

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
10060	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia)	2,548	588	1,960
10080	Incision and drainage of pilonidal cyst	2,548	588	1,960
10120	Incision and removal of foreign body, subcutaneous tissues	2,548	588	1,960
10140	Incision and drainage of hematoma, seroma, or fluid collection	2,548	588	1,960
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	2,548	588	1,960
10180	Incision and drainage, complex, postoperative wound infection	3,892	882	3,010
11040	Debridement; skin, partial thickness	2,548	588	1,960
11041	Debridement; skin, full thickness	2,548	588	1,960
11042	Debridement; skin, and subcutaneous tissue	3,976	1,176	2,800
11043	Debridement; skin, subcutaneous tissue, and muscle	5,614	1,764	3,850
11044	Debridement; skin, subcutaneous tissue, muscle, and bone	5,614	1,764	3,850
11050	Paring or curettage of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; single lesion	2,548	588	1,960
11051	Paring or curettage of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; two to four lesions	3,892	882	3,010
11052	Paring or curettage of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; more than four lesions	3,976	1,176	2,800
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single or multiple lesion	2,548	588	1,960
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	3,892	882	3,010
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	2,590	941	1,649
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	5,614	1,764	3,850

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	3,892	882	3,010
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	2,590	941	1,649
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	5,614	1,764	3,850
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose ,lips, mucous membrane; lesion diameter 0.5 cm or less	2,590	941	1,649
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose ,lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	5,614	1,764	3,850
11400	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 0.5 cm or less	2,548	588	1,960
11401	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	2,548	588	1,960
11402	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	2,548	588	1,960
11403	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	2,548	588	1,960
11404	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	2,548	588	1,960
11406	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter over 4.0 cm	2,548	588	1,960
11420	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	2,548	588	1,960
11421	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	2,548	588	1,960
11422	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	2,548	588	1,960
11423	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	2,548	588	1,960
11424	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	2,548	588	1,960
11426	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	2,548	588	1,960

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
11440	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	2,876	706	2,170
11441	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	2,876	706	2,170
11442	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	2,876	706	2,170
11443	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	2,876	706	2,170
11444	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	2,876	706	2,170
11446	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	2,876	706	2,170
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary	5,614	1,764	3,850
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal	5,614	1,764	3,850
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal or umbilical	5,614	1,764	3,850
11600	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 cm or less	3,892	882	3,010
11601	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.6 to 1.0 cm	3,892	882	3,010
11602	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 1.1 to 2.0 cm	3,892	882	3,010
11603	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 2.1 to 3.0 cm	3,892	882	3,010
11604	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 3.1 to 4.0 cm	3,892	882	3,010
11606	Excision, malignant lesion, trunk, arms, or legs; lesion diameter over 4.0 cm	3,892	882	3,010
11620	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	3,976	1,176	2,800
11621	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	3,976	1,176	2,800
11622	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	3,976	1,176	2,800
11623	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	3,976	1,176	2,800
11624	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	3,976	1,176	2,800

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
11626	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	3,976	1,176	2,800
11640	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm or less	3,976	1,176	2,800
11641	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.6 to 1.0 cm	3,976	1,176	2,800
11642	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0 cm	3,976	1,176	2,800
11643	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm	3,976	1,176	2,800
11644	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 3.1 to 4.0 cm	3,976	1,176	2,800
11646	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter over 4.0 cm	3,976	1,176	2,800
11720	Debridement of nail(s) by any method(s); one to five	2,548	588	1,960
11721	Debridement of nail(s) by any method(s); six or more	3,892	882	3,010
11730	Avulsion of nail plate, partial or complete	2,548	588	1,960
11740	Evacuation of subungual hematoma	2,548	588	1,960
11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail) for permanent removal	2,548	588	1,960
11752	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail) for permanent removal w/ amputation of tuft of distal phalanx	6,510	1,470	5,040
11755	Biopsy of nail unit, any method (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds)	2,548	588	1,960
11760	Repair of nail bed	3,892	882	3,010
11762	Reconstruction of nail bed w/ graft	6,510	1,470	5,040
11765	Wedge excision of skin of nail fold (e.g., for ingrown toenail)	2,548	588	1,960
11770	Excision of pilonidal cyst or sinus	3,976	1,176	2,800
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	2,548	588	1,960
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	3,892	882	3,010
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	3,976	1,176	2,800
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	3,976	1,176	2,800

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	3,976	1,176	2,800
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	3,976	1,176	2,800
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	3,976	1,176	2,800
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	6,510	1,470	5,040
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	6,686	1,646	5,040
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	5,614	1,764	3,850
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	5,614	1,764	3,850
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	5,614	1,764	3,850
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	5,614	1,764	3,850
12031	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 2.5 cm or less	2,548	588	1,960
12032	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	3,892	882	3,010
12034	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	3,976	1,176	2,800
12035	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	3,976	1,176	2,800
12036	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	3,976	1,176	2,800
12037	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); over 30.0 cm	3,976	1,176	2,800
12041	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	3,976	1,176	2,800
12042	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	6,510	1,470	5,040

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
12044	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	5,614	1,764	3,850
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	3,976	1,176	2,800
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	3,976	1,176	2,800
12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	5,614	1,764	3,850
12054	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	5,614	1,764	3,850
17000	Destruction by any method, including laser, w/ or w/o surgical curettement, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; any number of	5,614	1,764	3,850
17100	Destruction by any method, including laser, of benign skin lesions other than cutaneous vascular proliferative lesions on any area other than the face, including local anesthesia; any number of lesions	5,614	1,764	3,850
17110	Destruction by any method of flat warts or molluscum contagiosum, milia, all lesions	3,976	1,176	2,800
17200	Electosurgical destruction of multiple fibrocutaneous tags; all lesions	5,614	1,764	3,850
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	3,976	1,176	2,800
17260	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 0.5 cm or less	3,976	1,176	2,800
17261	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	3,976	1,176	2,800
17262	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	3,976	1,176	2,800
17263	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	3,976	1,176	2,800
17264	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	3,976	1,176	2,800
17266	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter over 4.0 cm	3,976	1,176	2,800
17270	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	3,976	1,176	2,800

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
17271	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	3,976	1,176	2,800
17272	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	3,976	1,176	2,800
17273	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	3,976	1,176	2,800
17274	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	3,976	1,176	2,800
17276	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	3,976	1,176	2,800
17280	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	6,510	1,470	5,040
17281	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	6,510	1,470	5,040
17282	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	6,510	1,470	5,040
17283	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	6,510	1,470	5,040
17284	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	6,510	1,470	5,040
17286	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	6,510	1,470	5,040
17304	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation; first stage, fresh tissue technique, up to 5 specimens	5,614	1,764	3,850
19000	Puncture aspiration of cyst of breast;	2,548	588	1,960
19100	Biopsy of breast; needle core	2,548	588	1,960
19101	Biopsy of breast; incisional	3,892	882	3,010
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions	5,614	1,764	3,850
19125	Excision of breast lesion identified by preoperative placement of radiological marker; single lesion	5,614	1,764	3,850
19140	Mastectomy for gynecomastia	15,400	6,160	9,240
20200	Biopsy, muscle	2,876	706	2,170

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
20206	Biopsy, muscle, percutaneous needle	2,453	353	2,100
20520	Removal of foreign body in muscle or tendon sheath	5,614	1,764	3,850
20600	Arthrocentesis, aspiration and/or injection; small joint, bursa or ganglion cyst (e.g., fingers, toes)	3,892	882	3,010
20605	Arthrocentesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	6,510	1,470	5,040
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)	6,510	1,470	5,040
20650	Insertion of wire or pin w/ application of skeletal traction, including removal	5,614	1,764	3,850
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	6,510	1,470	5,040
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	3,976	1,176	2,800
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; w/ partial rib ostectomy	5,614	1,764	3,850
21510	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), thorax	2,876	706	2,170
21550	Biopsy, soft tissue of neck or thorax	3,976	1,176	2,800
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous	5,614	1,764	3,850
21800	Closed treatment of rib fracture	5,614	1,764	3,850
21920	Biopsy, soft tissue of back or flank	2,453	353	2,100
21930	Excision, tumor, soft tissue of back or flank	3,976	1,176	2,800
23065	Biopsy, soft tissue of shoulder area	2,453	353	2,100
23075	Excision, tumor, shoulder area; subcutaneous	3,976	1,176	2,800
23076	Excision, tumor, shoulder area; deep, subfascial, or intramuscular	5,614	1,764	3,850
23330	Removal of foreign body, shoulder; subcutaneous	3,892	882	3,010
23500	Closed treatment of clavicular fracture	5,614	1,764	3,850
23540	Closed treatment of acromioclavicular dislocation	5,614	1,764	3,850
23570	Closed treatment of scapular fracture	5,614	1,764	3,850
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	2,876	706	2,170
23931	Incision and drainage, upper arm or elbow area; infected bursa	3,892	882	3,010
24065	Biopsy, soft tissue of upper arm or elbow area	2,453	353	2,100
24075	Excision, tumor, upper arm or elbow area; subcutaneous	3,976	1,176	2,800
24076	Excision, tumor, upper arm or elbow area; deep, subfascial or intramuscular	5,614	1,764	3,850
24640	Closed treatment of radial head subluxation in child, "nursemaid elbow"	3,976	1,176	2,800



**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
25065	Biopsy, soft tissue of forearm and/or wrist	2,453	353	2,100
25075	Excision, tumor, forearm and/or wrist area; subcutaneous	3,976	1,176	2,800
25076	Excision, tumor, forearm and/or wrist area; deep, subfascial or intramuscular	5,614	1,764	3,850
25110	Excision, lesion of tendon sheath, forearm and/or wrist	5,614	1,764	3,850
25210	Carpectomy; one bone	4,152	1,352	2,800
26010	Drainage of finger abscess; simple	2,453	353	2,100
26011	Drainage of finger abscess; complicated (e.g., felon)	2,876	706	2,170
26020	Drainage of tendon sheath, one digit and/or palm	5,614	1,764	3,850
26440	Tenolysis, simple, flexor tendon; palm or finger, single, each tendon	5,614	1,764	3,850
26445	Tenolysis, extensor tendon, dorsum of hand or finger; each tendon	5,614	1,764	3,850
26531	Arthroplasty, metacarpophalangeal joint; w/ prosthetic implant, single, each	5,614	1,764	3,850
27040	Biopsy, soft tissue of pelvis and hip area	2,453	353	2,100
27047	Excision, tumor, pelvis and hip area; subcutaneous	3,976	1,176	2,800
27323	Biopsy, soft tissue of thigh or knee area	2,453	353	2,100
27327	Excision, tumor, thigh or knee area; subcutaneous	3,976	1,176	2,800
27328	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular	5,614	1,764	3,850
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	5,614	1,764	3,850
27601	Decompression fasciotomy, leg; posterior compartments(s) only	5,614	1,764	3,850
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	2,876	706	2,170
27604	Incision and drainage, leg or ankle; infected bursa	3,976	1,176	2,800
27613	Biopsy, soft tissue of leg or ankle area	2,453	353	2,100
27618	Excision, tumor, leg or ankle area; subcutaneous	3,976	1,176	2,800
27619	Excision, tumor, leg or ankle area; deep, subfascial or intramuscular	5,614	1,764	3,850
27630	Excision of lesion of tendon sheath or capsule (e.g., cyst or ganglion), leg and/or ankle	3,976	1,176	2,800
27656	Repair, fascial defect of leg	3,976	1,176	2,800
28001	Incision and drainage, infected bursa, foot	3,976	1,176	2,800
28043	Excision, tumor, foot; subcutaneous	3,976	1,176	2,800
28045	Excision, tumor, foot; deep, subfascial, intramuscular	5,614	1,764	3,850
28080	Excision of interdigital (Morton) neuroma, single, each	3,976	1,176	2,800
29055	Application of body cast, shoulder to hips; shoulder spica	6,510	1,470	5,040

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
29058	Application of body cast, shoulder to hips; plaster Velpeau	3,892	882	3,010
29065	Application of body cast, shoulder to hips; shoulder to hand (long arm)	3,976	1,176	2,800
29075	Application of body cast, shoulder to hips; elbow to finger (short arm)	3,892	882	3,010
29085	Application of body cast, shoulder to hips; hand and lower forearm (gauntlet)	3,892	882	3,010
29305	Application of hip spica cast; one leg	5,614	1,764	3,850
29345	Application of long leg cast (thigh to toes);	5,614	1,764	3,850
29365	Application of cylinder cast (thigh to ankle)	5,614	1,764	3,850
29405	Application of short leg cast (below knee to toes);	5,614	1,764	3,850
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	5,614	1,764	3,850
29435	Application of patellar tendon bearing (PTB) cast	5,614	1,764	3,850
29445	Application of rigid total contact leg cast	3,976	1,176	2,800
29450	Application of clubfoot cast w/ molding or manipulation, long or short leg	3,976	1,176	2,800
30000	Drainage abscess or hematoma, nasal, internal approach	3,892	882	3,010
30020	Drainage abscess or hematoma, nasal septum	3,892	882	3,010
30100	Biopsy, intranasal	3,976	1,176	2,800
30110	Excision, nasal polyp(s), simple	5,614	1,764	3,850
30310	Removal foreign body, intranasal; requiring general anesthesia	5,614	1,764	3,850
30320	Removal foreign body, intranasal; by lateral rhinotomy	5,614	1,764	3,850
30905	Control nasal hemorrhage, posterior, w/ posterior nasal packs and/or cauterization, any method; initial	5,614	1,764	3,850
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	6,510	1,470	5,040
31002	Lavage by cannulation; sphenoid sinus	5,614	1,764	3,850
31500	Intubation, endotracheal, emergency emergency procedure	0	0	0
31515	Laryngoscopy direct, w/ or w/o tracheoscopy; for aspiration	5,614	1,764	3,850
31525	Laryngoscopy direct, w/ or w/o tracheoscopy; diagnostic, except newborn	5,614	1,764	3,850
31527	Laryngoscopy direct, w/ or w/o tracheoscopy; w/ insertion of obturator	5,614	1,764	3,850
31528	Laryngoscopy direct, w/ or w/o tracheoscopy; w/ dilatation, initial	5,614	1,764	3,850
31529	Laryngoscopy direct, w/ or w/o tracheoscopy; w/ dilatation, subsequent	5,614	1,764	3,850
31710	Catheterization for bronchography, w/ or w/o instillation of contrast material	3,892	882	3,010
32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	1,260	840	420
32400	Biopsy, pleura; percutaneous needle	3,892	882	3,010

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
32420	Pneumonocentesis, puncture of lung for aspiration	3,892	882	3,010
32960	Pneumothorax, therapeutic, intrapleural injection of air	3,892	882	3,010
33010	Pericardiocentesis	5,614	1,764	3,850
36010	Introduction of catheter, superior or inferior vena cava	2,548	588	1,960
36011	Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein)	6,510	1,470	5,040
36012	Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)	5,614	1,764	3,850
36013	Introduction of catheter, right heart or main pulmonary artery	5,614	1,764	3,850
36014	Selective catheter placement, left or right pulmonary artery	5,614	1,764	3,850
36120	Introduction of needle or intracatheter; retrograde brachial artery	6,510	1,470	5,040
36140	Introduction of needle or intracatheter; extremity artery	6,510	1,470	5,040
36200	Introduction of catheter, aorta	6,510	1,470	5,040
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, w/in a vascular family	6,510	1,470	5,040
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, w/in a vascular family	6,510	1,470	5,040
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, w/in a vascular family	5,614	1,764	3,850
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, w/in a vascular family	6,510	1,470	5,040
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic or lower extremity artery branch, w/in a vascular family	6,510	1,470	5,040
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic or lower extremity artery branch, w/in a vascular family	5,614	1,764	3,850
36430	Outpatient Transfusion of Blood or Blood Products; one or more units	2,548	588	1,960
36450	Exchange transfusion, blood	3,976	1,176	2,800
36481	Percutaneous portal vein catheterization by any method	6,510	1,470	5,040
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	2,548	588	1,960
36511	Therapeutic apheresis	2,548	588	1,960
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	2,548	588	1,960
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	3,976	1,176	2,800

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
36781	Percutaneousportal vein catheterization by any method	6,510	1,470	5,040
36800	Insertion of cannula for hemodialysis, other purpose ; vein to vein	6,510	1,470	5,040
36835	Insertion of Thomas shunt	6,510	1,470	5,040
37201	Transcatheter therapy, infusion for thrombolysis other than coronary	5,614	1,764	3,850
37202	Transcatheter therapy, infusion other than for thrombolysis, any type (e.g., spasmolytic, vasoconstrictive)	5,614	1,764	3,850
37565	Ligation, internal jugular vein	3,976	1,176	2,800
37600	Ligation; external carotid artery	3,976	1,176	2,800
37607	Ligation or banding of angioaccess arteriovenous fistula	6,510	1,470	5,040
37609	Ligation or biopsy, temporal artery	6,510	1,470	5,040
37650	Ligation of femoral vein	6,510	1,470	5,040
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	6,510	1,470	5,040
38500	Biopsy or excision or lymph node(s); superficial	3,976	1,176	2,800
38505	Biopsy or excision or lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary)	3,976	1,176	2,800
38520	Biopsy or excision or lymph node(s); deep cervical node(s) w/ excision scalene fat pad	6,510	1,470	5,040
38525	Biopsy or excision or lymph node(s); deep axillary node(s)	6,510	1,470	5,040
38530	Biopsy or excision or lymph node(s); internal mammary node(s)	6,510	1,470	5,040
40490	Biopsy of lip	3,892	882	3,010
40500	Vermilionectomy (lip shave), w/ mucosal advancement	5,614	1,764	3,850
40510	Excision of lip; transverse wedge excision w/ primary closure	5,614	1,764	3,850
40520	V-excision w/ primary defect linear closure;	5,614	1,764	3,850
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth	3,976	1,176	2,800
40808	Biopsy, vestibule of mouth	3,976	1,176	2,800
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth	3,976	1,176	2,800
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	6,510	1,470	5,040
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	3,976	1,176	2,800
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	3,976	1,176	2,800
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	3,976	1,176	2,800
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	3,976	1,176	2,800

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	3,976	1,176	2,800
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	3,976	1,176	2,800
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	3,976	1,176	2,800
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	3,976	1,176	2,800
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	3,976	1,176	2,800
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	3,976	1,176	2,800
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	3,976	1,176	2,800
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	3,976	1,176	2,800
41100	Biopsy of tongue; anterior two-thirds	3,892	882	3,010
41105	Biopsy of tongue; posterior one-third	3,892	882	3,010
41108	Biopsy of floor of mouth	3,892	882	3,010
41110	Excision of lesion of tongue w/o closure	6,510	1,470	5,040
41112	Excision of lesion of tongue w/ closure; anterior two-thirds	6,510	1,470	5,040
41113	Excision of lesion of tongue w/ closure; posterior one-third	6,510	1,470	5,040
41114	Excision of lesion of tongue w/ closure; w/ local tongue flap	6,510	1,470	5,040
41115	Excision of lingual frenum (frenectomy)	6,510	1,470	5,040
41116	Excision, lesion of floor of mouth	6,510	1,470	5,040
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	3,976	1,176	2,800
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	2,548	588	1,960
41806	Removal of embedded foreign body from dentoalveolar structures; bone	2,548	588	1,960
41820	Gingivectomy, excision gingiva	5,614	1,764	3,850
41821	Operculectomy, excision pericoronal tissues	5,614	1,764	3,850
41822	Excision of fibrous tuberosities, dentoalveolar structures	5,614	1,764	3,850
41823	Excision of osseous tuberosities, dentoalveolar structures	5,614	1,764	3,850
41825	Excision of lesion or or tumor (except listed above), dentoalveolar structures	5,614	1,764	3,850
41828	Excision of hyperplastic alveolar mucosa	5,614	1,764	3,850
42000	Drainage of abscess of palate, uvula	5,614	1,764	3,850

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
42100	Biopsy of palate, uvula	3,892	882	3,010
42104	Excision, lesion of palate , uvula; w/o closure	3,976	1,176	2,800
42106	Excision, lesion of palate , uvula; w/ simple primary closure	6,510	1,470	5,040
42107	Excision, lesion of palate , uvula; w/ local flap closure	6,510	1,470	5,040
42300	Drainage of abscess; parotid	3,976	1,176	2,800
42310	Drainage of abscess; submaxillary or sublingual, intraoral	3,976	1,176	2,800
42320	Drainage of abscess; submaxillary, external	3,976	1,176	2,800
42325	Fistulization of sublingual salivary cyst (ranula);	3,976	1,176	2,800
42326	Fistulization of sublingual salivary cyst (ranula); w/ prosthesis	6,510	1,470	5,040
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, intraoral	6,510	1,470	5,040
42400	Biopsy of salivary gland; needle	3,892	882	3,010
42405	Biopsy of salivary gland; incisional	3,892	882	3,010
42408	Excision of sublingual salivary cyst (ranula)	6,510	1,470	5,040
42409	Marsupialization of sublingual salivary cyst (ranula)	6,510	1,470	5,040
42800	Biopsy; oropharynx	5,614	1,764	3,850
42802	Biopsy; hypopharynx	5,614	1,764	3,850
42804	Biopsy; nasopharynx, visible lesion, simple	5,614	1,764	3,850
42806	Biopsy; nasopharynx, survey for unknown primary lesion	5,614	1,764	3,850
42808	Excision or destruction of lesion of pharynx, any method	5,614	1,764	3,850
42809	Removal of foreign body from pharynx	5,614	1,764	3,850
42860	Excision of tonsil tags	5,614	1,764	3,850
42870	Excision or destruction lingual tonsil, any method	5,614	1,764	3,850
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	5,614	1,764	3,850
43750	Percutaneous placement of gastrostomy tube	5,614	1,764	3,850
43760	Change of gastrostomy tube	3,892	882	3,010
44500	Introduction of long gastrointestinal tube (e.g., Miller-Abbott)	5,614	1,764	3,850
45300	Proctosigmoidoscopy, rigid; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	5,614	1,764	3,850
45305	Proctosigmoidoscopy, rigid; w/ biopsy, single or multiple	5,614	1,764	3,850
46083	Incision of thrombosed hemorrhoid, external	5,614	1,764	3,850
46600	Anoscopy; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	3,976	1,176	2,800
46604	Anoscopy; w/ dilation, any method	3,976	1,176	2,800
46606	Anoscopy; w/ biopsy, single or multiple	3,976	1,176	2,800
46608	Anoscopy; w/ removal of foreign body	3,976	1,176	2,800
46610	Anoscopy; w/ removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	5,614	1,764	3,850

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
46614	Anoscopy; w/ control of bleeding, any method	5,614	1,764	3,850
47000	Biopsy of liver, needle; percutaneous	5,614	1,764	3,850
47525	Change of percutaneous biliary drainage catheter	5,614	1,764	3,850
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic)	5,614	1,764	3,850
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing	3,976	1,176	2,800
50200	Renal biopsy; percutaneous, by trocar or needle	5,614	1,764	3,850
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	3,976	1,176	2,800
51010	Aspiration of bladder; by trocar or intracatheter w/ insertion of suprapubic catheter	3,976	1,176	2,800
51600	Injection procedure for cystography or voiding urethrocytography	5,614	1,764	3,850
51720	Bladder instillation of anticarcinogenic agent	5,614	1,764	3,850
52265	local anesthesia	5,614	1,764	3,850
52281	Cystourethroscopy, w/ calibration and/or dilation of urethral stricture or stenosis, w/ or w/o meatotomy and injection procedure for cystography, male or female	5,614	1,764	3,850
52283	Cystourethroscopy, w/ steroid injection into stricture	5,614	1,764	3,850
53000	Urethrotomy or urethrostomy, external ; pendulous urethra	3,976	1,176	2,800
53020	Meatotomy, cutting of meatus ; except infant	3,892	882	3,010
53040	Drainage of deep periurethral abscess	6,510	1,470	5,040
53060	Drainage of Skenes gland abscess or cyst	3,892	882	3,010
53080	Drainage of perineal urinary extravasation	5,614	1,764	3,850
53200	Biopsy of urethra	3,892	882	3,010
53240	Marsupialization of urethral diverticulum, male or female	6,510	1,470	5,040
53260	Excision or fulguration; urethral polyp(s), distal urethra	3,892	882	3,010
53265	Excision or fulguration; urethral caruncle	3,892	882	3,010
53270	Skenes glands	3,892	882	3,010
53275	Skenes glands urethral prolapse	6,510	1,470	5,040
53520	Closure of urethrostomy or urethrocutaneous fistula, male	5,614	1,764	3,850
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male	3,976	1,176	2,800
53605	Dilation of urethral stricture or vesical neck, male, general or conduction (spinal) anesthesia	3,976	1,176	2,800
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	3,976	1,176	2,800
54015	Incision and drainage of penis	2,548	588	1,960



**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
54050	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), any method	2,548	588	1,960
54100	Biopsy of penis	2,453	353	2,100
54110	Excision of penile plaque (Peyronie disease);	6,510	1,470	5,040
54150	Circumcision, using clamp or other device; newborn	1,260	840	420
54152	Circumcision, using clamp or other device; except newborn	1,260	840	420
54160	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn	1,260	840	420
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn	1,260	840	420
54200	Injection procedure for Peyronie disease;	3,892	882	3,010
54205	Injection procedure for Peyronie disease;w/ surgical exposure of plaque	3,976	1,176	2,800
54220	Irrigation of corpora cavernosa for priapism	5,614	1,764	3,850
54500	Biopsy of testis, needle	2,453	353	2,100
54505	Biopsy of testis, incisional	3,976	1,176	2,800
54510	Excision of local lesion of testis	3,976	1,176	2,800
54620	Fixation of contralateral testis	6,510	1,470	5,040
54700	Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma)	2,876	706	2,170
54800	Biopsy of epididymis, needle	2,453	353	2,100
54820	Exploration of epididymis, w/ or w/o biopsy	6,510	1,470	5,040
54830	Excision of local lesion of epididymis	3,976	1,176	2,800
54840	Excision of spermatocele, w/ or w/o epididymectomy	5,614	1,764	3,850
54860	Epididymectomy; unilateral	6,510	1,470	5,040
55000	Puncture aspiration of hydrocele, tunica vaginalis, w/ or w/o injection of medication	2,453	353	2,100
55100	Drainage of scrotal wall abscess	2,453	353	2,100
55101	Drainage and debridement of Fourniers gangrene of the scrotum	6,510	1,470	5,040
55110	Scrotal exploration	6,510	1,470	5,040
55120	Removal of foreign body in scrotum	2,876	706	2,170
55150	Resection of scrotum	3,892	882	3,010
55175	Scrotoplasty	3,976	1,176	2,800
55200	Vasotomy, cannulization w/ or w/o incision of vas, unilateral or bilateral	3,976	1,176	2,800
55250	Vasectomy, unilateral or bilateral	4,000	1,000	3,000
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	6,510	1,470	5,040
55720	Prostatotomy, external drainage of prostatic abscess, any approach	3,976	1,176	2,800
56405	Incision and drainage of vulva or perineal abscess	3,892	882	3,010
56420	Incision and drainage of Bartholins gland abscess	6,510	1,470	5,040
56441	Lysis of labial adhesions	6,510	1,470	5,040
56501	Destruction of lesion(s), vulva; any method	6,510	1,470	5,040



**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
56605	Biopsy of vulva or perineum ; one lesion	6,510	1,470	5,040
56720	Hymenotomy, simple incision	6,510	1,470	5,040
57020	Colpocentesis	3,976	1,176	2,800
57061	Destruction of vaginal lesion(s)	3,976	1,176	2,800
57100	Biopsy of vaginal mucosa	3,976	1,176	2,800
57130	Excision of vaginal septum	6,510	1,470	5,040
57200	Colporrhaphy, suture of injury of vagina (nonobsterical)	5,614	1,764	3,850
57452	Colposcopy (Vaginoscopy)	5,614	1,764	3,850
57500	Biopsy, single or multiple, or local excision of lesion, w/ or w/o fulguration	3,976	1,176	2,800
57510	Cauterization of cervix; any method	3,976	1,176	2,800
58300	Insertion of intrauterine device (IUD)	2,000	800	1,200
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	3,976	1,176	2,800
59401	Routine Obstetric care including prenatal, delivery and newborn services of non-hospital facilities (Maternity Care Package), 1st claim	8,000	2,600	3,900
59403	Undelivered cases (baby delivered in referral facility) in non-hospital facilities	650	0	650
60000	Incision and drainage of thyroglossal cyst, infected	2,453	353	2,100
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral	3,976	1,176	2,800
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir	3,976	1,176	2,800
62270	Spinal puncture, lumbar, diagnostic	3,976	1,176	2,800
62272	Spinal puncture , therapeutic, for drainage of spinal fluid (by needle or catheter)	3,892	882	3,010
63650	Percutaneous implantation of neurostimulator electrodes; epidural	5,614	1,764	3,850
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	5,614	1,764	3,850
64776	Excision of neuroma; digital nerve, one or both, same digit	5,614	1,764	3,850
64782	Excision of neuroma; hand or foot, except digital nerve	5,614	1,764	3,850
64784	Excision of neuroma; major peripheral nerve, except sciatic	5,614	1,764	3,850
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	5,614	1,764	3,850
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	5,614	1,764	3,850
64795	Biopsy of nerve	5,614	1,764	3,850
64832	Suture of digital nerve, hand or foot; each additional digital nerve	5,614	1,764	3,850
64837	Suture of each additional nerve, hand or foot	5,614	1,764	3,850
64859	Suture of each additional major peripheral nerve	5,614	1,764	3,850

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
64901	Nerve graft, each additional nerve; single strand	5,614	1,764	3,850
64902	Nerve graft, each additional nerve; multiple strands (cable)	5,614	1,764	3,850
65205	Removal of foreign body, external eye; conjunctival, superficial	2,548	588	1,960
65210	Removal of foreign body, external eye; subconjunctival or scleral, with slit lamp	5,614	1,764	3,850
65222	Removal of foreign body, external eye; cornea, with slit lamp	5,614	1,764	3,850
65270	Repair of laceration; conjunctiva, w/ or w/o nonperforating laceration sclera, direct closure	5,614	1,764	3,850
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement	5,614	1,764	3,850
65410	Biopsy of cornea	5,614	1,764	3,850
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	5,614	1,764	3,850
65805	Paracentesis of anterior chamber of eye; w/ therapeutic release of aqueous	5,614	1,764	3,850
65930	Removal of blood clot, anterior segment eye	5,614	1,764	3,850
67700	Blepharotomy, drainage of abscess, eyelid	3,976	1,176	2,800
67710	Severing of tarsorrhaphy	3,976	1,176	2,800
67715	Canthotomy	3,976	1,176	2,800
67800	Excision of chalazion	3,976	1,176	2,800
67810	Biopsy of eyelid	3,976	1,176	2,800
67825	Repair of trichiasis; by electroepilation, electrosurgery, cryotherapy or laser surgery	3,976	1,176	2,800
67830	Repair of trichiasis; incision of lid margin	2,548	588	1,960
67835	Repair of trichiasis; incision of lid margin, with free mucous membrane graft	6,510	1,470	5,040
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	3,892	882	3,010
67875	Temporary closure of eyelids suture (e.g., frost suture)	3,976	1,176	2,800
67880	Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy;	3,976	1,176	2,800
67882	Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy; with transportation of tarsal plate	5,614	1,764	3,850
67914	Repair of ectropion; suture	5,614	1,764	3,850
67915	Repair of ectropion; thermocauterization	5,614	1,764	3,850
67921	Repair of entropion; suture	3,976	1,176	2,800
67922	Repair of entropion; thermocauterization	3,976	1,176	2,800
68100	Biopsy of conjunctiva	3,976	1,176	2,800
68110	Excision of lesion, conjunctiva; up to 1 cm	5,614	1,764	3,850
68115	Excision of lesion, conjunctiva; over 1 cm	5,614	1,764	3,850
68130	Excision of lesion, conjunctiva; with adjacent sclera	5,614	1,764	3,850
68400	Incision, drainage of lacrimal gland	3,976	1,176	2,800
68420	Incision, drainage of lacrimal sac (dacryocystostomy)	3,976	1,176	2,800
68440	Snip incision of lacrimal punctum	3,976	1,176	2,800

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
68510	Biopsy of lacrimal gland	3,976	1,176	2,800
68525	Biopsy of lacrimal sac	3,976	1,176	2,800
68530	Removal of foreign body or dacryolith, lacrimal passages	3,976	1,176	2,800
68705	Correction of everted punctum, cautery	2,548	588	1,960
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	5,614	1,764	3,850
68811	Probing of nasolacrimal duct; requiring general anesthesia	5,614	1,764	3,850
69000	Drainage external ear, abscess or hematoma	2,570	470	2,100
69020	Drainage external auditory canal, abscess	2,430	176	2,254
69100	Biopsy external ear	3,976	1,176	2,800
69105	Biopsy external auditory canal	3,976	1,176	2,800
69200	Removal foreign body from external auditory canal; w/ general anesthesia	6,510	1,470	5,040
69220	Debridement, mastoidectomy cavity, simple (e.g., routine cleaning)	5,614	1,764	3,850
69400	Eustachian tube inflation, transnasal; w/ catheterization	4,068	1,058	3,010
69405	Eustachian tube catheterization, transtympanic	3,976	1,176	2,800
69420	Myringotomy including aspiration and/or eustachian tube inflation	3,976	1,176	2,800
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	5,614	1,764	3,850
69540	Excision aural polyp	5,614	1,764	3,850
70010	Myelography, brain, including spinal puncture and radiological supervision and interpretation	5,614	1,764	3,850
70390	Sialography; including duct catheterization and radiological supervision and interpretation	5,614	1,764	3,850
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	5,614	1,764	3,850
72240	Myelography, spine, including spinal puncture and radiological supervision and interpretation	5,614	1,764	3,850
74300	Cholangiography and/or pancreatography, intraoperative, radiological supervision and interpretation	5,614	1,764	3,850
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	5,614	1,764	3,850
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	5,614	1,764	3,850
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal system, radiological supervision and interpretation	5,614	1,764	3,850
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	5,614	1,764	3,850

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (e.g., gastrointestinal system, genitourinary system, abscess), radiologic supervision and interpretation	5,614	1,764	3,850
75989	Radiological guidance for percutaneous drainage (abscess, cyst, fluid collection), with placement of catheter and radiological supervision and interpretation	5,614	1,764	3,850
76003	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	5,614	1,764	3,850
76080	Radiologic examination, abscess, fistula or sinus tract study, including catheterization of lesion and radiological supervision and interpretation	5,614	1,764	3,850
76086	Mammary ductogram or galactogram, 1 or multiple duct, injection and radiological supervision and interpretation	5,614	1,764	3,850
76095	Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), one or more lesion, radiological supervision and interpretation	5,614	1,764	3,850
76096	Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation	5,614	1,764	3,850
76355	Computed tomography guidance for stereotactic localization	5,614	1,764	3,850
76360	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	5,614	1,764	3,850
76362	Computed tomography guidance for visceral tissue ablation	5,614	1,764	3,850
76393	Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	5,614	1,764	3,850
76394	Magnetic resonance guidance for visceral tissue ablation	5,614	1,764	3,850
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	5,614	1,764	3,850
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	5,614	1,764	3,850
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	5,614	1,764	3,850
76940	Ultrasonic guidance for visceral tissue ablation	5,614	1,764	3,850

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	5,614	1,764	3,850
76965	Ultrasonic guidance for interstitial radioelement application	5,614	1,764	3,850
76986	Ultrasonic guidance, intraoperative	5,614	1,764	3,850
77401	Radiation treatment delivery (Linear Accelerator)	3,000	800	2,200
77401	Radiation treatment delivery (Cobalt)	2,000	800	1,200
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC per session	3,976	1,176	2,800
77750	Infusion or instillation of radioelement solution	3,976	1,176	2,800
77781	Remote after loading high intensity brachytherapy (RAHIB); 1 or more source position or catheters per session	3,976	1,176	2,800
79000	Radiopharmaceutical (radioactive iodine) therapy	2,548	588	1,960
79005	Radiopharmaceutical ablation of gland for thyroid carcinoma or metastases of thyroid carcinoma	5,614	1,764	3,850
79403	Radiopharmaceutical therapy, by radiolabeled monoclonal antibody by intravenous infusion	5,614	1,764	3,850
79440	Radiopharmaceutical therapy, by intra-articular administration	5,614	1,764	3,850
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	5,614	1,764	3,850
87207	Outpatient Malaria Package	600	0	600
88174	Evaluation of aspirate (CT-guided biopsy) with or without preparation of smears; immediate cytologic study to determine adequacy of specimen(s), interpretation and report	3,976	1,176	2,800
88331	Pathology consultation during surgery; with frozen section(s), single block	3,976	1,176	2,800
89221	Directly Observed Treatment Short-course; intensive phase	2,500	0	2,500
89222	Directly Observed Treatment Short-course; maintenance phase	1,500	0	1,500
90375	Animal bite	3,000		3,000
90935	Hemodialysis procedure	4,000	500	3,500
90945	Dialysis procedure other than hemodialysis (e.g. peritoneal, hemofiltration)	4,000	500	3,500
96408	Chemotherapy administration	7,280	1,680	5,600
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	3,892	882	3,010
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis	5,614	1,764	3,850
96450	Chemotherapy administration into CNS, requiring and including spinal puncture	3,892	882	3,010

**ANNEX 6. LIST OF PROCEDURE CASE RATES FOR PRIMARY CARE FACILITIES - INFIRMARIES/  
DISPENSARIES**

<b>RVS CODE</b>	<b>DESCRIPTION</b>	<b>Case Rate</b>	<b>Professional Fee</b>	<b>Health Care Institution Fee</b>
96542	Chemotherapy injection, subarachnoid or interventricular via subcutaneous reservoir	2,548	588	1,960
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), 1 or more phototherapy exposure session	5,614	1,764	3,850
99432	Normal newborn care package	1,750	500	1,250
P00001	Referral package	0	0	0