

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
10060	INCISION AND DRAINAGE OF ABSCESS (E.G., CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA)	3,312.40	2,548.00	764.40
10080	INCISION AND DRAINAGE OF PILONIDAL CYST	3,312.40	2,548.00	764.40
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES	3,312.40	2,548.00	764.40
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA, OR FLUID COLLECTION	3,312.40	2,548.00	764.40
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	3,312.40	2,548.00	764.40
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	5,059.60	3,913.00	1,146.60
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	3,312.40	2,548.00	764.40
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	3,312.40	2,548.00	764.40
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	5,168.80	3,640.00	1,528.80
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	7,298.20	5,005.00	2,293.20
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	7,298.20	5,005.00	2,293.20
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; SINGLE OR MULTIPLE LESION	3,312.40	2,548.00	764.40
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	5,059.60	3,913.00	1,146.60
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	3,367.00	2,143.96	1,223.04
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	7,298.20	5,005.00	2,293.20
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	5,059.60	3,913.00	1,146.60
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	3,367.00	2,143.96	1,223.04
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	7,298.20	5,005.00	2,293.20
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE ,LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	3,367.00	2,143.96	1,223.04
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE ,LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	7,298.20	5,005.00	2,293.20
11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	3,312.40	2,548.00	764.40
11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	3,312.40	2,548.00	764.40
11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	3,312.40	2,548.00	764.40
11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	3,312.40	2,548.00	764.40
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	3,312.40	2,548.00	764.40
11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	3,312.40	2,548.00	764.40
11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	3,312.40	2,548.00	764.40

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11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	3,312.40	2,548.00	764.40
11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	3,312.40	2,548.00	764.40
11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	3,312.40	2,548.00	764.40
11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	3,312.40	2,548.00	764.40
11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	3,312.40	2,548.00	764.40
11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	3,738.28	2,821.00	917.28
11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	3,738.28	2,821.00	917.28
11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	3,738.28	2,821.00	917.28
11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	3,738.28	2,821.00	917.28
11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM	3,738.28	2,821.00	917.28
11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM	3,738.28	2,821.00	917.28
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY	7,298.20	5,005.00	2,293.20
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL	7,298.20	5,005.00	2,293.20
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL OR UMBILICAL	7,298.20	5,005.00	2,293.20
11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS	5,059.60	3,913.00	1,146.60
11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	5,059.60	3,913.00	1,146.60
11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	5,059.60	3,913.00	1,146.60
11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	5,059.60	3,913.00	1,146.60
11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	5,059.60	3,913.00	1,146.60
11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM	5,059.60	3,913.00	1,146.60
11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	5,168.80	3,640.00	1,528.80
11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	5,168.80	3,640.00	1,528.80
11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	5,168.80	3,640.00	1,528.80

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11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	5,168.80	3,640.00	1,528.80
11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	5,168.80	3,640.00	1,528.80
11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	5,168.80	3,640.00	1,528.80
11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS	5,168.80	3,640.00	1,528.80
11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM	5,168.80	3,640.00	1,528.80
11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM	5,168.80	3,640.00	1,528.80
11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM	5,168.80	3,640.00	1,528.80
11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM	5,168.80	3,640.00	1,528.80
11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM	5,168.80	3,640.00	1,528.80
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	3,312.40	2,548.00	764.40
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	5,059.60	3,913.00	1,146.60
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE	3,312.40	2,548.00	764.40
11740	EVACUATION OF SUBUNGUAL HEMATOMA	3,312.40	2,548.00	764.40
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (E.G., INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL	3,312.40	2,548.00	764.40
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	8,463.00	6,552.00	1,911.00
11755	BIOPSY OF NAIL UNIT, ANY METHOD (E.G., PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL NAIL FOLDS)	3,312.40	2,548.00	764.40
11760	REPAIR OF NAIL BED	5,059.60	3,913.00	1,146.60
11762	RECONSTRUCTION OF NAIL BED W/ GRAFT	8,463.00	6,552.00	1,911.00
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (E.G., FOR INGROWN TOENAIL)	3,312.40	2,548.00	764.40
11770	EXCISION OF PILONIDAL CYST OR SINUS	5,168.80	3,640.00	1,528.80
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	3,312.40	2,548.00	764.40
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	5,059.60	3,913.00	1,146.60
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	5,168.80	3,640.00	1,528.80
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	5,168.80	3,640.00	1,528.80
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	5,168.80	3,640.00	1,528.80
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); OVER 30.0 CM	5,168.80	3,640.00	1,528.80

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12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	5,168.80	3,640.00	1,528.80
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	8,463.00	6,552.00	1,911.00
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	8,692.32	6,552.00	2,140.32
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	7,298.20	5,005.00	2,293.20
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM	7,298.20	5,005.00	2,293.20
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM	7,298.20	5,005.00	2,293.20
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	7,298.20	5,005.00	2,293.20
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	3,312.40	2,548.00	764.40
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	5,059.60	3,913.00	1,146.60
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	5,168.80	3,640.00	1,528.80
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	5,168.80	3,640.00	1,528.80
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM	5,168.80	3,640.00	1,528.80
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK, AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	5,168.80	3,640.00	1,528.80
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	5,168.80	3,640.00	1,528.80
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	8,463.00	6,552.00	1,911.00
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	7,298.20	5,005.00	2,293.20
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	5,168.80	3,640.00	1,528.80
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	5,168.80	3,640.00	1,528.80
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM	7,298.20	5,005.00	2,293.20
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM	7,298.20	5,005.00	2,293.20
17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, W/ OR W/O SURGICAL CURETTMENT, 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	5,460.00	3,458.00	2,002.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	5,168.80	3,640.00	1,528.80

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17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	5,168.80	3,640.00	1,528.80
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	5,168.80	3,640.00	1,528.80
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	5,168.80	3,640.00	1,528.80
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	5,168.80	3,640.00	1,528.80
17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	5,168.80	3,640.00	1,528.80
17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	5,168.80	3,640.00	1,528.80
17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	5,168.80	3,640.00	1,528.80
17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	5,168.80	3,640.00	1,528.80
17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	5,168.80	3,640.00	1,528.80
17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	5,168.80	3,640.00	1,528.80
17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	5,168.80	3,640.00	1,528.80
17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	5,168.80	3,640.00	1,528.80
17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	8,463.00	6,552.00	1,911.00
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	8,463.00	6,552.00	1,911.00
17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	8,463.00	6,552.00	1,911.00
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2.1 TO 3.0 CM	8,463.00	6,552.00	1,911.00
17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3.1 TO 4.0 CM	8,463.00	6,552.00	1,911.00
17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 4.0 CM	8,463.00	6,552.00	1,911.00
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; FIR	7,298.20	5,005.00	2,293.20
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	3,312.40	2,548.00	764.40
19100	BIOPSY OF BREAST; NEEDLE CORE	3,312.40	2,548.00	764.40
19101	BIOPSY OF BREAST; INCISIONAL	5,059.60	3,913.00	1,146.60

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
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	7,298.20	5,005.00	2,293.20
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION	7,298.20	5,005.00	2,293.20
19140	MASTECTOMY FOR GYNECOMASTIA	20,020.00	12,012.00	8,008.00
20200	BIOPSY, MUSCLE	3,738.28	2,821.00	917.28
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	3,188.64	2,730.00	458.64
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH	7,298.20	5,005.00	2,293.20
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (E.G., FINGERS, TOES)	5,059.60	3,913.00	1,146.60
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (E.G., TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA)	8,463.00	6,552.00	1,911.00
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (E.G., SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)	8,463.00	6,552.00	1,911.00
20650	INSERTION OF WIRE OR PIN W/ APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL	7,298.20	5,005.00	2,293.20
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT), COMPLETE AMPUTATION	8,463.00	6,552.00	1,911.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	5,168.80	3,640.00	1,528.80
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; W/ PARTIAL RIB OSTECTOMY	7,298.20	5,005.00	2,293.20
21510	INCISION, DEEP, W/ OPENING OF BONE CORTEX (E.G., FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	3,738.28	2,821.00	917.28
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	5,168.80	3,640.00	1,528.80
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS	7,298.20	5,005.00	2,293.20
21800	CLOSED TREATMENT OF RIB FRACTURE	7,298.20	5,005.00	2,293.20
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK	3,188.64	2,730.00	458.64
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	5,168.80	3,640.00	1,528.80
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA	3,188.64	2,730.00	458.64
23075	EXCISION, TUMOR, SHOULDER AREA; SUBCUTANEOUS	5,168.80	3,640.00	1,528.80
23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	7,298.20	5,005.00	2,293.20
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	5,059.60	3,913.00	1,146.60
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE	7,298.20	5,005.00	2,293.20
23540	CLOSED TRATMENT OF ACROMIOCLAVICULAR DISLOCATION	7,298.20	5,005.00	2,293.20
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE	7,298.20	5,005.00	2,293.20
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	3,738.28	2,821.00	917.28
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; INFECTED BURSA	5,059.60	3,913.00	1,146.60
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	3,188.64	2,730.00	458.64
24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	5,168.80	3,640.00	1,528.80
24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	7,298.20	5,005.00	2,293.20
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW"	5,168.80	3,640.00	1,528.80
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST	3,188.64	2,730.00	458.64

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	5,168.80	3,640.00	1,528.80
25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	7,298.20	5,005.00	2,293.20
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	7,298.20	5,005.00	2,293.20
25210	CARPECTOMY; ONE BONE	5,398.12	3,640.00	1,758.12
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	3,188.64	2,730.00	458.64
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (E.G., FELON)	3,738.28	2,821.00	917.28
26020	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM	7,298.20	5,005.00	2,293.20
26440	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON	7,298.20	5,005.00	2,293.20
26445	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON	7,298.20	5,005.00	2,293.20
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; W/ PROSTHETIC IMPLANT, SINGLE, EACH	7,298.20	5,005.00	2,293.20
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA	3,188.64	2,730.00	458.64
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS	5,168.80	3,640.00	1,528.80
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA	3,188.64	2,730.00	458.64
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	5,168.80	3,640.00	1,528.80
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	7,298.20	5,005.00	2,293.20
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	7,298.20	5,005.00	2,293.20
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENTS(S) ONLY	7,298.20	5,005.00	2,293.20
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	3,738.28	2,821.00	917.28
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	5,168.80	3,640.00	1,528.80
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	3,188.64	2,730.00	458.64
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS	5,168.80	3,640.00	1,528.80
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	7,298.20	5,005.00	2,293.20
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (E.G., CYST OR GANGLION), LEG AND/OR ANKLE	5,168.80	3,640.00	1,528.80
27656	REPAIR, FASCIAL DEFECT OF LEG	5,168.80	3,640.00	1,528.80
28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	5,168.80	3,640.00	1,528.80
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS	5,168.80	3,640.00	1,528.80
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	7,298.20	5,005.00	2,293.20
28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	5,168.80	3,640.00	1,528.80
29055	APPLICATION OF BODY CAST, SHOULDER TO HIPS; SHOULDER SPICA	8,463.00	6,552.00	1,911.00
29058	APPLICATION OF BODY CAST, SHOULDER TO HIPS; PLASTER VELPEAU	5,059.60	3,913.00	1,146.60
29065	APPLICATION OF BODY CAST, SHOULDER TO HIPS; SHOULDER TO HAND (LONG ARM)	5,168.80	3,640.00	1,528.80
29075	APPLICATION OF BODY CAST, SHOULDER TO HIPS; ELBOW TO FINGER (SHORT ARM)	5,059.60	3,913.00	1,146.60
29085	APPLICATION OF BODY CAST, SHOULDER TO HIPS; HAND AND LOWER FOREARM (GAUNTLET)	5,059.60	3,913.00	1,146.60
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	7,298.20	5,005.00	2,293.20
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	7,298.20	5,005.00	2,293.20
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	7,298.20	5,005.00	2,293.20
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	7,298.20	5,005.00	2,293.20
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	7,298.20	5,005.00	2,293.20

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	7,298.20	5,005.00	2,293.20
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	5,168.80	3,640.00	1,528.80
29450	APPLICATION OF CLUBFOOT CAST W/ MOLDING OR MANIPULATION, LONG OR SHORT LEG	5,168.80	3,640.00	1,528.80
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	5,059.60	3,913.00	1,146.60
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	5,059.60	3,913.00	1,146.60
30100	BIOPSY, INTRANASAL	5,168.80	3,640.00	1,528.80
30110	EXCISION, NASAL POLYP(S), SIMPLE	7,298.20	5,005.00	2,293.20
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	7,298.20	5,005.00	2,293.20
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	7,298.20	5,005.00	2,293.20
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, W/ POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	7,298.20	5,005.00	2,293.20
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	8,463.00	6,552.00	1,911.00
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	7,298.20	5,005.00	2,293.20
31515	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; FOR ASPIRATION	7,298.20	5,005.00	2,293.20
31525	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	7,298.20	5,005.00	2,293.20
31527	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; W/ INSERTION OF OBTURATOR	7,298.20	5,005.00	2,293.20
31528	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; W/ DILATATION, INITIAL	7,298.20	5,005.00	2,293.20
31529	LARYNGOSCOPY DIRECT, W/ OR W/O TRACHEOSCOPY; W/ DILATATION, SUBSEQUENT	7,298.20	5,005.00	2,293.20
31710	CATHETERIZATION FOR BRONCHOGRAPHY, W/ OR W/O INSTILLATION OF CONTRAST MATERIAL	5,059.60	3,913.00	1,146.60
32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	1,638.00	546.00	1,092.00
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	5,059.60	3,913.00	1,146.60
32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	5,059.60	3,913.00	1,146.60
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	5,059.60	3,913.00	1,146.60
33010	PERICARDIOCENTESIS	7,298.20	5,005.00	2,293.20
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	3,312.40	2,548.00	764.40
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (E.G., RENAL VEIN, JUGULAR VEIN)	8,463.00	6,552.00	1,911.00
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (E.G., LEFT ADRENAL VEIN, PETROSAL SINUS)	7,298.20	5,005.00	2,293.20
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	7,298.20	5,005.00	2,293.20
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	7,298.20	5,005.00	2,293.20
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	8,463.00	6,552.00	1,911.00
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	8,463.00	6,552.00	1,911.00
36200	INTRODUCTION OF CATHETER, AORTA	8,463.00	6,552.00	1,911.00
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, W/IN A VASCULAR FAMILY	8,463.00	6,552.00	1,911.00

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, W/IN A VASCULAR FAMILY	8,463.00	6,552.00	1,911.00
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH, W/IN A VASCULAR FAMILY	7,298.20	5,005.00	2,293.20
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, W/IN A VASCULAR FAMILY	8,463.00	6,552.00	1,911.00
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, W/IN A VASCULAR FAMILY	8,463.00	6,552.00	1,911.00
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BRANCH, W/IN A VASCULAR FAMILY	7,298.20	5,005.00	2,293.20
36430	OUTPATIENT TRANSFUSION OF BLOOD OR BLOOD PRODUCTS; ONE OR MORE UNITS	3,312.40	2,548.00	764.40
36450	EXCHANGE TRANSFUSION, BLOOD	5,168.80	3,640.00	1,528.80
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	8,463.00	6,552.00	1,911.00
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	3,312.40	2,548.00	764.40
36511	THERAPEUTIC APHERESIS	3,312.40	2,548.00	764.40
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	3,312.40	2,548.00	764.40
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	5,168.80	3,640.00	1,528.80
36781	PERCUTANEOUSPORTAL VEIN CATHETERIZATION BY ANY METHOD	8,463.00	6,552.00	1,911.00
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE ; VEIN TO VEIN	8,463.00	6,552.00	1,911.00
36835	INSERTION OF THOMAS SHUNT	8,463.00	6,552.00	1,911.00
37201	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY	7,298.20	5,005.00	2,293.20
37202	TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE (E.G., SPASMOLYTIC, VASOCONSTRICTIVE)	7,298.20	5,005.00	2,293.20
37565	LIGATION, INTERNAL JUGULAR VEIN	5,168.80	3,640.00	1,528.80
37600	LIGATION; EXTERNAL CAROTID ARTERY	5,168.80	3,640.00	1,528.80
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	8,463.00	6,552.00	1,911.00
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	8,463.00	6,552.00	1,911.00
37650	LIGATION OF FEMORAL VEIN	8,463.00	6,552.00	1,911.00
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	8,463.00	6,552.00	1,911.00
38500	BIOPSY OR EXCISION OR LYMPH NODE(S); SUPERFICIAL	5,168.80	3,640.00	1,528.80
38505	BIOPSY OR EXCISION OR LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (E.G., CERVICAL, INGUINAL, AXILLARY)	5,168.80	3,640.00	1,528.80
38520	BIOPSY OR EXCISION OR LYMPH NODE(S); DEEP CERVICAL NODE(S) W/ EXCISION SCALENE FAT PAD	8,463.00	6,552.00	1,911.00
38525	BIOPSY OR EXCISION OR LYMPH NODE(S); DEEP AXILLARY NODE(S)	8,463.00	6,552.00	1,911.00
38530	BIOPSY OR EXCISION OR LYMPH NODE(S); INTERNAL MAMMARY NODE(S)	8,463.00	6,552.00	1,911.00
40490	BIOPSY OF LIP	5,059.60	3,913.00	1,146.60
40500	VERMILIONECTOMY (LIP SHAVE), W/ MUCOSAL ADVANCEMENT	7,298.20	5,005.00	2,293.20
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION W/ PRIMARY CLOSURE	7,298.20	5,005.00	2,293.20
40520	V-EXCISION W/ PRIMARY DEFECT LINEAR CLOSURE;	7,298.20	5,005.00	2,293.20
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH	5,168.80	3,640.00	1,528.80

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
40808	BIOPSY, VESTIBULE OF MOUTH	5,168.80	3,640.00	1,528.80
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	5,168.80	3,640.00	1,528.80
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	8,463.00	6,552.00	1,911.00
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	5,168.80	3,640.00	1,528.80
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	5,168.80	3,640.00	1,528.80
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	5,168.80	3,640.00	1,528.80
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL	5,168.80	3,640.00	1,528.80
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, SUPRAMYLOHYOID	5,168.80	3,640.00	1,528.80
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	5,168.80	3,640.00	1,528.80
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	5,168.80	3,640.00	1,528.80
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	5,168.80	3,640.00	1,528.80
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL	5,168.80	3,640.00	1,528.80
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL	5,168.80	3,640.00	1,528.80
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR	5,168.80	3,640.00	1,528.80
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE	5,168.80	3,640.00	1,528.80
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	5,059.60	3,913.00	1,146.60
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	5,059.60	3,913.00	1,146.60
41108	BIOPSY OF FLOOR OF MOUTH	5,059.60	3,913.00	1,146.60
41110	EXCISION OF LESION OF TONGUE W/O CLOSURE	8,463.00	6,552.00	1,911.00
41112	EXCISION OF LESION OF TONGUE W/ CLOSURE; ANTERIOR TWO-THIRDS	8,463.00	6,552.00	1,911.00
41113	EXCISION OF LESION OF TONGUE W/ CLOSURE; POSTERIOR ONE-THIRD	8,463.00	6,552.00	1,911.00
41114	EXCISION OF LESION OF TONGUE W/ CLOSURE; W/ LOCAL TONGUE FLAP	8,463.00	6,552.00	1,911.00
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	8,463.00	6,552.00	1,911.00
41116	EXCISION, LESION OF FLOOR OF MOUTH	8,463.00	6,552.00	1,911.00
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	5,168.80	3,640.00	1,528.80
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	3,312.40	2,548.00	764.40
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	3,312.40	2,548.00	764.40
41820	GINGIVECTOMY, EXCISION GINGIVA	7,298.20	5,005.00	2,293.20
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	7,298.20	5,005.00	2,293.20
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	7,298.20	5,005.00	2,293.20
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	7,298.20	5,005.00	2,293.20
41825	EXCISION OF LESION OR OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES	7,298.20	5,005.00	2,293.20
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA	7,298.20	5,005.00	2,293.20
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	7,298.20	5,005.00	2,293.20

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
42100	BIOPSY OF PALATE, UVULA	5,059.60	3,913.00	1,146.60
42104	EXCISION, LESION OF PALATE , UVULA; W/O CLOSURE	5,168.80	3,640.00	1,528.80
42106	EXCISION, LESION OF PALATE , UVULA; W/ SIMPLE PRIMARY CLOSURE	8,463.00	6,552.00	1,911.00
42107	EXCISION, LESION OF PALATE , UVULA; W/ LOCAL FLAP CLOSURE	8,463.00	6,552.00	1,911.00
42300	DRAINAGE OF ABSCESS; PAROTID	5,168.80	3,640.00	1,528.80
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	5,168.80	3,640.00	1,528.80
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	5,168.80	3,640.00	1,528.80
42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);	5,168.80	3,640.00	1,528.80
42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); W/ PROSTHESIS	8,463.00	6,552.00	1,911.00
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, INTRAORAL	8,463.00	6,552.00	1,911.00
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	5,059.60	3,913.00	1,146.60
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	5,059.60	3,913.00	1,146.60
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	8,463.00	6,552.00	1,911.00
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	8,463.00	6,552.00	1,911.00
42800	BIOPSY; OROPHARYNX	7,298.20	5,005.00	2,293.20
42802	BIOPSY; HYPOPHARYNX	7,298.20	5,005.00	2,293.20
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	7,298.20	5,005.00	2,293.20
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	7,298.20	5,005.00	2,293.20
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	7,298.20	5,005.00	2,293.20
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	7,298.20	5,005.00	2,293.20
42860	EXCISION OF TONSIL TAGS	7,298.20	5,005.00	2,293.20
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD	7,298.20	5,005.00	2,293.20
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	7,298.20	5,005.00	2,293.20
43750	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE	7,298.20	5,005.00	2,293.20
43760	CHANGE OF GASTROSTOMY TUBE	5,059.60	3,913.00	1,146.60
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (E.G., MILLER-ABBOTT)	7,298.20	5,005.00	2,293.20
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	7,298.20	5,005.00	2,293.20
45305	PROCTOSIGMOIDOSCOPY, RIGID; W/ BIOPSY, SINGLE OR MULTIPLE	7,298.20	5,005.00	2,293.20
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	7,298.20	5,005.00	2,293.20
46600	ANOSCOPY; DIAGNOSTIC, W/ OR W/O COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	5,168.80	3,640.00	1,528.80
46604	ANOSCOPY; W/ DILATION, ANY METHOD	5,168.80	3,640.00	1,528.80
46606	ANOSCOPY; W/ BIOPSY, SINGLE OR MULTIPLE	5,168.80	3,640.00	1,528.80
46608	ANOSCOPY; W/ REMOVAL OF FOREIGN BODY	5,168.80	3,640.00	1,528.80
46610	ANOSCOPY; W/ REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY	7,298.20	5,005.00	2,293.20
46614	ANOSCOPY; W/ CONTROL OF BLEEDING, ANY METHOD	7,298.20	5,005.00	2,293.20
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	7,298.20	5,005.00	2,293.20
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	7,298.20	5,005.00	2,293.20
49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC)	7,298.20	5,005.00	2,293.20
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	5,168.80	3,640.00	1,528.80
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	7,298.20	5,005.00	2,293.20

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	5,168.80	3,640.00	1,528.80
51010	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER W/ INSERTION OF SUPRAPUBIC CATHETER	5,168.80	3,640.00	1,528.80
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	7,298.20	5,005.00	2,293.20
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	7,298.20	5,005.00	2,293.20
52265	CYSTOURETHROSCOPY, W/ DILATION OF BLADDER FOR INSTERSTITIAL CYSTITIS; LOCAL ANESTHESIA	7,298.20	5,005.00	2,293.20
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	7,298.20	5,005.00	2,293.20
52283	CYSTOURETHROSCOPY, W/ STEROID INJECTION INTO STRICTURE	7,298.20	5,005.00	2,293.20
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL ; PENDULOUS URETHRA	5,168.80	3,640.00	1,528.80
53020	MEATOTOMY, CUTTING OF MEATUS ; EXCEPT INFANT	5,059.60	3,913.00	1,146.60
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	8,463.00	6,552.00	1,911.00
53060	DRAINAGE OF SKENES GLAND ABSCESS OR CYST	5,059.60	3,913.00	1,146.60
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION	7,298.20	5,005.00	2,293.20
53200	BIOPSY OF URETHRA	5,059.60	3,913.00	1,146.60
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	8,463.00	6,552.00	1,911.00
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	5,059.60	3,913.00	1,146.60
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	5,059.60	3,913.00	1,146.60
53270	SKENES GLANDS	5,059.60	3,913.00	1,146.60
53275	SKENES GLANDS URETHRAL PROLAPSE	8,463.00	6,552.00	1,911.00
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE	7,298.20	5,005.00	2,293.20
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE	5,168.80	3,640.00	1,528.80
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	5,168.80	3,640.00	1,528.80
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	5,168.80	3,640.00	1,528.80
54015	INCISION AND DRAINAGE OF PENIS	3,312.40	2,548.00	764.40
54050	DESTRUCTION OF LESION(S), PENIS (E.G., CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), ANY METHOD	3,312.40	2,548.00	764.40
54100	BIOPSY OF PENIS	3,188.64	2,730.00	458.64
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	8,463.00	6,552.00	1,911.00
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	1,638.00	546.00	1,092.00
54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN	1,638.00	546.00	1,092.00
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	1,638.00	546.00	1,092.00
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN	1,638.00	546.00	1,092.00
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	5,059.60	3,913.00	1,146.60
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE;W/ SURGICAL EXPOSURE OF PLAQUE	5,168.80	3,640.00	1,528.80
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	7,298.20	5,005.00	2,293.20
54500	BIOPSY OF TESTIS, NEEDLE	3,188.64	2,730.00	458.64
54505	BIOPSY OF TESTIS, INCISIONAL	5,168.80	3,640.00	1,528.80
54510	EXCISION OF LOCAL LESION OF TESTIS	5,168.80	3,640.00	1,528.80
54620	FIXATION OF CONTRALATERAL TESTIS	8,463.00	6,552.00	1,911.00

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
54700	INCISION AND DRAINAGE OF EPIDIDYMISS, TESTIS AND/OR SCROTAL SPACE (E.G., ABSCESS OR HEMATOMA)	3,738.28	2,821.00	917.28
54800	BIOPSY OF EPIDIDYMISS, NEEDLE	3,188.64	2,730.00	458.64
54820	EXPLORATION OF EPIDIDYMISS, W/ OR W/O BIOPSY	8,463.00	6,552.00	1,911.00
54830	EXCISION OF LOCAL LESION OF EPIDYDIMIS	5,168.80	3,640.00	1,528.80
54840	EXCISION OF SPERMATOCELE, W/ OR W/O EPIDIDYMECTOMY	7,298.20	5,005.00	2,293.20
54860	EPIDIDYMECTOMY; UNILATERAL	8,463.00	6,552.00	1,911.00
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, W/ OR W/O INJECTION OF MEDICATION	3,188.64	2,730.00	458.64
55100	DRAINAGE OF SCROTAL WALL ABSCESS	3,188.64	2,730.00	458.64
55101	DRAINAGE AND DEBRIDEMENT OF FOURNIERS GANGRENE OF THE SCROTUM	8,463.00	6,552.00	1,911.00
55110	SCROTAL EXPLORATION	8,463.00	6,552.00	1,911.00
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	3,738.28	2,821.00	917.28
55150	RESECTION OF SCROTUM	5,059.60	3,913.00	1,146.60
55175	SCROTOPLASTY	5,168.80	3,640.00	1,528.80
55200	VASOTOMY, CANNULIZATION W/ OR W/O INCISION OF VAS, UNILATERAL OR BILATERAL	5,168.80	3,640.00	1,528.80
55250	VASECTOMY, UNILATERAL OR BILATERAL	5,200.00	3,900.00	1,300.00
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	8,463.00	6,552.00	1,911.00
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH	5,168.80	3,640.00	1,528.80
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	5,059.60	3,913.00	1,146.60
56420	INCISION AND DRAINAGE OF BARTHOLINS GLAND ABSCESS	8,463.00	6,552.00	1,911.00
56441	LYSIS OF LABIAL ADHESIONS	8,463.00	6,552.00	1,911.00
56501	DESTRUCTION OF LESION(S), VULVA; ANY METHOD	8,463.00	6,552.00	1,911.00
56605	BIOPSY OF VULVA OR PERINEUM ; ONE LESION	8,463.00	6,552.00	1,911.00
56720	HYMENOTOMY, SIMPLE INCISION	8,463.00	6,552.00	1,911.00
57020	COLPOCENTESIS	5,168.80	3,640.00	1,528.80
57061	DESTRUCTION OF VAGINAL LESION(S)	5,168.80	3,640.00	1,528.80
57100	BIOPSY OF VAGINAL MUCOSA	5,168.80	3,640.00	1,528.80
57130	EXCISION OF VAGINAL SEPTUM	8,463.00	6,552.00	1,911.00
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	7,298.20	5,005.00	2,293.20
57452	COLPOSCOPY (VAGINOSCOPY)	7,298.20	5,005.00	2,293.20
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, W/ OR W/O FULGURATION	5,168.80	3,640.00	1,528.80
57510	CAUTERIZATION OF CERVIX; ANY METHOD	5,168.80	3,640.00	1,528.80
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	5,168.80	3,640.00	1,528.80
59403	UNDELIVERED CASES (BABY DELIVERED IN REFERRAL FACILITY) IN NON-HOSPITAL FACILITIES	845.00	507.00	338.00
60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	3,188.64	2,730.00	458.64
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL	5,168.80	3,640.00	1,528.80
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR	5,168.80	3,640.00	1,528.80
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	5,168.80	3,640.00	1,528.80
62272	SPINAL PUNCTURE , THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)	5,059.60	3,913.00	1,146.60
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	7,298.20	5,005.00	2,293.20
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	7,298.20	5,005.00	2,293.20
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	7,298.20	5,005.00	2,293.20
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	7,298.20	5,005.00	2,293.20

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	7,298.20	5,005.00	2,293.20
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	7,298.20	5,005.00	2,293.20
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	7,298.20	5,005.00	2,293.20
64795	BIOPSY OF NERVE	7,298.20	5,005.00	2,293.20
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE	7,298.20	5,005.00	2,293.20
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	7,298.20	5,005.00	2,293.20
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	7,298.20	5,005.00	2,293.20
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	7,298.20	5,005.00	2,293.20
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)	7,298.20	5,005.00	2,293.20
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL, SUPERFICIAL	455.00	273.00	182.00
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; SUBCONJUNCTIVAL OR SCLERAL, WITH SLIT LAMP	4,095.00	2,275.00	1,820.00
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEA, WITH SLIT LAMP	3,803.80	2,275.00	1,528.80
65270	REPAIR OF LACERATION; CONJUNCTIVA, W/ OR W/O NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	7,298.20	5,005.00	2,293.20
65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT	7,298.20	5,005.00	2,293.20
65410	BIOPSY OF CORNEA	7,298.20	5,005.00	2,293.20
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	7,298.20	5,005.00	2,293.20
65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE; W/ THERAPEUTIC RELEASE OF AQUEOUS	7,298.20	5,005.00	2,293.20
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	7,298.20	5,005.00	2,293.20
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	5,168.80	3,640.00	1,528.80
67710	SEVERING OF TARSORRHAPHY	5,168.80	3,640.00	1,528.80
67715	CANTHOTOMY	5,168.80	3,640.00	1,528.80
67800	EXCISION OF CHALAZION	5,168.80	3,640.00	1,528.80
67810	BIOPSY OF EYELID	5,168.80	3,640.00	1,528.80
67825	REPAIR OF TRICHIASIS; BY ELECTROEPILATION, ELECTROSURGERY, CRYOTHERAPY OR LASER SURGERY	5,168.80	3,640.00	1,528.80
67830	REPAIR OF TRICHIASIS; INCISION OF LID MARGIN	3,312.40	2,548.00	764.40
67835	REPAIR OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	8,463.00	6,552.00	1,911.00
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	5,059.60	3,913.00	1,146.60
67875	TEMPORARY CLOSURE OF EYELIDS SUTURE (E.G., FROST SUTURE)	5,168.80	3,640.00	1,528.80
67880	CONSTRUCTION OF INTERMARGIN ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	5,168.80	3,640.00	1,528.80
67882	CONSTRUCTION OF INTERMARGIN ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPORTATION OF TARSAL PLATE	7,298.20	5,005.00	2,293.20
67914	REPAIR OF ECTROPION; SUTURE	7,298.20	5,005.00	2,293.20
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	7,298.20	5,005.00	2,293.20
67921	REPAIR OF ENTROPION; SUTURE	5,168.80	3,640.00	1,528.80
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	5,168.80	3,640.00	1,528.80
68100	BIOPSY OF CONJUNCTIVA	5,168.80	3,640.00	1,528.80
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	7,298.20	5,005.00	2,293.20
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	7,298.20	5,005.00	2,293.20

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	7,298.20	5,005.00	2,293.20
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	5,168.80	3,640.00	1,528.80
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOSTOMY)	5,168.80	3,640.00	1,528.80
68440	SNIP INCISION OF LACRIMAL PUNCTUM	5,168.80	3,640.00	1,528.80
68510	BIOPSY OF LACRIMAL GLAND	5,168.80	3,640.00	1,528.80
68525	BIOPSY OF LACRIMAL SAC	5,168.80	3,640.00	1,528.80
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	3,312.40	2,548.00	764.40
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	7,298.20	5,005.00	2,293.20
68811	PROBING OF NASOLACRIMAL DUCT; REQUIRING GENERAL ANESTHESIA	7,298.20	5,005.00	2,293.20
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	3,341.52	2,730.00	611.52
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	3,159.52	2,930.20	229.32
69100	BIOPSY EXTERNAL EAR	5,168.80	3,640.00	1,528.80
69105	BIOPSY EXTERNAL AUDITORY CANAL	5,168.80	3,640.00	1,528.80
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; W/ GENERAL ANESTHESIA	8,463.00	6,552.00	1,911.00
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (E.G., ROUTINE CLEANING)	7,298.20	5,005.00	2,293.20
69400	EUSTACHIAN TUBE INFLATION, TRANSNASAL; W/ CATHETERIZATION	5,288.92	3,913.00	1,375.92
69405	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	5,168.80	3,640.00	1,528.80
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	5,168.80	3,640.00	1,528.80
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	7,298.20	5,005.00	2,293.20
69540	EXCISION AURAL POLYP	7,298.20	5,005.00	2,293.20
70010	MYELOGRAPHY, BRAIN, INCLUDING SPINAL PUNCTURE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
70390	SIALOGRAPHY; INCLUDING DUCT CATHETERIZATION AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
72240	MYELOGRAPHY, SPINE, INCLUDING SPINAL PUNCTURE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY, INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (E.G., GASTROINTESTINAL SYSTEM, GENITOURINARY SYSTEM, ABSCESS), RADIOLOGIC SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE (ABSCESS, CYST, FLUID COLLECTION), WITH PLACEMENT OF CATHETER AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmaries/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	7,298.20	5,005.00	2,293.20
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, INCLUDING CATHETERIZATION OF LESION AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, 1 OR MULTIPLE DUCT, INJECTION AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
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	7,298.20	5,005.00	2,293.20
76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (E.G., FOR WIRE LOCALIZATION OR FOR INJECTION), EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
76355	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	7,298.20	5,005.00	2,293.20
76360	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
76362	COMPUTED TOMOGRAPHY GUIDANCE FOR VISCERAL TISSUE ABLATION	7,298.20	5,005.00	2,293.20
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (E.G., FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
76394	MAGNETIC RESONANCE GUIDANCE FOR VISCERAL TISSUE ABLATION	7,298.20	5,005.00	2,293.20
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTIC ULTRASOUND EVALUATION, COMPRESSION OF LESION AND IMAGING)	7,298.20	5,005.00	2,293.20
76940	ULTRASONIC GUIDANCE FOR VISCERAL TISSUE ABLATION	7,298.20	5,005.00	2,293.20
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (E.G., BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	7,298.20	5,005.00	2,293.20
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	7,298.20	5,005.00	2,293.20
76986	ULTRASONIC GUIDANCE, INTRAOPERATIVE	7,298.20	5,005.00	2,293.20
77401	RADIATION TREATMENT DELIVERY (COBALT)	2,600.00	1,560.00	1,040.00
77401	RADIATION TREATMENT DELIVERY (LINEAR ACCELERATOR)	3,900.00	2,860.00	1,040.00
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC PER SESSION	7,384.00	5,200.00	2,184.00
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	5,168.80	3,640.00	1,528.80
77781	REMOTE AFTER LOADING HIGH INTENSITY BRACHYTHERAPY (RAHIB); 1 OR MORE SOURCE POSITION OR CATHETERS PER SESSION	5,168.80	3,640.00	1,528.80
79000	RADIOPHARMACEUTICAL (RADIOACTIVE IODINE) THERAPY	3,312.40	2,548.00	764.40

Annex F - List of Procedure Case Rates for Primary Care Facilities - Infirmary/Dispensaries

Code	Description	Case Rate	Health Facility Fee	Professional Fee
79005	RADIOPHARMACEUTICAL ABLATION OF GLAND FOR THYROID CARCINOMA OR METASTASES OF THYROID CARCINOMA	7,298.20	5,005.00	2,293.20
79403	RADIOPHARMACEUTICAL THERAPY, BY RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	7,298.20	5,005.00	2,293.20
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	7,298.20	5,005.00	2,293.20
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	7,298.20	5,005.00	2,293.20
87207	OUTPATIENT MALARIA PACKAGE	780.00	780.00	-
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	5,168.80	3,640.00	1,528.80
88331	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE BLOCK	5,168.80	3,640.00	1,528.80
89221	DIRECTLY OBSERVED TREATMENT SHORT-COURSE; INTENSIVE PHASE	3,250.00	3,250.00	-
89222	DIRECTLY OBSERVED TREATMENT SHORT-COURSE; MAINTENANCE PHASE	1,950.00	1,950.00	-
90375	ANIMAL BITE TREATMENT (ABT) PACKAGE	3,900.00	3,900.00	-
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (E.G. PERITONEAL, HEMOFILTRATION)	3,380.00	2,925.00	455.00
96408*	CHEMOTHERAPY ADMINISTRATION	9,464.00	7,280.00	2,184.00
96440*	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS	5,059.60	3,913.00	1,146.60
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS	7,298.20	5,005.00	2,293.20
96450	CHEMOTHERAPY ADMINISTRATION INTO CNS, REQUIRING AND INCLUDING SPINAL PUNCTURE	5,059.60	3,913.00	1,146.60
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTERVENTRICULAR VIA SUBCUTANEOUS RESERVOIR	3,312.40	2,548.00	764.40
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 PHOTSENSITIVE DRUG(S), 1 OR MORE PHOTOTHERAPY EXPOSURE SESSION	7,298.20	5,005.00	2,293.20
99460	EXPANDED NEWBORN CARE PACKAGE	3,835.00	3,185.00	650.00
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	2,600.00	1,560.00	1,040.00
ANC01	ANTENATAL CARE PACKAGE	1,950.00	1,170.00	780.00
ANC02	ANTENATAL CARE SERVICES WITH INTRAPARTUM MONITORING OR LABOR WATCH (WITHOUT DELIVERY)	2,795.00	1,677.00	1,118.00
FP001	SUBDERMAL CONTRACEPTIVE IMPLANT	3,900.00	2,340.00	1,560.00
MCP01	ROUTINE OBSTETRIC CARE INCLUDING PRENATAL, DELIVERY AND NEWBORN SERVICES OF NON-HOSPITAL FACILITIES (MATERNITY CARE PACKAGE)	10,400.00	6,240.00	4,160.00
NSD01	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY AND/OR POSTPARTUM CARE (NORMAL SPONTANEOUS DELIVERY PACKAGE) FOR NON-HOSPITALS	8,450.00	5,070.00	3,380.00
PO000	RESUSCITATION PACKAGE	5,200.00	3,640.00	1,560.00

Codes with * Rates applicable to all chemotherapy sessions except for Lung, Liver, Ovary, and Prostate cancer