentesis, therapeutic	306
59012	Fetal cord puncture, prenatal	350
59015	Chorion biopsy	224
59020	Fetal contract stress test	67

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59020	Fetal contract stress test	67
59020	Fetal contract stress test	67
59025	Fetal non-stress test	54
59025	Fetal non-stress test	54
59025	Fetal non-stress test	54
59030	Fetal scalp blood sample	203
59050	Fetal monitor w/report	91
59051	Fetal monitor/interpret only	75
59070	Transabdom amnioinfus w/us	534
59072	Umbilical cord occlud w/us	915
59074	Fetal fluid drainage w/us	534
59076	Fetal shunt placement, w/us	915
59100	Remove uterus lesion	1,350
59120	Treat ectopic pregnancy	1,279
59121	Treat ectopic pregnancy	1,287
59130	Treat ectopic pregnancy	1,525
59135	Treat ectopic pregnancy	1,509
59136	Treat ectopic pregnancy	1,441
59140	Treat ectopic pregnancy	597
59150	Treat ectopic pregnancy	1,241
59151	Treat ectopic pregnancy	1,223
59160	D & c after delivery	278
59200	Insert cervical dilator	80
59300	Episiotomy or vaginal repair	245
59320	Revision of cervix	253
59325	Revision of cervix	413
59350	Repair of uterus	503
59400	Obstetrical care	2,729
59409	Obstetrical care	1,373
59410	Obstetrical care	1,557
59412	Antepartum manipulation	174
59414	Deliver placenta	164

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59425	Antepartum care only	633
59426	Antepartum care only	1,124
59430	Care after delivery	217
59510	Cesarean delivery	3,090
59514	Cesarean delivery only	1,624
59515	Cesarean delivery	1,860
59525	Remove uterus after cesarean	869
59610	Vbac delivery	2,873
59612	Vbac delivery only	1,532
59614	Vbac care after delivery	1,689
59618	Attempted vbc delivery	3,236
59620	Attempted vbc delivery only	1,782
59622	Attempted vbc after care	2,006
59812	Treatment of miscarriage	447
59820	Care of miscarriage	477
59821	Treatment of miscarriage	506
59830	Treat uterus infection	663
<b>ONCOLOGIST</b>		
99201	Level I - Office Visit (New Patient)	137
99203	Level II - Office Visit (New Patient)	409
99205	Level III - Office Visit (New Patient)	917
99211	Level I - Office Visit (Est. Patient)	52
99213	Level II - Office Visit (Est. Patient)	281
99215	Level III - Office Visit (Est. Patient)	611
99221	Level I -Hospital Visit (New Pt.)	574
99222	Level II - Hospital Visit (New Pt.)	782
99223	Level III - Hospital Visit (New Pt.)	1,155
99231	Level I - Hospital Visit (Est. Pt.)	232
99232	Level II - Hospital Visit (Est. Pt.)	425
99233	Level III - Hospital Visit (Est. Pt.)	611
99241	Chemo Orders	196

**PALLIATIVE CARE**

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99251	Hospital Consult, Self Limited/Minor	143
99252	Hospital Consult, Low Complexity	214
99253	Hospital Consult, Moderate Complexity	324
99254	Hospital Consult, High Complexity	469
99255	Hospital Consult, Critical	570
99291	Unusual Critical Care Detention, First 60 Minutes	642
99292	Unusual Critical Care Detention, Additional 30 Minutes	321
<b>PROCEDURALIST</b>		
31500	Insert emergency airway	522
36481	Insertion of catheter, vein	1,564
36500	Insertion of catheter, vein	786
36510	Insertion of catheter, vein	244
36620	Insertion catheter, artery	258
36625	Insertion catheter, artery	473
36640	Insertion catheter, artery	470
36660	Insertion catheter, artery	314
93503	Insert/place heart catheter	652
93312	Echo transesophageal	493
93313	Echo transesophageal	213
93314	Echo transesophageal	280
93315	Echo transesophageal	623
93316	Echo transesophageal	213
93317	Echo transesophageal	410
93318	Echo transesophageal intraop	493
32421	Thoracentesis for aspiration	345
32422	Thoracentesis w/tube insert	491
49080	Puncture, peritoneal cavity	302
49081	Removal of abdominal fluid	282
62270	Spinal fluid tap, diagnostic	307
<b>PHYSIATRIST</b>		
99201	Level I - Office Visit (New Patient)	231
99203	Level II - Office Visit (New Patient)	569



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99205	Level III - Office Visit (New Patient)	1,107
99211	Level I - Office Visit (Est. Patient)	112
99213	Level II - Office Visit (Est. Patient)	383
99215	Level III - Office Visit (Est. Patient)	775
99221	Level I - Hospital Visit (New Pt.)	421
99222	Level II - Hospital Visit (New Pt.)	574
99223	Level III - Hospital Visit (New Pt.)	847
99231	Level I - Hospital Visit (Est. Pt.)	170
99232	Level II - Hospital Visit (Est. Pt.)	311
99233	Level III - Hospital Visit (Est. Pt.)	448
<b>REMOTE CONSULTATION</b>		
99251	Remote Consultation Level 1	224
99252	Remote Consultation Level 2	336
99253	Remote Consultation Level 3	509
99254	Remote Consultation Level 4	737
99255	Remote Consultation Level 5	896
99251	Remote Consultation Level 6	265
99252	Remote Consultation Level 7	397
99253	Remote Consultation Level 8	601
99254	Remote Consultation Level 9	871
99255	Remote Consultation Level 10	1,059
99251	Remote Consultation Level 11	306
99252	Remote Consultation Level 12	458
99253	Remote Consultation Level 13	693
99254	Remote Consultation Level 14	1,005
99255	Remote Consultation Level 15	1,222
<b>ROBOTICS FEE</b>		
99251	Robotics Fee	374
<b>VASCULAR SURGERY</b>		
99201	Level I - Office Visit (New Patient)	73
99203	Level II - Office Visit (New Patient)	218
99205	Level III - Office Visit (New Patient)	489

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99211	Level I - Office Visit (Est. Patient)	28
99213	Level II - Office Visit (Est. Patient)	150
99215	Level III - Office Visit (Est. Patient)	326
99221	Level I -Hospital Visit (New Pt.)	306
99222	Level II - Hospital Visit (New Pt.)	417
99223	Level III - Hospital Visit (New Pt.)	616
99231	Level I - Hospital Visit (Est. Pt.)	124
99232	Level II - Hospital Visit (Est. Pt.)	226
99233	Level III - Hospital Visit (Est. Pt.)	326
99231	Hospital Follow Up, Routine	124
99232	Hospital Follow, More Than Routine	226
99233	Hospital Follow Up, Complex Care ICU	326
99251	Hospital Consult, Self Limited/Minor	163
99252	Hospital Consult, Low Complexity	244
99253	Hospital Consult, Moderate Complexity	370
99254	Hospital Consult, High Complexity	536
99255	Hospital Consult, Critical	652
99291	Unusual Critical Care Detention, First 60 Minutes	733
99292	Unusual Critical Care Detention, Additional 30 Minutes	367
27880	Amputation of lower leg	2,483
28800	Amputation of midfoot	1,409
28805	Amputation thru metatarsal	2,045
28810	Amputation toe & metatarsal	1,062
28820	Amputation of toe	797
28825	Partial amputation of toe	604
33508	Endoscopic vein harvest	51
34201	Removal of artery clot	3,158
34802	Endovas aaa repr w/2-p part	3,863
35102	Repair defect of artery	5,926
35188	Repair blood vessel lesion	2,452
35207	Repair blood vessel lesion	1,768
35301	Rechanneling of artery	3,182

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35355	Rechanneling of artery	3,223
35371	Rechanneling of artery	2,482
35473	Repair arterial blockage	983
35476	Repair venous blockage	983
35492	Atherectomy, percutaneous	1,082
35556	Artery bypass graft	4,337
35572	Harvest femoropopliteal vein	1,110
35641	Artery bypass graft	5,453
35656	Artery bypass graft	3,322
35761	Exploration of artery/vein	952
35875	Removal of clot in graft	1,734
35876	Removal of clot in graft	2,890
36000	Place needle in vein	29
36002	Pseudoaneurysm injection trt	319
36005	Injection ext venography	155
36010	Place catheter in vein	396
36011	Place catheter in vein	512
36012	Place catheter in vein	572
36013	Place catheter in artery	411
36014	Place catheter in artery	492
36015	Place catheter in artery	572
36100	Establish access to artery	492
36120	Establish access to artery	328
36140	Establish access to artery	328
36145	Artery to vein shunt	328
36160	Establish access to aorta	411
36200	Place catheter in aorta	492
36215	Place catheter in artery	761
36216	Place catheter in artery	859
36217	Place catheter in artery	1,025
36218	Place catheter in artery	165
36245	Place catheter in artery	761

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36246	Place catheter in artery	859
36247	Place catheter in artery	1,025
36248	Place catheter in artery	165
36260	Insertion of infusion pump	1,600
36261	Revision of infusion pump	90
36262	Removal of infusion pump	660
36468	Injection(s), spider veins	178
36469	Injection(s), spider veins	261
36470	Injection therapy of vein	178
36471	Injection therapy of veins	261
36475	Endovenous rf, 1st vein	1,095
36476	Endovenous rf, vein add-on	551
36478	Endovenous laser, 1st vein	1,095
36479	Endovenous laser vein add-on	551
36481	Insertion of catheter, vein	1,137
36500	Insertion of catheter, vein	572
36510	Insertion of catheter, vein	178
36550	Photopheresis	272
36555	Insert non-tunnel cv cath	437
36556	Insert non-tunnel cv cath	407
36557	Insert tunneled cv cath	833
36558	Insert tunneled cv cath	784
36560	Insert tunneled cv cath	1,020
36561	Insert tunneled cv cath	979
36563	Insert tunneled cv cath	1,012
36565	Insert tunneled cv cath	979
36566	Insert tunneled cv cath	1,061
36568	Insert picc cath	313
36569	Insert picc cath	297
36570	Insert picvad cath	868
36571	Insert picvad cath	865
36575	Repair tunneled cv cath	109

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36576	Repair tunneled cv cath	523
36578	Replace tunneled cv cath	572
36580	Replace cvad cath	213
36581	Replace tunneled cv cath	562
36582	Replace tunneled cv cath	849
36583	Replace tunneled cv cath	857
36584	Replace picc cath	196
36585	Replace picvad cath	784
36589	Removal tunneled cv cath	370
36590	Removal tunneled cv cath	541
36593	Declot vascular device	370
36595	Mech remov tunneled cv cath	585
36596	Mech remov tunneled cv cath	122
36597	Reposition venous catheter	197
36620	Insertion catheter, artery	187
36625	Insertion catheter, artery	344
36640	Insertion catheter, artery	342
36800	Insertion of cannula	396
36810	Insertion of cannula	645
36815	Insertion of cannula	427
36818	Av fuse, uppr arm, cephalic	1,924
36819	Av fuse, uppr arm, basilic	2,345
36820	Av fusion/forearm vein	2,345
36821	Av fusion direct any site	1,491
36821	Av fusion direct any site	1,491
36825	Artery-vein autograft	1,629
36830	Artery-vein nonautograft	1,955
36831	Open thrombect av fistula	1,305
36832	Av fistula revision, open	1,711
36833	Av fistula revision	1,947
36834	Repair A-V aneurysm	1,810
36835	Artery to vein shunt	1,211

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36860	External cannula declotting	328
36861	Cannula declotting	411
36870	Percut thrombect av fistula	842
37184	Prim art mech thrombectomy	1,411
37185	Prim art m-thrombect add-on	534
37186	Sec art m-thrombect add-on	802
37187	Venous mech thrombectomy	1,308
37188	Venous m-thrombectomy add-on	930
37200	Transcatheter biopsy	741
37203	Transcatheter retrieval	818
37205	Transcath iv stent, percut	1,347
37250	Iv us first vessel add-on	342
37251	Iv us each add vessel add-on	261
37500	Endoscopy ligate perf veins	1,880
37607	Ligation of a-v fistula	1,009
37609	Temporal artery procedure	492
37620	Revision of major vein	1,872
37650	Revision of major vein	1,370
37700	Revise leg vein	613
37718	Ligate/strip short leg vein	1,149
37720	Ligate/strip short leg vein	1,149
37722	Ligate/strip long leg vein	1,317
37730	Ligate/strip long leg vein	1,317
37735	Removal of leg veins/lesion	1,761
37760	Ligation, leg veins, open	1,742
37765	Phleb veins extrem 10-20	1,243
37766	Phleb veins extrem 20+	1,561
37780	Revision of leg vein	631
37785	Ligate/divide/excise vein	631
37790	Penile venous occlusion	1,364
75650	Artery x-rays, head & neck	243
75790	Visualize A-V shunt	300

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75966	Repair arterial blockage	213
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**SCHEDULE 4 (Regulation 9)  
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Catheterization for x-ray	82
<b>INTERVENTIONAL RADIOLOGY</b>	
XRS -ANGIOGRAPHY EXTERNAL CAROTID	596
XRS -ANGIOGRAPHY CAROTID CERVICAL UNILATERAL	596
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XRS -ANGIOGRAPHY SPINAL SELECTIVE	596
XRS -ANGIOGRAPHY EXTREMITY UNILATERAL	596
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XRS -ANGIOGRAPHY RENAL UNILATERAL	596
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XRS -ANGIOGRAPHY PULMONARY UNILATERAL	596
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XRS -ANGIOGRAPHY ARTERIOVENOUS SHUNT	596
XRS -ANGIOPLASTY TRANSLUMINAL BALLOON PERIFERAL ARTERY	1,275
XRS -ANGIOPLASTY TRANSLUMINAL BALLOON EACH ADDITIONAL PERIFERAL ARTERY	1,275
XRS -ANGIOPLASTY TRANSLUMINAL BALLOON RENAL OR OTHER VISCERAL ARTERY	1,275
XRS -ANGIOPLASTY TRANSLUMINAL BALLOON EACH ADDITIONAL VISCERAL ARTERY	1,275
XRS -TRANSCATHETER INTRODUCTION OF	3,564

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XRS -PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM	383
XRS -PERCUTANEOUS TRANSHEPATIC BILIARY DRAIN	1,320
XRS -PERCUTANEOUS PLACEMENT BILIARY STENT	3,458
XRS -PERCUTANEOUS PLACEMENT IVC FILTER	1,971
XRS -INTRODUCTION URETERAL STENT	3,124
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XRS -VENOGRAM EXTERNAL BILATERAL SUPERVISION & INTERPRETATION	447
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**X-RAY**



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XR -ORBITS	215
XR -CHEST PORTABLE 1 VIEW	192
XR -CHEST POSTERIOR, ANTERIOR & LATERAL 2 VIEWS	256
XR -CHEST COMPLETE 4 VIEWS	320
XR -CHEST SPECIAL VIEW	192
XR -RIBS BILATERAL 3 VIEWS	235

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XR -SPINE CERVICAL TRAUMA	232
XR -SPINE CERVICAL COMPLETE INCLUDING OBLIQUE & FLEXION & OR EXTENSION	232
XR -SPINE THORACOLUMBAR 2 VIEWS	235
XR -SPINE LUMBAR WITH OBLIQUE	233
XR -SPINE LUMBAR WITH BENDING	233
XR -CLAVICLE	224
XR -SCAPULA	224
XR -SHOULDER BILAT 2 VIEWS	224
XR -ACROMIOCLAVICULAR JOINTS BILATERAL	224
XR -HUMERUS BILAT 2 VIEWS	224
XR -ELBOW BILAT 2 VIEWS	198
XR -FOREARM BILAT 2 VIEWS	207
XR -WRIST FRACTURE CLINIC 2 VIEWS	207
XR -SCAPHOID 3 VIEWS	207
XR -WRIST UNILAT 3 VIEWS	207
XR -WRIST & SCAPHOID 3 VIEWS	207
XR -WRIST BILAT 3 VIEWS	207
XR -HAND BILAT 3 VIEWS	207
XR -HIP BILAT ANTERIOR, POSTERIOR & PELVIC	223
XR -FEMUR BILAT 2 VIEWS	220
XR -KNEE UNILAT WITH PATELLA 3 VIEWS	218
XR -KNEES BILAT 2 VIEWS	218
XR -KNEES STANDING	218
XR -TIBIA & FIBULA BILAT 2 VIEWS	223
XR -ANKLE FRACTURE CLINIC 2 VIEWS	207
XR -ANKLE BILAT 3 VIEWS	207
XR -FOOT BILAT 3 VIEWS	208
XR -HEEL UNILAT 2 VIEWS	208
XR -HEEL BILAT 2 VIEWS	208
XR -ABDOMEN ERECT & SUPINE WITH CHEST	299
XR -SCANOGRAM BONE LENGTH	317

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XR -THORACIC INLET	224
XR -BONE DENSITY AXIAL SKELETON	237
XR -MODIFIED BARIUM SWALLOW	467
XR -ADDITIONAL CHARGES AFTER HRS	135
<b>(extra views done within 24 hours \$29 per view)</b>	
<b>(after 24 hours will be charged as per part being x-rayed)</b>	
<b>NUCLEAR MEDICINE</b>	
RI -IODINE 131 DIAGNOSTIC SCAN WHOLE BODY	1,377
RI -ADD-ON SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY	420
RI -RENAL SCAN OF CORTEX	882
RI -LUNG CLEARANCE	875
RI -RENAL SCAN WITH DIURETIC	882
RI -BONE SCAN WHOLE BODY	980
RI -BRAIN SCAN COMPLETE WITH VASCULAR FLOW	1,021
RI -STRONTIUM 89 INJECTION	2,879
RI -LIVER & SPLEEN SCAN	874
RI -THYROID SCAN	905
RI -IODINE 131 THERAPY DOSE	206
RI -PERFUSION ONLY LUNG SCAN	936
RI -TESTICULAR SCAN	905
RI -GASTRIC EMPTYING SCAN	920
RI -BONE SCAN STATIC VIEW	931
RI -BONE SCAN 3 PHASE	931
RI -WHOLE BODY INDIUM LABEL	986
RI -CARDIAC MULTIPLE GATED ACQUISITION (MUGA)	936
RI -CARDIAC TEST STRESS	1,225
RI -CARDIAC TEST RESTING	939
RI -RENAL SCAN WITH CAPTOPR	882
RI -GALLIUM SCAN LIMITED AREA	1,253
RI -GI BLEEDING SCAN	939
RI -HEPATO-BILIARY SCAN	920

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RI -VENTILATION/PERFUSION STUDY	991
RI -INTESTINAL IMAGING (MECKLES LOCALIZATION)	920
RI -PARATHYROID SCAN	1,110
RI -RENAL SCAN WITHOUT DRUG INTERVENTION	943
RI -SALIVARY GLAND SCAN	920
RI -WHOLE BODY SCAN WITH IODINE I131	1,377
RI -VOIDING CYSTOURETHROGRAM	598
RI -CARDIAC TEST RESTING & STRESS	1,052
RI -ASSESSMENT ACUTE MYOCARDIAL INFARCTION	944
RI -THYROID UPTAKE MULTIPLE DETERMINATIONS	1,256
RI -RADIOISOTOPE IODINE 131 1MCI	198
RI -RADIOISOTOPE IODINE 131 3MCI	132
RI -RADIOISOTOPE IODINE 131 10MCI	260
RI -RADIOISOTOPE IODINE 131 15MCI	169
RI -RADIOISOTOPE IODINE 131 20MCI	209
RI -RADIOISOTOPE IODINE 131 25MCI	221
RI -RADIOISOTOPE IODINE 131 30MCI	224
RI -RADIOISOTOPE THALLIUM 201 2MCI	290
RI -RADIOISOTOPE THALLIUM 201 3MCI	363
RI -RADIOISOTOPE THALLIUM 201 5MCI	437
RI -RADIOISOTOPE SESTAM 5 UNIT (PHARMACEUTICAL)	2,204
RI -RADIOISOTOPE GALLIUM CITRATE 3MCI	368
R-- RADIOISOTOPE GALLIUM CITRATE 5MCI	566
RI -MIBG DIAGNOSTIC DOSE 1MCI	460
RI -MIBG DIAGNOSTIC DOSE 1.5MCI	690
RI -METASTRON (89SR) 4MCI	2,690
RI -RADIOISOTOPE STRONTIUM 89 4MCI	2,690
RI -GALLIUM WHOLE BODY SCAN	1,324
RI -GASTRO ESOPHAGEAL REFLUX STUDY	471
RI -SCINTIMAMMOGRAPHY	980
RI -STUDY OUTSIDE NORMAL HR	190

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**CT SCAN**

CT -BIOPSY SUPERVISION & INTERPRETATION	1,088
CT -DRAINAGE SUPERVISION & INTERPRETATION	1,091
CT -SPECIAL RECONSTRUCTION	266
CT -HEAD LIMITED WITHOUT CONTRAST	1,014
CT -HEAD WITHOUT CONTRAST	1,014
CT -HEAD WITH CONTRAST	1,345
CT -HEAD WITH & WITHOUT CONTRAST	2,526
CT -HEAD / INTERNAL AUDITORY MEATUS WITHOUT CONTRAST	1,014
CT -HEAD / INTERNAL AUDITORY MEATUS WITH CONTRAST	1,428
CT -HEAD / INTERNAL AUDITORY MEATUS WITH & WITHOUT CONTRAST	2,526
CT -MASTOIDS WITHOUT CONTRAST	1,014
CT -MASTOIDS WITH CONTRAST	1,428
CT -MASTOIDS WITH & WITHOUT CONTRAST	2,526
CT -ORBITS WITHOUT CONTRAST	1,014
CT -ORBITS WITH CONTRAST	1,428
CT -ORBITS WITH & WITHOUT CONTRAST	2,526
CT -PITUITARY WITHOUT CONTRAST	1,014
CT -PITUITARY WITH CONTRAST	1,428
CT -PITUITARY WITH & WITHOUT CONTRAST	2,526
CT -FACIAL BONES WITHOUT CONTRAST	1,014
CT -FACIAL BONES WITH CONTRAST	1,345
CT -FACIAL BONES WITH & WITHOUT CONTRAST	2,526
CT -SINUSES WITHOUT CONTRAST	1,014
CT -ANGIO HEAD WITH & WITHOUT CONTRAST	2,526
CT -NECK WITHOUT CONTRAST	1,109
CT -NECK WITH CONTRAST	1,439
CT -NECK WITH & WITHOUT CONTRAST	2,671
CT -CHEST LIMITED WITHOUT CONTRAST	1,109
CT -CHEST HI-RESOLUTION WITHOUT CONTRAST	1,109

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CT -CHEST WITHOUT CONTRAST	1,109
CT -CHEST WITH CONTRAST	1,439
CT -CHEST WITH & WITHOUT CONTRAST	2,671
CT -ANGIO CHEST WITH & WITHOUT CONTRAST	2,671
CT -SPINE CERVICAL P MYELOGRAM WITHOUT CONTRAST	1,109
CT -SPINE CERVICAL WITHOUT CONTRAST	1,109
CT -SPINE CERVICAL WITH CONTRAST	1,439
CT -SPINE CERVICAL WITH & WITHOUT CONTRAST	2,671
CT -SPINE THORACIC P MYELOGRAM WITHOUT CONTRAST	1,109
CT -SPINE THORACIC WITHOUT CONTRAST	1,109
CT -SPINE THORACIC WITH CONTRAST	1,439
CT -SPINE THORACIC WITH & WITHOUT CONTRAST	2,671
CT -SPINE LUMBAR P MYELOGRAM WITHOUT CONTRAST	1,109
CT -SPINE LUMBAR WITHOUT CONTRAST	1,109
CT -SPINE LUMBAR WITH CONTRAST	1,439
CT -SPINE LUMBAR WITH & WITHOUT CONTRAST	2,671
CT -PELVIS LIMITED WITHOUT CONTRAST	1,109
CT -PELVIS WITHOUT CONTRAST	1,109
CT -PELVIS WITH CONTRAST	1,439
CT -PELVIS WITH & WITHOUT CONTRAST	2,671
CT -ABDOMEN LIMITED WITHOUT CONTRAST	1,109
CT -ABDOMEN WITHOUT CONTRAST	1,109
CT -ABDOMEN WITH CONTRAST	1,439
CT -ABDOMEN WITH & WITHOUT CONTRAST	2,671
CT -UP EXTREMITY WITHOUT CONTRAST	1,109
CT -UP EXTREMITY WITH CONTRAST	1,439
CT -UP EXTREMITY WITH & WITHOUT CONTRAST	2,671
CT -LOW EXTREMITY WITHOUT CONTRAST	1,109
CT -LOW EXTREMITY WITH CONTRAST	1,439
CT -LOW EXTREMITY WITH & WITHOUT CONTRAST	2,671

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CT -ANGIO ABDOMEN WITH & WITHOUT CONTRAST	708
CT -ANGIO CHEST WITH & WITHOUT CONTRAST	708
CT -ANGIO UPPER EXTREMITY WITH & WITHOUT CONTRAST	708
CT-ANGIO LOWER EXTREMITY WITH & WITHOUT CONTRAST	708
CT -ANGIO HEAD WITH & WITHOUT CONTRAST	708
CT -ANGIO NECK WITH & WITHOUT CONTRAST	708
CT -ANGIO PELVIS WITH & WITHOUT CONTRAST	708
CT-ANGIO ABDOMINAL AORTA BILATERAL	708
CT -LEG LENGTHS	224
CT -SCANOGRAM	224
CT- COPY	40
CT -STUDY OUTSIDE NORMAL HRS	475
CT -REPRODUCE ORIGINAL FILM	88
<b>ULTRASOUND</b>	
US -ABDOMEN	355
US -PELVIS	355
US -LIVER	355
US -RENAL	355
US -PANCREAS	355
US -THYROID	355
US -TESTICLES	355
US -OBSTETRICS 1ST TRIMESTER	355
US -BIOPSY SUPERVISION & INTERPRETATION	366
US -AORTA	355
US -HIPS INFANT	355
US -TENDONS	355
US -SHOULDER	355
US -SOFT TISSUE NECK (LUMP)	355
US -VEINS LOWER EXTREMITY UNILATERAL	366
US -DRAINAGE SUPERVISION & INTERPRETATION	366



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US -VEINS UPPER EXTREMITY UNILATERAL	388
US -LEG ARTERIES UNILATERAL	462
US -SONO HYSTEROGRAM	366
US -FERTILITY, TRANSVAGINAL	355
US -PELVIC INTRACAVITY	372
US -UPPER EXTREMITY ARTERIAL BYPASS GRAFT	388
US -BREAST UNILATERAL	355
US -BLADDER	355
US -HEAD	355
US -REPEAT EXAM	179
US -CAROTIDS	606
US -BREAST BILATERAL	355
US -SPLEEN	355
US -RENAL TRANSPLANT	355
US -OBSTETRICS 2ND TRIMESTER	355
US -OBSTETRICS 3RD TRIMESTER	355
US -FETAL BIOPHYSICAL PROFILE	355
US -+TWINS (OB2/OB3) EACH ADDITIONAL GESTATION	355
US FERTILITY FOLLOW-UP LIMITED STUDY	355
US -PROSTATE	355
US -SOFT TISSUE (LUMP)	355
US -LEG ARTERIES BILATERAL	462
US -VEINS LOWER EXTREMTY BILATERAL	366
US -VEINS UPPER EXTREMITY BILATERAL	389
US -BREAST BIOPSY SUPERVISION & INTERPRETATION	366
US -AMNIOCENTESIS SUPERVISION & INTERPRETATION	366
US -+BREAST CYST ASPIRATION	366
US -UPPER EXTREMITY ARTERIAL BYPASS GRAFT	388
US -BREAST WIRE LOCALIZATION	366
US -GUIDED NEEDLE PLACEMENT	366

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US -STUDY OUTSIDE NORMAL HRS	282
<b>Biopsy and Amniocentesis</b>	
<b>(does not include standard b scan charge)</b>	361
<b>MRI</b>	
MR -CINERADIOGRPHY WITH EXAM	88
MR -TEMPOROMANDIBULAR JOINT(S)	1,516
MR-ORBIT FACE NECK WITHOUT CONTRAST	1,516
MR -ORBIT FACE NECK WITH CONTRAST	1,516
MR -ORBIT FACE NCK WITH & WITHOUT CONTRAST	1,516
MR -BRAIN WITHOUT CONTRAST	1,516
MR -BRAIN WITH CONTRAST	1,516
MR -BRAIN WITH & WITHOUT CONTRAST	1,516
MR -CHEST WITHOUT CONTRAST	1,516
MR -CHEST WITH CONTRAST	1,516
MR -CHEST WITH & WITHOUT CONTRAST	1,516
MR -SPINE CERVICAL WITHOUT CONTRAST	1,516
MR -SPINE CERVICAL WITH CONTRAST	1,516
MR -SPINE CERVICAL WITH & WITHOUT CONTRAST	1,516
MR -SPINE THORACIC WITHOUT CONTRAST	1,516
MR -SPINE THORACIC WITH CONTRAST	1,516
MR -SPINE THORACIC WITH & WITHOUT CONTRAST	1,516
MR -SPINE LUMBAR WITHOUT CONTRAST	1,516
MR -SPINE LUMBAR WITH CONTRAST	1,516
MR -SPINE LUMBAR WITH & WITHOUT CONTRAST	1,516
MR -PELVIS WITHOUT CONTRAST	1,516
MR -PELVIS WITH CONTRAST	1,516
MR -PELVIS WITH & WITHOUT CONTRAST	1,516
MR -UPPER EXTREMITY NON-JOINT WITHOUT CONTRAST	1,516
MR -UPPER EXTREMITY NON-JOINT WITH CONTRAST	1,516
MR -UPPER EXTREMITY NON-JOINT WITH & WITHOUT CONTRAST	1,516

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MR -UPPER EXTREMITY JOINT WITHOUT CONTRAST	1,516
MR -UPPER EXTREMITY JOINT WITH CONTRAST	1,516
MR -UPPER EXTREMITY JOINT WITH & WITHOUT CONTRAST	1,516
MR -LOWER EXTREMITY NON-JOINT WITHOUT CONTRAST	1,516
MR -LOWER EXTREMITY NON-JOINT WITH CONTRAST	1,516
MR -LOWER EXTREMITY NON-JOINT WITH & WITHOUT CONTRAST	1,516
MR -LOWER EXTREMITY JOINT WITHOUT CONTRAST	1,516
MR -LOWER EXTREMITY JOINT WITH CONTRAST	1,516
MR -LOWER EXTREMITY JOINT WITH & WITHOUT CONTRAST	1,516
MR -ABDOMEN WITHOUT CONTRAST	1,516
MR -ABDOMEN WITH CONTRAST	1,516
MR -ABDOMEN WITH & WITHOUT CONTRAST	1,516
MR -CARDIAC WITHOUT CONTRAST	1,516
MR -CARDIAC WITH CONTRAST	1,516
MR -CARDIAC FUNCTION COMPLETE	1,516
MR -CARDIAC FUNCTION LIMITED	1,516
MR -BREAST UNILATERAL WITHOUT CONTRAST	1,516
MR -BREAST UNILATERAL WITH CONTRAST	1,516
MR -BREAST UNILATERAL WITH & WITHOUT CONTRAST	1,516
MR -BREAST BILATERAL WITHOUT CONTRAST	1,516
MR -BREAST BILATERAL WITH CONTRAST	1,516
MR -BREAST BILATERAL WITH & WITHOUT CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH & WITHOUT CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST	1,516

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MR -MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH & WITHOUT CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY CHEST WITH & WITHOUT CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY SPINAL WITH & WITHOUT CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY PELVIS WITH & WITHOUT CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY UPPER EXTREMITY WITH & WITHOUT CONT	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY WITH & WITHOUT CONT	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN WITH & WITHOUT CONTRAST	1,516
MR -MAGNETIC RESONANCE ANGIOGRAPHY GUIDED NEEDLE PLACEMENT	1,516
<b>MAMMOGRAPHY</b>	
MAMMO -GUIDED NEEDLE LOCALIZATION SUPERVISION & INTERPRETATION	483
MAMMO -DUCTOGRAM SINGLE	483
MAMMO -X RAY OF SPECIMEN	180
MAMMO -CYST ASPIRATION	483
MAMMO -DIAGNOSTIC UNILATERAL	181
MAMMO -DIAGNOSTIC BILATERAL	302
MAMMO -SCREENING UNILATERAL	181
MAMMO -SCREENING BILATERAL	302
MAMMO-STEREOTACTIC BREAST BIOPSY, PER LESION	1,772
MAMMO -FINE NEEDLE BIOPSY	483
MAMMO -ADDITIONAL CHARGE OUTSIDE NORMAL HOURS	282
<b>CARDIAC</b>	
<b>CARDIOLOGY AND EEG</b>	
CR -ELECTROCARDIOGRAM	106
CR -ELECTROENCEPHALOGRAPHY ORDINARY	355

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CR -HOLTER MONITORING WITH ANALYSIS	386
CR -STRESS TEST ONLY	396
CR -ECHOCARIOGRAPHY COMPLETE 2D ADULT	1,269
CR -ECHOCARDIOGRAPHY COMPLETE 2D PAEDIATRIC	1,525
CR -+PHYSICIAN ATTENDANCE AT ECHOCARDIOGRAPHY	126
CR -SIGNAL-AVERAGE ELECTROCARDIOGRAPHY (SAECG) WITH & WITHOUT ECG	119
CR -SLEEP APNEA STUDY	601
CR -+ATTENDING PHYSICIAN FEE - PEDIATRIC	229
CR - STRESS ECHOCARDIOGRAPHY	1,666
CR -ELECTRONIC ANALYSIS DUAL CHAMBER PACEMAKER WITHOUT REPROGRAMMING	163
CR -ELECTRONIC ANALYSIS DUAL CHAMBER PACEMAKER WITH REPROGRAMMING	163
CR -ELECTRONIC ANALYSIS SINGLE CHAMBER PACEMAKER WITHOUT REPROGRAMMING	163
CR -ELECTRONIC ANALYSIS SINGLE CHAMBER PACEMAKER WITH REPROGRAMMING	163
CR -SEDATION FOR CHILDREN - ECHO	80
CR- AMBULATORY BLOOD PRESSURE MONITORING, FOR 24 HOURS OR LONGER; INCLUDING RECORDING, SCANNING AND REPORT	134
<b>CARDIAC CARE</b>	
CC -HEART LINE PROGRAM	759
<b>PATHOLOGY DEPARTMENT</b>	
<b>Hematology / Coagulation</b>	
LAB -BLEEDING TIME	74
LAB -BODY FLUID (PLEURAL, JOINT, CEREBROSPINAL)	67
LAB -BONE MARROW EXAM WITH ASPIRATION	363
LAB -COMPLETE BLOOD COUNT	58
LAB -ERYTHROCYTE SEDIMENT	78
LAB -FIBRINOGEN	89
LAB -FIBRINOGEN DEGRADATION (SPLIT) PRODUCTS SCREEN	58

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LAB-FILM EXAM FOR PARASITES	104
LAB -HAEMOGLOBIN FOETAL CHEMICAL	172
LAB -HAEMOGLOBIN ELECTROPHORESIS	117
LAB -THROMBOPLASTIN TIME, PARTIAL (PTT)	58
LAB -LEUKOCYTE PHAGOCYTOSIS SCREEN	100
LAB -INFECTIOUS MONONUCLEOSIS SCREEN	58
LAB -PROTHROMBIN TIME	91
LAB -RETICULOCYTE COUNT	73
LAB -RUBELLA ANTIBODIES	73
LAB -SICKLE CELL PREP	51
LAB -SCREENING TEST RHEUMATOID ARTHRITIS	78
LAB -RHEUMATOID FACTOR, QUANTITATIVE	121
LAB -HAEMOGLOBIN GLYRATE	91
LAB -BLOOD DRAWN/SEND AWAY	40
LAB -HEPATITIS C ANTIBODY	117
LAB -HEP FACTOR VIII CLOTTING	91
LAB -FACTOR IX ACT	91
LAB -FIBRINOGEN DEGREDATION (SPLIT) PRODUCTS QUANTITATIVE	85
LAB -FETAL FIBRONECTIN TEST	230
LAB -D-DIMER TEST	29
LAB -COAGULATION SCREEN	109
LAB -SPERM COUNT	149
LAB- PROTEIN C, ANTIGEN	114
LAB- PROTEIN C, ACTIVITY	114
LAB- PROTEIN S, TOTAL	98
LAB- PROTEIN S, FREE	98
LAB- ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	118
LAB- ANTITHROMBIN III, ACTIVITY	142
LAB- ANTITHROMBIN III, ANTIGEN ASSAY	142
LAB- LUPUS ANTICOAGULANT SCREENING (THROMBOPLASTIN INHIBITION, TISSUE)	138

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LAB- THROMBIN TIME; PLASMA	174
LAB- THROMBIN TIME; TITER	174
LAB- HEPARIN ASSAY (ANTI-XA ASSAY)	127
<b>Blood Transfusion</b>	
LAB -ANTIBODY IDENTIFICATION	135
LAB -ANTIBODY SCREEN EACH TECHNIQUE	109
LAB -ANTIHUMAN GLOBULIN INDIRECT TITER	145
LAB -COLD AGGLUTININS TITER	260
LAB -ANTIHUMAN GLOBULIN DIRECT	73
LAB -PREGNANCY TEST (HCG QL)	83
LAB -RH PHENOTYPE COMPLETE	104
LAB -RHOGAM CROSSMATCH	250
LAB -HIV 1 & 2 ANTIBODY	135
LAB -SYPHILIS TEST, QUALITATIVE	57
LAB -HEMOGLOBIN OR RED BLOOD CELLS, FETAL, FOR FETAL MATERNAL HEMORRHAGE	105
LAB -RED BLOOD CELL ANTIGENS, OTHER	17
LAB -ANTIGEN SCREEN FOR COMPATIBLE BLOOD UNIT	20
LAB -ANTIGEN PROFILE	260
LAB -BETA GONADOTROPIN, CHORIONIC (hGC) QUANTITATIVE	125
LAB -GAMMAGLOBULIN IGE	125
<b>Microbiology</b>	
LAB -CULTURE, BACTERIAL, BLOOD	215
LAB - CULTURE, BACTERIAL, BODY FLUID	152
LAB -DARK FIELD EXAMINATION	272
LAB -EAR SWAB-ROUTINE CULTURE	109
LAB -EYE SWAB ROUTINE CULTURE	109
LAB -URINALYSIS	61
LAB -CULTURE CEREBROSPINAL FLUID	213
LAB -SPUTUM OR TISSUE FOR BACTERIA, FUNGI, PARASITES, VIRUSES OR CELL TYPES	189

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LAB -CULTURE STOOL PROFILE	142
LAB -CULTURE THROAT	109
LAB -CULTURE URINE COLONY COUNT	109
LAB -GENITAL CULTURE (VAGINAL)	142
LAB -CULTURE WOUND	213
LAB -CRYSTAL IDENTIFICATION KNEE FLUID	126
LAB -OVA & PARASITE	89
LAB -CULTURE ACID FAST BACILLI WITH CONCENTRATION	342
LAB -CATHETER TIP CULTURE	152
LAB -CULTURE FUNGI (SKIN, HAIR, NAILS)	131
LAB -FLUORESCENT TREPONEM	91
LAB -GRAM STAIN	11
LAB -INDIA INK PREP	11
LAB -CULTURE RESPIRATORY	152
LAB -SYPHILIS CONFIRMATION	93
LAB -CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	96
LAB -ROTAVIRUS	164
LAB -ANTINUCLEAR ANTIBODIES (ANA)	96
LAB -CHLAMYDIA TRACHOMATIS, IMMUNOFLUORESCENT TECHNIQUE	96
LAB -CRYPTOSPORIDIUM STAIN	96
LAB -LEGIONELLA CULTURE	194
LAB -FAECAL FAT STAIN	51
LAB -MRSA SCREEN	109
LAB -SEMEN FOR CULTURE	129
LAB -ACID FAST BACILLI (AFB) CULTURE	310
LAB -CULTURE TISSUE	231
LAB -GENITAL CULTURE (CERVICAL)	142
LAB -RESPIRATORY SYNCYTIAL VIRUS (RSV)	137
LAB -CULTURE VRE	110
LAB -CLOSTRIDIUM DIFFICILE TOXIN	88



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LAB -HELICOBACTER PYLORI	64
LAB -HERPES CULTURE	105
LAB -SEMEN ANALYSIS	150
LAB- SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR FEWER AGENTS) (VITEK)	16
LAB- SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION, EACH MULTI-ANTIMICROBIAL, PER PLATE	16
<b>Histology / Cytology</b>	
LAB -GYNAECOLOGICAL CYTOLOGY (PAP)	78
LAB -FROZEN SECTION	337
LAB -CYTOPATHOLOGY SMEARS	147
LAB -IMMUNOPEROXIDASE	163
LAB -PAP PEROXIDASE TECHNIQUE	129
LAB -SEX CHROMATIN IDENTIFICATION (BARR BODY COUNT)	78
LAB -BONE MARROW BIOPSY	383
LAB -CYTOPATHOLOGY HORMONAL EVALUATION	78
LAB -FINE NEEDLE ASPIRATION	383
LAB -CYTOCHEMICAL STAIN	104
LAB -CYTOPATHOLOGY CERVICAL OR VAGINAL THIN LAYER PREPARATION	87
LAB -ESTROGEN RECEPTOR ASSAY	628
LAB -SPECIAL STAIN MICRO-ORGANISMS	103
LAB -SPECIAL STAIN OTHER	163
LAB -SINGLE TISSUE SPECIMEN FOR EXAMINATION	189
LAB -TWO TISSUE SPECIMENS FOR EXAMINATION	235
LAB -THREE TISSUE SPECIMENS FOR EXAMINATION	282
LAB -FOUR TISSUE SPECIMENS FOR EXAMINATION	462
LAB -FIVE TISSUE SPECIMENS FOR EXAMINATION	554
LAB -SIX TISSUE SPECIMENS FOR EXAMINATION	658
LAB -SEVEN TISSUE SPECIMENS FOR EXAMINATION	752
LAB - ADDITIONAL SET SLIDES DOC REQUEST	63

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LAB -RESIN SECTION	125
LAB -COLPOSCOPY BIOPSY	189
LAB -TISSUE SECTION FOR MACRO EXAM	92
LAB -TISSUE SECTION SINGLE	189
LAB -SURGICAL PATHOLOGY LEVEL 1	189
LAB -SURGICAL PATHOLOGY LEVEL 2	235
LAB -SURGICAL PATHOLOGY LEVEL 3	282
LAB -SURGICAL PATHOLOGY LEVEL 4	462
LAB -SURGICAL PATHOLOGY LEVEL 5	554
LAB -SURGICAL PATHOLOGY LEVEL 6	658

**Where the examination covers more than one organ,  
each additional organ will be charged at half price.**

**Immunoassay**

LAB -HEPATITIS B SURFACE ANTIGEN (HBsAg)	84
LAB -DIGOXIN	109
LAB -FERRITIN	109
LAB -THYROID STIMULATING HORMONE (TSH)	109
LAB-FOLATE	94
LAB-THYROXINE FREE (T4 FREE)	172
LAB -CARCINOEMBRYONIC ANTIGEN (CEA)	96
LAB-TRIIODOTHYRONINE FREE (T3 FREE)	109
LAB-THYROXINE TOTAL (T4 TOTAL)	172
LAB -HEPATITIS B ANTIBODY	109
LAB -THYROID PROFILE	384
LAB -PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL	96
LAB -CREATINE KINASE (CK) MB FRACTION ONLY	96
LAB -HEPATITIS B CORE ANTIBODY (HBcAb)	109
LAB -IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE CA 125	96
LAB -CYCLOSPORINE	125
LAB -ESTRADIOL	125
LAB -FOLLICLE STIMULATING HORMONE (FSH)	125

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LAB -LUTEINIZING HORMONE (LH)	125
LAB -PROLACTIN	125
LAB -PROGESTERONE	125
LAB -TESTOSTERONE	125
LAB -B 12	96
LAB -PROSTATE SPECIFIC ANTIGEN (PSA) FREE	125
LAB -TROPONIN	125
LAB -HOMOCYSTINE	125
LAB -ACID PHOSPHATASE (PAP)	80
<b>Biochemistry</b>	
LAB -GLUCOSE CHALLENGE	84
LAB -GASES, BLOOD, COMBINATION	114
LAB -ALBUMIN ONLY	54
LAB -ALCOHOL,ETHANOL (ANY SPECIMEN EXCEPT BREATH)	58
LAB -ALKALINE PHOSPHATASE	54
LAB -AMYLASE	54
LAB -BENCE JONES PROTEIN	74
LAB -BILIRUBIN DIRECT	54
LAB -BILIRUBIN TOTAL	54
LAB -GLUCOSE QUANTITATIVE	54
LAB -CALCIUM	54
LAB -LYTES GLUCOSE BUN	84
LAB -TEGRETOL	74
LAB -PROTEIN TOTAL CEREBROSPINAL FLUID (CSF)	57
LAB -GLUCOSE CEREBROSPINAL FLUID	54
LAB -CHLORIDE CEREBROSPINAL FLUID	54
LAB -CHLORIDE (CL)	54
LAB -CHOLESTEROL	54
LAB -CREATININE; BLOOD	54
LAB -CREATININE; CLEARANCE	114
LAB -CREATINE KINASE (CK)	54

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LAB -ELECTROLYTE PROFILE	84
LAB -TRANSFERASE ASPARATE AMINO (AST) (SGOT)	54
LAB -TRANSFERASE ALANINE AMINO (ALT) (SGPT)	54
LAB -5-HYDRXYINDOLACETIC ACID (HIAA)	73
LAB -LIPID PROFILE	73
LAB -LITHIUM	63
LAB -LIVER PROFILE	152
LAB -PHOSPHORUS INORGANIC (PHOSPHATE)	54
LAB -PORPHYRINS, URINE, QUALITATIVE	67
LAB -POTASSIUM (K)	54
LAB -PROTEIN TOTAL FLUID	57
LAB -PROTEINS (INCLUDING ALBUMIN & GLOBULIN)	67
LAB -PROTEIN ELECTROPHORETIC FRACTIONATION AND QUANTITATION	96
LAB -SODIUM (NA)	54
LAB -TRIGLYCERIDES	54
LAB -UREA NITROGEN (BUN)	54
LAB -URIC ACID	54
LAB -URINE FOR BILE PIGMENTS	67
LAB -URINE-BILE PRODUCTS (UROBILINOGEN)	67
LAB -PROTEIN TOTAL URINE	58
LAB -URINE FOR PROPHYRINS	58
LAB -GLUCOSE RANDOM URINE	58
LAB -CARBAMAZEPINE/TEGRETOL	74
LAB -PHENYTOIN, TOTAL	78
LAB -VALPROIC ACID	74
LAB -LACTATE DEHYDROGENASE (LDH)	54
LAB -URIC ACID RANDOM URINE	58
LAB -CALCIUM RANDOM URINE	58
LAB -ACETAMINOPHEN	78
LAB -GENTAMICIN	74
LAB -PHENOBARBITOL	74

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LAB -PRIMIDONE	69
LAB -THEOPHYLLINE ASSAY	74
LAB -LIPOPROTEIN HIGH DENSITY CHOLESTEROL HDL	54
LAB -QUINIDINE	69
LAB -VANCOMYCIN PEAK	74
LAB -VANCOMYCIN TROUGH	74
LAB -VANCOMYCIN RANDOM	74
LAB -GLUTAMYLTRANSFERASE, GAMMA (GGT)	54
LAB -ETHOSUXIMIDE	69
LAB -SALICYLATE	48
LAB -STOOL/URINE REDUCING	33
LAB -BLOOD SUGAR (1-6HR POST GLUCOSE DOSE)	74
LAB -AMYLASE FLUID	58
LAB -POST DIALYSIS BMP PROFILE	142
LAB -PRE DIALYSIS PROFILE	413
LAB -EMERGENCY DEPARTMENT PROFILE	111
LAB -COMPREHENSIVE METABOLIC PROFILE	576
LAB -CLINIC PROFILE	142
LAB -CARDIAC RISK PROFILE	106
LAB- IRON PROFILE	125
LAB -MAGNESIUM	53
LAB -DRUGS ABUSE-EACH DRUG CLASS	78
LAB -UREA & ELECTROLYTES	84
LAB -POST GLUCOSE DOSE	75
LAB-GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS	126
LAB-GLUCOSE OLERANCE TEST (GTT) >3 SPECIMENS	147
LAB -CALCIUM 24HR URINE	78
LAB -CHLORIDE 24HR URINE	78
LAB -CREATININE 24HR URINE	78
LAB -GLUCOSE 24HR URINE	78
LAB -POTASSIUM 24HR URINE	78

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LAB -MAGNESIUM 24HR URINE	78
LAB -SODIUM 24HR URINE	78
LAB -PHOSPHORUS 24HR URINE	78
LAB -PROTEIN TOTAL 24HR URINE	78
LAB -URIC ACID 24HR URINE	78
LAB -UREA NITROGEN 24HR URINE	78
LAB -BILIRUBIN FLUID	59
LAB -CHLORIDE FLUID	59
LAB -CREATININE FLUID	59
LAB -GLUCOSE FLUID	59
LAB -POTASSIUM FLUID	59
LAB -ALBUMIN FLUID	59
LAB -LACTATE DEHYDROGENASE (LDH) FLUID	59
LAB -SODIUM FLUID	59
LAB -AMYLASE RANDOM URINE	59
LAB -CHLORIDE RANDOM URINE	59
LAB -CREATININE RANDOM URINE	59
LAB -POTASSIUM RANDOM URINE	59
LAB -SODIUM RANDOM URINE	59
LAB -PHOSPHORUS RANDOM URINE	59
LAB -UREA NITROGEN RANDOM URINE	78
LAB -IRON BINDING CAPACITY	125
LAB -CARDIAC ENZYMES (SGOT & LDH) CPK	118
LAB -2HR GTT	106
LAB -3HR GTT	126
LAB -4HR GTT	147
LAB -5HR GTT	174
LAB -6HR GTT	194
LAB -B12	97
LAB -LOW DENSITY LIPOPROTEIN	54
LAB -GLUCOSE DRINK	10
LAB- COMPLEMENT 3, ANTIGEN	106

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LAB- COMPLEMENT 4, ANTIGEN	106
LAB- MICROALBUMIN, URINE, QUANTITATIVE	139
LAB- MICROALBUMIN, URINE, SEMIQUANTITATIVE	139
LAB- IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3	186
LAB- IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	234
LAB- NATIURETIC PEPTIDE (NT-PRO BNP)	119
LAB- C-REACTIVE PROTEIN (CRP)	51
LAB- HIGH SENSITIVITY C-REACTIVE PROTEIN (hsCRP)	59
LAB- CALCIUM; IONIZED	48
LAB- GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES (IgG1, 2, 3 OR 4), EACH (IMMUNOGLOBULIN A)	79
LAB- OSMOLALITY; BLOOD	274
LAB- OSMOLALITY; URINE	274

**Note: Any test sent to a commercial or reference laboratory will be charged according to current charges of that commercial or reference laboratory plus a handling charge of \$60 for express postal specimens and \$198 for specimens requiring air freight and / or dry ice.**

**OR**

**OR GENERAL**

REMOVAL OF-JAW WIRES	688
REMOVAL OF-K WIRES	688
REMOVAL OF-NAILS OR PINS	688
REMOVAL OF-NECK GLANDS	688
REMOVAL OF-NODES	688
REMOVAL OF-PAPILLOMAS	688
REMOVAL OF-SCREWS & PLATES	936
REVISION OF SCARS	688
FAILED PROCEDURES	582
REMOVAL OF-SUTURES	688
OR -ORCHIOPEXY ABDOMINAL APPROACH	711

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REMOVAL OF-ORTHOFIXATOR	688
OR -BIOPSY LIVER NEEDLE PERCUTANEOUS	661
OR -AMPUTATION METACARPAL WITH FINGER OR THUMB	720
OR -AMPUTATION FINGER DIRECT CLOSURE	720
OR -AMPUTATION FINGER LOCAL ADVANCEMENT	720
OR -AMPUTATION FOOT TRANSMETATARSAL	720
OR -AMPUTATION METATARSAL TOE SINGLE	720
OR -AMPUTATION TOE METATARSOPHALANGEAL JOINT	720
OR -AMPUTATION TOE INTERPHALANGEAL JOINT	720
OR -ANOSCOPY WITH DILATION	661
OR -DILATION ANAL SPHINCTER UNDER ANESTHESIA	661
OR -CLOSURE ANAL FISTULA WITH FLAP	661
OR -BRONCHOSCOPY, DIAGNOSTIC	891
OR -BRONCHOSCOPY WITH BRUSHING	891
OR -BRONCHOSCOPY WITH ALVEOLAR LAVAGE	891
OR -BRONCHOSCOPY BIOPSY	891
OR -BRONCHOSCOPY LUNG BIOPSY	891
OR -BRONCHOSCOPY NEEDLE ASPIRATION BIOPSSY	891
OR -BRONCHOSCOPY WITH TRACHEAL/BRONCHIAL DILATION OR FRACTURE	891
OR -BRONCHOSCOPY WITH PLACEMENT OF TRACHEAL STENT	891
OR -BRONCHOSCOPY WITH REMOVAL OF FOREIGN BODY	891
OR -BRONCHOSCOPY WITH RADIOELEMENT APPLICATION	891
OR -BRONCHOSCOPY WITH THERAPEUTIC ASPIRATION, INITIAL	891
OR -BRONCHOSCOPY WITH THERAPEUTIC ASPIRATION, SUBSEQUENT	891
OR -REMOVAL OF IMPLANTED VENOUS ACCESS DEVISE	689
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), DIAGNOSTIC	1,001



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OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), BIOPSY	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH SPHINCTEROTOMY OR PAPILOTOMY	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH PRESSURE MEASUREMENT OF SPHINCTER	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH REMOVAL OF CALCULUS	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH DESTRUCTION, LITHOTRIPSY OF CALCULUS	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH INSERTION OF DRAINAGE TUBE	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH INSERTION OF STENT	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH REMOVAL OF FOREIGN BODY OR CHANGE OF STENT	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH BALLOON DILATION	1,001
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH ABLATION OF TUMOURS, POLYPS OR OTHER LESIONS	1,001
OR -CIRCUMCISION EXCISION NEWBORN	814
OR -CIRCUMCISION EXCISION NOT NEWBORN	814
OR -CIRCUMCISION WITH CLAMP NEWBORN	814
OR -CIRCUMCISION WITH CLAMP NOT NEWBORN	814
OR -DEBRIDEMENT SKIN UP TO 10% OF BODY SURFACE	661
OR -DEBRIDEMENT OF FRACTURE AND/OR DISLOCATION SKIN, SUBCUTANEOUS TISSUE, FASCIA, MUSCLE	661
OR -DEBRIDEMENT OF FRACTURE AND/OR DISLOCATION SKIN AND SUBCUTANEOUS TISSUE	661
OR -DEBRIDEMENT OF FRACTURE DISLOCATION	661

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SKIN, SUBCUTANEOUS TISSUE, FASCIA, MUSCLE, BONE	
OR -DEBRIDEMENT SKIN PARTIAL THICKNESS	661
OR -DEBRIDEMENT SKIN FULL THICKNESS	661
OR -DEBRIDEMENT SKIN AND SUBCUTANEOUS TISSUE	661
OR -DEBRIDEMENT SKIN, SUBCUTANEOUS TISSUE, MUSCLE	661
OR -DEBRIDEMENT SKIN, SUBCUTANEOUS TISSUE, MUSCLE, BONE	661
OR -DECLOT VENOUS ACCESS DEVICE	720
OR -REVISION OPEN ARTERIOVENOUS FISTULA WITHOUT THROMBECTOMY	720
OR -DECLOT EXTERNAL CANNULA WITHOUT BALLOON CATHETER	720
OR -DECLOT EXTERNAL CANNULA WITH BALLOON CATHETER	720
OR -REVISION OPEN ARTERIOVENOUS FISTULA WITH THROMBECTOMY	689
OR -EXCISION BREAST LESION, OPEN, 1 OR MORE LESIONS	891
OR -EXCISION BREAST LESION WITH RADIOLOGICAL MARKER, 1ST LESION	891
OR -EXCISION BREAST LESION WITH RADIOLOGICAL MARKER, EACH ADDITIONAL LESION	891
OR -EXCISION GANGLION, WRIST, PRIMARY	698
OR -EXCISION GANGLION, WRIST, RECURRENT	698
OR -MASTECTOMY FOR GYNECOMASTIA UNILATERAL NON-COSMETIC	736
OR -MASTECTOMY FOR GYNECOMASTIA BILATERAL NON-COSMETIC	736
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 0 - 0.5 CM	661
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 0.6 -1.0 CM	661
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 1.1 - 2.0 CM	661
OR -EXCISION MALIGNANT LESION TRUNK, ARMS,	661

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LEGS 2.1 - 3.0 CM	
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 3.1 - 4.0 CM	661
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS OVER 4.0 CM	661
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 0 - 0.5 CM	661
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 0.6 - 1.0 CM	661
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 1.1 - 2.0 CM	661
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 2.1 - 3.0 CM	661
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 3.1 - 4.0 CM	661
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA OVER 4.0 CM	661
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 0 - 0.5 CM	661
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 0.6 - 1.0 CM	661
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 1.1 - 2.0 CM	661
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 2.1 - 3.0 CM	661
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 3.1 - 4.0 CM	661
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS OVER 4.0 CM	661
OR -EXCISION LESION EYE	1,055
OR -BIOPSY SOFT TISSUE UPPER ARM OR ELBOW, SUPERFICIAL	661
OR -RADICAL RESECTION OF TUMOR, SOFT TISSUE FACE OR SCALP	661
OR -BIOPSY SOFT TISSUE NECK OR THORAX	661
OR -EXCISION TUMOR NECK OR THORAX DEEP SUBFASCIAL INTRAMUSCULAR	661
OR -RESECTION OF TUMOR SOFT TISSUE NECK OR THORAX	661

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OR -BIOPSY, MUSCLE, NEEDLE	661
OR -BIOPSY SOFT TISSUE UPPER ARM OR ELBOW, DEEP	661
OR -EXCISION TUMOR SOFT TISSUE UPPER ARM ELBOW, SUBCUTANEOUS	661
OR -EXCISION TUMOR UPPER ARM ELBOW DEEP, SUBFASCIAL OR INTRAMUSCULAR	661
OR -BIOPSY SOFT TISSUE FOREARM AND OR WRIST SUPERFICIAL	661
OR -BIOPSY SOFT TISSUE FOREARM AND OR WRIST DEEP	661
OR -EXCISION TUMOR SOFT TISSUE FOREARM AND OR WRIST SUBCUTANEOUS	661
OR -EXCISION TUMOR SOFT TISSUE FOREARM AND OR WRIST DEEP	661
OR -RADICAL RESECTION TUMOR SOFT TISSUE FOREARM AND OR WRIST	661
OR -EXCISION TUMOR SOFT TISSUE HAND OR FINGER SUBCUTANEOUS	661
OR -EXCISION TUMOR SOFT TISSUE HAND OR FINGER DEEP	661
OR -RADICAL RESECTION TUMOR SOFT TISSUE HAND OR FINGER	661
OR -BIOPSY SOFT TISSUE PELVIS AND HIP AREA SUPERFICIAL	661
OR -BIOPSY SOFT TISSUE PELVIS & HIP AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	661
OR -EXCISION TUMOR PELVIS AND HIP AREA SUBCUTANEOUS	661
OR -EXCISION TUMOR PELVIS AND HIP AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	661
OR -RADICAL RESECTION TUMOR SOFT TISSUE PELVIS AND HIP AREA	661
OR -BIOPSY SOFT TISSUE THIGH OR KNEE AREA SUPERFICIAL	661
OR -BIOPSY SOFT TISSUE THIGH OR KNEE AREA DEEP	661
OR -EXCISION TUMOR THIGH OR KNEE AREA SUBCUTANEOUS	661

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OR -EXCISION TUMOR THIGH OR KNEE AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	661
OR -RADICAL RESECTION TUMOR SOFT TISSUE THIGH OR KNEE AREA	661
OR -BIOPSY SOFT TISSUE LEG OR ANKLE AREA SUPERFICIAL	661
OR -BIOPSY SOFT TISSUE LEG OR ANKLE AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	661
OR -RADICAL RESECTION TUMOR SOFT TISSUE LEG OR ANKLE AREA	661
OR -EXCISION TUMOR LEG OR ANKLE AREA SUBCUTANEOUS TISSUE	661
OR -EXCISION TUMOR LEG OR ANKLE AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	661
OR -EXCISION TUMOR FOOT SUBCUTANEOUS TISSUE	661
OR -EXCISION TUMOR FOOT DEEP, SUBFASCIAL OR INTRAMUSCULAR	661
OR -RADICAL RESECTION TUMOR SOFT TISSUE FOOT	661
OR -EXCISION LESION INTRA-ABDOMINAL TUMOR	661
OR -EXCISION LESION INTRA-ABDOMINAL TUMOR EXTENSIVE	661
OR -EXCISION BENIGN TUMOR OF MANDIBLE BY CURRETTAGE	661
OR -BIOPSY SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE SINGLE LESION	661
OR -BIOPSY SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE EA ADD'L LESION	661
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 0 - 0.5 CM	661
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 0.6 - 1.0 CM	661
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 1.1 - 2.0 CM	661
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 2.1 - 3.0 CM	661
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 3.1 - 4.0 CM	661
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS OVER 4.0 CM	661

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OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 0 - 0.5 CM	661
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 0.6 - 1.0 CM	661
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 1.1 - 2.0 CM	661
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 2.1 - 3.0 CM	661
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 3.1 - 4.0 CM	661
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA OVER 4.0 CM	661
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 0 - 0.5 CM	661
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 0.6 - 1.0 CM	661
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 1.1 - 2.0 CM	661
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 2.1 - 3.0 CM	661
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 3.1 - 4.0 CM	661
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE OVER 4.0 CM	661
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY, SIMPLE	661
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY, COMPLEX	661
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL, SIMPLE	661
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL, COMPLEX	661
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, UMBILICAL, SIMPLE	661
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS PERIANAL, PERINEAL, UMBILICAL COMPLEX	661
OR -EXCISION NEUROMA HAND OR FOOT, EXCEPT DIGITAL NERVE	661

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OR -EXCISION NEUROMA HAND OR FOOT, EACH ADDITIONAL NERVE EXCEPT SAME DIGIT	661
OR -EXCISION NEUROMA MAJOR PERIPHERAL NERVE EXCEPT SCIATIC	661
OR -EXCISION NEUROFIBROMA OR NEUROLEMMOMA, CUTANEOUS NERVE	661
OR -EXCISION NEUROFIBROMA OR NEUROLEMMOMA, MAJOR PERIPHERAL NERVE	661
OR -EXCISION NEUROFIBROMA OR NEUROLEMMOMA, EXTENSIVE	661
OR -EXCISION NEUROMA, DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	661
OR -ESOPHAGOSCOPY DIAGNOSTIC	661
OR -ESOPHAGOSCOPY WITH BIOPSY	661
OR -ESOPHAGOSCOPY WITH INJECTION SCLEROSIS	661
OR -ESOPHAGOSCOPY WITH BAND LIGATION	661
OR -ESOPHAGOSCOPY WITH REMOVAL OF LESION BY CAUTERY	661
OR -ESOPHAGOSCOPY WITH REMOVAL OF LESION BY SNARE TECHNIQUE	661
OR -ESOPHAGOSCOPY WITH INSERTION OF STENT	661
OR -ESOPHAGOSCOPY WITH BALLOON DILATION	661
OR -ESOPHAGOSCOPY WITH INSERTION OFGUIDE WIRE	661
OR -ESOPHAGOSCOPY WITH CONTROL OF BLEEDING	661
OR -ESOPHAGOSCOPY WITH ABLATION OF LESIONS	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY SIMPLE PRIMARY EXAMINATION	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY DIAGNOSTIC	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH BIOPSY, SINGLE OR MULTIPLE	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH TRANSMURAL DRAINAGE OF PSEUDOCYST	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH INTRALUMINAL TUBE PLACEMENT	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY ULTRASOUND-GUIDED INTRAMURAL OR	661

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TRANSMURAL ASPIRATION

OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH INJECTION SCLEROSIS	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH BAND LIGATION	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH DIATION OF GASTRIC OUTLET	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH PLACEMENT OF GASTROSTOMY TUBE	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH INSERTION OF GUIDE WIRE	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH BALLOON DILATION	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH REMOVAL OF LESION BY CAUTERY	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH REMOVAL OF LESION BY SNARE	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH CONTROL OF BLEEDING	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH STENT PLACEMENT	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH ABLATION OF LESION	661
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAM	661
OR -INSERTION OF CANNULA FOR HEMODIALYSIS VEIN TO VEIN	689
OR -INSERTION OF CANNULA FOR HEMODIALYSIS ARTERIOVENOUS EXTERNAL	689
OR -INSERTION OF CANNULA FOR HEMODIALYSIS ARTERIOVENOUS EXTERNAL REVISION	689
OR -HEMORRHOIDECTOMY SIMPLE LIGATURE	720
OR -EXCISION EXTERNAL HEMORRHOID TAGS	720
OR -HEMORRHOIDECTOMY EXTERNAL COMPLETE	720
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL SIMPLE	720
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL SIMPLE WITH FISSURECTOMY	720



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OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL SIMPLE WITH FISTULECTOMY	720
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL COMPLEX	720
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL COMPLEX WITH FISSURECTOMY	720
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL COMPLEX WITH FISTULECTOMY	720
OR -INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	720
OR -INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	720
OR -DESTRUCTION OF HEMORRHOIDS, INTERNAL	720
OR -DESTRUCTION OF HEMORRHOIDS, EXTERNAL	720
OR -DESTRUCTION OF HEMORRHOIDS, INTERNAL & EXTERNAL	720
OR -LIGATION OF INTERNAL HEMORRHOIDS, SINGLE PROCEDURE	720
OR -LIGATION OF INTERNAL HEMORRHOIDS, MULTIPLE PROCEDURES	720
OR -DRAINAGE OF PERTONEAL ABSCESS OPEN	661
OR -DRAINAGE OF SUBDIAPHRAGMATIC ABSCESS OPEN	661
OR -DRAINAGE OF PERITONEAL ABSCESS PERCUTANEOUS	661
OR -DRAINAGE OF SUBDIAPHRAGMATIC ABSCESS PERCUTANEOUS	661
OR -DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	661
OR -DRAINAGE OF RETROPERITONEAL ABSCESS PERCUTANEOUS	661
OR -INCISION & DRAINAGE ISCHIORECTAL AND/OR PERIRECTAL ABSCESS	661
OR -INCISION & DRAINAGE INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANAESTHESIA	661
OR -INCISION & DRAINAGE PERIANUL ABSCESS SUPERFICIAL	661
OR -INCISION & DRAINAGE ISCHIORECTAL OR INTRAMURAL ABSCESS WITH FISTULECTOMY OR	661

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FISTULOTOMY SUBMUSCULAR	
OR -INCISION & DRAINAGE APPENDICEAL ABSCESS OPEN	661
OR -INCISION & DRAINAGE APPENDICEAL ABSCESS PERCUTANEOUS	661
OR -INCISION & DRAINAGE LEG OR ANKLE DEEP ABSCESS OR HEMATOMA	661
OR -INCISION & DRAINAGE LEG OR ANKLE INFECTED BURSA	661
OR -INCISION & DRAINAGE FOREARM AND/OR WRIST DEEP ABSCESS OR HEMATOMA	661
OR -INCISION & DRAINAGE FOREARM AND/OR WRIST BURSA	661
OR -INCISION DEEP BONE CORTEX FOREARM AND/OR WRIST	661
OR -INCISION & DRAINAGE UPPER ARM OR ELBOW AREA DEEP ABSCESS OR HEMATOMA	661
OR -INCISION & DRAINAGE UPPER ARM OR ELBOW AREA BURSA	661
OR -INCISION DEEP HUMERUS OR ELBOW WITH OPENING OF BONE CORTEX	661
OR -DRAINAGE EXTERNAL EAR ABSCESS OR HEMATOMA SIMPLE	661
OR -DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	661
OR -DRAINAGE EXTERNAL EAR ABSCESS OR HEMATOMA COMPLEX	661
OR -INCISION & DRAINAGE VULVA OR PERINEAL ABSCESS	661
OR -INCISION & DRAINAGE BARTHOLIN'S GLAND ABSCESS	661
OR -COLPOTOMY WITH DRAINAGE OF PELVIC ABSCESS	661
OR -DRAINAGE PERIVESICAL OR PREVESICAL SPACE ABSCESS	661
OR -CRANIECTOMY OR CRANIOTOMY WITH DRAINAGE OF INTRACRANIAL ABSCESS SUPRATENTORIAL	661
OR -CRANIECTOMY OR CRANIOTOMY WITH DRAINAGE OF INTRACRANIAL ABSCESS INFRATENTORIAL	661

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OR -MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS DEEP	661
OR -INCISION & DRAINAGE OF EPIDIDYMIS, TESTES AND/OR SCROTAL SPACE	661
OR -BLEPHAROTOMY DRAINAGE OF ABSCESS EYELID UNILATERAL	661
OR -DRAINAGE FINGER ABSCESS COMPLICATED	661
OR -DRAINAGE FINGER ABSCESS SIMPLE	661
OR -INCISION BONE CORTEX HAND OR FINGER	661
OR -DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	661
OR -INCISION & DRAINAGE PELVIS OR HIP JOINT AREA DEEP ABSCESS OR HEMATOMA	661
OR -INCISION & DRAINAGE PELVIS OR HIP JOINT AREA INFECTED BURSA	661
OR -INCISION BONE CORTEX PELVIS AND/OR HIP JOINT	661
OR -DRAINAGE PERIRENAL OR RENAL ABSCESS OPEN	661
OR -DRAINAGE PERIRENAL OR RENAL ABSCESS PERCUTANEOUS	661
OR -HEPATOTOMY OPEN DRAINAGE OF ABSCESS OR CYST 1-2 STAGES	661
OR -HEPATOTOMY PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST 1-2 STAGES	661
OR -PNEUMONOSTOMY WITH OPEN DRAINAGE ABSCESS OR CYST	661
OR -PNEUMONOSTOMY WITH PERCUTANEOUS DRAINAGE ABSCESS OR CYST	661
OR -DRAINAGE LYMPH NODE ABSCESS OR LYMPHADENITIS SIMPLE	661
OR -DRAINAGE LYMPH NODE ABSCESS OR LYMPHADENITIS EXTENSIVE	661
OR -DRAINAGE ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH, SIMPLE	661
OR -DRAINAGE ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH, COMPLICATED	661
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF TONGUE OR FLOOR OF MOUTH, LINGUAL	661

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OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF TONGUE OR FLOOR OF MOUTH, SUBLINGUAL SUPERFICIAL	661
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF TONGUE OR FLOOR OF MOUTH, SUBLINGUAL DEEP SUPRAMYLOHYOID	661
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF TONGUE OR FLOOR OF MOUTH, SUBMENTAL SPACE	661
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF TONGUE OR FLOOR OF MOUTH, SUBMANDIBULAR SPACE	661
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF TONGUE OR FLOOR OF MOUTH, MASTICATOR SPACE	661
OR -EXTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF FLOOR OF MOUTH, SUBLINGUAL	661
OR -EXTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF FLOOR OF MOUTH, SUBMENTAL	661
OR -EXTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF FLOOR OF MOUTH, SUBMANDIBULAR	661
OR -EXTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA,OF FLOOR OF MOUTH, MASTICATOR SPACE	661
OR -DRAINAGE ABSCESS OR HEMATOMA NASAL INTERNAL APPROACH	661
OR -DRAINAGE ABSCESS OR HEMATOMA NASAL SEPTUM	661
OR -INCISION & DRAINANGE ABSCESS OR HEMATOMA SOFT TISSUE OF NECK OR THORAX	661
OR -DRAINAGE ABSCESS OF PALATE, UVULA	915
OR -DRAINAGE SKENE'S GLAND ABSCESS OR CYST	627
OR -DRAINAGE ABSCESS PAROTID SIMPLE	661
OR -DRAINAGE ABSCESS SUBMAXILLARY OR SUBLINGUAL INTRAORAL	661
OR -DRAINAGE ABSCESS SUBMAXILLARY EXTERNAL	661
OR -TRANSRECTAL DRAINAGE PELVIC ABSCESS	720

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OR -INCISION & DRAINAGE SUBMUCOSAL ABSCESS RECTUM	661
OR -INCISION & DRAINAGE DEEP SUPRALEVATOR, PELVIRECTAL OR RETRORECTAL ABSCESS	661
OR -DRAINAGE SCROTAL WALL ABSCESS	661
OR -INCISION & DRAINAGE ABSCESS SIMPLE OR SINGLE	661
OR -INCISION & DRAINAGE ABSCESS COMPLICATED OR MULTIPLE	661
OR -INCISION & DRAINAGE ABSCESS PERITONSILLAR	661
OR -INCISION & DRAINAGE ABSCESS RETROPHARANGEAL OR PARAPHARANGEAL INTRAORAL APPROACH	661
OR -INCISION & DRAINAGE ABSCESS RETROPHARANGEAL OR PARAPHARANGEAL EXTRAORAL APPROACH	661
OR -INCISION & DRAINAGE BURSA FOOT	661
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 0 - 2.5 CM	757
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 2.6 - 7.5 CM	757
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 7.6 - 12.5 CM	757
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 12.6 - 20.0 CM	757
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 20.1 - 30.0 CM	757
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES OVER 30.0 CM	757
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 0 - 2.5 CM	757
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 2.6 - 5.0 CM	757
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 5.1 - 7.5 CM	757

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OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 7.6 - 12.5 CM	757
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 12.6 - 20.0 CM	757
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 20.1 - 30.0 CM	757
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES OVER 30.0 CM	757
OR -COMPLEX REPAIR TRUNK 1.1 - 2.5 CM	757
OR -COMPLEX REPAIR TRUNK 2.6 - 7.5 CM	757
OR -+COMPLEX REPAIR TRUNK EACH ADDITIONAL 5 CM OR LESS	757
OR -COMPLEX REPAIR SCALP, ARMS AND/OR LEGS 1.1 - 2.5 CM	757
OR -COMPLEX REPAIR SCALP, ARMS AND/OR LEGS 2.6 - 7.5 CM	757
OR -COMPLEX REPAIR SCALP, ARMS AND/OR LEGS EACH ADDITIONAL 5 CM OR LESS	757
OR -COMPLEX REPAIR FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET 1.1 - 2.5 CM	757
OR -COMPLEX REPAIR FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET 2.6 - 7.5 CM	757
OR -COMPLEX REPAIR FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET EACH ADDITIONAL 5 CM OR LESS	757
OR -COMPLEX REPAIR EYELIDS, NOSE, EARS AND/OR LIPS 0 - 1.0 CM	757
OR -COMPLEX REPAIR EYELIDS, NOSE, EARS AND/OR LIPS 1.1 - 2.5 CM	757
OR -COMPLEX REPAIR EYELIDS, NOSE, EARS AND/OR LIPS 2.6 - 7.5 CM	757
OR -COMPLEX REPAIR EYELIDS, NOSE, EARS AND/OR LIPS EACH ADDITIONAL 5 CM OR LESS	757
OR -ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK 10 SQ CM OR LESS	689
OR -ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS 10 SQ CM OR LESS	689

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OR -ADJACENT TISSUE TRANSFER OR REARRANGE, F/HEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS &/OR FEET <10 SQ CM	689
OR -ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS 10 SQ CM OR LESS	689
OR -AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE, SINGLE	686
OR -AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE, EACH ADDITIONAL NAIL PLATE	686
OR -EVACUATION OF SUBUNGUAL HEMATOMA	686
OR -EXCISION NAIL AND NAIL MATRIX PARTIAL OR COMPLETE PERMANENT REMOVAL	661
OR -EXCISION NAIL AND NAIL MATRIX PARTIAL OR COMPLETE PERMANENT REMOVAL WITH AMPUTATION OF TUFT OF DISTAL PHALANX	661
OR -BIOPSY NAIL UNIT	661
OR -REPAIR NAIL BED	686
OR -RECONSTRUCTION NAIL BED WITH GRAFT	686
OR -WEDGE EXCISION SKIN OF NAIL FOLD	686
OR -ARTHROCENTESIS ASPIRATION AND/OR INJECTION SMALL JOINT OR BURSA	661
OR -ARTHROCENTESIS ASPIRATION AND/OR INJECTION INTERMEDIATE JOINT OR BURSA	661
OR -ARTHROCENTESIS ASPIRATION AND/OR INJECTION MAJOR JOINT OR BURSA	661
OR -ARTHROTOMY GLENOHUMERAL JOINT WITH JOINT EXPLORATION	661
OR -REMOVAL FOREIGN BODY DEEP THIGH REGION OR KNEE AREA	936
OR -ARTHROTOMY ANKLE INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	936
OR -REMOVAL FOREIGN BODY FOOT DEEP	936
OR -REMOVAL FOREIGN BODY FOOT COMPLICATED	936
OR -REMOVAL FOREIGN BODY INTRANASAL UNDER ANESTHESIA	936
OR -REMOVAL FOREIGN BODY INTRANASAL BY LATERAL RHINOTOMY	936

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OR -GASTROTOMY WITH EXPLORATION OR FOREIGN BODY REMOVAL	761
OR -PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC WITH REMOVAL OF FOREIGN BODY	637
OR -REMOVAL FECAL IMPACTATION OR FOREIGN BODY UNDER ANESTHESIA	637
OR -CYSTOURETHROSCOPY WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT COMPLICATED	1,039
OR -REMOVAL FOREIGN BODY DEEP PENILE TISSUE	936
OR -REMOVAL FOREIGN BODY INTRAOCULAR POSTERIOR SEGMENT MAGNETIC EXTRACTION	936
OR -ORBITOTOMY WITHOUT BONE FLAP WITH REMOVAL OF FOREIGN BODY	936
OR -ORBITOTOMY WITH BONE FLAP LATERAL APPROACH WITH REMOVAL OF FOREIGN BODY	936
OR -REMOVAL EMBEDDED FOREIGN BODY EYELID	936
OR -REMOVAL FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	936
OR -REMOVAL BY CONTOURING BENIGN TUMOR FACIAL BONE	689
OR -EXCISION ABDOMINAL WALL TUMOR SUBFASCIAL	661
OR -BIOPSY SOFT TISSUE SHOULDER AREA SUPERFICIAL	661
OR -BIOPSY SOFT TISSUE SHOULDER AREA DEEP	661
OR -EXCISION SOFT TISSUE TUMOR SHOULDER AREA SUBCUTANEOUS	661
OR -EXCISION SOFT TISSUE TUMOR SHOULDER DEEP SUBFASCIAL OR INTRAMUSCULAR	661
OR -RADICAL RESECTION TUMOR SOFT TISSUE SHOULDER AREA	661
OR -RADICAL RESECTION TUMOR SOFT TISSUE UPPER ARM OR ELBOW AREA	661
OR -SIGMOIDOSCOPY FLEXIBLE DIAGNOSTIC	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH BIOSPY SINGLE OR MULTIPLE	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF FOREIGN BODY	637



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OR -SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF LESION(S) BY CAUTERY	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH CONTROL OF BLEEDING	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH DECOMPRESSION OF VOLVULUS	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF LESION(S) BY SNARE TECHNIQUE	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH ABLATION OF LESION(S)	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH ENDOSCOPIC ULTRASOUND EXAMINATION	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY	637
OR -SIGMOIDOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC STENT PLACEMENT	637
OR -LIGATION INTERNAL JUGULAR VEIN	689
OR -DESTRUCTION FLAT WARTS <=14	661
OR -DESTRUCTION FLAT WARTS >15	661
OR -DESTRUCTION ANAL LESION SIMPLE ELECTRODESICCATION	627
OR -DESTRUCTION ANAL LESION SIMPLE LASER SURGERY	627
OR -DESTRUCTION ANAL LESION SIMPLE SURGICAL EXCISION	627
OR -DESTRUCTION ANAL LESION EXTENSIVE	627
OR -COLONOSCOPY TRANSABDOMINAL SINGLEO MULTIPLE	814
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE, DIAGNOSTIC	814
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH REMOVAL OF FOREIGN BODY	814
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH BIOPSY SINGLE OR MULTIPLE	814
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH CONTROL OF BLEEDING	814
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH ABLATION OF LESIONS	814

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OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH REMOVAL OF LESIONS BY CAUTERY	814
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH REMOVAL OF LESIONS BY SNARE TECHNIQUE	814
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH TRANSENDOSCOPIC STENT PLACEMENT	814
OR -LAPAROSCOPY SURGICAL ORCHIECTOMY	711
OR -ORCHIECTOMY PARTIAL	711
OR -ORCHIECTOMY RADICAL FOR TUMOR ABDOMINAL EXPLORATION	711
OR -ORCHIECTOMY RADICAL FOR TUMOR INGUINAL APPROACH	711
OR -ORCHIECTOMY SIMPLE SCROTAL OR INGUINAL APPROACH	711
OR -REMOVAL SUTURES UNDER ANESTHESIA SAME PHYSICIAN	884
OR -REMOVAL SUTURES UNDER ANESTHESIA OTHER PHYSICIAN	884
OR -REPAIR INITIAL INGUINAL HERNIA PRETERM INFANT PERFORMED UP TO 50 WEEKS POST CONCEPTION, REDUCIBLE	757
OR -REPAIR INITIAL INGUINAL HERNIA PRETERM INFANT PERFORMED UP TO 50 WEEKS POST CONCEPTION, INCARCERATED OR STRANGULATED	757
OR -REPAIR INITIAL INGUINAL HERNIA INFANT UNDER 6 MONTHS, REDUCIBLE	757
OR -REPAIR INITIAL INGUINAL HERNIA INFANT UNDER 6 MONTHS, INCARCERATED OR STRANGULATED	757
OR -REPAIR INITIAL INGUINAL HERNIA AGE 6 MONTHS TO 5 YEARS, REDUCIBLE	757
OR -REPAIR INITIAL INGUINAL HERNIA AGE 6 MONTHS TO 5 YEARS, INCARCERATED OR STRANGULATED	757
OR -REPAIR INITIAL INGUINAL HERNIA AGE 5 YEARS OR OVER, REDUCIBLE	757
OR -REPAIR INITIAL INGUINAL HERNIA AGE 5 YEARS OR OVER, INCARCERATED OR STRANGULATED	757
OR -REPAIR RECURRENT INGUINAL HERNIA, ANY AGE, REDUCIBLE	757

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OR -REPAIR RECURRENT INGUINAL HERNIA, ANY AGE, INCARCERATED OR STRANGULATED	757
OR -REPAIR SLIDING INGUINAL HERNIA, ANY AGE	757
OR -REPAIR LUMBAR HERNIA	757
OR -REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE	757
OR -REPAIR INITIAL FEMORAL HERNIA, ANY AGE, INCARCERATED OR STRANGULATED	757
OR -REPAIR RECURRENT FEMORAL HERNIA REDUCIBLE	757
OR -REPAIR RECURRENT FEMORAL HERNIA, INCARCERATED OR STRANGULATED	757
OR -REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA, REDUCIBLE	757
OR -REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA, INCARCERATED OR STRANGULATED	757
OR -REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA, REDUCIBLE	757
OR -REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA, INCARCERATED OR STRANGULATED	757
OR -IMPLANTATION OF MESH FOR INCISIONAL OR VENTRAL HERNIA REPAIR	757
OR -REPAIR EPIGASTRIC HERNIA, REDUCIBLE	757
OR -REPAIR EPIGASTRIC HERNIA, INCARCERATED OR STRANGULATED	757
OR -REPAIR UMBILICAL HERNIA, UNDER AGE 5, REDUCIBLE	757
OR -REPAIR UMBILICAL HERNIA, UNDER AGE 5, INCARCERATED OR STRANGULATED	757
OR -REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER, REDUCIBLE	757
OR -REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER, INCARCERATED OR STRANGULATED	757
OR -LAPAROSCOPY SURGICAL REPAIR INITIAL INGUINAL HERNIA	757
OR -LAPAROSCOPY SURGICAL REPAIR RECURRENT INGUINAL HERNIA	757
OR -UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	757

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OR -CLOSURE OF INTESTINAL CUTANEOUS FISTULA	761
OR -CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	761
OR -CLOSURE ENTERVESICAL FISTUAL WITHOUT INTESTINAL OR BLADDER RESECTION	761
OR -CLOSURE GASTROCOLIC FISTULA	761
OR -CLOSURE LACRIMAL FISTULA	915
OR -MAMMOPLASTY AUGMENTATION WITHOUT PROSTHETIC IMPLANT, UNILATERAL, NON-COSMETIC	891
OR -MAMMOPLASTY AUGMENTATION WITHOUT PROSTHETIC IMPLANT, BILATERAL, NON-COSMETIC	891
OR -BIOPSY PROSTATE NEEDLE	661
OR -BIOPSY PROSTATE INCISIONAL	661
OR -PROSTATOTOMY EXTERNAL DRAINAGE PROSTATIC ABSCESS SIMPLE	661
OR -PROSTATOTOMY EXTERNAL DRAINAGE PROSTATIC ABSCESS COMPLICATED	661
OR -PROSTATECTOMY PERINEAL SUBTOTAL	661
OR -PROSTATECTOMY PERINEAL RADICAL	661
OR -PROSTATECTOMY PERINEAL RADICAL WITH LYMPH NODE BIOPSY	661
OR -PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1-2 STAGES	661
OR -PROSTATECTOMY RETROPUBIC SUBTOTAL	661
OR -PROSTATECTOMY RETROPUBIC RADICAL	661
OR -LUMBAR PUNCTURE DIAGNOSTIC	768
OR -ORCHIOPEXY INGUINAL APPROACH	711
OR -LAPAROSCOPY SURGICAL ORCHIOPEXY INTRA-ABDOMINAL TESTIS	711
OR -EXCISION PILONIDAL CYST SIMPLE	661
OR -EXCISION PILONIDAL CYST EXTENSIVE	661
OR -EXCISION PILONIDAL CYST COMPLICATED	661
OR -INCISION & DRAINAGE PILONIDAL CYST SIMPLE	661
OR -INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	661
OR-BIOPSY LIVER NEEDLE AT TIME OF OTHER MAJOR	661

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PROCEDURE	
OR -LAPAROTOMY WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC CYST OR ABSCESS	661
OR -BIOPSY LIVER WEDGE	661
OR -HEPATECTOMY RESECTION LIVER PARTIAL LOBECTOMY	661
OR -HEPATECTOMY RESECTION LIVER TRISEGMENTECTOMY	661
OR -HEPATECTOMY RESECTION LIVER TOTAL LEFT LOBECTOMY	661
OR -HEPATECTOMY RESECTION LIVER TOTAL RIGHT LOBECTOMY	661
OR -CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS, AUTOGENOUS GRAFT	689
OR -CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS, NONAUTOGENOUS GRAFT	689
OR -PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST	851
OR -EXPLORATION FOR UNDESCENDED TESTIS INGUINAL OR SCROTAL AREA	711
OR -EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	711
OR -REDUCTION OF TORSION OF TESTIS	711
OR -BIOPSY EPIDIDYMIS NEEDLE	661
OR -INJECTION SINGLE OR MULTIPLE TRIGGER POINTS 1-2 MUSCLES	770
OR -INJECTION SINGLE OR MULTIPLE TRIGGER POINTS 3 OR MORE MUSCLES	770
OR -MASTECTOMY PARTIAL	851
OR -BIOPSY BREAST PERCUTANEOUS NEEDLE CORE NOT USING IMAGING GUIDANCE	851
OR -BIOPSY BREAST OPEN INCISIONAL	851
OR -BIOPSY BREAST PERCUTANEOUS NEEDLE CORE USING IMAGING GUIDANCE	851
OR -BIOPSY BREAST PERCUTANEOUS AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEVICE, USING IMAGING GUIDANCE	851

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OR -REPAIR FLEXOR TENDON PRIMARY WITHOUT FREE GRAFT, EACH TENDON	757
OR -SHORTENING TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	757
OR -LENGTHENING TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	757
OR -SHORTENING TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	757
OR -LAPAROSCOPY SURGICAL SPLENECTOMY	806
OR -BIOPSY OR EXCISION LYMPH NODE OPEN SUPERFICIAL	661
OR -BIOPSY OR EXCISION LYMPH NODE NEEDLE SUPERFICIAL	661
OR -PYLOROMYOTOMY	761
OR -GASTRECTOMY TOTAL WITH ESOPHAGOENTEROSTOMY	761
OR -GASTRECTOMY TOTAL WITH ROUX-EN-Y RECONSTRUCTION	761
OR -GASTRECTOMY TOTAL WITH FORMATION OF INTESTINAL POUCH	761
OR -GASTRECTOMY PARTIAL DISTAL WITH GASTRODUODENOSTOMY	761
OR -GASTRECTOMY PARTIAL DISTAL WITH GASTROJEJUNOSTOMY	761
OR -GASTRECTOMY PARTIAL WITH ROUX-EN-Y RECONSTRUCTION	761
OR -GASTRECTOMY PARTIAL WITH FORMATION OF INTESTINAL POUCH	761
OR -GASTRECTOMY PARTIAL WITH VAGOTOMY	761
OR -GASTRECTOMY PARTIAL WITH PYLOROPLASTY	761
OR -VAGOTOMY INCLUDING PYLOROPLASTY TRUNCAL OR SELECTIVE	761
OR -LAPAROSCOPY SURGICAL TRANSECTION OF VAGUS NERVES TRUNCAL	806
OR -LAPAROSCOPY SURGICAL TRANSECTION OF VAGUS NERVES SELECTIVE	806
OR -PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	761

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OR -NASO- OR ORO-GASTRIC TUBE PLACEMENT	761
OR -CHANGE GASTROSTOMY TUBE	761
OR -PYLOROPLASTY	761
OR -GASTROJEJUNOSTOMY WITHOUT VAGOTOMY	761
OR -GASTROSTOMY OPEN WITHOUT GASTRIC TUBE	761
OR -GASTROSTOMY OPEN NEONATAL	761
OR -GASTROSTOMY OPEN WITH GASTRIC TUBE	761
OR -GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY VERTICAL BANDING GASTROPLASTY	761
OR -REVISION OF GASTROJEJUNAL ANASTOMOSIS	761
OR -LAPAROSCOPY SURGICAL APPENDECTOMY	859
OR -FISSURECTOMY	627
OR -SURGICAL TREATMENT ANAL FISTULA SUBCUTANEOUS	627
OR -SURGICAL TREATMENT ANAL FISTULA SUBMUSCULAR	627
OR -SURGICAL TREATMENT ANAL FISTULA COMPLEX OR MULTIPLE	627
OR -ANOSCOPY DIAGNOSTIC	627
OR -ANOSCOPY WITH REMOVAL FOREIGN BODY	936
OR -LAPAROSCOPY SURGICAL WITH VAGINAL HYSTERECTOMY	806
DILATION FEMALE URETHRA SUBSEQUENT	661
DILATION FEMALE URETHRA INITIAL	661
DILATION MALE URETHRAL STRICTURE WITH SOUND INITIAL	661
DILATION MALE URETHRAL STRICTURE WITH SOUND SUBSEQUENT	661
DILATION MALE URETHRAL STRICTURE WITH FILIFORM INITIAL	661
DILATION MALE URETHRAL STRICTURE WITH FILIFORM SUBSEQUENT	661
REPAIR ANAL FISTULA WITH FIBRIN GLUE	661
BRONCHOSCOPY WITH TRANSBRONCHIAL NEEDLE ASPIRATION LUNG BIOPSY EACH ADDITIONAL LOBE	891
BRONCHOSCOPY WITH TRANSBRONCHIAL LUNG	891

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BIOPSY EACH ADDITIONAL LOBE	
BRONCHOSCOPY LUNG EACH ADDITIONAL MAJOR BRONCHUS STENTED	891
BRONCHOSCOPY LUNG REVISION OF PREVIOUSLY INSERTED STENT	891
BRONCHOSCOPY LUNG WITH INJECTION CONTRAST MATERIAL FOR SEGMENTAL BRONCHOGRAPHY	891
BRONCHOSCOPY LUNG PLACEMENT STENT INITIAL BRONCHUS	891
URETERAL ENDOSCOPY WITH CATHETERIZATION	627
REVISION AND/OR REINSERTION TRANSHEPATIC TUBE	627
REPLACEMENT OR IRRIGATION VENTRICULAR CATHETHER	627
REPLACEMENT OR IRRIGATION SUBARACHNOID OR SUBDURAL CATHETHER	627
REPLACEMENT PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC)	627
REPLACEMENT CENTRALLY INSERTED CENTRAL VENOUS CATHETER	627
VENTRICULAR PUNCTURE THRU PREVIOUS BURR HOLE	627
INJECTION FOR PYELOGRAPHY	627
DILATION & CATHETERIZATION SALIVARY DUCT	627
CYSTOURETHROSCOPY WITH EJACULATORY DUCT CATHETERIZATION	627
INTRODUCTION OF NEEDLE OR INTRACATHETER ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS	627
REPAIR INCOMPLETE CIRCUMCISION	814
ELEVATION DEPRESSED SKULL FRACTURE WITH REPAIR DURA	661
STERNAL DEBRIDEMENT	661
DEBRIDEMENT OF NAILS, 6 OR MORE	661
DEBRIDEMENT OF NAILS, 1-5	661
DEBRIDEMENT OF INFECTED SKIN EACH ADDITIONAL 10% OF BODY SURFACE	661
SELECTIVE DEBRIDEMENT OF SURFACE AREA	661



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GREATER THAN 20 SQ CM WITHOUT ANESTHESIA	
EXCISION VAGINAL CYST OR TUMOR	698
EXCISION CYST OR ADENOMA OF THYROID	698
EXCISION BENIGN TUMOR OR CYST OF MAXILLA	698
EXCISION BENIGN TUMOR OR CYST OF MANDIBLE	698
EXCISION DERMOID CYST NOSE COMPLEX	698
EXCISION DERMOID CYST NOSE SIMPLE	698
EXCISION PERINEPHRIC CYST	698
EXCISION URACHAL CYST OR SINUS	698
EXCISION MEDIASTINAL TUMOR	698
EXCISION BENIGN TUMOR OR CYST OF MAXILLA WITH PARTIAL MAXILLECTOMY	698
DERMAL AUTOGRAFT FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET &/OR MULTIPLE DIGITS EA ADD'L 100 SQ CM	698
EXCISION LESION TENDON SHEATH FOREARM AND/OR WRIST	661
EXCISION PENILE PLAQUE (PEYRONIE DISEASE)	661
RESECTION/EXCISION LES'N BASE OF POST'R CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM OR C1-C3 VERTEBRAL BODIES, INTRADURAL	661
RESECTION/EXCISION LES'N BASE OF POST'R CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM OR C1-C3 VERTEBRAL BODIES, EXTRADURAL	661
RADICAL EXCISION BURSA, SYNOVIA OF WRIST OR FOREARM TENDON SHEATHS, EXTENSORS	661
LARYNGOSCOPY WITH SUBMUCOSAL REMOVAL OF LESION OF VOCAL CORD, RECONSTRUCTION WITH LOCAL TISSUE FLAP	627
EXCISION CHALAZION MULTIPLE SAME LID	661
EXCISION CHALAZION SINGLE	661
EXCISION LESION SCLERA	661
EXCISION LESION EPIDIDYMIS	661
EXCISION AURAL POLYP	661
EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	661

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EXCISION CAROTID BODY TUMOR WITH EXCISION OF CAROTID ARTERY	661
EXCISION CAROTID BODY TUMOR WITHOUT EXCISION OF CAROTID ARTERY	661
EXCISION LESION TOES, EACH	661
CRANIECTOMY WITH EXCISION TUMOR OR LESION OF SKULL	661
ANORECTAL MYOMECTIONY	661
LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, CERVICAL	661
LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, THORACIC	661
LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, LUMBAR	661
LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, SACRAL	661
LAMINECTOMY EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL, CERVICAL	661
EXCISION LESION SMALL OR LARGE INTESTINE SINGLE ENTEROTOMY	661
ENDOSCOPY UPPER GASTROINTESTINAL TO TREAT GASTROESOPHAGEAL REFLUX DISEASE	761
ENDOSCOPY UPPER GASTROINTESTINAL WITH DIRECTED SUBMUCOSAL INJECTIONS	761
ENDOSCOPY UPPER GASTROINTESTINAL WITH FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS	761
ENDOSCOPY UPPER GASTROINTESTINAL WITH ENDOSCOPIC ULTRASOUND EXAMINATION OF ESOPHAGUS	761
INCISION & REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE COMPLICATED	661
INCISION & REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE SIMPLE	661
PUNCTURE ASPIRATION ABSCESS OR CYST	661
FASCIOTOMY HIP OR THIGH	661
INCISION & DRAINAGE HEMATOMA, SEROMA OR FLUID COLLECTION	661
PLACEMENT DRAINS PERIPANCREATIC	661

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INCISION & DRAINAGE DEEP ABSCESS OR HEMATOMA SOFT TISSUES OF NECK OR THORAX WITH PARTIAL RIB OSTECTOMY	661
INCISION & DRAINAGE COMPLEX POSTOPERATIVE WOUND INFECTION	661
APPLICATION HALO TYPE BODY CAST	661
PLACEMENT NEEDLE OR INTRACATHETER IN VEIN	661
REMOVAL INTERNALLY DWELLING URETRAL STENT PERCUTANEOUS APPROACH	689
REMOVAL & REPLACEMENT INTERNALLY DWELLING URETRAL STENT PERCUTANEOUS APPROACH	689
EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, 1ST 100 SQ CM	689
INJECTION ANESTHETIC AGENT SPHENOPALATINE GANGLION	661
COLONOSCOPY WITH DIRECT SUBMUCOSAL INJECTION	814
COLONOSCOPY THRU STOMA WITH ABLATION OF TUMORS, POLYPS OR LESIONS	814
COLONOSCOPY THRU STOMA WITH BIOPSY, SINGLE OR MULTIPLE	814
COLONOSCOPY THRU STOMA WITH REMOVAL OF TUMORS, POLYPS OR LESIONS BY CAUTERY	814
COLONOSCOPY THRU STOMA WITH REMOVAL OF TUMORS, POLYPS OR LESIONS BY SNARE TECHNIQUE	814
COLONOSCOPY WITH ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY	814
COLONOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAMINATION	814
COLONOSCOPY THRU STOMA WITH CONTROL OF BLEEDING	814
COLONOSCOPY WITH BALLOON DILATION 1 OR MORE STRICTURES	814
COLONOSCOPY THRU STOMA WITH TRANSENDOSCOPIC STENT PLACEMENT	814
COLONOSCOPY THRU STOMA DIAGNOSTIC	814
REPAIR SPIGELIAN HERNIA	757
REPAIR PARAESOPHAGEAL HIATUS HERNIA	757

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REPAIR DIAPHRAGMATIC HERNIA CHRONIC	757
REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC	757
REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC COMBINED THORACOABDOMINAL	757
REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC COMBINED THORACOABDOMINAL WITH DILATION OF STRICTURE	757
REPAIR NEONATAL DIAPHRAGMATIC HERNIA	757
REPAIR LACERATION OF DIAPHRAGM	757
EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	661
EXCISION TUMOR SOFT TISSUE BACK OR FLANK	661
UNLISTED PROCEDURE FEMALE GENITAL SYSTEM, NONOBSTETRICAL	627
PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	627
TUBOUTERINE IMPLANTATION	968
DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, 1 OR MORE SESSIONS, CRYOTHERAPY, DIATHERMY	661
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	915
PROBE NASOLACRIMAL DUCT	915
REINSERTION OCULAR IMPLANT	1,635
REINSERTION OCULAR IMPLANT WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT	915
UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	627
OTOPLASTY, PROTRUDING EAR, UNILATERAL, NON- COSMETIC	725
OTOPLASTY, PROTRUDING EAR, BILATERAL, NON- COSMETIC	725
CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE	686
LARYNGOSCOPY WITH SUBMUCOSAL REMOVAL OF LESION OF VOCAL CORD, RECONSTRUCTION WITH GRAFT	627
LARYNGOSCOPY WITH ARYTENOIDECTOMY	627

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LARYNGOSCOPY WITH INSERTION OF OBTURATOR	627
MYRINGOTOMY WITH ASPIRATION AND/OR EUSTATION TUBE INFLATION	951
TYMpanoplasty WITH TUBE	951
VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	627
TRACHEOBRONCHOSCOPY THRU ESTABLISHED TRACHEOSTOMY INCISION	661
CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT	661
NASOPHARYNGOSCOPY WITH ENDOSCOPE	1,055
UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	1,253
RHINOPLASTY SECONDARY MAJOR REVISION, NON- COSMETIC	628
TYMpanoplasty WITH MASTOIDECTOMY WITH INTACT OR RECONSTRUCTED CANAL WALL WITH OSSICULAR CHAIN RECONSTRUCTION	1,039
TYMpanoplasty WITH MASTOIDECTOMY WITH INTACT OR RECONSTRUCTED CANAL WALL WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,039
CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL	588
INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, CERVICAL OR THORACIC, SINGLE LEVEL	770
COLPOSCOPY OF VULVA WITH BIOPSY	281
COLPOSCOPY VAGINA WITH CERVIX	281
COLPOSCOPY OF VULVA	281
COLPOSCOPY VAGINA WITH CERVIX WITH BIOPSY OF VAGINA OR CERVIX	281
COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT VAGINA WITH BIOPSY OF CERVIX	281
COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT VAGINA WITH ENDOCERVICAL CURETTAGE	281
BIOPSY ENDOMETRIAL SAMPLING IN CONJUNCTION WITH COLPOSCOPY	281
COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT	281

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VAGINA WITH LOOP ELECTRODE CONIZATION OF CERVIX	
ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSPECTED TRAUMA	281
CLOSED TREATMENT OF PATELLAR FRACTURE WITHOUT MANIPULATION	969
REMOVAL & REPLACEMENT EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETRAL STENT	689
OR -EX/RPR LID TO 1/4 MRG	982
OR -EX/RPR LID >1/4 MRG	982
OR -SUCTION ASSISTED LIPECTOMY HEAD & NECK, NON-COSMETIC	720
OR -SUCTION ASSISTED LIPECTOMY TRUNK, NON-COSMETIC	720
OR -SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY, NON-COSMETIC	720
OR -SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY, NON-COSMETIC	720
OR -OPEN TREATMENT NASAL FRACTURE, COMPLICATED	1,026
OR -OPEN TREATMENT NASOETHMOID FRACTURE, WITH EXTERNAL FIXATION	1,026
OR -OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	1,026
OR -OPEN TREATMENT OF COMPLICATED FRONTAL SINUS FRACTURE	1,026
OR -OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE	1,026
OR -OPEN TREATMENT OF DEPRESSED MALAR FRACTURE INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	720
OR -OPEN TREATMENT OF COMPLICATED FRACTURES OF MALAR AREA INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD WITH INTERNAL FIXATION	720
OR -OPEN TREATMENT ORBITAL FLOOR BLOWOUT FRACTURE TRANSANTRAL APPROACH	1,026
OR -OPEN TREATMENT ORBITAL FLOOR BLOWOUT FRACTURE PERIORBITAL APPROACH	1,026

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OR -OPEN TREATMENT ORBITAL FLOOR BLOWOUT FRACTURE COMBINED APPROACH	1,026
OR -OPEN TREATMENT OF FRACTURE OF ORBIT EXCEPT BLOWOUT WITHOUT IMPLANT	1,026
OR -OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE	1,026
OR -OPEN TREATMENT OF CRANIOFACIAL SEPARATION WITH WIRING AND/OR INTERNAL FIXATION	1,026
OR -OPEN TREATMENT OF CRANIOFACIAL SEPARATION, COMPLICATED, MULTIPLE SURGICAL APPROACHES	1,026
OR -OPEN TREATMENT OF CRANIOFACIAL SEPARATION, COMPLICATED WITH INTERNAL OR EXTERNAL FIXATION	1,026
OR -OPEN TREATMENT OF FRACTURE OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE	1,026
OR -OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	1,026
OR -OPEN TREATMENT OF MANDIBULAR FRACTURE WITHOUT INTERDENTAL FIXATION	1,026
OR -OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	1,026
OR -OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	1,026
OR -OPEN TREATMENT OF MANDIBULAR FRACTURE COMPLICATED, MULTIPLE SURGICAL APPROACHES	1,026
OR -OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	1,026
OR -OPEN TREATMENT OF HYOID FRACTURE	1,026
OR -REPAIR OF SYNDACTYLY EACH WEB SPACE WITH SKIN FLAPS	757
OR -RHYTIDECTOMY FOREHEAD, NON-COSMETIC	2,479
OR -RHYTIDECTOMY NECK TIGHTENING, NON- COSMETIC	2,479
OR -RHYTIDECTOMY GLABELLAR FROWN LINE, NON- COSMETIC	2,479
OR -RHYTIDECTOMY CHEEK CHIN & NECK, NON- COSMETIC	2,479

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OR -RHYTIDECTOMY SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM FLAP, NON- COSMETIC	2,479
OR -NEUROPLASTY DIGITAL, ONE OR BOTH, SAME DIGIT	661
OR -NEUROPLASTY NERVE HAND OR FOOT	661
OR -THROMBECTOMY OPEN ARTERIOVENOUS FISTULA WITHOUT REVISION	689
OR -PLASTIC REPAIR ARTERIOVENOUS ANEURYSM	689
OR -REPAIR CONGENITAL ARTERIOVENOUS FISTULA FOREARM	757
OR -REPAIR CONGENITAL ARTERIOVENOUS FISTULA LEG	757
OR -ANGIOGRAPHY EXTREMITY UNILATERAL	1,007
OR -ANGIOGRAPHY EXTREMITY BILATERAL	1,007
OR -EPIDURAL THERAPY, CERVICAL OR THORACIC	770
OR -EPIDURAL THERAPY, LUMBAR	770
OR -GUANETHIDINE BLOCK	661
OR -INJECTION, ANESTHETIC AGENT, INTERCOSTAL NERVE, SINGLE	661
OR -INJECTION, ANESTHETIC AGENT, INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	661
OR- REMOVAL OF SKIN TAGS, MULTI, ANY AREA; 15 LESIONS OR LESS	661
OR- REMOVAL OF SKIN TAGS, MULTI, ANY AREA; EACH ADD'L 10 LESIONS	661
OR- ADJACENT TISSUE TRANSFER, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	689
OR- SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; 1ST 100 SQ CM OR LESS, OR 1% OF BODY AREA IN INFANTS & CHILDREN	698
OR- SPLIT-THICKNESS AUTOGRAFT, FACE/SCALP/EYLIDS/MOUTH/NECK EARS/ORBITS/GENITALIA/HANDS/FEET/MULT DIGITS; 1ST 100 SQ CM	698
OR- FULL THICKNESS GRAFT, FREE, INCL DIRECT CLOSURE DONOR SITE, NOSE/EARS/EYELIDS/LIPS; 20 SQ CM OR LESS	698



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OR- INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S) INDIVIDUALLY PRICED	
OR- IMPLANTATION OF PATIENT ACTIVATED CARDIAC EVENT RECORDER INDIVIDUALLY PRICED	
OR- INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, W/O SUBCUTANEOUS PORT; 5 YRS OR OLDER	627
OR- INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, W SUBCUTANEOUS PORT; YOUNGER THAN 5 YRS	627
OR- INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, W/O SUBCUTANEOUS PORT OR PUMP; 5 YRS OR OLDER	627
OR- REPLACEMENT, COMPLETE, TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, W/O PORT/PUMP, SAME VENOUS ACCESS	627
OR- REPLACEMENT, COMPLETE, TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH PUMP, SAME VENOUS ACCESS	627
OR- REPLACEMENT, COMPLETE, PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH PORT, SAME VENOUS ACCESS	627
OR- REMOVAL TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH PORT/PUMP, CENTRAL OR PERIPHERAL INSERTION	689
OR- STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	720
OR- ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE	689
OR- INCISION OF LINGUAL FRENUM (FRENOTOMY)	661
OR- LAPAROSCOPY, ABDOMEN, PERITONEUM & OMENTUM, DIAGNOSTIC, BY BRUSHING OR WASHING	806
OR- SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)	768
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, PARAVERTEBRAL FACET JOINT/FACET JOINT NERVE; CERVICAL OR THORACIC, SINGLE LEVEL	770
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, PARAVERTEBRAL FACET JOINT/FACET JOINT NERVE; CERVICAL OR THORACIC, EA ADD'L LEVEL	770

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OR- INJ, ANAESTHETIC AGENT &/OR STEROID, PARAVERTEBRAL FACET JOINT/FACET JOINT NERVE; LUMBAR OR SACRAL, SINGLE LEVEL	770
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, PARAVERTEBRAL FACET JOINT/FACET JOINT NERVE; LUMBAR OR SACRAL, EA ADD'L LEVEL	770
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, EA ADD'L LEVEL	770
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, SINGLE LEVEL	770
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, EA ADD'L LEVEL	770
OR- NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; ULNAR NERVE AT ELBOW	720
OR- REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	712
OR- REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	712
OR- REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	712
OR- REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	712
OR- SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	712
OR- VARICOSE VEIN TIES	720
<b>OR ORTHOPEDICS</b>	
OR -REMOVAL FOREIGN BODY, SHOULDER, SUBCUTANEOUS	1,003
OR -ARTHROSCOPY ELBOW SURGICAL WITH REMOVAL FOREIGN BODY	1,003
OR -ARTHROSCOPY HIP SURGICAL WITH REMOVAL FOREIGN BODY	1,003
OR -ARTHROSCOPY KNEE SURGICAL WITH REMOVAL FOREIGN BODY	1,003
OR -ARTHROSCOPY ANKLE SURGICAL WITH REMOVAL FOREIGN BODY	1,003
OR -ARTHROSCOPY SHOULDER SYNOVECTOMY PARTIAL	1,003

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OR -ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	1,003
OR -ARTHROSCOPY WRIST SYNOVECTOMY PARTIAL	1,003
OR -ARTHROSCOPY KNEE SYNOVECTOMY LIMITED	1,003
OR -ARTHROSCOPY KNEE SYNOVECTOMY MAJOR	1,003
OR -ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	1,003
OR -ARTHROSCOPY SHOULDER SYNOVECTOMY COMPLETE	1,003
OR -ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	1,003
OR -ARTHROSCOPY WRIST SYNOVECTOMY COMPLETE	1,003
OR -ARTHROSCOPY HIP WITH DEBRIDEMENT OF ARTICULAR CARTILAGE, ABRASION ARTHROPLASTY AND/OR RESECTION OF LABRUM	1,003
OR -ARTHROSCOPY KNEE ABRASION ARTHROPLASTY OR MULTIPLE DRILLING OR MICROFRACTURE	1,003
OR -ARTHROSCOPY KNEE WITH MENISCECTOMY MEDIAL & LATERAL	1,003
OR -ARTHROSCOPY KNEE WITH MENISCECTOMY MEDIAL OR LATERAL	1,003
OR -ARTHROSCOPY KNEE WITH MENISCUS REPAIR MEDIAL OR LATERAL	1,003
OR -ARTHROSCOPY KNEE WITH MENISCUS REPAIR MEDIAL AND LATERAL	1,003
OR -NEUROPLASTY AND/OR TRANSPOSITION MEDIAN NERVE AT CARPAL TUNNEL	720
OR -ENDOSCOPY WRIST WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	720
OR -CLOSED TREATMENT OF CLAVICULAR FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION WITH MANIPULATION	969
OR -CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT OF SCAPULAR FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT OF PROXIMAL HUMERAL FRACTURE WITH MANIPULATION	969
OR-CLOSED TREATMENT SHOULDER DISLOCATION	969

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WITH MANIPULATION UNDER ANESTHESIA	
OR-CLOSED TREATMENT SHOULDER DISLOCATION WITH FRACTURE OF GREATER HUMERAL TUBEROSITY WITH MANIPULATION	969
OR-CLOSED TREATMENT SHOULDER DISLOCATION WITH SURGICAL OR ANATOMICAL NECK FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE WITHOUT MANIPULATION	969
OR -TREATMENT OF CLOSED ELBOW DISLOCATION WITHOUT ANESTHESIA	969
OR -CLOSED TREATMENT OF FRACTURE DISLOCATION AT ELBOW WITH MANIPULATION	969
OR -CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH MANIPULATION	969
OR -CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH MANIPULATION	969
OR -CLOSED TREATMENT OF ULNAR SHAFT FRACTURE WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT RADIAL SHAFT FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT OF ULNAR FRACTURE WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT OF DISTAL RADIAL FRACTURE WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT OF CARPAL SCAPHOID FRACTURE WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT OF CARPAL BONE FRACTURE, WITHOUT MANIPULATION, EACH BONE	969
OR -CLOSED TREATMENT OF RADIOCARPAL OR	969

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INTERCARPAL DISLOCATION, 1 OR MORE BONES, WITH MANIPULATION	
OR -CLOSED TREATMENT DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	969
OR -CLOSED TREATMENT OF TRANS- SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION WITH MANIPULATION	969
OR -CLOSED TREATMENT LUNATE DISLOCATION WITH MANIPULATION	969
OR -CLOSED TREATMENT METACARPAL FRACTURE SINGLE WITHOUT MANIPULATION EACH BONE	969
OR -CLOSED TREATMENT METACARPAL FRACTURE WITH MANIPULATION WITH EXTERNAL FIXATION EACH BONE	969
OR -CLOSED TREATMENT CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	969
OR -CLOSED TREATMENT CARPOMETACARPAL FRACTURE DISLOCATION THUMB, WITH MANIPULATION	969
OR -CLOSED TREATMENT CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT, WITH ANESTHESIA	969
OR -CLOSED TREATMENT METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION, WITH ANESTHESIA	969
OR -CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OF THUMB, WITH MANIPULATION EACH	969
OR -CLOSED TREATMENT ARTICULAR FRACTURE INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT WITH MANIPULATION, EACH	969
OR -CLOSED TREATMENT DISTAL PHALANGEAL FRACTURE, WITH MANIPULATION, EACH	969
OR -CLOSED TREATMENT INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPUALTION WITH ANESTHESIA	969
OR -CLOSED TREATMENT ACETABULUM FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT FEMORAL FRACTURE DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	969

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OR -CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE, WITH MANIPULATION	969
OR -CLOSED TREATMENT HIP DISLOCATION, TRAUMATIC, WITH ANESTHESIA	969
OR -MANIPULATION HIP JOINT UNDER ANESTHESIA	627
OR -TREATMENT OF SPONTANEOUS HIP DISLOCATION BY ABDUCTION, SPLINT OR TRACTION, WITH MANIPULATION WITH ANESTHESIA	969
OR -CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION REQUIRING REGIONAL OR GENERAL ANESTHESIA	969
OR -CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT FEMORAL SHAFT FRACTURE DISLOCATION WITH MANIPULATION	969
OR -CLOSED TREATMENT TIBIAL FRACTURE, PROXIMAL WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT INTERCONDYLAR SPINE AND/OR TUBEROSITY FRACTURE OF KNEE	969
OR -CLOSED TREATMENT KNEE DISLOCATION WITH ANESTHESIA	969
OR -CLOSED TREATMENT PATELLAR DISLOCATION WITH ANESTHESIA	969
OR -MANIPULATION KNEE JOINT UNDER ANESTHESIA	1,026
OR -CLOSED TREATMENT TIBIAL SHAFT FRACTURE WITHOUT MANIPULATION	969
OR -CLOSED TREATMENT MEDIAL MALLEOLUS FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT PROXIMAL FIBULA OR SHAFT FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT DISTAL FIBULAR FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT BIMALLEOLAR ANKLE FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT TRIMALLEOLAR ANKLE FRACTURE WITH MANIPULATION	969

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OR -CLOSED TREATMENT TIBIAL SHAFT FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT PROXIMAL TIBIOFIBULAR JOINT DISLOCATION WITH ANESTHESIA	969
OR -CLOSED TREATMENT ANKLE DISLOCATION WITH ANESTHESIA	969
OR -MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA	969
OR -CLOSED TREATMENT OF CALCANEAL FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT TALUS FRACTURE WITH MANIPULATION	969
OR -TREATMENT TARSAL BONE FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT METATARSAL FRACTURE WITH MANIPULATION, EACH	969
OR -CLOSED TREATMENT GREAT TOE FRACTURE WITH MANIPULATION	969
OR -CLOSED TREATMENT FRACTURE OF PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH MANIPULATION	969
OR -CLOSED TREATMENT TARSAL BONE DISLOCATION, UNDER ANESTHESIA	969
OR -CLOSED TREATMENT TALOTARSAL JOINT DISLOCATION, UNDER ANESTHESIA	969
OR -CLOSED TREATMENT TARSOMETATARSAL JOINT DISLOCATION, UNDER ANESTHESIA	969
OR -CLOSED TREATMENT METATARSOPHALANGEAL JOINT DISLOCATION, UNDER ANESTHESIA	969
OR -CLOSED TREATMENT INTERPHALANGEAL JOINT DISLOCATION UNDER, ANESTHESIA	969
OR -EXCISION LESION MENISCUS OR CAPSULE KNEE	661
OR -EXCISION LESION OF TENDON SHEATH OR JOINT CAPSULE, HAND OR FINGER	661
OR -EXCISION LESION, TENDON, TENDON SHEATH OR CAPSULE, FOOT	661
OR -EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE	698
OR -EXCISION OLECRANON BURSA	661

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OR -EXCISION TROCHANTERIC BURSA OR CALCIFICATION	661
OR -EXCISION ISCHIAL BURSA	661
OR -EXCISION PREPATELLAR BURSA	661
OR -RADICAL EXCISION BURSA SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS, FLEXORS	661
OR -EXCISION NEUROMA DIGITAL NERVE, 1 OR BOTH, SAME DIGIT	661
OR -EXCISION NEUROMA DIGITAL NERVE, EACH ADDITIONAL DIGIT	661
OR -PARTIAL EXCISION POSTERIOR VERTEBRAL COMPONENT, SINGLE VERTEBRAL SEGMENT, CERVICAL	661
OR -PARTIAL EXCISION POSTERIOR VERTEBRAL COMPONENT, SINGLE VERTEBRAL SEGMENT, THORACIC	661
OR -PARTIAL EXCISION POSTERIOR VERTEBRAL COMPONENT, SINGLE VERTEBRAL SEGMENT, LUMBAR	661
OR -PARTIAL EXCISION POSTERIOR VERTEBRAL COMPONENT, SINGLE VERTEBRAL SEGMENT, EACH ADDITIONAL SEGMENT	661
OR -PARTIAL EXCISION VERTEBRAL BODY, SINGLE VERTEBRAL SEGMENT, THORACIC	661
OR -PARTIAL EXCISION VERTEBRAL BODY, SINGLE VERTEBRAL SEGMENT, LUMBAR	661
OR -PARTIAL EXCISION VERTEBRAL BODY, SINGLE VERTEBRAL SEGMENT, EACH ADDITIONAL VERTEBRAL SEGMENT	661
OR -MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	661
OR -EXCISION BENIGN TUMOR FEMUR	661
OR -EXCISION BENIGN TUMOR TALUS OR CALCANEUS	661
OR -EXCISION BENIGN TUMOR TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS	661
OR -EXCISION BENIGN TUMOR PHALANGES OF FOOT	661
OR -RADICAL RESECTION TUMOR, BONE, TARSAL	661
OR -RADICAL RESECTION TUMOR, BONE, METATARSAL	661



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OR -RADICAL RESECTION TUMOR, BONE, PHALANX OF TOE	661
OR -EXCISION NEUROMA CUTANEOUS NERVE SURGICALLY IDENTIFIABLE	661
OR -EXCISION NEUROMA SCIATIC NERVE	661
OR -CORRECTION, HAMMERTOES	661
OR -CORRECTION, COCK-UP 5TH TOE	661
OR -OSTECTOMY PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSAL HEAD	661
OR -CORRECTION, HALLUS RIGIDUS, WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF 1ST METATARSOPHALANGEAL JOINT	661
OR -CORRECTION, HALLUS VALGUS SIMPLE EXOSTECTOMY	661
OR -CORRECTION, HALLUS VALGUS, KELLER, McBRIDE OR MAYO TYPE PROCEDURE	661
OR -CORRECTION, HALLUS VALGUS, RESECTION OF JOINT WITH IMPLANT	661
OR -CORRECTION, HALLUS VALGUS, WITH TENDON TRANSPLANTS	661
OR -CORRECTION, HALLUS VALGUS, WITH METATARSAL OSTEOTOMY	661
OR -CORRECTION, HALLUS VALGUS, LAPIDUS-TYPE PROCEDURE	661
OR -CORRECTION, HALLUS VALGUS, BY PHALANX OSTEOTOMY	661
OR -CORRECTION, HALLUS VALGUS, BY DOUBLE OSTEOTOMY	661
OR -INCISION & DRAINAGE DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	661
OR -INCISION DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE	661
OR-INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL	689
OR -REMOVAL OF IMPLANT, SUPERFICIAL	689
OR -REMOVAL OF IMPLANT, DEEP	689
OR -REPAIR EXTENSOR TENDON, DISTAL INSERTION	627

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OR -OPEN TREAT &/OR REDUCT ODONTOID FRACT AND/OR DISL'N, ANT APPROACH INCLUDING PLACEMENT OF INTERNAL FIXATION, W/O GRAFTING	1,026
OR -OPEN TREAT &/OR REDUCT VERTEBRAL FRACT &/OR DISL'N, POST'R APPROACH, 1 FRACTURED VERTEBRAE OR DISLOCATED SEG, LUMBAR	1,026
OR -OPEN TREAT &/OR REDUCT VERTEBRAL FRACT &/OR DISL'N, POST'R APPROACH, 1 FRACTURED VERTEBRAE OR DISLOCATED SEG, CERVICAL	1,026
OR -OPEN TREAT &/OR REDUCT VERTEBRAL FRACT &/OR DISL'N, POST'R APPROACH, 1 FRACTURED VERTEBRAE OR DISLOCATED SEG, THORACIC	1,026
OR -OPEN TREAT &/OR REDUCT VERTEBRAL FRACT &/OR DISL'N, POST'R APPROACH, 1 FRACTURED VERTEBRAE OR DISLOCATED SEG, EA ADD'L	1,026
OR -OPEN TREATMENT OF CLAVICULAR FRACTURE	1,026
OR -OPEN TREATMENT STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC	1,026
OR -OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC	1,026
OR -OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC, WITH FASCIAL GRAFT	1,026
OR -OPEN TREATMENT SCAPULAR FRACTURE	1,026
OR -OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	1,026
OR -OPEN TREATMENT PROXIMAL HUMERAL FRACTURE, WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT	1,026
OR -OPEN TREATMENT GREATER HUMERAL TUBEROSITY FRACTURE	1,026
OR -OPEN TREATMENT ACUTE SHOULDER DISLOCATION	1,026
OR -OPEN TREATMENT SHOULDER DISLOCATION WITH FRACTURE OF GREATER HUMERAL TUBEROSITY	1,026
OR -OPEN TREATMENT SHOULDER DISLOCATION AND NECK FRACTURE	1,026
OR -CLOSED TREATMENT HUMERAL SHAFT FRACTURE WITH MANIPULATION	1,026

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OR -OPEN TREATMENT HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS	1,026
OR -OPEN TREATMENT HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION	1,026
OR -OPEN TREATMENT HUMERAL EPICONDYLAR FRACTURE	1,026
OR -OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	1,026
OR -OPEN TREATMENT PERIARTICULAR FRACTURE AND/OR DISLOCATION OF ELBOW	1,026
OR -OPEN TREATMENT ACUTE OR CHRONIC ELBOW DISLOCATION	1,026
OR -OPEN TREATMENT MONTEGGIA TYPE FRACTURE DISLOCATION OF ELBOW	1,026
OR -OPEN TREATMENT RADIAL HEAD OR NECK FRACTURE	1,026
OR -OPEN TREATMENT RADIAL HEAD OR NECK FRACTURE WITH RADIAL HEAD PROSTHETIC REPLACEMENT	1,026
OR -OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	1,026
OR -OPEN TREATMENT RADIAL SHAFT FRACTURE	1,026
OR -OPEN TREAT RADIAL SHAFT FRACT WITH INT'L &/OR EXT'L FIXATION & CLOSED TREAT OF DISLOCATION OF DISTAL RADIOULNAR JOINT	1,026
OR -OPEN TREAT RADIAL SHAFT FRACT WITH INT'L &/OR EXT'L FIXATION & OPEN TREAT OF DISLOCATION OF DISTAL RADIOULNAR JOINT	1,026
OR -OPEN TREATMENT ULNAR SHAFT FRACTURE	1,026
OR -OPEN TREATMENT RADIAL AND ULNAR SHAFT FRACTURES WITH INTERNAL OR EXTERNAL FIXATION OF RADIUS OR ULNA	1,026
OR -OPEN TREATMENT RADIAL AND ULNAR SHAFT FRACTURES WITH INTERNAL OR EXTERNAL FIXATION OF RADIUS AND ULNA	1,026
OR -OPEN TREATMENT DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION	1,026
OR -OPEN TREATMENT CARPAL SCAPHOID FRACTURE	1,026
OR -OPEN TREATMENT CARPAL BONE FRACTURE,	1,026

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OTHER THAN SCAPHOID, EACH BONE	
OR -OPEN TREATMENT ULNAR STYLOID FRACTURE	1,026
OR -OPEN TREATMENT RADIOCARPAL OR INTERCARPAL DISLOCATION	1,026
OR -OPEN TREATMENT DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	1,026
OR -OPEN TREATMENT TRANS-SCAPHOPERILUNAR TYPE FRACTURE DISLOCATION	1,026
OR -OPEN TREATMENT LUNATE DISLOCATION	1,026
OR -OPEN TREATMENT METACARPAL FRACTURE, SINGLE, EACH BONE	1,026
OR -OPEN TREATMENT CARPOMETACARPAL FRACTURE DISLOCATION, THUMB	1,026
OR -OPEN TREATMENT CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, EACH JOINT	1,026
OR -OPEN TREATMENT METACARPALPHALANGEAL DISLOCATION, SINGLE	1,026
OR -OPEN TREATMENT PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, EACH	1,026
OR -OPEN TREATMENT DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	1,026
OR -OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION, SINGLE	1,026
OR -OPEN TREATMENT COCCYGEAL FRACTURE	1,026
OR -OPEN TREATMENT ILIAC SPINE, TUBEROSITY AVULSION OR ILIAC WING FRACTURE, WITH INTERNAL FIXATION	1,026
OR-OPEN TREATMENT ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION	1,026
OR-OPEN TREATMENT POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION	1,026
OR -OPEN TREATMENT POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE WITH INTERNAL FIXATION	1,026
OR -OPEN TREATMENT ACETABULAR FRACTURE INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN WITH INTERNAL FIXATION	1,026
OR -OPEN TREATMENT ACETABULAR FRACTURE INVOLVING ANTERIOR AND POSTERIOR (TWO)	1,026

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COLUMN WITH INTERNAL FIXATION	
OR -OPEN TREATMENT OF FEMUR FRACTURE PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT	1,026
OR -TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE WITH PLATE/SCREW TYPE IMPLANT	1,026
OR -TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE WITH INTRAMEDULLARY IMPLANT	1,026
OR -OPEN TREATMENT GREATER TROCHATERIC FRACTURE	1,026
OR -OPEN TREATMENT HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	1,026
OR -OPEN TREATMENT HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE	1,026
OR -OPEN TREATMENT SPONTANEOUS HIP DISLOCATION, REPLACEMENT FEMORAL HEAD IN ACETABULUM	1,026
OR -OPEN TREATMENT SPONTANEOUS HIP DISLOCATION, REPLACEMENT FEMORAL HEAD IN ACETABULUM, WITH FEMORAL SHAFT SHORTENING	1,026
OR -OPEN TREATMENT FEMORAL SHAFT FRACTURE WITH INSERTION OF INTRAMEDULLARY IMPLANT	1,026
OR -OPEN TREATMENT FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS	1,026
OR -OPEN TREATMENT FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION	1,026
OR -OPEN TREATMENT FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION	1,026
OR -OPEN TREATMENT FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE	1,026
OR -OPEN TREATMENT PATELLAR FRACTURE WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR	1,026
OR -OPEN TREATMENT TIBIAL FRACTURE, PROXIMAL, UNICONDYLAR	1,026

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OR -OPEN TREATMENT TIBIAL FRACTURE, PROXIMAL, BICONDYLAR	1,026
OR -OPEN TREATMENT INTERCONDYLAR SPINE AND/OR TUBEROSITY FRACTURE OF THE KNEE	1,026
OR -OPEN TREATMENT KNEE DISLOCATION WITHOUT PRIMARY LIGAMENOUS REPAIR OR AUGMENTATION/RECONSTRUCTION	1,026
OR -OPEN TREATMENT KNEE DISLOCATION WITH PRIMARY LIGAMENOUS REPAIR	1,026
OR -OPEN TREATMENT KNEE DISLOCATION WITH PRIMARY LIGAMENOUS REPAIR WITH AUGMENTATION/RECONSTRUCTION	1,026
OR -OPEN TREATMENT PATELLAR DISLOCATION	1,026
OR -OPEN TREATMENT TIBIAL SHAFT FRACTURE WITH PLATE/SCREWS	1,026
OR -TREATMENT TIBIAL SHAFT FRACTURE BY INTRAMEDULLARY IMPLANT	1,026
OR -OPEN TREATMENT MEDIAL MALLUS FRACTURE	1,026
OR -OPEN TREATMENT PROXIMAL FIBULA OR SHAFT FRACTURE	1,026
OR -OPEN TREATMENT DISTAL FIBULAR FRACTURE	1,026
OR -OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	1,026
OR -OPEN TREATMENT TRIMALLEOLAR ANKLE FRACTURE, MEDIAL AND/OR LATERAL MALLEOUS, WITHOUT FIXATION OF POSTERIOR LIP	1,026
OR -OPEN TREATMENT TRIMALLEOLAR ANKLE FRACTURE, MEDIAL AND/OR LATERAL MALLEOUS, WITH FIXATION OF POSTERIOR LIP	1,026
OR-OPEN TREAT OF FRACT WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, WITH INT'L OR EXT'L FIXATION OF FIBULA ONLY	1,026
OR-OPEN TREAT OF FRACT WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, WITH INT'L OR EXT'L FIXATION OF TIBIA ONLY	1,026
OR-OPEN TREAT OF FRACT WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, WITH INT'L OR EXT'L FIXATION OF TIBIA & FIBULA	1,026
OR -OPEN TREATMENT DISTAL TIBIOFIBULAR JOINT DISRUPTION	1,026

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OR -OPEN TREATMENT PROXIMAL TIBIOFIBULAR JOINT DISRUPTION	1,026
OR -OPEN TREATMENT ANKLE DISLOCATION WITHOUT REPAIR OR INTERNAL FIXATION	1,026
OR -OPEN TREATMENT ANKLE DISLOCATION WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION	1,026
OR -OPEN TREATMENT CALCANEAL FRACTURE	1,026
OR -OPEN TREATMENT CALCANEAL FRACTURE WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT	1,026
OR -OPEN TREATMENT TALUS FRACTURE	1,026
OR -OPEN TREATMENT TARSAL BONE FRACTURE	1,026
OR -OPEN TREATMENT METATARSAL FRACTURE	1,026
OR -OPEN TREATMENT FRACTURE OF GREAT TOE, PHALANX OR PHALANGES	1,026
OR -OPEN TREATMENT FRACTURE PHALANX OR PHALANGES, OTHER THAN GREAT TOE, EACH	1,026
OR -OPEN TREATMENT SESAMOID FRACTURE	1,026
OR -OPEN TREATMENT TARSAL BONE DISLOCATION	1,026
OR -OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	1,026
OR -OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	1,026
OR -OPEN TREATMENT OF METATARSALPHALANGEAL JOINT DISLOCATION	1,026
OR -OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	1,026
OR -REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH, DEEP OR COMPLICATED	936
OR -REMOVAL OF FOREIGN BODY SHOULDER, DEEP	936
OR -REMOVAL OF FOREIGN BODY SHOULDER, COMPLICATED	936
OR -REMOVAL OF FOREIGN BODY UPPER ARM OR ELBOW AREA, DEEP	936
OR -EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	936
OR -REMOVAL FOREIGN BODY PELVIS OR HIP, DEEP	936
OR -ARTHROSCOPY, TEMPOROMANDIBULAR JOINT,	1,003

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DIAGNOSTIC

OR -ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	1,003
OR -ARTHROSCOPY, SHOULDER, DIAGNOSTIC	1,003
OR -ARTHROSCOPY, WRIST, DIAGNOSTIC	1,003
OR -ARTHROSCOPY, WRIST, SURGICAL, FOR INFECTION, LAVAGE AND DRAINAGE	1,003
OR -ARTHROSCOPY HIP, DIAGNOSTIC	1,003
OR -ARTHROSCOPY KNEE, DIAGNOSTIC	1,003
OR -ARTHROSCOPY KNEE, SURGICAL, FOR INFECTION, LAVAGE AND DRAINAGE	1,003
OR -ARTHROSCOPY METACARPOPHALANGEAL JOINT, DIAGNOSTIC	1,003
OR -INJECT METHYLPR AC 20 MG (PHARMACEUTICAL)	1,003
OR -INJECT METHYLPR AC 40 MG (PHARMACEUTICAL)	1,003
OR -INJECT METHYLPR AC 80 MG (PHARMACEUTICAL)	1,003
OR -ARTHROPLASTY GLENOHUMERAL JOINT, HEMIARTHROPLASTY	854
OR -ARTHROPLASTY GLENOHUMERAL JOINT, TOTAL SHOULDER	854
OR -ARTHROPLASTY INTERPHALANGEAL JOINT, EACH JOINT	854
OR -ARTHROPLASTY INTERPHALANGEAL JOINT, WITH PROSTHETIC IMPLANT, EACH JOINT	854
OR -ARTHROPLASTY METACARPOPHALANGEAL JOINT, EACH JOINT	854
OR -ARTHROPLASTY METACARPOPHALANGEAL JOINT, WITH PROSTHETIC IMPLANT, EACH JOINT	854
OR -PARTIAL EXCISION, BONE, RADIAL HEAD OR NECK	661
OR -PARTIAL EXCISION, BONE, OLECRANON PROCESS	661
OR -EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL	661
OR -EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER	661
OR -PARTIAL EXCISION, BONE, METACARPAL	661



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OR -KNEE ORTHOSIS ELASTIC STAYS	99
OR -KNEE ORTHOSIS ELASTIC WITH JOINTS	99
OR -KNEE ORTHOSIS ELASTIC WITH CONDYLAR PADS	99
OR -KNEE ORTHOSIS ELASTIC WITH CONDYLAR PADS & JOINTS	99
OR -KNEE ORTHOSIS ELASTIC KNEE CAP	99
OR -KNEE ORTHOSIS WITH IMMOBILIZER CANVAS LONGITUDINAL	99
OR -KNEE ORTHOSIS ADJUSTABLE KNEE JOINTS POSITIONAL OR RIGID SUPPORT	99
OR -KNEE ORTHOSIS WITHOUT KNEE JOINT RIGID	99
OR -KNEE ORTHOSIS DEROTATION MEDIAL-LATERAL ANTERIOR CRUCIATE LIGAMENT	99
OR -KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, PREFAB	99
OR -KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, CUSTOM	99
OR -KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, PREFAB	99
OR -KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, CUSTOM	99
OR -KNEE ORTHOSIS DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBERS, PREFAB	99
OR -KNEE ORTHOSIS SWEDISH TYPE PREFAB	99
OR -KNEE ORTHOSIS MOLDED PLASTIC, THIGH & CALF SECTIONS, WITH DOUBLE UPRIGHT KNEE JOINTS	99
OR -KNEE ORTHOSIS MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS PNEUMATIC KNEE PADS	99
OR -KNEE ORTHOSIS MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET	99
OR -KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF LACERS WITH KNEE JOINTS	99
OR -KNEE ORTHOSIS DOUBLE UPRIGHT NONMOLDED	99

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THIGH AND CALF CUFFS/LACERS WITH KNEE JOINTS	
OR -KNEE ORTHOSIS SINGLE OR DOUBLE RESIST	99
OR -ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA	689
OR -REMOVAL OF EXTERNAL FIXATION SYSTEM UNDER ANESTHESIA	689
OR -BONE GRAFT, ANY DONOR AREA, MINOR OR SMALL	689
OR- CLOSED TREATMENT MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	1,026
OR- INCISION, EXTENSOR TENDON SHEATH, WRIST	661
OR- CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	969
OR- CLOSED TREATMENT DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION; WITH MANIPULATION	969
OR- TENDON SHEATH INCISION (TRIGGER FINGER)	661
OR- FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCL PROX INTERPHALANGEAL JOINT	661
OR- REPAIR EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	757
OR- ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	1,026
OR- ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	1,003
OR- ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	1,003
OR- DISTAL CLAVICULECTOMY INCL DISTAL ARTICULAR SURFACE	1,003
OR- ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY	1,003
OR- ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	1,003
<b>OR UROLOGY</b>	
OR -CYSTOURETHROSCOPY	627
OR -CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	813

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OR -CYSTOURETHROSCOPY WITH URETERAL CATHETERIZATION	689
OR -CYSTOURETHROSCOPY WITH BIOPSY	627
OR -CYSTOURETHROSCOPY WITH FULGURATION OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA OR PERIURETHRAL GLANDS	1,039
OR -CYSTOURETHROSCOPY WITH FULGURATION OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESIONS	689
OR -CYSTOURETHROSCOPY WITH FULGURATION AND/OR RESECTION OF SMALL BLADDER TUMORS (0.5 UP TO 2.0 CM)	813
OR -CYSTOURETHROSCOPY WITH FULGURATION AND/OR RESECTION OF MEDIUM BLADDER TUMORS (2.1 UP TO 5.0 CM)	689
OR -CYSTOURETHROSCOPY WITH FULGURATION AND/OR RESECTION OF LARGE BLADDER TUMORS (GREATER THAN 5.0 CM)	689
OR -CYSTOURETHROSCOPY WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS, GENERAL OR CONDUCTION ANESTHESIA	689
OR -CYSTOURETHROSCOPY WITH INTERNAL URETHROTOMY, FEMALE	1,039
OR -CYSTOURETHROSCOPY WITH INTERNAL URETHROTOMY, MALE	1,039
OR -CYSTOURETHROSCOPY WITH RESECTION OF EXTERNAL SPHINCTER	627
OR -CYSTOURETHROSCOPY WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS	661
OR -CYSTOURETHROSCOPY FOR TREATMENT OF FEMALE URETHRAL SYNDROME	1,039
OR -CYSTOURETHROSCOPY WITH URETERAL MEATOTOMY	1,039
OR -CYSTOURETHROSCOPY WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE	1,039
OR -CYSTOURETHROSCOPY WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE	1,039
OR -CYSTOURETHROSCOPY WITH REMOVAL OF FOREIGN BODY, CALCULUS OR URETERAL STENT FROM URETHRA OR BLADDER, SIMPLE	936
OR -CYSTOMETROGRAM SIMPLE	813

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OR -UROFLOWMETRY SIMPLE	689
OR -BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	661
OR -VASECTOMY UNILATERAL OR BILATERAL	736
OR -EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, SEPARATE PROCEDURE	736
OR -EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, ABDOMINAL APPROACH	736
OR -EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, WITH HERNIA REPAIR	736
OR -CYSTOURETHROSCOPY WITH INSERTION OF URETHRAL STENT	1,039
OR -UROGRAPHY RETROGRADE, WITH OR WITHOUT KUB	813
OR -CYSTOURETHROSCOPY WITH REMOVAL OF URETERAL CALCULUS	1,039
OR -CYSTOURETHROSCOPY WITH FRAGMENTATION OF URETERAL CALCULUS	1,039
OR -CYSTOURETHROSCOPY WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS	1,039
OR -CYSTOURETHROSCOPY WITH INSERTION OF INDWELLING URETERAL STENT	1,039
OR -CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THRU KIDNEY, RETROGRADE	1,039
OR -CYSTOURETHROSCOPY WITH TREATMENT OF URETERAL STRICTURE	1,039
OR -CYSTOURETHROSCOPY WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE	1,039
OR -CYSTOURETHROSCOPY WITH TREATMENT OF INTRA-RENAL STRICTURE	1,039
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF URETERAL STRICTURE	1,039
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE	1,039
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF INTRA-RENAL STRICTURE	1,039

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OR -CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	1,039
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY, DIAGNOSTIC	1,039
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH REMOVAL OR MANIPULATION OF CALCULUS	1,039
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH LITHOTRIPSY	1,039
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY &/OR PYELOSCOPY, WITH BIOPSY &/OR FULGURATION OF URETERAL OR RENAL PELVIC LES'N	1,039
OR -URETHRAL PRESSURE PROFILE STUDIES	689
OR -BIOPSY TESTIS NEEDLE	661
OR -BIOPSY TESTIS INCISIONAL	661
OR -EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	661
OR -SLITTING OF PREPUCE, DORSAL OR LATERAL, NEWBORN	627
OR -SLITTING OF PREPUCE, DORSAL OR LATERAL, EXCEPT NEWBORN	627
OR -CYSTECTOMY PARTIAL, SIMPLE	689
OR -CYSTECTOMY PARTIAL, WITH REIMPLANTATION OF URETER INTO BLADDER	689
OR -CYSTECTOMY COMPLETE	689
OR -SCROTAL EXPLORATION	661
OR -EXCISION HYDROCELE, UNILATERAL	698
OR -EXCISION HYDROCELE, BILATERAL	698
OR -MEATOTOMY, CUTTING OF MEATUS, EXCEPT INFANT	627
OR -MEATOTOMY, CUTTING OF MEATUS, INFANT	627
OR -LAPAROSCOPY, SURGICAL, PYELOPLASTY	806
OR - INSERTION OF TESTICULAR PROSTHESIS	661
OR -REMOVAL OF FOREIGN BODY IN SCROTUM	936
OR -SCROTOPLASTY SIMPLE	661
OR -LAPAROSCOPY, SURGICAL, ABLATION OF RENAL CYSTS	806

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OR -LAPAROSCOPY, SURGICAL, RADICAL NEPHRECTOMY	806
OR -LAPAROSCOPY, SURGICAL, NEPHRECTOMY INCULDING PARTIAL URETERECTOMY	806
OR -LAPAROSCOPY, SURGICAL, NEPHRECTOMY WITH TOTAL URETERECTOMY	806
OR -URETHROPLASTY 1ST STAGE, FOR FISTULA, DIVERTICULUM OR STRICTURE	627
OR -URETHROPLASTY 2ND STAGE, INCLUDING URINARY DIVERSION	627
OR -URETHROPLASTY ONE STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	627
OR -EXCISION URETHRAL CARUNCLE	627
OR -VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	736
OR -MARSUPIALIZATION OF URETHRAL DIVERTICULUM	627
OR -EPIDIDYMECTOMY UNILATERAL	661
OR -EPIDIDYMECTOMY BILATERAL	661
OR -RENAL ENDOSCOPY THRU NEPHROTOMY OR PYELOTOMY, WITH REMOVAL OF FOREIGN BODY OR CALCULUS	936
OR -URETERAL ENDOSCOPY THRU ESTABLISHED URETEROSTOMY, WITH REMOVAL OF FOREIGN BODY OR CALCULUS	936
OR -URETERAL ENDOSCOPY THRU URETEROSTOMY, WITH REMOVAL OF FOREIGN BODY OR CALCULUS	936
OR -SPHINCTEROTOMY ANAL	627
OR -TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY	627
OR -DILATION OR URETERAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, INITIAL	627
OR -DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION ANESTHESIA	627
OR -CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS	813
OR- FRENULOTOMY OF PENIS	814
<b>OR GYNEACOLOGY</b>	

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OR -CAUTERY OF CERVIX, ELECTRO OR THERMAL	627
OR -CAUTERY OF CERVIX, LASER ABLATION	627
OR -EXCISION BARTHOLIN'S GLAND OR CYST	627
OR -MARSUPIALIZATION BARTHOLIN'S GLAND CYST	627
OR -DILATION & CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC	648
OR -HYMENOTOMY, SIMPLE INCISION	627
OR -HYSTEROSCOPY, DIAGNOSTIC	661
OR -HYSTEROSCOPY, SURGICAL, WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY	661
OR -HYSTEROSCOPY, SURGICAL, WITH LYSIS OF INTRAUTERINE ADHESIONS	661
OR -HYSTEROSCOPY, WITH REMOVAL OF IMPACTED FOREIGN BODY	661
OR -HYSTEROSCOPY WITH ENDOMETRIAL ABLATION	661
OR -HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION & INTERPRETATION	438
OR -CATH'N & INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEROSALPINGOGRAPHY	438
OR -INSERTION OF INTRAUTERINE DEVICE	627
OR -UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	806
OR -LAPAROSCOPY, SURGICAL, WITH OCCLUSION OF OVIDUCTS BY DEVICE	806
OR -PERINEOPLASTY,REPAIR PERINEUM, NON-OBSTETRICAL	790
OR -FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	627
OR -TUBOTUBAL ANASTOMOSIS, REVERSE LIGATION	968
OR -LYSIS OF LABIAL ADHESIONS	627
OR -BIOPSY OF VULVA OR PERINEUM, 1 LESION	627
OR -BIOPSY OF VULVA OR PERINEUM, EACH ADDITIONAL LESION	627
OR -REMOVAL OF INTRAUTERINE DEVICE	627
OR -LAPAROSCOPY, SURGICAL, WITH FIMBRIOPLASTY	806

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OR -LAPAROSCOPY, SURGICAL, WITH SALPINGOSTOMY	806
OR -INCISION & DRAINAGE VAGINAL HEMATOMA, NON-OBSTETRICAL	661
OR -PELVIC EXAMINATION UNDER ANESTHESIA	884
OR -COLPOTOMY, WITH EXPLORATION	648
OR -LAPAROSCOPY, SURGICAL, WITH LYSIS OF ADHESIONS	806
OR -LAPAROSCOPY, SURGICAL, WITH REMOVAL OF ADNEXAL STRUCTURES	806
OR -LAPAROSCOPY, SURGICAL, WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA OR PERITONEAL SURFACE	806
OR -LAPAROSCOPY, SURGICAL, WITH FULGURATION OF OVIDUCTS	806
OR -OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	689
OR -CERCLAGE OF UTERINE CERVIX, NON-OBSTETRICAL	661
OR -CERCLAGE OF CERVIX DURING PREGNANCY, VAGINAL	661
OR -CERCLAGE OF CERVIX DURING PREGNANCY, ABDOMINAL	661
OR -REMOVE CERCLAGE SUTURE UNDER ANESTHESIA	661
OR -COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA	281
OR -COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA, WITH BIOPSY OF THE CERVIX AND ENDOCERVICAL CURETTAGE	281
OR -COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA, WITH LOOP/LEEP BIOPSY OF THE CERVIX	281
OR -DESTRUCTION OF LESIONS OF THE VULVA, SIMPLE	281
OR -DESTRUCTION OF LESIONS OF THE VULVA, EXTENSIVE	281
OR -BIOPSY OF VAGINAL MUCOSA, SIMPLE	661
OR -BIOPSY OF VAGINAL MUCOSA, EXTENSIVE,	661



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REQUIRING SUTURE	
OR -TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	648
OR -TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY, 1ST TRIMESTER	648
OR -TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY, 2ND TRIMESTER	648
OR -TERMINATION OF PREGNANCY(INDUCED ABORTION), BY DILATION AND EVACUATION	648
OR -INSERTION OF IMPLANTABLE CONTRACEPTIVE CAPSULES	627
OR -REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES	627
OR -REMOVAL WITH REINSERTION OF IMPLANTABLE CONTRACEPTIVE CAPSULES	627
OR -SUBCUTANEOUS HORMONE PELLET IMPLANTATION	627
OR -REMOVAL OF IMPACTED VAGINAL FOREIGN BODY UNDER ANESTHESIA	936
OR -LAPAROSCOPY, SURGICAL, UTERINE SUS	934
OR- TRANSCERVICAL INTRO OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD)	438
OR- CHROMOTUBATION OF OVIDUCT, INCL MATERIALS	438
OR- HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	661
OR- INDUCED ABORTION; BY DILATION AND CURETTAGE	648
<b>OR EYE</b>	
OR -REPAIR OF RETINAL DETACHMENT, PHOTOCOAGULATION	661
OR -REPAIR OF RETINAL DETACHMENT, SCLERAL BUCKLING	661
OR -REPAIR OF RETINAL DETACHMENT, WITH VITRECTOMY	661
OR -EXCISION OF LESION, CORNEA, KERATECTOMY, LAMELLAR, PARTIAL, EXCEPT PTERYGIUM	1,055
OR -CONJUNCTIVAL FLAP, BRIDGE OR PARTIAL	944

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OR -CONJUNCTIVAL FLAP, TOTAL	944
OR -EXCISION OF LESION, CONJUNCTIVA, UP TO 1.0 CM	915
OR -EXCISION OF LESION, CONJUNCTIVA, OVER 1.0 CM	915
OR -EXCISION OF LESION, CONJUNCTIVA, WITH ADJACENT SCLERA	915
OR -REPAIR OF ECTROPION, SUTURE	982
OR -REPAIR OF ECTROPION, EXCISION TARSAL WEDGE	982
OR -REPAIR OF ECTROPION, EXTENSIVE	982
OR -UNLISTED PROCEDURE POSTERIOR SEGMENT	661
OR -EXCISION CHALAZION, UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE	915
OR -PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, REQUIRING GENERAL ANESTHESIA	915
OR -PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, WITH INSERTION OF TUBE OR STENT	915
OR -PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	915
OR -EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT	915
OR -EXCISION OR TRANSPOSITION OF PTERYGIUM WITH GRAFT	915
OR -REPAIR OF BLEPHAROPTOSIS, FRONTALIS MUSCLE TECHNIQUE WITH SUTURE	982
OR -REPAIR OF BLEPHAROPTOSIS, FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING	982
OR -REPAIR OF BLEPHAROPTOSIS, (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	982
OR -REPAIR OF BLEPHAROPTOSIS, (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	982
OR -REPAIR OF BLEPHAROPTOSIS, SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	982

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OR -REPAIR OF BLEPHAROPTOSIS, CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION	982
OR -REMOVAL OF FOREIGN BODY, INTRAOCULAR, FROM ANTERIOR CHAMBER OF EYE OR LENS	909
OR -REMOVAL OF FOREIGN BODY, INTRAOCULAR, FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	909
OR -REMOVAL OF FOREIGN BODY, INTRAOCULAR, FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION	909
OR -REMOVAL OF EXTRACAPSULAR CATARACT WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, COMPLEX	1,414
OR -REMOVAL OF EXTRACAPSULAR CATARACT WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, SIMPLE	1,414
OR -INSERTION OF INTRAOCULAR LENS PROSTHESIS	1,635
OR -EXCHANGE OF INTRAOCULAR LENS	1,055
OR -EXT INTRACP CATRCT	2,064
OR -KERATOPLASTY (CORNEAL TRANSPLANT), LAMELLAR	1,055
OR -KERATOPLASTY (CORNEAL TRANSPLANT), PENETRATING (EXCEPT IN APHAKIA)	1,055
OR -KERATOPLASTY (CORNEAL TRANSPLANT), PENETRATING (IN APHAKIA)	1,055
OR -KERATOPLASTY (CORNEAL TRANSPLANT), PENETRATING (IN PSEUDOPHAKIA)	1,055
OR -REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS, CRYOTHERAPY OR DIATHERMY	661
OR -PROPHYLAXIS OF RETINAL DETACHMENT, WITHOUT DRAINAGE, ONE OR MORE SESSIONS, CRYOTHERAPY OR DIATHERMY	661
OR -DESTRUCTION LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	1,055
OR -DESTRUCTION LESION OF CONJUNCTIVA	915
OR -STRABISMUS SURGERY, RECESSON OR RESECTION PRODECURE, 1 HORIZONTAL MUSCLE	1,009
OR -STRABISMUS SURGERY, RECESSON OR RESECTION PRODECURE, 2 HORIZONTAL MUSCLES	1,009

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OR -STRABISMUS SURGERY, RECESSON OR RESECTION PRODECURE, 1 VERTICAL MUSCLE	1,009
OR -STRABISMUS SURGERY, RECESSON OR RESECTION PRODECURE, 2 OR MORE VERTICAL MUSCLES	1,009
OR -STRABISMUS SURGERY, SUPERIOR OBLIQUE MUSCLE	1,009
OR -TRANSPOSITION EXTRAOCULAR MUSCLE	1,009
OR -STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	1,009
OR -STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES OR RESTRICTIVE MYOPATHY	1,009
OR -STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE	1,009
OR -STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLES	1,009
OR -TARSORRHAPHY	1,009
OR -TEMPORARY CLOSURE OF EYELIDS BY SUTURE	1,009
OR -CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY OR CANTHORRHAPHY	1,009
OR -TRABECULOTOMY AB EXTERNO	1,055
OR -FISTULIZATION OF SCLERA FOR GLAUCOMA, TRABECULOTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY	1,055
OR -FISTULIZATION OF SCLERA FOR GLAUCOMA, TRABECULOTOMY AB EXTERNO IWITH SCARRING FROM PREVIOUS OCULAR SURGERY/TRAUMA	1,055
OR -REMOVAL OF VITREOUS, ANTERIOR APPROACH, PARTIAL REMOVAL	1,055
OR -REMOVAL OF VITREOUS, ANTERIOR APPROACH, SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY	1,055
OR -ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDDAL FLUID, PARS PLANA APPROACH	1,055
OR -IMPLANTATION OF INTRAVITREAL DRUG	1,055

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DELIVERY SYSTEM	
OR -VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	1,055
OR -VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, WITH EPIRETINAL MEMBRANE STRIPPING	1,055
OR -VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, WITH FOCAL ENDOLASER PHOTOCOAGULATION	1,055
OR -VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, WITH ENDOLASER PANRETINAL PHOTOCOAGULATION	1,055
OR -REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS REQUIRING AN INCISION	915
OR -RETROBULBAR INJECTION, ALCOHOL	627
OR -RETROBULBAR INJECTION, MEDICATION	627
OR -REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	936
OR -RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE	661
OR -BIOPSY OF EYELID	661
OR -FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	661
OR -CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	915
OR -CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION OR LASER SURGERY	915
OR -CONJUNCTIVOPLASTY, WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	944
OR -CONJUNCTIVOPLASTY, WITH BUCCAL MUCOUS MEMBRANE GRAFT	944
OR -CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	944
OR -CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC, WITH BUCCAL MUCOUS MEMBRANE GRAFT	944
OR -REMOVAL OF SECONDARY MEMBRANOUS CATARACT WITH CORNEO-SCLERAL SECTION	1,055
OR -REMOVAL OF LENS MATERIAL, ASPIRATION	1,055

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TECHNIQUE, ONE OR MORE STAGES	
OR -REMOVAL OF LENS MATERIAL, PHACOFRAGMENTATION TECHNIQUE WITH ASPIRATION	1,055
OR -REMOVAL OF LENS MATERIAL, PARS PLANA APPROACH	1,055
OR -REMOVAL OF LENS MATERIAL, INTRACAPSULAR	1,055
OR -REMOVAL OF LENS MATERIAL, INTRACAPSULAR, FOR DISLOCATED LENS	1,055
OR -REMOVAL OF LENS MATERIAL, EXTRACAPSULAR	1,055
OR -BIOPSY OF CONJUNCTIVA	627
OR -INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	627
OR -REPAIR RETINAL DETACHMENT BY SCLERAL BUCKLING/VITRECTOMY ON PATIENT HAVING PREV IPILATERAL RETINAL DETACHMENT REPAIR	661
OR -PROPHYLAXIS OF RETINAL DETACHMENT WITHOUT DRAINAGE, ONE OR MORE SESSIONS, PHOTOCOAGULATION	661
OR -PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH DIAGNOSTIC ASPIRATION OF AQUEOUS	1,055
OR -PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH THERAPEUTIC RELEASE OF AQUEOUS	1,055
OR -PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE	1,055
OR -PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH REMOVAL OF BLOOD	1,055
OR -INJECTION, ANTERIOR CHAMBER OF EYE, AIR OR LIQUID	1,055
OR -INJECTION, ANTERIOR CHAMBER OF EYE, MEDICATION	1,055
OR -BLEPHAROPLASTY, LOWER EYELID, WITH EXTENSIVE HERNIATED FAT PAD, UNILATERAL, NON- COSMETIC	982
OR -BLEPHAROPLASTY, LOWER EYELID, WITH EXTENSIVE HERNIATED FAT PAD, BILATERAL, NON- COSMETIC	982
OR -BLEPHAROPLASTY, UPPER EYELID, UNILATERAL, NON-COSMETIC	982

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OR -BLEPHAROPLASTY, UPPER EYELID, BILATERAL, NON-COSMETIC	982
OR -BLEPHAROPLASTY, UPPER EYELID, WITH EXCESSIVE SKIN WEIGHING DOWN LID, UNILATERAL, NON-COSMETIC	982
OR -BLEPHAROPLASTY, UPPER EYELID, WITH EXCESSIVE SKIN WEIGHING DOWN LID, BILATERAL, NON-COSMETIC	982
OR -BLEPHAROPLASTY, LOWER EYELID, UNILATERAL, NON-COSMETIC	982
OR -BLEPHAROPLASTY, LOWER EYELID, BILATERAL, NON-COSMETIC	982
REMOVAL OF EYE SUTURES	884
LATERAL MUSCLE RESECTION	950
<b>OR EAR, NOSE &amp; THROAT</b>	
OR -LAVAGE BY CANNULATION, MAXILLARY SINUS	627
OR -BRONCHOSCOPY WITH EXCISION OF TUMOR	891
OR -CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX, ANY METHOD	686
OR -CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD, INITIAL	686
OR -CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD, SUBSEQUENT	686
OR -CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, SUPERFICIAL	627
OR -LARINGOSCOPY DIRECT, FOR ASPIRATION	627
OR -LARINGOSCOPY DIRECT, DIAGNOSTIC, NEWBORN	627
OR -LARINGOSCOPY DIRECT, DIAGNOSTIC, EXCEPT NEWBORN	627
OR -LARINGOSCOPY DIRECT, DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE	627
OR -LARINGOSCOPY DIRECT, DIAGNOSTIC, WITH DILATION, INITIAL	627
OR -LARINGOSCOPY DIRECT, DIAGNOSTIC, WITH DILATION, SUBSEQUENT	627
OR -LARINGOSCOPY DIRECT, OPERATIVE, WITH	627

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FOREIGN BODY REMOVAL	
OR -LARINGOSCOPY DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL, WITH OPERATING MICROSCOPE OR TELESCOPE	627
OR -LARINGOSCOPY DIRECT, OPERATIVE, WITH BIOPSY, WITH OPERATING MICROSCOPE OR TELESCOPE	627
OR -LARINGOSCOPY DIRECT, OPERATIVE, WITH BIOPSY	627
OR -LARINGOSCOPY DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTIS	627
OR -LARINGOSCOPY DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTIS, WITH MICROSCOPE	627
OR -LARINGOSCOPY DIRECT, WITH INJECTION INTO VOCAL CORD, THERAPEUTIC	627
OR -LARINGOSCOPY DIRECT, WITH INJECTION INTO VOCAL CORD, WITH OPERATING MICROSCOPE OR TELESCOPE	627
OR -TYMPANOSTOMY REQUIRING INSERTION OF VENTILATING TUBE/GROMMETS, GENERAL ANESTHESIA	951
OR -MYRINGOPLASTY	720
OR -MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	627
OR -VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA (OTHER PHYSICIAN)	884
OR -NASAL/SINUS ENDOSCOPY, SURGICAL, WITH BIOPSY	661
OR -ESOPHAGOSCOPY, WITH REMOVAL OF FOREIGN BODY	936
OR -CLOSED TREATMENT NASAL BONE FRACTURE WITHOUT MANIPULATION	661
OR -CLOSED TREATMENT NASAL BONE FRACTURE WITHOUT STABILIZATION	661
OR -CLOSED TREATMENT NASAL BONE FRACTURE WITH STABILIZATION	661
OR -OPEN TREATMENT NASAL FRACTURE,	661



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UNCOMPLICATED	
OR -OPEN TREATMENT NASAL SEPTAL FRACTURE	661
OR -CLOSED TREATMENT NASAL SEPTAL FRACTURE	661
OR -OPEN TREATMENT NASOETHMOID FRACTURE, WITHOUT EXTERNAL FIXATION	661
OR -EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	661
OR -RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION, WITHOUT NECK DISSECTION	661
OR -DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	661
OR -DILATION OF ESOPHAGUS, OVER GUIDE WIRE	661
OR -DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE	661
OR -DILATION OF ESOPHAGUS, WITH BALLOON FOR ACHALASIA	661
OR -EXCISION OF LINGUAL FRENUM	915
OR -EXTRACT SINGLE TOOTH	712
OR -EXTRACT EACH ADDITIONAL TOOTH	712
OR -INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	712
OR -ATTICOTOMY	720
OR -TYMpanoplasty WITHOUT MASTOIDECTOMY, INITIAL OR REVISION, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,039
OR -TYMpanoplasty WITHOUT MASTOIDECTOMY, INITIAL OR REVISION, WITH OSSICULAR CHAIN RECONSTRUCTION	1,039
OR -TYMpanoplasty WITHOUT MASTOIDECTOMY, INITIAL OR REVISION, WITH OSSICULAR CHAIN RECONSTRUCTION & SYNTHETIC PROSTHESIS	1,039
OR -TYMpanoplasty WITH ANTROTOMY OR MASTOIDECTOMY, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,039
OR -TYMpanoplasty WITH ANTROTOMY OR MASTOIDECTOMY, WITH OSSICULAR CHAIN RECONSTRUCTION	1,039
OR -TYMpanoplasty WITH ANTROTOMY OR MASTOIDECTOMY, WITH OSSICULAR CHAIN	1,039

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RECONSTRUCTION & SYNTHETIC PROSTHESIS	
OR -TYMpanoplasty WITH MASTOIDECTOMY, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,039
OR -TYMpanoplasty WITH MASTOIDECTOMY, WITH OSSICULAR CHAIN RECONSTRUCTION	1,039
OR -TYMpanoplasty WITH MASTOIDECTOMY, RADICAL OR COMPLETE, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,039
OR -TYMpanoplasty WITH MASTOIDECTOMY, RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION	1,039
OR -OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	738
OR -RHINOPLASTY, PRIMARY, COMPLETE, NON- COSMETIC	628
OR -RHINOPLASTY, PRIMARY, INCLUDING MAJOR SEPTAL REPAIR, NON-COSMETIC	628
OR -RHINOPLASTY, SECONDARY, MINOR REVISION, NON-COSMETIC	628
OR -RHINOPLASTY, SECONDARY, INTERMEDIATE REVISION, NON-COSMETIC	628
OR-RHINOPLASTY NASAL DEFORMITY 2ND TO CONGENITAL CLEFT LIP A&OR PALATE, INCL COLUM LENGTH, TIP ONLY, NON-COSMETIC	628
OR-RHINOPLASTY NASAL DEFORM 2ND TO CONG CLEFT LIP &/OR PALATE, INCL COLUM LENGTH, TIP, SEPTUM, OSTEOTOMIES, NON-COSMETIC	628
OR -BIOPSY OROPHARYNX	915
OR -BIOPSY OF PALATE, UVULA	915
OR -BIOPSY OF TONGUE, ANTERIOR TWO THIRDS	915
OR -BIOPSY OF TONGUE, POSTERIOR ONE THIRD	915
OR -BIOPSY LIP	915
OR -BIOPSY, VESTIBULE OF MOUTH	915
OR -REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES, SOFT TISSUES	936
OR -REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES, BONE	936
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH REMOVAL OF FOREIGN BODY	936

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OR -EXPLORATION OF ORBIT WITH REMOVAL OF FOREIGN BODY	936
OR -STAPEDECTOMY	720
OR -CLOSURE POSTAURICULAR FISTULA, MASTOID	720
OR -EXCISION BENIGN TUMOR, FACIAL BONE (MAXILLA OR ZYGOMA)	661
OR -EXCISION MALIGNANT TUMOR, FACIAL BONE (MAXILLA OR ZYGOMA)	661
OR -EXCISION BENIGN TUMOR, MANDIBLE	661
OR -EXCISION MALIGNANT TUMOR, MANDIBLE	661
OR -EXCISION MALIGNANT TUMOR, MANDIBLE, RADICAL RESECTION	661
OR -EXPLORATION PAROTID	698
OR -REMOVAL OF FOREIGN BODY FROM PHARYNX	936
OR -BIOPSY OF FLOOR OF MOUTH	915
OR -REMOVAL OF EMBEDDED FOREIGN BODY FROM VESTIBULE OF MOUTH, COMPLICATED	936
OR -DESTRUCTION OF LESION OR SCAR OF VISTIBULE OF MOUTH BY PHYSICAL METHODS (LASER, THERMAL, CRYO, CHEMICAL)	661
OR -LARYNGOSCOPY, INDIRECT, DIAGNOSTIC	915
OR -LARYNGOSCOPY, INDIRECT, WITH BIOPSY	915
OR -LARYNGOSCOPY, INDIRECT, WITH REMOVAL OF FOREIGN BODY	936
OR -LARYNGOSCOPY, INDIRECT, WITH REMOVAL OF LESION	915
OR -LARYNGOSCOPY, INDIRECT, WITH VOCAL CORD INJECTION	915
OR -LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, DIAGNOSTIC	915
OR -LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH BIOPSY	915
OR -LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH REMOVAL OF FOREIGN BODY	936
OR -LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH REMOVAL OF LESION	915
OR -LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	915

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OR -BIOPSY EXTERNAL EAR	725
OR -RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY)	725
OR -EXCISION OF LIP WITH MUCOSAL ADVANCEMENT	661
OR -EXCISION OF LIP, V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	661
OR -EXCISION OF LIP, TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	661
OR -EXCISION OF LIP, FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	661
OR -RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	661
OR -EXCISION, LESION OF PALATE, UVULA, WITH SIMPLE PRIMARY CLOSURE	915
OR -PALATOPHARYNGOPLASTY	915
OR -REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL, UNDER ANESTHESIA	936
OR -CAUTERY AND/OR ABLATION, MUCOSA OR INFERIOR TURBINATES	627
OR -UNLISTED PROCEDURE, EXTERNAL EAR	725
OR -EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	915
OR -EXCISION OF LESION, PALATE, UVULA WITHOUT CLOSURE	915
OR- DENTAL-30 MINS MINIMUM	712
OR- DENTAL-EXTRACT OVER 30 MIN	934
OR- INSERTION OF VASPORT	1,839
OR- NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL	661
OR- NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	661
OR- NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)	661
OR- NASAL.SINUS ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	661
OR- NASAL.SINUS ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF	661

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TISSUE FROM MAXILLARY SINUS	
OR- NASAL/SINUS ENDOSCOPY, SURGICAL; WITH FRONTAL SINUS EXPL, WITH/WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS	661
OR- NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	661
OR- NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM SPHENOID SINUS	661
<b>REHAB</b>	
<b>PHYSIOTHERAPY</b>	
PT -THERAPEUTIC EXERCISE, EACH 15M	78
PT -GAIT TRAINING, EACH 15M	77
PT -DIATHERMY	77
PT -ULTRASOUND, EACH 15M	77
PT -ELECTRICAL STIMULATION, EACH 15M	77
PT -HOT PACKS	57
PT -ICE PACKS	57
PT -WHIRLPOOL BATH	57
PT -WAX BATH	57
PT -CERVICAL TRACTION	77
PT -LUNG FUNCTION TEST	77
PT -CHEST PHYSIO INITIAL	78
PT -APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR (TENS)	77
PT -JOBST COMPRESSION	77
PT -HUBBARD TANK, EACH 15M	89
PT-LASER TREATMENT, EACH 15M	89
PT -SUPPLY CRUTCHES	168
PT -SUPPLY CANES	44
PT -SUPPLY ELBOW CRUTCHES	264
PT -CERVICAL TRACTION KIT	66
PT -SUPPLY WRIST SPLNT	33
PT -SUPPLY ANKLE AIR STIRRUP	93

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PT -RELATIVE INSTRUCTION, EACH 15M	89
PT -NO SHOW	78
PT -SUPPLY HAND OR WRST SPLINT	330
PT -ASSESSMENT FEE	133
PT -INITIAL EVALUATION, SIMPLE	89
PT -INITIAL EVALUATION, MODERATE	89
PT -INITIAL EVALUATION, COMPLEX	89
PT -RE-EVALUATION, SIMPLE	89
PT -RE-EVALUATION, MODERATE	89
PT -RE-EVALUATION, COMPLEX	89
PT -REVIEW ORTHOTIC/PROSTHETIC USE, EACH 15M	89
PT- MUSCLE TESTING MANUAL	89
PT -RANGE OF MOTION, EACH EXTREMITY	89
PT -TRACTION MECHANICAL	77
PT -CONTRAST BATHS, EACH 15M	89
PT -NEUROMUSCULAR RE-EDUCATION, EACH 15M	78
PT -MASSAGE, EACH 15M	89
PT -MANUAL THERAPY, EACH 15M	89
PT -ORTHOTIC FIT AND/OR TRAIN, EACH 15M	89
PT -PROSTHETIC FIT AND/OR TRAIN, EACH 15M	89
PT -PRE OR POST LUNG FUNCTION TEST	77
PT -PEAK FLOW	77
PT -CHEST PHYSIO SUBSEQUENT	78
PT -STRAPPING LOWER BACK	89
PT -STRAPPING SHOULDER	89
PT -STRAPPING ELBOW OR WRIST	89
PT -STRAPPING HAND OR FINGER	89
PT -STRAPPING HIP	89
PT -STRAPPING KNEE	89
PT -STRAPPING ANKLE	89
PT -STRAPPING TOES	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP,	89

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NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 2.5 CM OR LESS	
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 2.6 - 7.5 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 7.6 - 12.5 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 12.6 - 20.0 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 20.1 - 30.0 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, OVER 30.0 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.5 CM OR LESS	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.6 - 5.0 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 5.1 - 7.5 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 7.6 - 12.5 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 12.6 - 20.0 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 20.1 - 30.0 CM	89
PT -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, OVER 30.0 CM	89
PT-TREATMENT OF SUPERFICIAL WOUND DEHISCENCE, SIMPLE CLOSURE	89
PT-TREATMENT OF SUPERFICIAL WOUND DEHISCENCE, WITH PACKING	89

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PT -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 2.5 CM OR LESS	89
PT -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 2.6 - 7.5 CM	89
PT -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 7.6 - 12.5 CM	89
PT -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 12.6 - 20.0 CM	89
PT -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 20.1 - 30.0 CM	89
PT -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, OVER 30.0 CM	89
PT -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 2.5 CM OR LESS	89
PT -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 2.6 - 7.5 CM	89
PT -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 7.6 - 12.5 CM	89
PT -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 12.6 - 20.0 CM	89
PT -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 20.1 - 30.0 CM	89
PT -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, OVER 30.0 CM	89
PT -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.5 CM OR LESS	89
PT -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.6 - 5.0 CM	89
PT -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 5.1 - 7.5 CM	89
PT -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 7.6 - 12.5 CM	89
PT -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES,	89



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12.6 - 20.0 CM	
PT -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 20.1 - 30.0 CM	89
PT -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, OVER 30.0 CM	89
PT -REPAIR, COMPLEX, TRUNK, 1.1 - 2.5 CM	89
PT -REPAIR, COMPLEX, TRUNK, 2.6 - 7.5 CM	89
PT -REPAIR, COMPLEX, TRUNK, EACH ADDITIONAL 5 CM OR LESS	89
PT -REPAIR, COMPLEX, SCALP, ARMS AND/OR LEGS, 1.1 - 2.5 CM	89
PT -REPAIR, COMPLEX, SCALP, ARMS AND/OR LEGS, 2.6 - 7.5 CM	89
PT -REPAIR, COMPLEX, SCALP, ARMS AND/OR LEGS, EACH ADDITIONAL 5.0 CM OR LESS	89
PT -REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET, 1.1 - 2.5 CM	89
PT -REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET, 2.6 - 7.5 CM	89
PT -REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET, EACH ADDITIONAL 5. 0 CM OR LESS	89
PT- REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS, 1.0 CM OR LESS	89
PT- REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS, 1.1 - 2.5 CM	89
PT- REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS, 2.6 - 7.5 CM	89
PT- REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS, EACH ADDITIONAL 5.0 CM OR LESS	89
PT -SECONDARY CLOSURE OF SURGICAL WOUNDS OR DEHISCENCE, EXTENSIVE OR COMPLICATED	89
<b>SPEECH PATHOLOGY</b>	
SP -SPEECH THERAPY PEADIATRIC	49
SP -SPEECH THERAPY ADULT	49

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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SP -TREATMENT OF SWALLOWING DYSFUNCTION	49
SP -TRAINING WITH SPEECH-GENERATING DEVICE	49
SP -SPEECH PATHOLOGY TREATMENT FOR SPEECH	49
SP -SPEECH PATHOLOGY TREATMENT FOR LANGUAGE	49
SP -COGNITIVE SKILL DEVELOPMENT, EACH 15M	49
SP -EVALUATION OF SPEECH AND OR HEARING	133
SP -EVALUATION OF SWALLOWING	133
SP -EVALUATION OF SWALLOWING WITH OPAQUE	133
SP -APHASIA ASSESSMENT PER HR	133
SP - NO SHOW	78
<b>OCCUPATIONAL THERAPY</b>	
OT -AIDS TO DAILY LIVING, EACH 15M	78
OT -COGNITIVE RETRAINING, EACH 15M	78
OT- SPLINT FABRICATION, EACH 15M	78
OT -PATIENT EDUCATION, EACH 15M	78
OT -NO SHOWS	78
OT -CANCELLATIONS	78
OT -INITIAL EVALUATION, SIMPLE	78
OT -INITIAL EVALUATION, MODERATE	78
OT -INITIAL EVALUATION, COMPLEX	78
OT -RE-EVALUATION, SIMPLE	78
OT -RE-EVALUATION, MODERATE	78
OT -RE-EVALUATION, COMPLEX	78
OT -HOT PACKS	78
OT -ICE PACKS	78
OT -WAX BATH	78
OT -WHIRLPOOL BATH	78
OT -HUBBARD TANK, EACH 15M	78
OT -UNLISTED MODALITIES. EACH 15M	78
OT -THERAPEUTIC EXERCISE, EACH 15M	78
OT -NEUROMUSCULAR RE-EDUCATION, EACH 15M	78

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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OT -MASSAGE, EACH 15M	78
OT -ORTHOTIC FIT AND/OR TRAIN, EACH 15M	78
OT -PROSTHETIC FITAND/OR TRAIN, EACH 15M	78
OT -THERAPY ACTIVITY, EACH 15M	78
OT -SENSORY INTEGRATION, EACH 15M	78
OT -COMMUNITY OR WORK REINTEGRATION, EACH 15M	78
OT -WHEELCHAIR TRAINING. EACH 15M	78
OT -VOCATIONAL TRAINING, INITIAL 2HR	78
OT -VOCATIONAL TRAINING, FOLLOW-UP, EACH ADDITIONAL HOUR	78
<b>EMERGENCY</b>	
ER -LEVEL 1 VISIT	260
ER -LEVEL 4 VISIT	650
ER -SUPPLY CRUTCHES	168
ER -SUPPLY CANE	44
ER -SUPPLY SPLINT CLAVICLE	33
ER -SUPPLY SPLNT ARM OR LEG, ALUMINUM	64
ER -SUPPLY CERVICAL COLLAR	24
ER -SUPPLY SHOULDER IMMOBILIZER	33
ER -SUPPLY KNEE IMMOBILIZER	99
ER -LEVEL 2 VISIT	370
ER -LEVEL 3 VISIT	500
ER -LEVEL 5 VISIT	800
ER -SUPPLY VELPEAU SLING	33
ER -SUPPLY THUMB SPLNT	44
ER -SUPPLY STAX FINGER SPLNT	26
ER -SUP THIMBLE FINGER	21
ER -RECOMPRESSION CHAMBER (HYPERBARIC)	1,753

**Patients subsequently admitted from the Emergency Department will be charged for an emergency visit in addition to the inpatient room charge. This will be charged out as a Level 5 Visit.**

**AMBULANCE**

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
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AL -AMBULANCE TO OR FROM AIRPORT	231
AL -AMBULANCE NON-EMERGENCY	203
AL -AMBULANCE EMERGENCY	203
AL - NURSE ESCORT	361
<b>GERIATRICS</b>	
GR -GERIATRC HOLIDAY CARE PER DAY	140
GR -GERIATRIC DAY CARE	80
<b>ORTHOPEDIC UNIT</b>	
FC -ESTABLISHED PATIENT LEVEL 1 VISIT	121
FC -ESTABLISHED PATIENT LEVEL 2 VISIT	121
FC -ESTABLISHED PATIENT LEVEL 3 VISIT	121
FC -ESTABLISHED PATIENT LEVEL 4 VISIT	121
FC -ESTABLISHED PATIENT LEVEL 5 VISIT	121
FC -MISSED APPOINTMENT	78
<b>DIABETIC COUNSELING</b>	
DB -DIABETIC EDUCATION PROGRAM	897
DB -DIETARY DIABETIC COUNSELING, EACH 15M	67
DB -DIABETIC FOLLOW UP	68
DB -DIABETES EDUCATION (1:1), EACH 30M	68
DB -URINALYSIS, DIPSTICK	22
DB -GLUCOSE TESTING	22
DB -CONTINUOUS GLUCOSE MONITORING UP TO 72 HOURS	414
<b>DIETETIC COUNSELING</b>	
DB -DIETETIC COUNSELING, INITIAL VISIT, 15M	143
DB -DIETETIC COUNSELING, FOLLOW UP, 15M	78
DB -DIETETIC GROUP THERAPY, 30M	44
<b>DIALYSIS</b>	
ESRD -HEMODIALYSIS SESSION - RESIDENT	1,216
ESRD -HEMODIALYSIS SESSION - NON-RESIDENT	1,216
ESRD - HEMODIALYSIS CAPD (PER MONTH)	14,597
<b>CHEMOTHERAPY</b>	

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ONC -PATIENT EDUCATION OR COUNSELING WITH FAMILY, EACH 15M	35
ONC -PATIENT EDUCATION OR COUNSELING WITHOUT FAMILY, EACH 15M	35
ONC -TRANSFUSION	88
ONC -IV FLUSHING ONLY	190
ONC -CHEMO IV PUSH	87
ONC -CHEMO INFUSION < 1 HR	87
ONC -CHEMO INFUSION 1-8 HRS	87
ONC -CHEMO INFUSION >8 HRS	757
ONC-PERIPHERAL BLOOD DRAWS	191
<b>AUDIOMETRY/HEARING TEST</b>	
PURE TONE AUDIOMETRY AIR	159
SPECH AUDIOMTRY THRESHOLD	159
SPEECH AUDIOMTRY THRESHOLD, WITH SPEECH RECOGNITION	159
COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION & SPEECH RECOGNITION	159
REVISION OF STAPEDECTOMY OR STAPEDOTOMY	159
EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	159
<b>VESTIBULAR TESTING</b>	
CALORIC TESTING - COLD	92
CALORIC TESTING - HOT AND COLD	160
POSTURAL TESTING	89
<b>IV THERAPY</b>	
IV -KOGENATE 1 VIAL	637
IV -BLOOD TRANSFUSION / DAY	244
IV -INFUSION FIRST HR	88
IV-IMMUNOGLOBULIN MONTHLY	834
IV -PENTAMIDINE AEROSOL	215
IV -INTRAMUSCULAR INJECTION, ANTIBIOTIC	190
IV -FLUSHING OR DRESSING ONLY	190
IV -VENOUS ACCESS DEVICE BLOOD COLLECTION	114

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ONLY	
IV -VENOUS ACCESS DEVICE DRESSING CHANGE	114
IV -INFUSION EACH ADDITIONAL HR	103
IV -REMICADE 100 MG	660
<b>OUTPATIENT INFUSION CLINIC</b>	
INFUSION INITIAL HOUR	169
INFUSION EACH ADDITIONAL HOUR	104
KOGENATE 1 VIAL	637
IMMUNOGLOBULIN	835
REMICADE 100MG	660
<b>MATERNITY OUTPATIENT</b>	
OB- EXTERNAL CEPHALIC VERSION	155
OB -FETAL NON-STRESS TEST	88
OB -FETAL MONITORING WITH REPORT	159
OB -REMOVAL OF CERCLAGE SUTURE	210
OB -INTRAMUSCULAR INJECTIONS	230
<b>COLPOSCOPY CLINIC</b>	
CO -COLPOSCOPY ONLY	281
CO -COLPOSCOPY WITH BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	281
CO -COLPOSCOPY WITH LOOP/LEEP ELECTRODE BIOPSY OF CERVIX	281
CO -EXAMINATION WITH OR WITHOUT PAP	281
CO -SEXUAL ASSAULT EXAMS	258
CO -DESTRUCTION OF LESION, ANUS, SIMPLE	281
CO -DESTRUCTION OF LESION, VULVA, SIMPLE	281
CO -DESTRUCTION OF LESION, VULVA, EXTENSIVE	281
CO -DESTRUCTION OF LESION, VAGINAL, SIMPLE	281
CO -DESTRUCTION OF LESION, VAGINAL, EXTENSIVE	281
CO -EXCISION OF LESION OF CERVIX	281
CO -BIOPSY OF VULVA OR PERINEUM, 1 LESION	281
<b>ALCOHOLISM SERVICES</b>	
TP -INDIVIDUAL COUNSELING, 20-30M	48

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TP -FAMILY THERAPY WITH PATIENT	91
TP -ANGER MANAGEMENT PROGRAM	688
TP -OUTPATIENT DETOX	253
TP -GROUP THERAPY PROGRAM	688
TP -FAMILY THERAPY WITHOUT PATIENT	277
TP -MULTIPLE-FAMILY GROUP	688
TP -INITIAL COUNSELING 45-50M	137
TP -INDIVIDUAL COUNSELING 45-50M	193
TP -METHADONE MAINTENANCE	253
<b>HOSPICE</b>	
DAY LONG CARE WITH IV INFUSION / TRANSFUSION (6 HRS)	245
DAY CARE	87
RESPITE CARE	140
<b>PSYCHIATRIC OUTPATIENTS</b>	
CMH -RE REFERAL COUNSELING 45-50M	192
CMH -NEW PATIENT COUNSELING 45-50M	192
CMH -INDIVIDUAL COUNSELING 20-30M	143
CMH -INDIVIDUAL COUNSELING 45-50M	143
<b>CHILD &amp; ADOLESCENT SERVICES</b>	
CAS -DIAGNOSTIC INTERVIEW EXAMINATION	192
CAS -MEDICAL MANAGEMENT	74
CAS -INTERACTIVE DIAGNOSTIC INTERVIEW EXAMINATION	161
CAS -INDIVIDUAL THERAPY OUTPATIENT 45-50M	49
CAS -INDIVIDUAL THERAPY OUTPATIENT 75-80M	161
CAS -OUTPATIENT INDIVIDUAL TREATMENT WITH MEDICAL EVALUATION & MANAGEMENT 45-50M	49
CAS -OUTPATIENT INDIVIDUAL TREATMENT WITH MEDICAL EVALUATION & MANAGEMENT 75-80M	161
CAS -INTERACTIVE THERAPY 45-50M	49
CAS -INTERACTIVE THERAPY 75-80M	161
CAS -OUTPATIENT INTERACTIVE TREATMENT WITH MEDICAL EVALUATION AND MANAGEMENT 45-50M	49

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CAS -OUTPATIENT INTERACTIVE TREATMENT WITH MEDICAL EVALUATION AND MANAGEMENT 75-80M	161
CAS -FAMILY THERAPY WITHOUT PATIENT	161
CAS -FAMILY THERAPY WITH PATIENT	161
CAS -GROUP THERAPY	161
<b>HOME HEALTH CARE</b>	
HC-ULCER OR WOUND CARE COMPLEX	206
HC -OSTOMY CARE	115
HC -TPN ADMINISTRATION < 2 HR	225
HC -LAB CHARGE	273
HC -INTRAMUSCULAR OR SUBCUTANEOUS INJECTION	74
HC -ASSIST WITH AIDS TO DAILY LIVING AND/OR PERSONAL CARE	74
HC -ULCER OR WOUND CARE SIMPLE	155
HC -CATHETER CARE	75
HC -FECAL EMPACTION OR MANAGEMENT	75
HC -HYDRATION THERAPY < 2 HR	75
HC- INFUSION < 2 HR	75
HC -URINE CATHETER FOR SPECIMEN	75
HC -SKILLED HOME HEALTH NURSE EACH 15 MIN	49
HC-VACUUM ASSISTED CLOSURE TREATMENT	258
<b>ASTHMA CLINIC</b>	
AM -ASSESSMENT ASTHMA EACH 15 MIN	193
AM -REASSESSMENT ASTHMA EACH 15 MIN	49
AM -ASTHMA INTERVENTION FAMILY EACH 15 MIN	49
AM -ASTHMA INTERVENTION INDIVIDUAL EACH 15 MIN	49
<b>HYPERBARIC &amp; WOUND CARE</b>	
HPB -HYPERBARIC TREATMENT EACH 30 MIN	264
HPB -WOUND/BURN CARE MEDIUM	210
HPB -WOUND/BURN CARE LARGE	210
HPB -DEBRIDEMENT SELECTIVE	278



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HPB -DEBRIDEMENT NONSELECTIVE	278
HPB -WOUND/BURN CARE SMALL	120
HPB- ANKLE BRACHIAL INDICES, SINGLE LEVEL, BILATERAL	41
HPB- TRANSCUTANEOUS OXYGEN MONITORING, SINGLE LEVEL, BILATERAL	524
HPB- TRANSCUTANEOUS OXYGEN MONITORING, MULTIPLE LEVELS OR W PROVOCATIVE FUNCTIONAL MANEUVERS, COMPLETE BILAT STUDY	524
HPB- GLUCOSE MONITORING	20
HPB- WOUND CARE ASSESSMENT FEE	141
<b>BREASTFEEDING CLASSES</b>	
BF -LACTATION SESSION, INDIVIDUAL EACH 15 MINUTES	62
<b>PRENATAL CLASSES</b>	
PRENATAL CLASS /PROGRAM	242
<b>REHABILITATION UNIT/DAY HOSPITAL</b>	
RUDH-DAY HOSPITAL TREATMENT	314
RUDH-DAY HOSPITAL PHYSIOTHERAPY EACH 15 MINUTES	66
RUDH-DAY HOSPITAL SPEECH & LANGUAGE EACH 15 MINUTES	26
RUDH-DAY HOSPITAL DIATETIC COUNSELING	26
<b>URGENT CARE CENTER</b>	
LEVEL I	235
LEVEL II	330
LEVEL III	500

Made this day of March, 2009

Chairman  
Bermuda Hospitals Board

**BERMUDA HOSPITALS BOARD (HOSPITAL FEES)  
REGULATIONS 2009**

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Approved this day of March, 2009

Minister of Health