



BERMUDA

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

BR 61 / 2017

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The Bermuda Hospitals Board, in exercise of the power conferred upon it by section 13 of the Bermuda Hospitals Board Act 1970 and with the approval of the Minister responsible for health, makes the following Regulations:

Citation

1 These Regulations, which amend the Bermuda Hospitals Board (Hospital Fees) Regulations 2015 (“the principal Regulations”), may be cited as the Bermuda Hospitals Board (Hospital Fees) Amendment Regulations 2017.

Revokes and replaces Schedule 2

2 The principal Regulations are amended by revoking Schedule 2 and substituting the following—

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“SCHEDULE 2

(Regulations 2, 3, 4, 6, 7 and 8)

IN-PATIENT TREATMENT PER DIEM RATES

CDM Code		\$
	PART A: Residents' Per Diem Rates	
	The per diem rate for observation bed	
0082099	SIX SOUTH BED SPEC. RATE OBSERVATION	632
	The per diem rate for acute care accommodation	
0032052	ICU WARD	1,350
0032060	MATERNITY WARD	1,350
0032086	GOSLING WARD	1,350
0032094	OVERFLOW BEDS	1,350
0032136	AC 3M	1,350
0032144	AC 4S	1,350
0032151	AC 5S	1,350
0062059	ICU WARD - NON DRG	1,350
0062067	MATERNITY WARD - NON DRG	1,350
0062083	GOSLING WARD - NON DRG	1,350
0062091	OVERFLOW BEDS - NON DRG	1,350
0062133	AC 3M - NON DRG	1,350
0062141	AC 4S - NON DRG	1,350
0062158	AC 5S - NON DRG	1,350
	The per diem rate for long term care patients	
0093013	LTC - ROOM & CARE	1,063
0093013	LTC-HID - ROOM & CARE	658
	The per diem rate for newborn infants	
0042077	NURSERY - NEW BORN	488
0062075	NURSERY/NEWBORN NON DRG	488
	The per diem rate for hospice care	
0062125	HOSPICE - ROOM & CARE	595
	The per diem rate for patients at the Mid-Atlantic Wellness Institute	
0013011	MWI ROOM & CARE SOMERS WARD	739
0013029	MWI ROOM & CARE DEVON LODGE	739
0013037	MWI ROOM & CARE CEDARS WARD	739
0013045	MWI ROOM & CARE ADAMS WARD	739
0013052	MWI ROOM & CARE REID WARD	739
0013060	MWI ROOM & CARE WATSON WARD	739
0013078	MWI ROOM & CARE BAYVIEW WARD	739

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CDM Code		\$
0013086	MWI ROOM & CARE SANDPIPER WARD	739
0013094	MWI ROOM & CARE CORAL WARD	739
0013102	MWI ROOM & CARE COMUNITY SERVICES	739
0013110	MWI - I/P DETOX REVENUE	739
0013128	MWI CAS IP REVENUE	739
PART B: Non Residents' Per Diem Rates		
The per diem rate for accommodation		
0032052	ICU WARD - O/SEAS RATE	2,025
0032060	MATERNITY WARD - O/SEAS RATE	2,025
0032086	GOSLING WARD - O/SEAS RATE	2,025
0032094	OVERFLOW BEDS - O/SEAS RATE	2,025
0032136	AC 3M - O/SEAS RATE	2,025
0032144	AC 4S - O/SEAS RATE	2,025
0032151	AC 5S - O/SEAS RATE	2,025
0062059	ICU WARD - O/SEAS RATE - NON DRG	2,025
0062067	MATERNITY WARD - O/SEAS REATE - NON DRG	2,025
0062083	GOSLING WARD - O/SEAS RATE - NON DRG	2,025
0062091	OVERFLOW BEDS - O/SEAS RATE - NON DRG	2,025
0062133	AC 3M - O/SEAS RATE - NON DRG	2,025
0062141	AC 4S - O/SEAS RATE - NON DRG	2,025
0062158	AC 5S - O/SEAS RATE - NON DRG	2,025
The per diem rate for newborn infants		
0042077	NURSERY - NEW BORN O/SEAS RATE	732
0062075	NURSERY - NEW BORN O/SEAS RATE - NON DRG	732
The per diem rate for long term care patients		
0093021	LTC - ROOM & CARE - O/SEAS RATE	1,594
The per diem rate for patients at the Mid-Atlantic Wellness Institute		
0023010	MWI SOMERS - O/SEAS RATE	1,110 "

Revokes and replaces Part A of Schedule 4

3 The principal Regulations are amended by revoking Part A of Schedule 4 and substituting the following—

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“SCHEDULE 4: PART A

(Regulation 9(2))

OUT-PATIENT TREATMENT (FEES PAYABLE FOR TREATMENT
INCLUDED IN STANDARD HEALTH BENEFIT)

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
85002	910026	LAB -BLEEDING TIME	81
89050	910042	LAB -BODY FLUID (PLEURAL	73
38220	910059	LAB -BONE MARROW EXAM WIT	394
	910083	LAB -COAGULATION SCREEN	118
85025	910091	LAB -COMPLETE BLOOD COUNT	64
85652	910117	LAB -ERYTHROCYTE SEDIMENT	85
85384	910125	LAB -FIBRINOGEN	96
85362	910133	LAB -FDP SCREEN	64
87207	910141	LAB- FILM EXM FOR PARASIT	112
83030	910158	LAB -HAEMOGLOBIN FOETAL C	186
83020	910182	LAB -HAEMOGLOBIN ELECTRO	124
85730	910190	LAB -PTT	64
86344	910208	LAB -LE SCREEN	108
86308	910216	LAB -INFECTIOUS MONO.SCRE	64
85610	910240	LAB -PROTHROMBIN TIME	99
85045	910257	LAB -RETICULOCYTE COUNT	79
86762	910265	LAB -RUBELLA ANTIBODIES	79
85660	910273	LAB -SICKLE CELL PREP	56
	910281	LAB -SPERM COUNT	163
86430	910307	LAB -SCREENING TEST R.A.	85
86431	910315	LAB -RHEUMATOID FACTOR-TI	85
83036	910323	LAB -HAEMOGLOBIN GLYCAT	99
36415	910331	LAB -BLOOD DRAWN/SEND AWA	42
86803	910349	LAB -HEPATITIS C ANTIBODY	127
85240	910356	LAB -HEP FACTOR VIII C AC	99
85250	910364	LAB -FACTOR IX ACT	99
85370	910372	LAB -F.D.P. TITER	93
	910380	SWEAT CHLORIDE TEST-CHILD	264
	910398	I.M.INJECTIONS-CHILDREN	54
82731	910414	LAB -FETAL FIBRONECTIN TE	248
85378	910422	LAB -D-DIMER TEST	31
85302	910430	LAB -PROTEIN C ANTIGEN	123
85303	910448	LAB -PROTEIN C ACTIVITY	123
85305	910455	LAB -PROYEIN S TOTAL	106

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
85306	910463	LAB -PROTEIN S FREE	106
85307	910471	LAB -ACTI PROTEIN C (APC)	127
85300	910489	LAB -ANTITHROMBIN 111 ACT	155
85301	910497	LAB -A/THROMBIN 111 ANTIG	155
85613	910505	LAB -LUPUS ANTICOAG SCREE	
85730			148
85670	910513	LAB -THROMBIN TIME PLASMA	189
85675	910521	LAB -THROMBIN TIME TITER	189
85520	910539	LAB -HEPAR ASSAY (ANTI-XA	137
83020	910547	LAB -HAEMOGLOBIN ELECTROPHORESIS	124
	910570	LAB -LEUKOCYTE PHAGOCYTOSIS SCREEN	108
	1010511	LAB -TWO TISSUE SPEC F/EX	254
88165	1010529	LAB -CYTOLOGY (PAP)	85
88331	1010537	LAB -FROZEN SEC & EXAM	366
88104	1010545	LAB -NON-GYN.(SPUTA FLUIDS)	160
	1010552	LAB -AD SET SLIDE DOC REQ	69
	1010560	LAB -3 TISSUE SPEC F/EXAM	305
	1010578	LAB -SINGLE TIS SPEC F/EX	204
88342	1010594	LAB -IMMUNO PEROXIDASE TECHNIQUE	177
88313	1010602	LAB -PAP PEROXIDASE TECH	138
	1010610	LAB -RESIN SECTION	135
	1010628	LAB -4 TISSUE SPECIMENS	500
	1010636	LAB -5 TISSUE SPECIMENS	600
	1010644	LAB -SIX TISSUE SPECIMENS	712
	1010651	LAB -SEVEN TISSUE SPECIME	814
88130	1010669	LAB -BARR BODY COUNT	85
38221	1010677	LAB -BONE MARROW BIOPSY	415
	1010685	LAB -COLPOSCOPY BIOPSY	204
88155	1010693	LAB -HORMONAL EVALUATION	85
	1010701	LAB -TISSUE SEC F/MACRO E	100
88173	1010719	LAB -FINE NEEDLE ASPIRATN	415
88313	1010727	LAB -CYTOCHEM STAINLA-PAS	112
	1010735	LAB -TISSUE SECT - SINGLE	204
88142	1010750	LAB -THIN PREP	94
84233	1013333	LAB -ESTROGEN RECPTN ASSY	680
88300	1013424	LAB -SURGIC PATH LEVEL 1	204
88302	1013432	LAB -SURGICAL PATH LEVEL2	254
	1013440	LAB -SURGICAL PATH LEVEL3	305
88305	1013457	LAB -SURGICAL PATH LEVEL4	500
88307	1013465	LAB -SURGICAL PATH LEVEL5	600

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
88309	1013473	LAB -SURGICAL PATH LEVEL6	712
88312	1013499	LAB -SPECIAL STAIN MICRO	112
88313	1013507	LAB -SPECIAL STAIN NOS	177
86870	1110717	LAB -ANTIBODY IDENTIFICTN	145
86850	1110725	LAB -ANTIBODY SCREEN	117
86886	1110733	LAB -ANTIBODY TITRE	157
	1110741	BLOOD GROUP & ANTI SCREEN	145
86157	1110758	LAB -COLD AGGLUTININS	281
86880	1110766	LAB -COOMBS DIRECT	80
84703	1110790	LAB -PREG TEST-BETA HCG	90
86906	1110808	LAB -RHESUS GENOTYPE	113
	1110816	LAB -RHOGAM CROSSMATCH	271
86703	1110907	LAB -HTLV 111 ANTBDY SCRNM	145
86592	1110915	LAB -RPR FR SYPHLLS(VISA)	62
85460	1110931	LAB -KLEIHAUER	113
86905	1110949	LAB -ANTIGEN SBTP-SAL PER	17
86903	1110956	LAB -ANTIGEN SBTP-AHG PER	21
86905	1110964	LAB -ANTIGEN PROFILE	281
84702	1110972	LAB -BETA HCG (TOTAL)	134
82785	1110980	LAB -IGE	134
	1111129	LAB -ANTIGEN SCRNM COMP BL	21
	1111137	LAB -ANTIHUMAN GLOBLN DIR	79
	1111145	LAB -RH PHENOTYPE COMPLT	112
82950	1211036	LAB -GLCSE CHAL/GLCLA/FBS	91
82803	1211044	LAB -ACID BAS BAL(BL GAS)	123
82040	1211051	LAB -ALBUMIN ONLY	60
82055	1211069	LAB -ALCHL ETHNL(BL R UR)	64
84075	1211077	LAB -ALKALINE PHOSPHATASE	60
82150	1211085	LAB -AMYLASE	60
81005	1211093	LAB -BEN.JONES PROTN SCRNM	81
82248	1211101	LAB -BILIRUBIN DIRECT	60
82247	1211119	LAB -BILIRUBIN TOTAL	60
82947	1211127	LAB -BLOOD SUGAR(GLUCOSE)	60
	1211135	BABY BILIRUBIN	60
82310	1211143	LAB -CALCIUM	60
	1211150	LAB -LYTES GLCSE BUN(LGB)	91
	1211168	LAB -CARDI ENZY(SGOT&LDH)	128
80156	1211176	LAB -TEGRETOL	81
84155	1211184	LAB -CSF PROTEIN ONLY	62
82945	1211192	LAB -CSF SUGAR ONLY	60

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82438	1211200	LAB -CSF CHLORIDE ONLY	60
82435	1211218	LAB -CHLORIDE	60
82465	1211226	LAB -CHOLESTEROL	60
82565	1211234	LAB -CREATININE	60
82575	1211242	LAB -CREATININE CLEARANCE	123
82550	1211259	LAB -CREATININ PHOSPHOKIN	60
	1211267	LAB -ELECTROLYTES NA K+CL	91
84450	1211283	LAB -GLUTAMIC-OXACTC TRNS	60
84460	1211291	LAB -GLUTAMIC-PYRUVIC TRNS	60
83497	1211309	LAB -5 HYDRXY INDOLCT ACD	79
	1211317	LAB -LIPID PROF CHOL TRIG	79
80178	1211325	LAB -LITHIUM	69
	1211333	LAB -LFT'S BL SG PT SG AL	165
84100	1211358	LAB -PHOSPHOROUS PO4	60
84119	1211366	LAB -PORPHYRNS(ELY MRN SP	73
84132	1211374	LAB -POTASSIUM K	60
84155	1211382	LAB -PROTEIN (BODY FLUID)	62
84155	1211390	LAB -PROTEIN(INC ALB&GLB)	73
84165	1211408	LAB -PROTEIN ELECTROPHR E	104
84295	1211424	LAB -SODIUM NA	60
84478	1211432	LAB -TRIGLYCERIDES	60
84520	1211457	LAB -UREA NITROGN(BUN)NPN	60
84550	1211465	LAB -URIC ACID	60
84999	1211473	LAB -URINE FOR BILE PGMNT	73
84578	1211481	LAB -URINE-BILE PRD(UROB)	73
84155	1211499	LAB -URINE FOR PROTEIN	64
84119	1211507	LAB -URINE FOR PROPHYRINS	64
82945	1211515	LAB -URINE FOR GLUCOSE	64
	1211531	LAB -3 HR GTT	136
	1211549	LAB -4 HR GTT	160
	1211556	LAB -5 HR GTT	188
	1211564	LAB -6 HR GTT	210
80156	1211598	LAB -CARBAMAZEPIN/TEGRTOL	81
80164	1211614	LAB -VALPROIC ACID/EPILIM	81
	1211630	LAB -B 12	104
83615	1211648	LAB -L D H	60
84560	1211721	LAB -URIC ACID-URINE	64
82340	1211739	LAB -URINE CALCIUM	64
82003	1211747	LAB -ACETOMINOPHEN	85
80170	1211754	LAB -GENTAMICIN	81

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
80184	1211762	LAB -PHENOBARBITAL	81
80188	1211770	LAB -PRIMIDONE	75
80198	1211788	LAB -THEOPHYLLINE ASSAY	81
83718	1211796	LAB -HIGH DEN LIPOPROTEIN	60
	1211804	LAB -LOW DENSITY LIPOPROT	59
80194	1211846	LAB -QUINIDINE	75
80202	1211853	LAB -VANCOMYCIN PEAK	81
80202	1211861	LAB -VANCOMYCIN TROUGH	81
80202	1211895	LAB -VANCOMYCIN RANDOM	81
82977	1212059	LAB -GGT	60
80168	1212067	LAB -ETHOSUXIMIDE	75
80196	1212109	LAB -SALICYLATE	53
84376	1212117	LAB -STOOL/URINE RED SUBS	36
	1212281	24 HR URINE CHEMISTRY	85
82950	1212299	LAB -BLD SUGAR(1TO6HR PC)	81
82150	1212307	LAB -BODY FLUID CHEMISTRY	73
	1212315	LAB -POST DIALYSIS PROFLE	155
	1212323	LAB -PRE-DIALYSIS PROFILE	446
	1212331	LAB -ED PRF NA BN RBS K C	120
	1212349	LAB -CHEM PROF (24 TESTS)	623
	1212372	LAB -CLINIC PROFILE	155
	1212406	LAB -GLUCOSE DRINK	11
	1212422	LAB -CORONRY PRF(H L V T)	115
	1212430	LAB -IRON PROF(I TI %SAT)	134
83735	1212448	LAB -MAGNESIUM	58
	1212455	LAB -2HR GTT	114
80101	1212463	LAB -DRUG TST F/ABS-EA RX	85
	1212471	LAB -UREA & ELECTROLYTES	91
82950	1212505	LAB -POST GLUCOSE DOSE	81
82951	1212513	LAB -TOLERANCE TEST(GTT)3	136
82952	1212521	LAB -TOLER TST EA ADD TES	160
82340	1212547	LAB -CALCIUM 24HR UR	85
82436	1212554	LAB -CHLORIDE 24HR UR	85
82570	1212562	LAB -CREATININE 24HR UR	85
82945	1212570	LAB -GLUCOSE 24HR UR	85
84133	1212588	LAB -POTASSIUM 24HR UR	85
83735	1212596	LAB -MAGNESIUM 24HR UR	85
84300	1212604	LAB -SODIUM 24HR UR	85
84105	1212612	LAB -PHOSPHOR 24HR UR	85
84156	1212620	LAB -PROTEIN TOT 24HR UR	85

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
84560	1212638	LAB -URIC ACID 24HR UR	85
84540	1212646	LAB -UREA NITROG 24HR UR	85
82247	1212653	LAB -BILIRUBIN FLD	64
82438	1212661	LAB -CHLORIDE FLD	64
82570	1212679	LAB -CREATININE FLD	64
82945	1212687	LAB -GLUCOSE FLD	64
84132	1212695	LAB -POTASSIUM FLD	64
82042	1212703	LAB -ALBUMIN FLD	64
83615	1212711	LAB -LDH FLD	64
84302	1212729	LAB -SODIUM FLD	64
82150	1212737	LAB -AMYLASE RDM UR	64
82436	1212745	LAB -CHLORIDE RDM UR	64
82570	1212752	LAB -CREATININE RDM UR	64
84133	1212760	LAB -POTASSIUM RDM UR	64
84300	1212778	LAB -SODIUM RDM UR	64
84105	1212786	LAB -PHOSPHORUS RDM UR	64
84540	1212794	LAB -UREA NITROGEN RDM UR	85
83550	1212836	LAB -IRON BINDING CAP	135
86160	1212844	LAB -COMPLEMENT 3 ANTIGEN	114
86160	1212851	LAB -COMPLEMENT 4 ANTIGEN	114
82043	1212869	LAB -M/ALBUMIN, URINE,SEM	150
82044	1212877	LAB -M/ALBUMIN, URINE, QU	150
86300	1212885	LAB -CANCER ANTIGEN 15-3	201
86301	1212893	LAB -CANCER ANTIGEN 19-9	254
83880	1212901	LAB -NT-PRO BNP	128
86140	1212919	LAB -C REACTIV PROT (CRP)	56
86141	1212927	LAB -HI SENSI C REACT PRO	64
82330	1212935	LAB -CALCIUM; IONIZED	53
82787	1212943	LAB -GAMMA;IMMU G S/C IGG	86
83930	1212950	LAB -OSMOLALITY; BLOOD	297
83935	1212968	LAB -OSMOLALITY; URINE	297
83036	1212976	LAB -HAEMOGLOBIN GLYCAT	99
	1212992	LAB -DAIC DIRECT HEMOGLOB	99
	1213016	LAB -DIRECT HBA1C	53
87040	1312016	LAB -BLOOD CULTURE	232
87070	1312024	LAB -BODY FLD(CSF JNT)M&C	165
87164	1312040	LAB -DARK GRND MICRO CLIN	295
87070	1312057	LAB -EAR SWAB-RTN CULTURE	117
87070	1312065	LAB -EYE SWAB RTN CULTURE	117
81001	1312073	LAB -URINE ANALYS/FCS MIC	66

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
87070	1312099	LAB -CSF CULTURE	230
87206	1312123	LAB -SPUTM OR TISS FOR TB	205
87045	1312156	LAB -STL RCTL SWB FR CUL	155
87070	1312164	LAB -THROAT SWAB	117
87086	1312180	LAB -URINE MICRO&CULT MSU	117
87070	1312248	LAB -GEN CULT(VAG PEN URE	155
87070	1312263	LAB -WOUND (DRTY ULCR)CUL	230
89060	1312271	LAB -KNEE ASPIRT CRYSTALS	136
87177	1312289	LAB -OVA AND PARASITES	96
87015	1312297	LAB -AFB CULTUE(CON)3SPEC	371
87070	1312305	LAB -CATHETER TIP CULTURE	165
87101	1312321	LAB -FUNGUS CULTURE	141
86592	1312339	LAB -FLUORSC TREP NML ANTB	62
87205	1312347	LAB -GRAM STAIN	12
87210	1312354	LAB -INDIA INK PREP	12
87070	1312362	LAB -RESPIRATORY CULTURE	165
86781	1312370	LAB -SYPHILLIS SEROLOGY	100
87490	1312396	LAB -CHLAMYDIA SEROLOGY	104
86759	1312412	LAB -ROTAVIRS LTX AFFLTNA	178
86038	1312438	LAB -ANA FLUORES ANTI TEC	104
87270	1312446	LAB -CONJ.SWAB-CHLAMYDIA	104
87207	1312453	LAB -CRYPTOSPOIDIUM STAIN	104
87278	1312495	LAB -LEGIONELLA CULTURE/I	210
89125	1312503	LAB -FAECAL FAT STAIN	56
87070	1312511	LAB -MRSA SCREEN	117
87070	1312529	LAB -SEMEN FOR CULTURE	138
87116	1312545	LAB -AFB CULTURE (DIR.)3	335
87070	1312552	LAB -CULTURE TISSUE	249
87070	1312578	LAB -GENITAL CULT(CERVIC)	155
87280	1312586	LAB -RSV(RESPIRATORY SYN)	148
87081	1312594	LAB -CULTURE VRE	119
87324	1312602	LAB -C DIFFICILE TXN AG	95
86677	1312610	LAB -HELICOBACTER PYLORI	70
87528	1312628	LAB -HERPES CULTURE	114
89320	1312636	LAB -SPERM ANALYSIS	163
	1312784	LAB -VITEK 2 SYS DISK MET	17
	1312792	LAB -VITEK 2 SYS MICRO/AR	17
84630	1410232	LOS ZINC PLASMA	99
83491	1411412	LOS 17 HYDROXYCORTICOSTEROIDS	126
	1411834	LOS USHER SYNDROME TYPE 3	147

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	1411842	LOS USHER SYNDROME TYPE 1F	147
	1411859	LOS TAY-SACHS DNA ANALYSIS	180
	1411867	LOS NIEMANN-PICK TYPE A	147
	1411875	LOS NEMALINE MYOPATHY	269
	1411883	LOS MAPLE SYRUM URINE DISEASE(MSUD)	186
	1411891	LOS MUCOLIPIDOSIS TYPE IV	237
	1411909	LOS GLYCOGEN STORAGE DISEASE TYP 1A	221
	1411917	LOS GAUCHER DISEASE	186
	1411925	LOS FAMILIAL HYPERINSULINISM	506
	1411933	LOS FAMILIAL DYSAUTONOMIA	221
	1411941	LOS FANCONI ANEMIA GROUP C	132
	1411958	LOS DIHYDROLIPO DEHYDROGNS DEFICIEN	299
	1411966	LOS CANAVAN DISEASE	186
	1411974	LOS BLOOM SYNDROME	116
	1411982	LOS INSIT(PRNTL FISH CHR13,18,21XY	211
	1411990	LOS LYMPHOMA TISSUE/FLUID PANEL TP	409
82565	1412006	LOS GLOMERULAR FILTRATION RATE, EST	43
86344	1412014	LOS NEUTROPHIL PHAGOCYTOSIS	115
85292	1412022	LOS PREKALLIKREIN (FLETCHER FACTOR)	158
85293	1412030	LOS HIGH MOLECULAR WGT HMW KIN ACTV	158
85240	1412048	LOS FACTOR VII INHIBITOR	
85335			523
87425	1412055	LOS ROTAVIRUS AG DETECTOR	85
83519	1412063	LOS ACETYLCHOLINE RECPTR BIND AUTOT	206
83519	1412071	LOS ACETYLCHOLIN RECPTR MODUL AUTOT	230
83519	1412089	LOS ACETYLCHOLIN RECPTR BLCK AUTOTB	224
85306	1412097	LOS PROTEIN S ANTIGEN, FREE	215
85305	1412105	LOS PROTEIN S ANTIGEN, TOTAL	186
86301	1412113	LOS CA 19-9	100
82150	1412121	LOS AMYLASE ISOENZYMES	
84999			231
84252	1412139	LOS VITAMIN B2	145
84402	1412147	TESTOSTERONE FREE DIALY W/TOT TESTO	
84403			242
	1413004	LOS MIS LAB OVERSEAS	0
82024	1413012	LOS ADRENOCORT HORMONE (ACTH)PLASMA	222
82088	1413020	LOS ALDOSTERONE SERUM FROZEN	211
82106	1413038	LOS ALPHA FETOPROTEIN SERUM QUANT	121
82139	1413046	LOS AMINO ACIDS SCREEN,URINE	87
86225	1413053	LOS DNA AUTOANTIBODIES DBL STRAND	94

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
86226	1413061	LOS DNA AUTOANTIBODIES SNGL STRAND	179
86256	1413079	LOS MYOCARDIAL TOTAL AUTOABS	58
87186	1413087	LOS ANAEROBIC BACTERIAL MIC	269
	1413095	LOS SMOOTH MUSCLE TOTAL AUTOABS	124
86060	1413103	LOS ANTI-STREPTOLYSIN ASO TITRE	80
85300	1413111	LOS ANTIROMBIN III FUNCTIONAL	230
86376	1413129	LOS THYROID PEROXIDASE AUTO AB	67
82308	1413137	LOS CALCITONIN SERUM THYROCALCITON	163
82330	1413145	LOS IONIZED CALCIUM	111
82131	1413152	LOS CYSTINE, QUANTITATIVE URINE	72
84166	1413160	LOS URINE PROTEIN ELECTROPHORESIS	126
82384	1413178	LOS CATECHOLAMINES FRACTIONATED	274
82010	1413186	LOS ACETONE BLOOD	118
82638	1413194	LOS CHOLINESTERASE AND DIBUCAINE	80
82480	1413202	LOS CHOLINESTERASE PLASMA & SERUM	70
87186	1413210	LOS GRAM NEGATIVE MIC PANEL	622
88235	1413228	LOS CHROMOSOME ANALYSIS AMIN.FLUID	793
82010	1413236	LOS ACETOACETATE	120
82530	1413244	LOS CORTISOL FREE URINE RANDOM	209
86140	1413269	LOS C-REACTIVE PROTEIN SERUM	97
82552	1413277	LOS CREATINE KINASE ISOENZYMES	182
	1413285	LOS AMINOGLYCOSIDE MIC HIGH 5714	214
82143	1413293	LOS BILIRUBIN AMNIOTIC FLUID	76
	1413301	LOS CD4 CD8 (ML)	180
86658	1413319	LOS ECHOVIRUS ANTIBDOY SERUM	97
82670	1413327	LOS ESTRADIOL(E2)NON PREG SERUM	216
87076	1413350	LOS ANAEROBIC BACTERIAL ID	119
86235	1413376	LOS RHEUMATIC EVALUATION	711
85307	1413384	LOS ACTIVATED PROTEIN C RESISTANCE	312
86256	1413392	LOS ADRENAL AUTOAB.	95
84702	1413400	LOS BETA HCG HUMAN CHORIONIC GRONA	120
83003	1413418	LOS GROWTH HORMONE SERUM	142
86757	1413426	LOS RICKETTSIA RICKETTSII&R TYPHI	553
87186	1413434	LOS S PNEUMO MIC PANEL	444
86707	1413442	LOS HEP B VIRUS E AG	86
86235	1413459	LOS SM(SMITH)IGG AUTOANTIBODIES	90
86615	1413467	LOS BORDETELLA IGG ANTIBODIES	160
84311	1413475	LOS BETA-HYDROXYBUTYRATE	113
86160	1413483	LOS COMPLEMENT 2 CONCENTRATION	209
86812	1413491	LOS HLA-B27,BLOOD	142

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82785	1413509	LOS IGE, SERUM OR PLASMA	95
82784	1413517	LOS IMMUNOGLOBULINS SERUM QUANTITI	215
83525	1413525	LOS INSULIN LEVEL SERUM	142
	1413533	LOS IODINE TOTAL URINE	145
86790	1413558	LOS DENGUE VIRUS IGM AB	144
86781	1413566	LOS CSF FTA_IGM AB	209
	1413574	LOS ALPHA-FETOPROTEIN & HCG 3027	184
	1413582	LOS HSV 1 IGG & IGM CSF	309
83825	1413590	LOS MERCURY RANDOM URINE INDUS.	134
	1413608	LOS HSV 2 IGG & IGM CSF	309
83735	1413616	LOS MAGNESIUM URINE	73
83945	1413632	LOS OXALATE URINE 24 HR	112
83970	1413657	LOS PARATHYROID HORMONE MID REGION	242
86631	1413673	LOS CHLAMYDIA PNEUMONIAE TOTAL IGG	409
80188	1413681	LOS PRIMIDOME PHENOBARBITAL SERUM	80
84144	1413699	LOS PROGESTERONE SERUM OR PLASMA	142
86611	1413707	LOS BARTONELLA HENSELAE IGG & IGM	593
84244	1413715	LOS RENIN PLASMA	247
84403	1413723	LOS TESTOTERONE TOTAL	195
84403	1413731	LOS TESTOSTERONE TOTAL&FREE SERUM	399
83520	1413749	LOS COMPLEMENT SPLIT PRODUCT CONC	274
84466	1413756	LOS TRANSFERRIN SERUM	67
	1413764	LOS P 24 ANTIGENS (ML)	176
84585	1413772	LOS VANILLYLMANDELIC ACID URINE	209
87186	1413780	LOS FASTICTIOUS ORGANISM MIC PAIN	354
80168	1413798	LOS ETHOSUXIMIDE , SERUM ZARONTIN	82
86658	1413806	LOS COXSACKIE A & B AB. EVALUATION	264
86635	1413814	LOS COCCIDIOIDES IGG,IGM,IGA	335
86756	1413822	LOS RESP VIRUS SYNCYTIAL ANTIBDOY	156
83520	1413830	LOS ANTI PHOSPHOLIPID EVALUATION X12	2,323
88291	1413848	LOS CHROMOSOMAL (BLOOD)	494
	1413855	LOS RUBEOLA MEASLES (392)	162
82495	1413863	LOS CHROMIUM URINE	40
82540	1413871	LOS CREATINE	56
86332	1413889	LOS CIRCULATING IMMUNE COMPLEX	141
83825	1413897	LOS MERCURY BLOOD	112
80152	1413905	LOS AMITRIPTYLINE & NORTIPTYLINE	265
82232	1413913	LOS BETA 2 MICROGOBULIN CSF	209
82533	1413921	LOS CORTISOL AM,PM OR RANDOM	163

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82157	1413939	LOS ANDROSTENEDIONE SERUM	242
82627	1413947	LOS DEHYDROEPIANDROST SULF	163
87299	1413954	LOS CMV IMMEDIATE EARLY AG. URINE	262
83970	1413962	LOS PARATHYROID HORMONE PLAZMA SER	216
84022	1413970	LOS TRIFLUOPERAZINE SERUM	87
82507	1413996	LOS CITRATE URINE 24HR	303
87799	1414002	LOS EPSTEIN BARR VIRUS DNA ULTRA	382
80158	1414036	LOS CYCLOSPORINE HPLC BL	292
83021	1414044	LOS HEMOGLOBIN VARIANT SCREEN HPLC	174
85240	1414051	LOS FACTOR 8 ACTIVITY	316
87798	1414069	LOS ENTEROVIRUS DNA	494
	1414077	LOS WESTERN BLOT (ML)	265
83715	1414085	LOS LIPOPROTEIN ELEC FRED TYPING	126
82941	1414093	LOS GASTRIN SERUM (FROZEN FASTING)	163
99001	1414101	LOS EXPRESS POST	68
	1414119	LOS AIR FREIGHT AND OR DRY ICE	219
88360	1414127	LOS ESTRO REC ASS PROG REC A (490)	622
82626	1414135	LOS DEHYDROEPIANDROSTERONE (DHEA)	217
	1414143	LOS TORCH PANEL IGG (828)	219
83036	1414150	LOS HEMOGLOBIN A1C, QUANTITIVE	82
	1414168	LOS T4 T8 RATIO (ML)	503
	1414176	LOS T S H RECEPTER(TSH-R)	167
86160	1414184	LOS COMPLEMENT C4, SERUM	72
84681	1414192	LOS C-PEPTIDE SERUM	131
83505	1414200	LOS HYDROXYPROLINE TOT 24HR URINE	294
89325	1414218	LOS ANTI-SPERM ANTIBODY 1GG,IGA&IG	280
87081	1414226	LOS E.COLI ENTEROPATHOGENIC STOOL	120
84080	1414234	LOS ALKALINE PROSPHATASE ISOENZYME	157
	1414242	LOS ANTI-ADRENAL CORTEX AB	154
82164	1414259	LOS ANGIOTENSIN-I-CONVERTING ENZYM	139
87902	1414267	LOS HEP C SUBTYPE	768
87252	1414275	LOS HSV CULTURE	99
80192	1414283	LOS PROCAINAMIDE & N-ACEYTLPROCAIN	58
	1414291	LOS SJOGRENS ANTIBODY (B05)	172
82365	1414309	LOS STONE ANALYSIS	82
82530	1414317	LOS CORTISOL FREE 24 HR URINE	259
87102	1414325	LOS FUNGUS CULTURE AND STAIN	97
	1414333	LOS CA 125 SERUM (CANCER MARK)(M18)	160
83520	1414341	LOS GLIADIN ANTIBODY IGH,IGA	276
82085	1414358	LOS ALDOLASE SERUM 1392	72

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82380	1414366	LOS CAROTENE ALPHA & BETA	131
	1414374	LOS MERCURY INDUS RANDOM URI 4873UI	219
80299	1414382	LOS DIGITOXIN SERUM	110
86708	1414390	LOS HEP A TOTAL IGM AB	135
83655	1414408	LOS LEAD,URINE	63
82043	1414416	LOS MICROALBUMIN 24 HR URINE	71
	1414424	LOS RAST PR R82 83 84 85 86 87(R82)	313
	1414432	LOS RAST PROF R91 92 93 (R91)	131
	1414440	LOS INFLUENZA A&B IGG,IGM,IGA	300
82955	1414457	LOS GLUCOSE-6-PHOS DEH (G-6-PD)	142
86334	1414465	LOS IMMUNOFIXATION,CSF	299
82300	1414473	LOS CADMIUM BLOOD	38
82300	1414481	LOS CADMIUM URINE PANEL	334
82985	1414499	LOS FRUCTOSAMINE	88
87186	1414515	LOS GRAM NEGATIVE SUSCEPT PANEL	354
86644	1414523	LOS CMV ANTIBODY IGG	95
86645	1414531	LOS CMV ANTIBODY IGM	95
87186	1414549	LOS GRAM POSTIVE MIC PANEL	444
84220	1414564	LOS PYRUVATE KINASE	37
86665	1414572	LOS EBV ANTIBODY VCA - IGG	95
86665	1414580	LOS EBV ANTIBODY VCA - IGM	95
86664	1414598	LOS EBV ANTIBODY E BNA IGG	95
87106	1414614	LOS FUNGAL ISOLATE ID	97
86710	1414630	LOS INFLUENZA TYPE A & B IGG	285
	1414648	LOS LEGIONELLA ANTIBODY (NAL)	91
87278	1414655	LOS LEGIONELLA CULTURE	102
84120	1414663	LOS PORPHYRINS FRACT 24 HR URINE	82
86618	1414689	LOS LYME DISEASE IGG IGM	110
	1414697	LOS LYME DISEASE IGG	259
87109	1414705	LOS MYCOPLASMA PNEUMONIAE CULTURE	148
86738	1414713	LOS MYCOPLASM PNEUMONIAE IGG,IGM	144
86765	1414721	LOS MEASLE IGG	163
86765	1414739	LOS MEASLES IGM	113
86735	1414747	LOS MUMPS IGG	82
86735	1414754	LOS MUMPS IGM	87
87109	1414762	LOS MYCO/UREAPLASMA GENITAL CULT	209
86777	1414770	LOS TOXO AB IGG	95
86778	1414788	LOS TOXO AB IGM	131
87252	1414796	LOS VIRUS CULTURE	185
83918	1414804	LOS ORGANIC ACID URINE	254

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82139	1414812	LOS AMINO ACID CSF QUANTITATIVE	936
86781	1414820	LOS CSF FTA-TOTAL ANTIBODIES	119
86603	1414838	LOS ADENOVIRUS AB, CF	48
87280	1414846	LOS RSV DFA	144
87265	1414853	LOS BORDETELLA DFA	137
87081	1414861	LOS BORDETELLA CULTURE	124
85303	1414895	LOS PROTEIN C ACTIVITY	270
83088	1414903	LOS HISTAMINE PLASMA	304
86256	1414911	LOS STRIATIONAL TOTAL AUTOABS	87
82175	1414929	LOS HEAVY METALS,QUANTITIVE URINE	358
84260	1414937	LOS SEROTONIN BLOOD	214
	1414945	LOS SYPHILLIS SEROLOGY VDRL (NAL)	100
82016	1414952	LOS NEONATAL SCREEN	40
88342	1414960	LOS ESTROGEN & PROGEST RECEPT PROT	486
83835	1414978	LOS METANEPHRINES (URINE)	146
83497	1414986	LOS 5-HIAA (URINE)	163
85520	1414994	LOS HEPARIN ANTIFACTOR XA	299
82232	1415009	LOS BETA 2 MICROGLOBULINS SERUM	142
82232	1415017	LOS BETA 2 MICROGLOBULINS URINE	142
86334	1415025	LOS IMMUNOFIXATION,SERUM	185
86341	1415033	LOS ISLET CELL AUTOAB.EVALUATION	235
82306	1415041	LOS VITAMIN D , 25 - HYDROXY	321
86790	1415058	LOS HERPES VIRUS-6 IGG & IGM ABS	230
85613	1415066	LOS LUPUS ANTICOAGULANT	162
83789	1415074	LOS AMIODARONE & DESETHYLAMIODARON	165
80299	1415082	LOS CLOZAPINE SERUM	131
83825	1415090	LOS MERCURY URINE	134
80160	1415108	LOS IMPRAMINE AND DESPRAMINE	200
80299	1415116	LOS LAMOTRIGINE	131
86160	1415124	LOS COMPLEMENT 3 SERUM	72
82340	1415132	LOS CALCIUM URINE	70
86334	1415140	LOS IMMUNOFIXATION,URINE	299
87529	1415157	LOS HSV DNA DETECTOR	558
86787	1415173	LOS VARICELLA ABIGM	120
86787	1415181	LOS VARICELLA IGG QUANT	120
82139	1415199	LOS AMINO ACID PROFILE URINE	896
82139	1415207	LOS AMINO ACID PROFILE PLASMA	896
83010	1415215	LOS HAPTOGLOBIN	120
86256	1415223	LOS ENDOMYSIAL ANTIBODY	142
86147	1415231	LOS CARDIOLIPIN IGG,IGA,IGM,	426

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82784	1415249	LOS IGG,SERUM	13
86617	1415256	LOS BORRELIA IGG,IGM,BANDS	276
	1415264	LOS AUTOIMMUNE PROFILE II (P63)	418
82491	1415272	LOS MEXILETINE	97
86790	1415280	LOS HTLV 1&2 IGG ANTIBODIES	145
84220	1415298	LOS PYRUVATE KINASE ERYTHROCYTES	121
82747	1415306	LOS FOLATE RBC	209
83883	1415314	LOS KAPPA & LAMBDA LIGHT CHAINS	368
86255	1415322	LOS ANTI-ENDOMYSIAL AB IGA,SR	102
86677	1415348	LOS HELICOBACTER PYLOR, IGG	195
	1415355	LOS BACTERIAL ISOLATE ID (AEROBE)	122
83498	1415363	LOS 17 ALPHA HYDROXPROGESTERONE	185
86787	1415371	LOS VARICELLA IGG & IGM ABS CSF	242
86756	1415389	LOS RSV IGG,IGM	264
82787	1415397	LOS IGG SUBCLASSES 1,2,3 & 4	178
86757	1415405	LOS RICKETTSIA CONORII IGG & IGM	293
86341	1415413	LOS ISLET CELLS IGG AUTO AB	163
86628	1415439	LOS CANDIDA ALBICANS ABS	122
82525	1415447	LOS COPPER SERUM	97
82525	1415454	LOS COPPER URINE RANDOM	97
82104	1415462	LOS ALPHA-I-ANTITRYPSIN PHENO SERUM	296
86747	1415470	LOS PARVO VIRUS BIG IGG & IGM	185
86622	1415488	LOS BRUCELLA ABORTUS IGG AB.	147
86256	1415496	LOS RETICULIN IGA AUTO ABS	113
88291	1415504	LOS AMNIOTIC FLD CHROMOSOME ANALYS	1,027
83891	1415512	LOS FRAGILE X PRILE	548
82106	1415520	LOS AFAFP AMNIOTIC FLUID	38
88237	1415538	LOS BLOOD CHROMOSOME ANALYSIS	530
88233	1415546	LOS TISSUE CULTURE	750
83021	1415553	LOS HEMOGLOBIN F, QUANTITATIVE	113
	1415561	LOS ASPERGILLUS AB,IGG/IGM (NAL)	113
	1415579	LOS ASPERGILLUS IGE (NAL)	89
82507	1415587	LOS CITRATE URINE RANDOM	254
82787	1415595	LOS IGG SUBCLASSES 1 & 2	387
87337	1415603	LOS ENTAMOEBIA HISTOLYTICA AG. DET.	113
86635	1415611	LOS COCCIDIOIDES AB	95
86701	1415629	LOS HIV I AB	120
	1415637	LOS RUBELLA IGM (NAL)	87
	1415652	LOS INSUL RESPONTO GLUC IST SPEC	95
	1415660	LOS INSUL RESPONSE EA ADD SPEC(187)	48

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
87109	1415678	LOS MYCOPLASM HOMINIS CULTURE	148
86256	1415686	LOS SMOOTH MUSCLE TOTAL AUTOAB	95
86021	1415694	LOS ANTI-NEUTROPHIL CYTOPL AUTO AB	362
82495	1415710	LOS CHROMIUM (SERUM) WHOLE BLOOD	33
83520	1415728	LOS HISTONE-DNA COMPLEX IGG ABS.	274
	1415736	LOS ANTI-PLATELET AB IGG (DO3)	264
82784	1415744	LOS IGA,SERUM	23
82784	1415751	LOS IGG,CSF	28
85246	1415769	LOS VON WILLEBRAND FACTOR W/MULTI	551
82784	1415777	LOS IGM, SERUM	25
84166	1415793	LOS PROTEIN ELECTROPHORESIS CSF	95
80166	1415801	LOS DOXEPIN PROFILE	170
86790	1415819	LOS HTLV1/2 WITH REFLEX IMMUNOBLOT	434
	1415827	LOS TESTOSTERONE,FREE & TOTAL	386
86340	1415835	LOS INTRINSIC FACTOR BLOCKING AUTO	209
83605	1415843	LOS LACTATE	94
83625	1415850	LOS LACTATE DEHYDROGENASE ISOENZYM	143
83655	1415868	LOS LEAD,BLOOD	71
83874	1415876	LOS MYOGLOBIN URINE	118
83916	1415884	LOS OLIGOCLONAL BANDS CSF & SERUM	411
83930	1415892	LOS OSMOLALITY SERUM	27
83935	1415900	LOS OSMOLALITY URINE	27
84030	1415918	LOS PHENYLALANINE, PLASMA	95
84105	1415926	LOS PHOSPHORUS, URINE	49
84110	1415934	LOS PORPHOBILINOGEN , QUANTIT	53
85302	1415942	LOS PROTEIN C AG	337
84165	1415959	LOS PROTEIN ELECTROPHORESIS	61
85305	1415967	LOS PROTEIN S ACTIVITY	270
	1415975	LOS SJOGRENS PROFILE (P73)	228
84166	1415983	LOS PROTEIN ELECTROPHORESIS,URINE	95
82652	1415991	LOS VIT D (1,25 DI-OH)	336
84590	1416007	LOS VITAMIN A	185
84630	1416015	LOS ZINC SERUM	95
84630	1416023	LOS ZINC URINE	99
83498	1416031	LOS 17-HYDROXY PROGESTERONE	300
83519	1416049	LOS ACETYLCHOLINE RECEPT AB SERUM	293
82105	1416056	LOS ALPHA FETOPROTEIN,TUMOR MARK	185
86300	1416064	LOS CA 15-3	142
82108	1416072	LOS ALUMINUM SERUM	209
85420	1416080	LOS PLASMINOGEN ACTIVITY	262

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82139	1416098	LOS AMINO ACID SCREEN, PLASMA	624
86235	1416114	LOS EXTRACTABLE NUCLEAR AB	182
86256	1416122	LOS SKIN AUTO AB	145
86256	1416130	LOS PARIETAL CELLS TOTAL AUTOABS	54
87070	1416148	LOS LEGIONELLA PNEUMOPHILA EVAL	220
	1416155	LOS MICROALBUMIN RANDOM URNE	73
87798	1416163	LOS ENTEROVIRUS SPECIATION	176
86235	1416171	LOS U1 RNP/SNRNP IGG AUTOAB	90
86235	1416189	LOS SSA & SS-B IGG AUTOANTIBODIES	132
86215	1416197	LOS ANTI-DNASE B	56
86816	1416205	LOS HLA-DR ANTIGEN	472
86376	1416213	LOS LIVER-KIDNEY-MICROSOME AUTOAB	105
86235	1416221	LOS PM-SCL AUTO ABS	110
83887	1416239	LOS NICOTINE URINE	45
83520	1416247	LOS THYROID STIMULATING IMMUNOGLO	356
83690	1416254	LOS LIPASE	46
	1416262	LOS THYROID STIMULATING IMMUNOGLOB	461
84432	1416288	LOS GLOBULIN SERUM	97
83080	1416296	LOS HEXOSAMINIDASE A ACTIVITY	230
	1416312	LOS AUTOIMMUNE WESTERN BIA (NAL)	280
	1416320	LOS CAT SCRATCH DISEASE (NAL)	236
86793	1416338	LOS YERSINIA ENTEROCOLITICA	142
	1416346	LOS LACT DEHYDROGENASE ISOENZY	143
82677	1416353	LOS ESTRIOL (E3) (PREGNANCY)	176
	1416361	LOS OSTEOPOROSIS EVALUATION	896
83090	1416379	LOS HOMOCYSTEINE ULTRAQUANTITIVE	254
82668	1416387	LOS ERYTHROPOIETIN	209
86256	1416395	LOS MITOCHONDRIAL TOTAL AUTO AB	87
86617	1416403	LOS BORRELIA BURGDORFERI IGG/IGM	267
84270	1416411	LOS SEX ANDROGEN BINDING GLOBULIN	124
83520	1416429	LOS SOLUBLE LIVER ANTIGEN AUTOAB	148
87207	1416437	LOS MICROSPORIDIA SPORE STAIN	102
82390	1416445	LOS CERULOPLASMIN	97
80160	1416460	LOS DESIPRAMINE	113
84120	1416486	LOS PORPHYRINS, FRACTIONATED	158
87328	1416494	LOS GIARDIA ANTIGEN	127
	1416502	LOS IMMUNOGLOBULINS, CSF	380
	1416528	LOS HSV SERODEX TYRES 1&2 SPEIFIC	309
83918	1416536	LOS ORGANIC ACID, PLASMA	329
86162	1416551	LOS COMPLEMENT CH 50	209

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
84446	1416569	LOS VITAMINE E SERUM	185
84207	1416577	LOS VITAMIN B6	316
86038	1416585	LOS ANA PROFILE I (NAL)	612
86787	1416593	LOS VARICELLA IGG & IGM ABS SERUM	237
	1416601	LOS ROCKY MOUNT SPOTTED FEVER	86
82634	1416619	LOS II DEOXYCORTISOL	178
85301	1416627	LOS ANTI-THROMBIN III	101
87252	1416635	LOS CMV BLOOD CULTURE	180
86694	1416643	LOS HSV TYRES 1&2 IGG & IGM	518
87116	1416650	LOS MYCOBACTERIUM BLOOD CULTURE	100
87327	1416668	LOS CSF CRYTOCOCCAL ANTIGEN	122
87327	1416676	LOS CRYTOCOCCAL ANTIGEN	122
87491	1416684	LOS CHLAMYDIA BY LCR (URINE)	195
82525	1416692	LOS COPPER 24 HR URINE	97
86235	1416700	LOS JO-1 AUTOANTIBODIES	148
	1416718	LOS MITOCHONDRIAL TOTAL AUTOAB.	87
83520	1416726	LOS GLOMERULAR BASE MEM IGG AU AB	272
83661	1416734	LOS L/S RATIO AMNIOTIC FLUID	157
86255	1416759	LOS CENTROMERE AUTOANTIBODIES	94
	1416791	LOS ADENOVIRUS AB , IGG EIA	316
87281	1416809	LOS PNEUMOCYSTIS CARNII,DFA	100
80299	1416817	LOS GABAPENTIN,SERUM OR PLASMA	182
84066	1416825	LOS PROSTATIC ACID PHOSPHATASE	90
80194	1416841	LOS QUINIDINE	60
86618	1416858	LOS BORRELIA BURGDORFER IGG IGM CSF	104
	1416866	LOS OLIGOCLONAL IG BANDS CSF/SERUM	411
86632	1416874	LOS CHLAMYDIA SPP. TOTAL AB X3	149
86160	1416882	LOS COMPLEMENT C1 INHIBITOR	199
86300	1416890	LOS CA 27.29	142
80150	1416908	LOS AMIKACIN PEAK & TOUGH	256
80150	1416916	LOS AMIKACIN SERUM,(SINGLE SPEC)	131
	1416932	LOS SCHISTOSOMA IGG & IGM	302
	1416940	LOS TOXO PANEL IGG + IGM (NAL)	188
86800	1416957	LOS THYROID AUTOANTIBODIES	138
85246	1416965	LOS VON WILLEBRAND FACTOR WITHOUT	868
82670	1416973	LOS ESTRADIOL(E2),HIGH SENSITIV	237
88321	1416981	LOS 2ND OPINION PATHOLGY	339
83898	1416999	LOS FACTOR V LEIDEN	514
87903	1417005	LOS HIV GENOME RESISTANCE TEST	1,085

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82651	1417013	LOS DIHYDROTESTOSTERONE	76
87522	1417039	LOS HEP C VIRAL RNA,PCR QUAN	691
82105	1417047	LOS MATERNAL SCREEN AFP (GENZYME)	128
	1417054	LOS VIRAL RESPIRATORY PANEL (NAL)	100
80197	1417062	LOS FK506(TACROLIMUS),BLOOD	254
87536	1417070	LOS HIV VIRAL LOAD ULTRA QUANT	619
86039	1417088	LOS ANTINUCLEAR ANTIBODY	77
86606	1417096	LOS ASPERGILLUS EVALUATION (2316) X3	166
86606	1417104	LOS ASPERGILLUS TOTAL ABS	86
86361	1417112	LOS HIV ULTRAQUANT & CD48	814
86665	1417120	LOS EPSTEIN-BARR EVALUATION	448
82595	1417138	LOS CRYOGLOBULINS (1155)	56
86800	1417146	LOS THYROGLOBULIN AUTO AB	73
86695	1417153	LOS HSV IGG 1&2 & IGM	596
86694	1417161	LOS HSV IGM 1&2	309
86161	1417179	LOS C1 ESTERASE INHIBITOR	209
86790	1417187	LOS DENGUE VIRUS TOTAL AB	209
86804	1417195	LOS HEP C VIRUS RIBA/REF PCR	269
	1417203	LOS SCL-70 IGG AUTOANTIBODIES	67
86644	1417211	LOS CMV IGG & IGM	190
86003	1417229	LOS RAST ALLERGENS PER ALLERGEN	67
83918	1417237	LOS METHYLMALONIC ACID	229
86360	1417245	LOS LYMPHOCYTE ENUMERATION	188
86332	1417252	LOS IMMUNE COMPLEX ASSAY	185
	1417260	LOS TORCH IGG AB EVALUATION	451
	1417278	LOS TORCH IGM AB EVALUATION	477
	1417286	LOS HSV 2 IGG & IGM (9481)	309
85378	1417294	LOS D-DIMER	118
87143	1417302	LOS AFB ID MYCOBACTERIUM	120
87190	1417310	LOS AFB SUSCEPTIBILITY M. TUB	278
86256	1417328	LOS CELIAC DISEASE AB EVAL	536
87530	1417336	LOS HSV 1&2 DNA ULTRAQUANT CSF	623
83950	1417344	LOS HER-2/NEU ONCOPROTEIN	163
86668	1417351	LOS TULAREMIA TOTAL AB	142
86674	1417369	LOS GIARDIA IGG, IGM, IGA	209
83918	1417377	LOS ORGANIC ACID URINE PANEL	254
	1417385	LOS SCHISTOSOMA ABS EVALUATION	1,236
83519	1417393	LOS THYROTRODIN RECEPTOR AUTO ABO	374
83516	1417401	LOS MYOSITIS MI-2 AUTOAB	124

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
87177	1417419	LOS OVA & PARASITE EXAM	134
87280	1417427	LOS VIRAL RESPIRATORY PANEL	743
85810	1417435	LOS VISCOSITY SERUM	120
87265	1417443	LOS PERTUSSIS PARAPERTUSSIS EVAL	191
87279	1417450	LOS PARAINFLUENZA VIRUS TYPE 1-3	81
86695	1417468	LOS HSV 1 IGG & IGM	309
87077	1417476	LOS AEROBIC BACTERIAL ID	120
	1417484	LOS HSV-6 HUMAN IGG AB INDEX	646
86622	1417492	LOS BRUCELLA ABOR IGG,IGM,IGA AB	382
88342	1417500	LOS BRST CANCER PRIL ER/PR & HER-2	659
87110	1417518	LOS CHLAMYDIA TRACHOMATIS CULT	185
87110	1417526	LOS CHLAMYDIA PNEUMONIAE CULT	185
86631	1417534	LOS CHLAMYDIA PNEUMONIAE TOT AB X2	142
86631	1417542	LOS CHLAMYDIA TRACHOMATIS IGG AB	163
86631	1417559	LOS CHLAMYDIA TRACHOMATIS IGM AB	163
87186	1417567	LOS POSITIVE SUSCEPT PANEL	339
87299	1417575	LOS MMED EARLY AG WHOLEBLOOD	262
87449	1417583	LOS IONELLA PNEUMOPHILA AG	215
	1417609	LOS SS-A&SS-B AUTOANTIBODIES	167
82013	1417617	LOS ACETYLCHOLINESTERASE MATERNAL	124
	1417625	LOS CYSTIC FIBROSIS SCREENING	415
82088	1417633	LOS ALDOSTERONE 24HR URINE	211
	1417641	LOS CL DIFFICILE TOXIN EVALUATION	272
84305	1417658	LOS INSULIN LIKE GROWTH FACTOR	331
86674	1417666	LOS GIARDIA LAMBLIA IGG AB	85
87337	1417674	LOS ENTAMOEBA HISTOLYTICA AB	94
85210	1417682	LOS FACTOR 11 GENTOYPR	493
85613	1417690	LOS ANTIPHOSPHOLIPID SYNDROME EVAL	1,246
87107	1417708	LOS FUNGUS ID MOULD	90
87106	1417716	LOS FUNGUS ID YEAST	90
87517	1417724	LOS HEP B VIRUS DNA DETECTOR	530
86316	1417740	LOS CA18-19	128
87621	1417757	LOS HUMAN PAPILLOMAVIRUS VIRUS	262
87491	1417765	LOS CHLAMYDA/GC	64
86003	1417773	LOS BETA-LACTOGLOBULIN	61
84480	1417781	LOS T3 FREE	62
84436	1417799	LOS T4 FREE	44
82728	1417807	LOS FERRITIN	13
	1417815	LOS IHC (4 MARKERS)	403

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	1417823	LOS B-CELL GENE REARRANGEM BY PCR	306
	1417831	LOS ISH TECHNICAL COMPONENT ONLY	184
	1417849	LOS PLASMA CELL PANEL	433
	1417856	LOS INTERPRETATION AND REPORT GENZ	68
MULTI	1417864	LOS SEQUENTIAL SCREEN 1	82
MULTI	1417872	LOS SEQUENTIAL SCREEN 2	164
	1417880	LOS TESTOSTERONE FREE DIAL W TOTAL	106
82175	1417898	LOS HEAVY METALS WHOLE BLOOD	
83655			126
87799	1417906	LOS BK VIRUS DNA QUANT	317
84999	1417914	LOS OVA1 (INCLUDE FSH AND LH)	
83001			808
84999	1417922	LOS OVA1	664
87103	1417930	LOS FUNGUS CULTURE WB OR BMARROW	23
84311	1417948	LOS FUNGITELL(R) (1-3)-BD-GLUCAN AS	281
82172	1417955	LOS APOLIPOPROTEIN A-1 & B	
X2			91
83516	1417963	LOS HISTONE ANTIBODIES	165
86022	1417971	LOS HEPARIN-PF4 ANTIBODIES (HIT)	239
84484	1417989	LOS TROPONIN I - ULTRA	132
	1421817	LOS VON WILLERBRAND EVALUATION 5981	841
	1459791	LOS PRODUCTS OF CONCEPTION	734
82139	1459809	LOS AMINO ACID PROFILE QUALITATIVE	595
	1459817	LOS HERPES VIRUS 7	361
	1459833	LOS FACTOR II GENOTYPR	469
83519	1459841	LOS GLUTAMIC ACID DECARB AUTOAB	288
	1459858	LOS TRANSGLUTAMINASE IGA AUTOAB	148
	1459866	LOS 1 IHC STAIN	91
	1459874	LOS 2 IHC STAINS	129
	1459882	LOS 3 IHC STAINS	195
	1459890	LOS 4 IHC STAINS	261
	1459908	LOS 5 IHC STAINS	324
	1459916	LOS 6 IHC STAINS	390
	1459924	LOS 7 IHC STAINS	453
	1459932	LOS 8 IHC STAINS	519
	1459940	LOS 9 IHC STAINS	584
	1459957	LOS 10 IHC STAINS	648
86674	1459965	LOS GIARDIA IGG AB	69
	1459973	LOS SICKLE CELL MONITR	132
83036	1459981	LOS ALTERNATE HBA1C	59

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
83670	1459999	LOS LEUKOCYTE AKLALINE PHOSPHATASE	138
	1460005	LOS MONOCLONAL GAMMOPATHY EVAL	481
	1460013	LOS SACCHAROMYCES CEREVISIAE AB	158
86606	1460021	LOS ASPERGILLUS IGG IGM IGA AB	481
84255	1460039	LOS SELENIUM	148
87324	1460047	LOS CLOSTRIDIUM DIFFICLE TOXIN EVA	262
	1460054	LOS PAN-ANCA EVALUATION	586
	1460062	LOS IGG SUBCLASS 1-4	833
	1460070	LOS ALLERGEN PANEL - MOLDS	336
8660	1460088	LOS ASPERGILLUS AB IGG IGA IGM	217
83890	1460096	LOS BETA THALISSEMIA	
	/92/94		563
83789	1460104	LOS BILE ACID FRACTIONATED	
	82239		201
86631	1460112	LOS CHLAMYDIA PSITTACI IGG IGM IGA	
	86632		367
83887	1460120	LOS COTININE URINE	52
86200	1460138	LOS CYCLIC CITRULLINATED PEPTIDE	112
82677	1460146	LOS ESTRIOL UNCONJUGATED	149
82679	1460153	LOS ESTRONE	179
83001	1460161	LOS FSH AND LH EVALUATION	
	83002		201
86705	1460179	LOS HEP B CORE IGM ABS	83
87517	1460187	LOS HEP B VIRUS DNA ULTRAQUA	500
83891	1460195	LOS HEP B VIRUS GENOTYPE	
	83900		661
86692	1460203	LOS HEP DELTA TOTAL& IGM ABS	
	X2		335
86689	1460211	LOS HIV 1&2 ABS{IB}+BANDS	
	X2		223
87535	1460229	LOS HIV-1 DNA DETECTOR	103
86703	1460237	LOS HIV-1/HIV-2 ANTIBODIES {EIA} W	139
83519	1460245	LOS INSULIN-LIKE BINDING PROTEIN	161
83891	1460252	LOS JAK2 GENOTYPR	
	83900		554
80299	1460260	LOS LEFLUNMOIDE	233
85540	1460278	LOS LEUKOCYTE ALKALINE PHOSPHATASE	94
80299	1460286	LOS LEVETIRACETAM	186
82456	1460294	LOS LIPOPROTEIN PROFILE	
	5		
	84478		179

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
85549	1460302	LOS LYSOZYME SERUM	49
83937	1460310	LOS OSTEOCALCIN	139
80299	1460328	LOS OXCARBEMAZEPINE	219
86003	1460336	LOS RAST-RED DYE #2	24
80195	1460344	LOS SIROLIMUS MONITOR	118
83519	1460351	LOS TRYPSINOGEN	104
82306	1460369	LOS VITAMIN D3	72
87071	1460377	LOS BORDETELLA PERTUSSIS/PARAPERTU X2	226
87801	1460385	LOS BORDETELLA PERTUSSIS DNA DETCT	407
86747	1460393	LOS PARVOVIRUS B19 IGG&IGM ABS X2	134
82523	1460401	LOS N-TELOPEPTIDES W/CREATININE 82570	161
87529	1460419	LOS HSV DNA DETE X2	481
83586	1460427	LOS 17 KETOSTEROID WITH CREAININE 82570	87
86631	1460435	LOS PNEUMONIA ATYPICAL ABS EVAL UR X2	792
908X2	1460443	LOS HEMOCHROMATOSIS DNA GENOTYPR 83912	464
86803	1460450	LOS HEP C VIRUS IGG ABS	121
88184	1460468	LOS LEUKEMIA/LYMPHOMA FLOW EVALU 88185	2,573
84480	1460476	LOS TRIIODTHYRONINIE	96
85303	1460484	LOS PROTEIN C&S ACTIVITY 85306	538
89325	1460492	LOS SPERM ABS X3	124
87109	1460500	LOS UREAPLASMA UREALYTICUM/MYCOPLA X2	299
84588	1460518	LOS ANTIDIURETIC HORMONE	253
80201	1460526	LOS TOPIRAMATE	114
83520	1460534	LOS CHROMOGRANIN A	217
86316	1460542	LOS NEURON-SPECIFIC ENOLASE	139
86003	1460559	LOS RAST-STACHYBOTRYS ATRA IGE	15
82139	1460567	LOS AMINO ACID QUANTITATIVE PLASMA	745
83908	1460575	LOS MTHFR A1298C MUTATION X2	480
87449	1460583	LOS NOROVIRUS ANTIGEN	94

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
84181	1460591	LOS NEURONAL NUCLEAR AUTOABS IB	211
83519	1460609	LOS MUSK ANTIBODY	556
83880	1460617	LAB -BNP EVALUATOR (7533)	213
83520	1460625	LAB -CARTILAGE OLIGO MATRIX (CARDI)	186
86141	1460633	LAB - C-REACTIVE PROT ULTRA (CARDO)	195
86704	1460641	LAB HEP B VIR CORE ANTIBODY	72
86705	1460658	LAB HEP B VIR CORE IGM ANTIBODIES	81
	1460666	LAB -TPMT GENOTYPR	497
84597	1460674	LAB - VITAMIN K1	155
80299	1460690	LAB -THIOPURINE METABOLITES	235
87798	1460708	LAB - TOXOPLASMA DNA DETECTR	445
83516	1460716	LAB -ANTIPHOSPOLIPID EVALUTION	2,323
85810	1460724	LAB -LUPUS ACTIVITY REPORTER	501
84482	1460732	LAB -REVERSE T3	171
87169	1460740	LAB -OVA&PARASITE WORM IDENTIFICATI	155
84586	1460757	LAB VASOACTIVE INTESTINAL POLYPEPTI	316
83525	1460765	LAB -INSULIN	118
86316	1460773	LAB -CA 72-4	89
83519	1460781	LAB -TSH ANTIBODIES	146
80101	1460799	LAB -SULFONYLUREA DRUG SCREEN	176
82088	1460807	LAB- ALDOSTERON/RENIN RATIO	526
84439	1460815	LAB -THYROXINE FREE,DIRECT DIALYSIS	118
87522	1460823	LAB HEPATITIS C VIRUS DNA QUANITATI	563
85557	1460831	LAB -HEREDI SPHEROCYTO PANEL	148
82784	1460849	LAB -CELIAC DISEASE EVALUATION W/IG	682
83519	1460856	LAB -21-HYDROXYLASE AB	62
84479	1460864	LAB -RESIN T3 UPTAKE RATI	9
82139	1460872	LAB - AMINO ACID ANALYSIS LC/MS	624
83883	1460880	LAB-CUSTOM ECHIN BENCE JONES PRO 24	378
83789	1460898	LAB -IODINE PLASMA OR SERUM	109
82491	1460906	LAB-C0 COENZYME Q10 ASSESSOR	284
86741	1460914	LAB NEISSERIA MENINGITIDIS IGG VAC	194
80182	1460922	LAB -NORTRIPTYLINE	135
80299	1460930	LAB- MERCAPTOPYRINE	117
83887	1460948	LAB- NICOTINE & COTININE SERUM	134
87015	1461003	LOS COCCIDID EVALUATION (2363)	
87207			155
85230	1461029	LOS FACTOR V11 ACTIVITY (1945)	266
85260	1461037	LOS FACTOR X ACTIVITY	266
85250	1461045	LOS FACTOR X1 ACTIVITY	266

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
84425	1461052	LOS THIAMINE	143
86720	1461060	LOS LEPTOSPIRA IGG & IGM AB	56
85247	1461078	LOS VON WILLERBRAND PR	1,163
86146	1461086	LOS BETA-2-GLYCOPROTEIN 1 IGG,IGM	237
86003	1461094	LOS CUSTOM REGION FULL ALLERGY PAN X9	424
86003	1461102	LOS CUSTOM REGION FOOD ALLERGY PANE X5	235
86003	1461110	LOS FOOD MIX IGE NUTS FX1	47
86003	1461128	LOS FOOD MIX IGE CEREAL FX3	47
86003	1461136	LOS FOOD MIX IGE MEAT & EGG FX10	47
86003	1461144	LOS FOOD MIX IGE VEGETABLES FX13	47
86003	1461151	LOS FOOD MIX IGE SEAFOOD FX2	47
86003	1461169	LOS FOOD MIX IGE GRAIN FX20	47
86003	1461177	LOS FOOD MIX IGE SPICES FX72	47
86003	1461185	LOS FOOD MIX IGE FRUIT FX15	47
83883	1461193	LOS MYELOMA EVALUATOR	308
84591	1461201	LOS NIACIN, PLASMA	39
84591	1461219	LOS BIOTIN 1493	39
82175	1461227	LOS ARSENIC WHOLE BLOOD	95
9430	1461235	LOS CMV DNA ULTRAQUANT	467
87496	1461243	LOS CMV DNA DETECTR	312
86431	1461250	LOS RHEUMATOID FACTOR	49
86781	1461268	LOS TREPONEMA PALLIDUM TOTAL ABS	148
86781	1461276	LOS TREPONEMA PALLIDUM IGM ABS	148
83912	1461284	LOS HLA-A,B,C CLASS I DNA TYPING X3	740
83912	1461292	LOS HLA-A HIGH RESOLUTION SBT TYPIN	247
86235	1461300	LOS U3RNP AB	76
83516	1461318	LOS GLIADIN IGG ABS	100
83516	1461326	LOS GLIADIN IGA ABS	100
86255	1461334	LOS ENDOMYSIAL IGA AUTOANTIBODIES	102
86255	1461342	LOS ENDOMYSIAL IGG AUTOANTIBODIES	45
83516	1461359	LOS TRANSGLUTAMINASE IGG IGA AUTOA	299
83516	1461367	LOS TRANSGLUTAMINASE IGG AUTOABS	148
82784	1461375	LOS CUSTOM KING BARCLAY CELIAC PAN	741
86480	1461383	LOS QUANTIFERON TB GOLD	261
	1461391	LOS TGA IGA AUTOABS (PROM)	48
	1461409	LOS TGA IGG AUTOABS (PROM)	48
	1461417	LOS ENDOMYSIAL IGA AUTOABS (PROM)	163

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	1461425	LOS TOTAL IGA (PROM)	27
83891	1461433	LOS HLA DQ2 & DQ8 (PROM)	551
80154	1461441	LOS ALPRAZOLAM	99
84181	1461458	LOS ANTIHU (NEURONAL NUC AUTOABS)	176
86753	1461466	LOS BABESIA MICROTI IGG&IGM ANTIBOD	173
86622	1461474	LOS BRUCELLA ANTIBODIES IGG IGM	243
82164	1461482	LOS CFS ANGIOTENSIN CONVERTING ENZY	102
84182	1461490	LOS CAR AUTOANTIBODY TEST	268
82379	1461508	LOS CARNITINES EVALUATION	216
80154	1461516	LOS CHLORDIAZEPOXIDE	138
87324	1461524	LOS CLOSTRIDIUM DIFFICILE TOXIN A	108
80154	1461532	LOS CLOBAZAM	84
80154	1461540	LOS CLONAZEPAM	95
83519	1461557	LOS CORTICOTROPIN RELEASING HORMONE	243
86592	1461565	LOS VDRL-CSF	63
82600	1461573	LOS CYANIDE BLOOD	39
80103	1461581	LOS DRUG SCREEN,HAIR	
80101			685
86658	1461599	LOS ECHOVIRUS ABS, CSF	116
84202	1461607	LOS ERYTHROCYTE PROTOPORPHYRINS	47
83890	1461623	LOS HEP B VIRUS DRUG RESISTANCE	
83894			554
83150	1461631	LOS HOMOVANILLIC ACID 24HR URINE	148
83150	1461649	LOS HOMOVANILLIC ACID URINE, RANDOM	148
86336	1461656	LOS INHIBIN	276
83519	1461664	LOS VOLTAGE-GATED CALCIUM CHANNEL I	307
80176	1461672	LOS LIDOCAINE	27
87186	1461698	LOS FUNGUS SUSCEPTIBILITY 5-FLUOROC	95
87186	1461706	LOS FUNGUS SUSCEPTA AMPHOTERICIN B	95
87186	1461714	LOS FUNGUS SUSCEPTABILITY FLUCONAZO	95
83516	1461722	LOS MYOSITIS ASSESS R PLUS JO-1 AB	
86235			779
83519	1461730	LOS MYASTHENIA GRAVIS EVALUATION	
86255			298
83912	1461748	LOS NEUROFIBROMATOSIS TYPE 1	
83898			1,299
86609	1461755	LOS NEISSERIA GONORRHOEAE ANTIBODIE	62
83891	1461763	LOS OBSTETRIC COMPLICATION ASSESSR	
83900			1,159
80299	1461771	LOS OLANZAPINE	308

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
86658	1461789	LOS POLIOVIRUS ANTIBODIES	148
80299	1461797	LOS PROPAFENONE (RYTHMOL)	47
80299	1461805	LOS PYRIDOSTIGMINE	193
86757	1461813	LOS RICKETTSIA TYPHI IGG & IGM	182
84442	1461821	LOS THYROXIN BINDING GLOBULIN	184
83090	1461839	LOS THROMBOTIC RISK EVALUATION 2	
85300			1,260
86682	1461847	LOS TOXOCARA IGG,IGM & IGA ABS	48
85300	1461854	LOS THROMBOTIC RISK EVALUATION 1	
85303			1,021
86753	1461862	LOS TRYPANOSOMA CRUZI IGG ABS	148
82180	1461870	LOS VITAMIN C	134
84181	1461888	LOS PARANEOPLASTIC SYNDROME EVALUAT	529
	1461896	LOS HER-2 FISH	432
	1461904	LOS AMNIOTIC FLUID CHROMOSOME ANALY	503
	1461912	LOS CYST FIBROS 97 MUTN ANA CF-PLUS	308
82106	1461920	LOS AFAFP	38
	1461938	LOS PROD OF CONCEPTN CHROMO ANALYS	506
	1461946	LOS ER/PR & HER-2 (IHC)	298
	1461953	LOS ER/PR & HER-2 (FISH)	678
	1461961	LOS AFP4	129
	1461979	LOS CLL PANEL	427
	1461987	LOS FLW CYTOMETRY EA ADDTNL MARKER	87
88342	1461995	LOS IHC IMMUNOHISTOCHEMISTRY	65
	1462001	LOS PERIPHERAL BLD RTN CHROMO ANALS	336
	1462019	LOS INDVL FISH PROBE (ONCOLOGY)	242
	1462027	LOS FRAGILE-X SYNDROME	261
	1462035	LOS IP FISH ANAL 100-300 C 1PRB 1HY	271
	1462043	LOS IP FISH ANAL 100-300 C 2PRB 2HY	346
	1462050	LOS IP FISH ANAL 100-300 C 5PRB 5HY	437
	1462068	LOS IP FISH ANAL 100-300 C 6PRB 6HY	530
	1462076	LOS MATERNAL SERUM ALPHAFETOPROTEIN	76
	1462084	LOS GENZYME SETUP FEE	108
	1462092	LOS SPINAL MUSCULAR ATROPHY	460
	1462100	LOS REF TO ANITB LIB >200 IHC MARKR	25
	1462118	LOS T-CELL GENE REARRANGEMENTS BY	271
82013	1462126	LOS ACHE	114
	1462134	LOS CHROMOSOME ANALYS, BONE MARROW	460
	1462142	LOS BCR/ABL RT-PCR (QUANTITATIVE)	514
	1462159	LOS COMPREHENSIVE SCREENING PANEL	433

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	1462167	LOS PRENTL I F CHROMO 13,18,21,X,Y	216
	1462175	LOS JAK2	243
	1462183	LOS SKADA CONSULT DERMATOPATHOLOGY	243
83520	1462191	LOS IBD SEROLOGY 7	482
83891	1462209	LOS TPMT GENETICS	427
82657	1462217	LOS TPMT ENZYME	237
82491	1462225	LOS THIOPURINE METABOLITES	293
83520	1462233	LOS SERUM INFLIXIMAB/HACA MEASUREMN	243
83883	1462241	LOS FIBROSPECT II	379
83520	1462258	LOS CELIAC PLUS	865
83891	1462266	LOS CELIAC GENETICS	551
82784	1462274	LOS TOTAL SERUM IGA BY NEPHELOMETRY	27
83520	1462282	LOS ANTI-HUMAN TISSUE TRANSGLU IGA	48
83520	1462290	LOS ANTI-GLIADIN IGA ELISA	38
88347	1462308	LOS ANTI-ENDOMYSIAL(EMA)IGA ANTIBOD	163
83520	1462316	LOS ANTI-GLIADIN IGA	48
83891	1462324	LOS ALPHA-THALASSEMIA GENOTYPR	511
82239	1462332	LOS BILE ACID TOTAL	55
86615	1462340	LOS BORDETELLA PERTUS IGG,IGA ANTIB	195
86355	1462357	LOS CD19 SURFACE MARKER	108
86631	1462365	LOS CHLAMYDIA PSITTACI IGG,IGM,IGA	308
86631	1462373	LOS CHLAMYDIA TRACHOMAT IGG&IGM&ABS	206
82491	1462381	LOS EPINEPHRINE 24HR URINE	169
80299	1462399	LOS FLUVOXAMINE (LUVOX)	42
86684	1462407	LOS HAEMOPHILUS INFLUENZ B IGG ABS	148
87338	1462415	LOS HELICOBACTER PYLORI AG STOOL	124
83516	1462423	LOS HEP AUTOIMMUNE EVALUATOR	809
83516	1462431	LOS HEP AUTOIMMUNE EVALUATOR PLUS	1,539
87521	1462449	LOS HEP C VIRUS RNA DETECTOR	365
86692	1462456	LOS HEP D VIRUS ANTIBODY,TOTAL	108
87380	1462464	LOS HEP D VIRUS ANTIGEN	131
86790	1462472	LOS HEP E VIRUS ANTIBODY IGG	93
86790	1462480	LOS HEP E VIRUS ANTIBODY IGM	93
86790	1462498	LOS HEP E VIRUS IGG & IGM	187
87798	1462514	LOS INFLUENZA A H1N1 REALTIME PTPCR	322
86336	1462522	LOS INHIBIN A	276
83520	1462530	LOS INHIBIN B	221
83540	1462548	LOS IRON BIND CAPACITY PLUS PCNT SA	45
83891	1462555	LOS JAK2 V617F MUTATION QUAL PCR PL	510
83516	1462563	LOS OUTER MEMBRANE PROTEIN(OMP) IGA	92

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
83519	1462571	LOS PANCREATIC POLYPEPTIDE	371
82491	1462589	LOS PORPHYRINS TOTAL PLASMA	55
84134	1462597	LOS PREALBUMIN	107
84140	1462605	LOS PREGNENOLONE	67
83880	1462613	LOS PRO-BNP CARDIOASSESSR	185
84376	1462621	LOS REDUCING SUBSTANCES STOOL	27
83519	1462639	LOS THYROID ABS EVAL	868
86335	1462647	LOS MONOCLONAL GAMMOPATHIES URINE	214
88291	1462654	LOS FISH,CML/ALL,BCR/ABL TRANS 9,22	387
82310	1462662	LOS PTH C TERMINAL WITH CALCIUM	197
86003	1462670	LOS EPICOCCUM PURPURASCENS IGE	47
86003	1462688	LOS FUSARIUM MONILIFORME IGE	47
86003	1462696	LOS HELIMINTHOSOPRIUM HALODES IGE	47
86003	1462704	LOS PHOMA BETAЕ IGE	47
82374	1462712	LOS BICARBONATE	12
86376	1462720	LOS LIVER CYTOSOL(LC-1) AUTOANTIBOD	148
86664	1462738	LOS EPSTEIN BARR VIRUS NUCL AG IGG	71
86359	1462746	LOS LYMPHOCYTE ENUMERATION, T CELL	188
82175	1462753	LOS HEAVY METALS URINE RANDOM	293
82175	1462761	LOS HEAVY METALS URINE 24 HOUR	293
82550	1462779	LOS CREATINE KINASE (CK) ISOENZYMES	132
83090	1462787	LOS HOMOCYSTEINE CARDIOVASCULAR	184
86774	1462795	LOS TETANUS TOXOID IGG ABS	118
84153	1462803	LOS PSA FREE	99
82671	1462811	LOS ESTROGENS, FRACTIONATED SERUM	444
82672	1462829	LOS ESTROGENS, SERUM	170
83021	1462837	LOS HEMOGLOBIN VARIANT SCREEN HPL	174
86665	1462845	LOS EPSTEIN BARR VIRUS EVALUATION	448
84166	1462852	LOS SERUM PROTEIN ELECTROPHOR CSF	95
84165	1462860	LOS SERUM PROTEIN ELECTROPHORESIS	61
	1462878	LOS MISCELLANEOUS CHARGE	0
	1462886	LOS MISCELLANEOUS CHARGE	0
	1462894	LOS MISCELLANEOUS CHARGE	0
81401	1471218	LOS - SMA CARRIER SCREEN	630
86635	1471234	LOS - COCCIDIOIDES AB, (TP AG)	67
88271	1426220	LOS - FISH,PRENATAL SCREEN	
X5,882			
74			479

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
88275 X5,882 71	1471226	LOS - FISH,BCELL CHRONIC LYMPH LEUKEMIA PANEL	725
n/a	1470012	LOS - HIV 1/2 AG, AB,4TH GEN SCREEN	104
86022	1470038	LOS - HEPARIN INDUCED PLATELET AB	125
85307	1470046	LOS - APCR WITH REFLEX TO FACTOR V	97
81403	1470111	LOS - Y CHROMOSOME MICRODELETION,DNA	326
81257	1470129	LOS - ALPHA GLOBIN MUTATION ANALYSIS	460
83789	1470137	LOS - BILE ACIDS,FRACT & TOTAL	165
81213, 81211	1470145	LOS - BRCAVANTAGE(TM),COMPREHENSIVE	2,495
81220	1470152	LOS - CYSTIC FIBROSIS EXPANDED SCR	1,200
88230, 88262	1470160	LOS - CHROMOSOME ANALYSIS,BLD W/RFX	777
88275, 88271 X2	1470178	LOS - FISH,CML/ALL,BCR/ABL TRANSLOCATION, 9,22	358
81401	1470186	LOS - HUNTINGTON DISEASE MU ANALYSIS	251
86361	1470194	LOS - LYMPHOCYTE SUBSET PANEL 5	55
84146 X2	1470202	LOS - PROLACTIN,TOTAL AND MONOMERIC	250
86356	1470210	LOS - RITUXAN SENSITIVITY (CD20)	150
86357	1470228	LOS - NATURAL KILLER CELLS,FUNCT	77
82106	1470236	LOS - AFP,AMNIOTIC W RFX ACHE,F HGB	124
84143	1470244	LOS - 17HYDROXYPREGNENOLONE,LC/MS/MS	81
83498	1470251	LOS - 17 OH PROGESTERONE,LC/MS/MS	112
84305	1470269	LOS - IGF I,LC/MS	155
86255	1470285	LOS - MYELIN AB (IGG),IFA	91
83520	1470293	LOS - RNA POLYMERASE III AB	75
83519	1470301	LOS - TRYPSIN	69
82679	1470327	LOS - CTC ESTRONE,SERUM	114
85410	1470335	LOS - ALPHA 2 ANTIPLASMIN	101
87449	1470343	LOS - ASPERGILLUS AG,EIA,SER(40584)	217
83993	1470350	LOS - CALPROTECTIN,STOOL	175
85290	1470368	LOS - FACTOR XIII,FUNCTIONAL	213
87535	1470376	LOS - HIV 1 RNA,QUALITATIVE TMA	367
83520	1470384	LOS - HUMAN ANTI MOUSE AB (HAMA)	197
83630	1470392	LOS - LACTOFERRIN,STOOL	125
81240	1470574	LOS - PROTHROMBIN FACTOR II	195
86038	1470400	LOS - REFLEX ANA PATTERN AND TITRE	52

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
82575	1470418	LOS - CREATININE CLEARANCE	55
86682	1470426	LOS - STRONGYLOIDES AB (IGG)	135
84482	1470434	LOS - T3,REVERSE,LCMSMS	211
83516	1470442	LOS - GAD65 AB	1,495
85250	1470467	LOS - FACTOR IX ACTIVITY,CLOTTING	144
85220	1470475	LOS - FACTOR V ACTIVITY,CLOTTING	144
85335, 85240	1470491	LOS - FACTOR VIII INHIBITOR PANEL	367
87901, 87900	1470509	LOS - HIV1 GENOTYPE	485
87906, 87901, 87900	1470517	LOS - HIV1 GENO RTI,PI,INTEGRASE INH	971
85245	1470525	LOS - RISTOCETIN COFACTOR	143
85730	1470533	LOS - VON WILLEBRAND COMP PANEL	676
85245	1470558	LOS - HEPATITIS C,RNA GENOTYPE,LIPA	431
81420	1470566	LOS - MATERNITY 21 TM PLUS	570
81400	1470608	LOS - ACCUTYPE(R) IL28B	325
86790x 2	1470616	LOS - CHIKUNGUNYA ANTIBODIES WITH REFLEX	189
86710	1470624	LOS - INFLUENZA TYPE A/B AB SERUM	176
86336, 84163, 82677	1470632	LOS - INTEGRATED SCREEN PART 2	631
83735	1470640	LOS - MAGNESIUM, RBC	14
n/a	1470657	LOS - INTEGRATED SCREEN PART 1	0
88264, 88237	1470673	LOS - CHROMOSOME ANALYSIS, HEM MALIG	299
87498	1470681	LOS - ENTEROVIRUS RNA, QL RTPCR	288
87798	1470699	LOS - HEPATITIS D VIRUS RNA,QL RTPCR	313
86308	1470707	LOS - HETEROPHILE, MONO SCREEN	27
87502	1470715	LOS - INFLUENZA A,B RTPCR W RFX H1N1	126
81265	1470723	LOS - MATERNAL CELL STUDY,STR ANALYS	315
88262, 88233	1470731	LOS - CHROMOSOME ANALYSIS, TISSUE	383
88289, 88262, 88230	1470749	LOS - CHROMOSOME ANALY,TISSUE W RFX	781
81375	1470764	LOS - HLA-DR/DQ LOW RES TYPING	150
86698	1470772	LOS - HISTOPLASMA TOTAL ANTIBODY	36
86682	1470780	LOS - CYSTICERCUS AB [40350]	67

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
86658 X 14	1470798	LOS - ENTEROVIRUS PANEL I, CSF	304
80299	1470806	LOS - COUMADIN	35
86788, 86789	1470814	LOS - WEST NILE VIRUS IGG,IGM ABS	97
86255	1470822	LOS - PROLIFERATING CELL NUCLEAR AG	63
86790	1470830	LOS - ALT-CHIKUNGUNYA IGG TITRATION	114
83516	1470855	LOS - NEUROMYELITIS OPTICA (NMO)	560
86696	1470863	LOS - HSV TYPE 2 IGM ABS IFA	94
86696	1470871	LOS - HSV 2 (IGG), TYPE SPECIFIC AB	92
87535	1470889	LOS - HIV-1 DNA, QUALITATIVE PCR	316
86618	1470897	LOS - LYME DISEASE AB W RFX BLOT G,M	47
86612	1470905	LOS - BLASTOMYCES TOTAL ABS [CF]	40
84443, 83519	1470913	LOS - THYROTROPIN REC AUTO AB W/TSH	270
83695	1470921	LOS - LIPOPROTEIN A	84
81355, 81227	1470970	LOS - ACCUTYPE(R) WARFARIN	500
88342	1470988	LOS - IMMUNOHISTOCHEMISTRY WITH INTERPRETATION	95
88342	1470996	LOS - IMMUNOHISTOCHEMISTRY WITHOUT INTERPRETATION	54
82978	1471002	LOS - GLUTATHIONE	38
82523	1471010	LOS - N-TELOPEPTIDE	202
82465, 83718, 84478	1471028	LOS - CARDIO IQ® ADVANCED LIPID	201
82523, 82570	1471036	LOS - COLLAGEN CROSS-LINKED N- TELOPEPTIDE	124
87153	1471044	LOS - BACTERIAL 16S RDNA SEQUENCE	349
87798	1471051	LOS - PARVOVIRUS (B19)DNA	213
86255	1471069	LOS - RETICULIN TOTAL AUTOABS	75
86682	1471077	LOS - ECHINOCOCCUS ANTIBODY IGG, EIA	175
87906	1471085	LOS - HIV-1 INTEGRASE GENOTYPE	462
81206	1471093	LOS - BCR-ABL1 GENE REARRANGEMENT	300
87517	1471101	LOS - HEPATITIS B DNA, QUANTITATIVE	387
83021, 85014, 85018, 85041	1471119	LOS - HEMOGLOBINOPATHY EVALUATION	22
87798	1471127	LOS - CHIKUNGUNYA VIRUS RNA, QUAL RT-PCR	313

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
80184	1471135	LOS - PHENOBARBITOL	51
86336, 84702, 82677, 82397, 82105	1471143	LOS - PENTA PRENATAL SCREEN	507
81229	1471150	LOS - CHROMOSOMAL MICROARRAY, POC	1,670
82140	1471168	LOS - AMMONIA, PLASMA	17
84244	1471176	LOS - RENIN	45
81256	1471184	LOS - HEREDITARY HEMACHROMATOSIS DNA MUTATION	311
86146	1471192	LOS - BETA-2-GLYCOPROTEIN I AB	62
81290	1471200	LOS - MTHFR DNA MUTATION ANALYSIS	310
84163	1491737	FIRST SCREEN	82
84702	1492636	LOS JAK2 V617F MUT QL PCR RFX 12 13 Note: Any test sent to a commercial or reference laboratory will be charged according to current charges of that commercial or reference laboratory plus a handling charge of \$60 for express postal specimens and \$198 for specimens requiring air freight and/or dry ice.	433
	1515014	DIALYSIS 20% NO INSURANCE	193
90935	1515022	ESRD -HEMODIALYSIS SESSN	964
	1515030	DIALYSIS CAPD PER MONTH	11,565
90945		PERITONEAL DIALYSIS	10,409
97802	1534015	DL MNT INTL AX&INTRV FTOF	156
97803	1534031	DL MNT REAX&INTRV F TO F	85
97804	1534056	DL MNT GRP THERAPY 30 MIN	48
	1534064	DL MNT DIETITIAN NO SHOW	85
	1534072	DL MNT DIETITIAN CANCELLA	85
86720	1661016	LOS LEPTOSPIRA IGG & IGM AB	52
76125	1818012	MR -REPRODUCTION OF SCAN	95
70336	1818061	MR -TM JOINT(S)	1,642
70540	1818079	MR -ORBIT FACE NECK W/O C	714
70542	1818087	MR -ORBIT FACE NCK W/CONT	802
70543	1818095	MR -ORBIT FACE NCK W&W/O	984
70551	1818103	MR -BRAIN W/O CONTRAST	546
70552	1818111	MR -BRAIN W/CONTRAST	757
70553	1818129	MR -BRAIN W&W/O CONTRAST	892
71550	1818137	MR -CHEST W/O CONTRAST	981

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
71551	1818145	MR -CHEST W/CONTRAST	1,091
71552	1818152	MR -CHEST W&W/O CONTRAST	1,369
72141	1818160	MR -SPINE CERV W/O CONTRA	531
72142	1818178	MR -SPINE CERV W/CONTRAST	768
72156	1818186	MR -SPINE CERV W&W/O CONT	898
72146	1818194	MR -SPINE THOR W/O CONTRA	531
72147	1818202	MR -SPINE THOR W/CONTRAST	763
72157	1818210	MR -SPINE THOR W&W/O CONT	900
72148	1818228	MR -SPINE LUMB W/O CONTRA	529
72149	1818236	MR -SPINE LUMB W/CONTRAST	760
72158	1818244	MR -SPINE LUMB W&W/O CONT	895
72195	1818251	MR -PELVIS W/O CONTRAST	886
72196	1818269	MR -PELVIS W/CONTRAST	970
72197	1818277	MR -PELVIS W&W/O CONTRAST	1,194
73218	1818285	MR -UP EXT NONJT W/O CONT	863
73219	1818293	MR -UP EXT NONJT W/CONTRA	949
73220	1818301	MR -UP EXT NONJT W&W/O CO	1,181
73221	1818319	MR -UP EXT JT W/O CONTRAS	561
73222	1818327	MR -UP EXT JT W/CONTRAST	893
73223	1818335	MR -UP EXT JT W&W/O CONTR	1,111
73718	1818343	MR -LOW EXT NONJT W/O CON	861
73719	1818350	MR -LOW EXT NONJT W/CONTR	957
73720	1818368	MR -LOW EXT NONJT W&W/O C	1,187
73721	1818376	MR -LOW EXT JNT W/O CONTR	560
73722	1818384	MR -LOW EXT JNT W/CONTRAS	901
73723	1818392	MR -LOW EXT JNT W&W/O CON	1,112
74181	1818400	MR -ABDOMEN W/O CONTRAST	786
74182	1818418	MR -ABDOMEN W/CONTRAST	1,074
74183	1818426	MR -ABDOMEN W&W/O CONTRAS	1,197
75552	1818434	MR -CARDIAC W/O CONTRAST	1,642
75553	1818442	MR -CARDIAC W/CONTRAST	1,642
75554	1818459	MR -CARDIAC FUNCT COMP	1,642
75555	1818467	MR -CARDIAC FUNCT LMTD	1,642
76093	1818475	MR -BRST UNILATERAL W/O C	2,015
76093	1818483	MR -BRST UNILATERAL W/CONT	2,015
76093	1818491	MR -BRST UNILATERAL W &W/O	2,015
76094	1818509	MR -BRST BILATERAL W/O CON	1,642
76094	1818517	MR -BRST BILATERAL W/CONT	2,015
76094	1818525	MR -BRST BILAT W &/OR CONT	2,015
70544	1818558	MR -MRA HEAD W/O CONTRAST	927

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
70545	1818566	MR -MRA HEAD W/CONTRAST	917
70546	1818574	MR -MRA HEAD W&W/O CONTRA	1,414
70547	1818582	MR -MRA NECK W/O CONTRAST	931
70548	1818590	MR -MRA NECK W/CONTRAST	976
70549	1818608	MR -MRA NECK W&W/O CONTRA	1,422
71555	1818632	MR-MRA CHEST W OR W/O CON	941
72159	1818665	MR-MRA SPINAL W OR W/O CN	983
72198	1818699	MR-MRA PELVIS W OR W/O CO	948
73225	1818723	MR-MRA UP EXTR W OR W/O C	966
73725	1818756	MR-MRA LOW EXTR W OR WO C	948
74185	1818780	MR-MRA ABDOMEN W OR W/O C	953
76393	1818798	MR -MRA GD NDL PLMT S&I	1,642
77021	1818814	MR GUIDANCE FOR NEEDLE PLACEMENT	1,148
10160	1818822	MR ABSCESS DRAINAGE UNDER SKIN	399
20220	1818830	MR GUIDED BODY NEEDLE BIOPSY, BONE	879
47000	1818848	MR GUIDED BODY NEEDLE BIOPSY, LIVER	991
32405	1818855	MR GUIDED BODY NEEDLE BIOPSY, LUNG	922
38505	1818863	MR GUIDED BODY NEEDLE BX LYMPH NODE	776
20206	1818871	MR GUIDED BODY NEEDLE BIOPSY,MUSCLE	776
23350	1818905	MR ARTHO SHOULDER INJECTION FOR MR	240
	1818913	MR -GUIDE W/CONTRAST UP EXTM W/DYE	543
	1818921	MR -GUIDE W/WO CONTRAST JOINT	543
19103	1818939	MR PERC AUTOMATED VAC ASSIST	995
59412	2020006	OB -EXT'L CEPHLIC VERSION	168
59025	2020014	OB -FETAL NON-STRESS TEST	95
59050	2020022	OB -FETAL MONITORING W/RE	173
59871	2020030	OB -RMV CERCLG SUTURE	227
90772	2020048	OB -IM INJECTIONS	248
	2121010	ONC CHEMO TREAT 1/2 HR	95
96154	2121028	ONC PT ED/COUNSEL & FAMILY 15 MIN	37
96152	2121036	ONC PT ED/COUNSEL 15 MIN	37
	2121044	ONC GROUP THERAPY 30 MIN	18
	2121051	ONC CHEMO DAY LONG	819
	2121069	ONC CHEMO TREAT 3-4 HRS	361
36430	2121077	ONC TRANSFUSION	95
99211	2121085	ONC IV FLUSHING ONLY	95
	2121200	ONC CHEMO CHEMICAL MEDICATION	0
36540	2121507	ONC VAD BLD COLL ONLY	95
96409	2121531	ONC CHEMO IV PUSH	95
96413	2121549	ONC CHEMO INFUSION < 1 HR	95

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
96415	2121556	ONC CHEMO INFUSION 1-8 HRS	95
96416	2121564	ONC CHEMO INFUSION > 8 HRS	819
	2121572	ONC CHEMO MEDICATION	0
36415	2121614	ONC PERIPHERAL BLOOD DRAWS	95
		Note: Required drugs will be charged at the current cost	
93000	2222016	CR -ELECTROCARDIOGRAM	115
95819	2222024	CR -EEG ORDINARY	384
93230	2222032	CR -HOLTER W/ ANALYSIS	315
93015	2222040	CR -STRESS TEST ONLY	427
93307	2222073	CR -ECHO COMP 2D ADULT	307
	2222081	FOETAL MONITORING	95
	2222099	PACEMAKER CLINIC	177
93307	2222107	CR -ECHO COMP 2D PAED	307
93307	2222115	CR -ECHO CMP 2D ADULT &MD	307
93278	2222123	CR -SIGNAL AVERAGES ECG	127
95807	2222149	CR -SLEEP APNEA STUDY	649
99354	2222156	CR -ATT PHY FEE - PEDS	247
	2222164	SEDATION/CHILDREN - ECHO	87
93350	2222172	CR - STRESS ECHO	1,530
93731	2222180	CR -ELEC ANAL DUAL CHMBR	177
93732	2222198	CR -ANAL&REPRG DUAL CHMBR	177
93734	2222206	CR -ELEC ANAL SNGL CHMBR	177
93735	2222214	CR -ANAL&REPRG SNGL CHMBR	177
93784	2222222	CR -AMB BP MONITOR F/24HR	144
	2222701	CR-STRESS ECHO	1,805
95806	2222230	CR NEURO SLEEP STUDY UNATTENDED	312
95807	2222248	CR NEURO SLEEP STUDY ATTENDED	1,539
95808	2222255	CR NEURO POLYSOMNOGRAPHY 1-3	1,539
95810	2222263	CR NEURO POLYSOMNOGRAPHY 4 OR MORE	1,539
95811	2222271	CR NEURO POLYSOMNOGRAPHY W/CPAP	1,539
93016	2222289	CR CARDIOVASCULAR STRESS TEST	348
93017	2222297	CR CARDIOVASCULAR STRESS TEST	348
93018	2222305	CR CARDIOVASCULAR STRESS TEST	348
93024	2222313	CR CARDIAC DRUG STRESS TEST	348
93040	2222321	CR RHYTHM STRIP	37
93225	2222339	CR ECG MONITOR/RECORD 24 HRS	133
93226	2222347	CR ECG MONITOR/RECORD 24 HRS	133
93227	2222354	CR ECG MONITOR/REVIEW 24 HRS	133
93228	2222362	CR ECG MONITOR/REVIEW >24 HRS	133

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
93270	2222370	CR ECG RECORDING	133
93271	2222388	CR ECG/MONITORING AND ANALYSIS	214
93279	2222396	CR PM DEVICE PROGR EVAL SINGLE	37
93280	2222404	CR PM DEVICE PROGR EVAL DUAL	43
93281	2222412	CR PM DEVICE PROGR EVAL MULTIPLE	49
93282	2222420	CR ICD DEVICE PROG EVAL 1 SINGLE	44
93283	2222438	CR ICD DEVICE PROGR EVAL DUAL	53
93284	2222446	CR ICD DEVICE PROG EVAL MULTI	59
93285	2222453	CR ILR DEVICE EVAL PROGR	34
93286	2222461	CR PRE OP PM DEVICE EVAL	24
93287	2222479	CR PRE OP ICD DEVICE EVAL	27
93288	2222487	CR PM DEVICE EVAL IN PERSON	35
93289	2222495	CR ICD DEVICE INTERROGATE	42
93290	2222503	CR ICM DEVICE EVAL	20
93291	2222511	CR ILR DEVICE INTERROGATE	32
93292	2222529	CR WCD DEVICE INTERROGATE	24
93293	2222537	CR PM PHONE R-STRIP DEVICE EVAL	79
93294	2222545	CR PM DEVICE INTERROGATE REMOTE	75
93295	2222552	CR ICD DEVICE INTERROGATE REMOTE	144
93296	2222560	CR PM/ICD REMOTE TECH SERV	72
93297	2222578	CR ICM DEVICE INTERROGATE REMOTE	55
93298	2222586	CR ILR DEVICE INTERROGATE REMOTE	61
93299	2222594	CR ICM/ILR REMOTE TECH SERV	78
93306	2222602	CR TTE W/DOPPLER/COMPLETE	540
93308	2222610	CR ECHO EXAM OF HEART	295
93312	2222628	CR TRANSESOPHAGEAL ECHOCARDIOGRM	1,147
93351	2222636	CR STRESS TTE COMPLETE	1,096
93352	2222644	CR ADMIN ECG CONTRAST AGENT	112
93786	2222651	CR AMBULATORY BP RECORDING	134
93788	2222669	CR AMBULATORY BP ANALYSIS	134
93790	2222677	CR REVIEW/REPORT BP RECORDING	39
96372	2222685	CR THER/PROPH/DIAG INJ, SC/IM	92
	2323012	LAB -ACID PHOSPATAS (PAP)	87
87340	2323020	LAB -HEP B SURF AG	91
80162	2323038	LAB -DIGOXIN	117
82728	2323046	LAB -FERRITEN	117
84443	2323095	LAB -TSH	117
82746	2323103	LAB -FOLATE	102
84439	2323111	LAB -T4 FREE	186
82378	2323137	LAB -CEA	104

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
84481	2323145	LAB -T3 FREE	117
84436	2323152	LAB -T4 TOTAL	186
86706	2323160	LAB -HEPATITIS B ANTIBODY	117
84481	2323178	LAB -THYROID PR(FREE T3)	189
84153	2323186	LAB -PROST SPEC AG (PSA)	104
82553	2323194	LAB -CK MB	104
86704	2323202	LAB -HEPATITIS B CORE AB	117
86304	2323210	LAB -CA 125	104
80158	2323228	LAB -CYCLOSPORINE	134
82670	2323236	LAB -ESTRADIOL	134
83001	2323244	LAB -FSH	134
83002	2323251	LAB -LH	134
84146	2323269	LAB -PROLACTIN	134
84144	2323277	LAB -PROGESTERONE	134
84403	2323285	LAB -TESTOSTERONE	134
82607	2323293	LAB -B 12	104
84154	2323301	LAB -FREE PSA	134
84484	2323319	LAB -TROPONIN	134
83090	2323327	LAB -HOMOCYSTINE	134
83880	2323335	LAB -BNP EVALUATOR(7533)	213
86141	2323350	LAB -C-REACTIVE PROTEIN ULTRA (CARD	195
86704	2323368	LAB -HEPATI B VIRUS CORE ANTIBOD	68
86705	2323376	LAB -HEPAT B VIR CORE IGM ANTIBODIE	75
80299	2323418	LAB -THIOPURINE METABOLITES S50395	235
87798	2323426	LAB -TOXOPLASMA DNA DETECTR (7521)	445
83516	2323434	LAB -ANTI-PHOSPOLIPID EVALUATION	2,669
85810	2323442	LAB -LUPUS ACTIVITY REPORTER (1094)	501
84482	2323459	LAB -REVERSE T3 (3236)	171
87169	2323467	LAB -OVA & PARASITE:WORM IDENTIFICA	155
84586	2323475	LAB -VASOACTIVE INTESTINAL PEPTIDE	316
83525	2323483	LAB -INSULIN (3192)	117
86316	2323491	LAB -CA 72-4(S51358)	89
83519	2323509	LAB -TSH ANTIBODIES (S47995)	146
80101	2323517	LAB -SULFONYLUREA DRUG SCREEN	176
82088	2323525	LAB -ALDOSTERONE/RENIN RATIO	526
84439	2323533	LAB -THYROX FREE DIR ANAL	135
87522	2323541	LAB -HEPATITIS C VIRUS RNA QUANTITA	576
85557	2323558	LAB -HEREDITARY SPHEROCYTOOSIS PANE	181
82784	2323566	LAB -CELIAC DISEASE EVALUATOR W/IGA	682
83519	2323574	LAB -21-HRDROXYLASE AB	62

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
84479	2323582	LAB -RESIN T3 UPTAKE RATIO	9
82139	2323590	LAB -AMINO ACID ANALYS LC/MS PLASMA	110
83883	2323608	LAB -CUSTOM ENCH B/JONES PRO 24HR U	378
83789	2323616	LAB -IODINE, PLASMA OR SERUM	95
82491	2323624	LAB -CO (COENZYME) Q10 ASSESSOR	284
86741	2323632	LAB -NIESERRIA MENINGITIDIS IBG VAC	194
80182	2323640	LAB -NORTRIPTYLINE	135
80299	2323657	LAB -MERCAPTOPYRINE	117
83887	2323665	LAB -NICOTINE & COTININE SERUM	134
84165	2323673	LAB PROTEIN ELECTRO SERUM	110
84166	2323681	LAB PROTEIN ELECTR,OTH FL	110
	2424018	ARTHROGRAM-DOUBLE CONTRAS	537
	2424034	FISTULAGRAM OR VENOGRAM	484
	2424042	MYELOGRAM-CERV AND/OR DOR	552
	2424059	MYELOGRAM - LUMBAR	521
	2424067	SALPINGOGRAM	451
	2424075	SCANOGRAM	243
	2424083	SIALOGRAM	484
	2424117	URETEROGRAM	475
70150	2424125	XR -FACIAL BONES	232
70110	2424141	XR -MANDIBLE	232
70120	2424158	XR -MASTOIDS	80
70160	2424166	XR -NASAL BONES	77
	2424174	H&N OPTIC FORAMEN	244
70220	2424182	XR -SINUSES MIN 3 V	232
70250	2424190	XR -SKULL <4V W/WO STEREO	85
70330	2424224	XR -TMJ'S	114
74400	2424232	XR -IVP	260
	2424240	GUT -PYELOGRAM RETROGRADE	496
71010	2424281	XR -CHEST STANDARD 1 V	208
71023	2424299	XR -CHEST PA&LAT W FL 2 V	335
74020	2424307	XR -ABDOMEN ERECT SUPINE	318
74000	2424315	XR -ABDOMEN AP	56
74270	2424323	XR -SNGL CON BARIUM ENEMA	686
74280	2424331	XR -DBLE CON BARIUM ENEMA	882
74246	2424349	XR -BARIUM MEAL	392
74249	2424356	XR -BARIUM MEAL FOL THRU	538
74246	2424364	XR -BARIUM SWALLOW	342
	2424372	GIT CHOLANGIOGRAM	309
	2424380	GIT CHOLECYSTOGRAM	332

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
74250	2424398	XR -SMALL BOWEL FOL THRU	342
73610	2424406	XR -ANKLE UNILAT 3 V	220
73070	2424414	XR -ELBOW UNILAT 2 V	64
73550	2424422	XR -FEMUR UNILAT 2 V	237
73140	2424430	XR -FINGER(S) 2+ VS	74
73630	2424448	XR -FOOT UNILAT 3 VEL	294
73090	2424455	XR -FOREARM UNILAT 2 V	61
73130	2424463	XR -HAND UNILAT 3 V	294
73510	2424471	XR -HIP UNILATP	240
73060	2424489	XR -HUMERUS UNILAT 2V	69
73560	2424497	XR -KNEE UNLAT 2 V	73
73030	2424505	XR -SHOULDER UNILAT 2 V	294
73590	2424513	XR -TIBIA &FIB UNILAT 2 V	68
73660	2424521	XR -TOES 2 VXRES	66
76020	2424539	XR -BONE AGE STUDIES	220
72050	2424547	XR -SPINE CERV 4 V	107
72100	2424554	XR -SPINE LUMB 2 - 3 V	83
72170	2424562	XR -PELVIS ONLY 1 - 2 V	75
73520	2424570	XR -PELVIC & HIPIP	266
71100	2424588	XR -RIBS UNILAT 2 V	78
72200	2424596	XR -SACRO ILIAC JNTS <3 V	67
72220	2424604	XR -SACRUM&COCCYX MIN 2	66
76000	2424612	XR -II SCREEN IN OR <=1HR	490
72069	2424620	XR -SPINE SCOLIOSISS	440
76062	2424638	XR -SKELETAL SURVEY IN XR	636
71120	2424646	XR -STERNUM 2 V	69
72070	2424653	XR -SPINE THOR 2 V/DORSAL	254
99080	2424661	XR -REPRODUCTION ORIGI	74
	2424679	SPEC-SINOGRAM	571
	2424703	G U T CYSTOGRO VOID/STRES	415
70360	2424737	XR -POST NASAL SPACEPACE	294
70360	2424745	XR -ST TISSUE NECKCK	294
	2424760	SPEC NEEDLE BIOPSY LUNG	553
	2424778	S&P ADDIT.VIEWS WITHIN 24	34
76001	2424786	XR -II SCREEN IN OR >1HR	734
71130	2424794	XR -STERNOCLAV JNTS 3 VR	342
70380	2424802	XR -SALIVAR GLND CALCULUS	85
76499	2424810	XR -SUBTALAR JOINTSR	270
72190	2424828	XR -PELVIS ACETABUL 3+ V	318
73560	2424836	XR -KNEE AMK 2 V	73

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
99053	2424844	XR -ADL CHRG AFTER HRSRS	145
73510	2424851	XR -HIP AML SERIES	350
	2424877	SPEC-PORTABLE CHARGE	156
76076	2424885	XR -BONE DENSITY FOREARM	258
	2424893	ANGIOGRAPHY	643
	2424927	PTC-PERCU T/HEPATIC CHOLANGIOGRAM	415
	2424935	BILIARY STENT	3,744
	2424943	BILIARY DRAIN	1,428
	2424950	IVC FILTER-INFERIOR VENACAVA	2,133
	2424968	RENAL ANGIOPLASTY	1,739
	2424976	RENAL STENT	3,381
	2424984	NEPHROSTOMY	895
	2424992	ANTEGRADE STENT	1,150
	2425007	VARICOCELE EMBOLISATION	1,984
70030	2425023	XR -ORBITS	294
71010	2425031	XR -CHEST PORTABLE 1 V	342
71020	2425049	XR -CHEST PA&LAT 2 V	66
71030	2425056	XR -CHEST INSP&EXP 4 VIEW	368
71035	2425064	XR -CHEST SPECIAL VIEW	294
71110	2425072	XR -RIBS BILAT 3 VIEW	294
72040	2425080	XR -SPINE CERV TRAUMA	78
72052	2425098	XR -SPINE CERV FLX/EX OBL	132
72080	2425106	XR -SPINE THOR/LUMB 2 VIE	254
72110	2425114	XR -SPINE LUMB W OBLQ	253
72114	2425122	XR -SPINE LUMB W BNDG	253
73000	2425130	XR -CLAVICLE	65
73010	2425148	XR -SCAPULA	242
73030	2425155	XR -SHOULDER BILAT 2 V	242
73050	2425163	XR -AC JOINTS BILAT	242
73060	2425171	XR -HUMERUS BILAT 2 V	69
73070	2425189	XR -ELBOW BILAT 2 V	64
73090	2425197	XR -FOREARM BILAT 2 V	61
73100	2425205	XR -WRIST FX CLINIC 2 V	69
73110	2425213	XR -SCAPHOID 3 V	294
73110	2425221	XR -WRIST UNILAT 3 V	318
73110	2425239	XR -WRIST & SCAPHOID 3 V	318
73110	2425247	XR -WRIST BILAT 3 V	318
73130	2425262	XR -HAND BILAT 3 V	392
73520	2425270	XR -HIP BILAT AP & PELV	241
73550	2425288	XR -FEMUR BILAT 2 V	237

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
73562	2425296	XR -KNEE UNILAT W PAT 3 V	236
73560	2425304	XR -KNEES BILAT 2 V	73
73565	2425312	XR -KNEES STANDING	392
73590	2425320	XR -TIBIA &FIB BILAT 2 V	68
73600	2425338	XR -ANKLE FX CLINIC 2 V	70
73610	2425346	XR -ANKLE BILAT 3 V	224
73630	2425361	XR -FOOT BILAT 3 V	225
73650	2425379	XR -HEEL UNILAT 2 V	225
73650	2425387	XR -HEEL BILAT 2 V	225
74022	2425395	XR -ABDOMEN E/S W CHEST	105
76040	2425403	XR -SCANOGRAM BONE LENGTH	343
76499	2425411	XR -THORACIC INLET	242
76075	2425429	XR -BONE DENSTY L SPINE &	294
74246	2425437	XR -MODIFIED BARIUM SWALL	501
	2425601	XR-CHEST PA&LAT 2 VIEWS	278
	2425619	XR-CHEST INSP&EXP 4 VIEWS	346
	2425627	XR-ABDOMEN E/S W/CHEST 2	323
		(extra views done within 24 hours \$29 per view) (after 24 hours will be charged as per part being x- rayed)	
97110	2525020	PT THERAPEUT EXER 15 MINUTES	85
97116	2525038	PT GAIT TRAINING 15 MINUTES	84
95831	2525046	PT MUSCLE GRADING 1 LIMB 15 MIN	84
97024	2525053	PT DIATHERMYWAVE DIATHERMY 15 MIN	84
97035	2525061	PT ULTRASOUND 15 MINUTES	84
97028	2525079	PT ELECTRO ULTRA VIOLET LIGHT 15 M	84
97032	2525087	PT ELECTR STIM 15 MINUTES	84
97010	2525095	PT HOT PACKS 15 MINUTES	62
97010	2525103	PT ICE PACKS 15 MINUTES	85
95831	2525111	PT MUSCLE GRADING 2-4 LIMBS 15 MIN	96
97022	2525129	PT WHIRLPOOL BATH 15 MINUTES	85
97018	2525137	PT WAX BATH 15 MINUTES	85
97762	2525152	PT PROSTHETIC REVIEW 15 MINUTES	96
97012	2525160	PT CERVICAL TRACTION 15 MINUTES	84
94010	2525178	PT LUNG FUNCTION TEST 15 MINUTES	84
94667	2525186	PT CHEST PHYSIO INITIAL 15 MINUTES	85
97140	2525194	PT MOBILIZATION 15 MINUTES	96
90901	2525202	PT ELECTRO BIOFEEDBACK 15 MINUTES	84
64550	2525210	PT ELEC RESPOND (TENS)15 MINUTES	84
97001	2525228	PT EVALUATION 15 MINUTES	96

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97016	2525236	PT JOBST COMPRESSION 15 MINUTES	84
97140	2525244	PT FRIC/MASSAGE/MYOFASCI REL 15 MIN	96
97012	2525251	PT LUMBAR TRACTION 15 MINUTES	84
29799	2525269	PT TAPING 15 MINUTES	96
97039	2525277	PT ELECTRO FARADISM 15 MINUTES	84
97036	2525285	PT HUBBARD TNK 15 MINUTES	97
97039	2525301	PT LASER TXMNT 15 MINUTES	96
E0112	2525335	PT SUPPL CRUTCHES	36
E0100	2525343	PT SUPPL CANES	13
E0111	2525350	PT SUPPL ELBOW CRUTCHES	283
	2525368	PT CERVICAL TRACTION KIT	71
L3807	2525384	PT SUPPL WRIST SPLNT	36
L4350	2525392	PT SUPPL ANKLE AIR STIR	100
	2525418	PT ULCERS CARE 15 MINUTES	96
96154	2525426	PT PATIENT INSTRUCTION 15 MINUTES	96
L3807	2525442	PT SUPPL HND/WRST SPLINT	358
97001	2525459	PT ASSESSMENT FEE	144
97001	2525509	PT INITL EVAL SIMPLE 15 MINUTES	96
97001	2525517	PT INITL EVAL MODERATE 15 MINUTES	96
97001	2525525	PT INITL EVAL COMPLEX 15 MINUTES	96
97002	2525533	PT RE EVAL SIMPLE 15 MINUTES	96
97002	2525541	PT RE EVAL MODERATE 15 MINUTES	96
97002	2525558	PT RE EVAL COMPLEX 15 MINUTES	96
97762	2525566	PT REV ORTH/PROS 15 MINUTES	96
95831	2525574	PT MUSCLE TESTNG MANUAL 15 MINUTES	96
95851	2525582	PT ROM EA EXTREM 15 MINUTES	96
97012	2525590	PT TRACTION MECH 15 MINUTES	84
97034	2525608	PT CONTRAST BATHS 15 MINUTES	96
97112	2525616	PT NEUROMUSC RE ED 15 MINUTES	85
97124	2525624	PT MASSAGE 15 MINUTES	96
97140	2525632	PT MANUAL THERAPY 15 MINUTES	96
97760	2525657	PT ORTH FIT/TRAIN 15 MINUTES	96
97761	2525665	PT PROSTH FIT/TRAIN 15 MINUTES	96
94060	2525723	PT PRE/POST LUNG FUNCT TEST 15 MIN	84
94150	2525731	PT PEAK FLOW 15 MINUTES	84
94668	2525749	PT CHEST PHYSIO SUBSEQUENT 15 MIN	85
29220	2525756	PT STRAPPING LOWER BACK 15 MINUTES	96
29240	2525764	PT STRAPPING SHOULDER 15 MINUTES	96
29260	2525772	PT STRAPPING ELBOW/WRIST 15 MINUTES	96
29280	2525780	PT STRAPPING HAND/FINGR 15 MINUTES	96

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
29520	2525798	PT STRAPPING HIP 15 MINUTES	96
29530	2525806	PT STRAPPING KNEE 15 MINUTES	96
29540	2525814	PT STRAPPING ANKLE 15 MINUTES	96
29550	2525822	PT STRAPPING TOES 15 MINUTES	96
12001	2525830	PT SMPL RPR WOUND <2.5 CM 15 MIN	96
12002	2525848	PT SMPL RPR WOUND 2.6-7.5 15 MIN	96
12004	2525855	PT SMPL RPR WOUND 7.6-12.5CM 15 MIN	96
12005	2525863	PT SMPL RPR WOUND 12.6-20.0 15 MIN	96
12006	2525871	PT SMPL RPR WOUND 20.1-30.0 15 MIN	96
12007	2525889	PT SMPL RPR WOUND > 30.0 15 MIN	96
12011	2525897	PT SMPL RPR SUPFC F/E/E/N/L/M 2.5CM	96
12013	2525905	PT SMPL RPR SUPFC F/E/E/N/L/M 2.6C	96
12014	2525913	PT SMPL RPR SUPFC F/E/E/N/L 5.1CM	96
12015	2525921	PT SMPL SUPFC RPR SUPFC F/E/E/N/L/	96
12016	2525939	PT -SMPL RPR SUPFC F/E/N/L/M 12.6CM	96
12017	2525947	PT SMPL SUPFC F/E/E/N/L/M 20.1CM-3	96
12018	2525954	PT SMPL SUPFC F/E/E/N/L/M >30.0CM	96
12020	2525962	PT TX SUPFC DEHSN SMPL CLSR 15 MIN	96
12021	2525970	PT TX SUPFC DEHSN W/PACKING 15 MIN	96
12031	2525988	PT LYR CLSR S/A/T/E 2.5 CM/< 15 MIN	96
12032	2525996	PT LYR CLSR S/A/T/E 2.6 CM-7.5 CM	96
12034	2526002	PT LYR CLSR S/A/T/E 7.6 CM-12.5 CM	96
12035	2526010	PT LYR CLSR S/A/T/E 12.6 CM-20.0 CM	96
12036	2526028	PT LYR CLSR S/A/T/E 20.1 CM-30.0 CM	96
12037	2526036	PT LYC CLSR S/A/T/E >30.0 CM 15 MIN	96
12041	2526044	PT LYR CLSR N/H/F/XTR GENT 2.5 CM/<	96
12042	2526051	PT CLSR N/H/F/XTRNL GENT 2.6 CM-7.	96
12044	2526069	PT LYR CLSR N/H F/ XTR G 7.6 CM	96
12045	2526077	PT CLSR N/H/F/XTR G 12.6 CM-20.0 C	96
12046	2526085	PT CLSR N/H/F/XTR G 20.1-30.0CM 15M	96
12047	2526093	PT CLSR N/H/F/XTR G >30.0 CM 15 MIN	96
12051	2526101	PT LYR CLSR F/E/E/N/L/M&/M 2.5 CM/<	96
12052	2526119	PT CLSR F/E/E/N/L/M&/M 2.6-5.0CM 15	96
12053	2526127	PT CLSR F/E/E/N/L/M&/M 5.1 CM-7.5	96
12054	2526135	PT CLSR F/E/E/N/L/M&/M 7.6 CM-12.5	96
12055	2526143	PT CLSR F/E/E/N/L/M&/M 12.6 CM-20.	96
12056	2526150	PT CLSR F/E/E/N/L/M&/M 20.1-30.0CM	96
12057	2526168	PT CLSR F/E/E/N/L/M&/M >30.0 CM	96
13100	2526176	PT CPLX TRNK 1.1 CM-2.5	819
13101	2526184	PT CPLX TRNK 2.6 CM-7.5	819

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
13102	2526192	PT PR CPLX TRNK EA 5 CM/<	819
13120	2526200	PT RPR CPLX S/A/L 1.1 CM	819
13121	2526218	PT CPLX S/A/L 2.6 CM-7.5	819
13122	2526226	PT RPR CPLX S/A/L EA 5CM<	819
13131	2526234	PT CPLX F/C/C 1.1-7.5 CM	819
13132	2526242	PT CPLX 2.6 CM -7.5	819
13133	2526259	PT CPLX EA 5 CM ADDL	819
13150	2526267	PT CPLX E/N/E/L 1.0 CM/<	819
13151	2526275	PT CPLX 1.1 CM - 2.5 CM	819
13152	2526283	PT CPLX 2.6 CM-7.5 CM	819
13153	2526291	PT CPLX EA 5 CM/<	819
13160	2526309	PT CLSR SURG WND/DEHSN X	96
	2626000	ER VISIT RE-ENTRY	0
99281	2626018	ER LEVEL 1 VISIT	282
99284	2626026	ER LEVEL 4 VISIT	704
MATER	2626034	ER SUP CRUTCHES	
IAL			36
MATER	2626042	ER SUP CANE	
IAL			47
MATER	2626059	ER SUP SPLINT CLAVICLE	
IAL			36
MATER	2626067	ER SUP SPLNT ARM/LG ALUM	
IAL			70
	2626075	ER SUP CERVICAL COLLAR	25
MATER	2626083	ER SUP VELPRO SHLDER IMMOBILZR	
IAL			36
MATER	2626091	ER SUP PATELLA ISO BRACE	
IAL			107
99282	2626109	ER LEVEL 2 VISIT	400
99283	2626117	ER LEVEL 3 VISIT	541
99285	2626125	ER LEVEL 5 VISIT	866
MATER	2626133	ER SUP VELPO ARM IMMOBILZ	
IAL			36
	2626141	RECOMPRESSION CHAMBER	1,899
	2626158	ER SUP MISC SUPPLIES	0
MATER	2626166	ER SUP THUMB SPLINT	
IAL			47
	2626174	SPECIAL EMERG RATE P/HR	427
	2626182	ER CALORIC TESTING COLD	100
	2626190	ER CALORIC TESTING HT CLD	174
	2626208	ER POSTURAL TESTING	96

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	2626224	ER NURSES ESCORT	391
MATER	2626232	ER SUP THIMBLE FINGER	
IAL			28
36430	2626430	ER -BLD TRANSFUSN /DAY IND PRICED	354
	2626448	ER -IV INFUSION 1ST IND PRICED	184
	2626455	ER -IV INF EA ADD - IND PRICED	95
	2626745	ER LUMBAR PUNCTURE	831
	2626752	ER CARDIOVERSION	635
A0343	2727048	AL AMBUL TO/FR AIRPORT	386
A0428	2727055	AL AMBULANCE NON-EMERGEN	357
A0429	2727063	AL AMBULANCE EMERGENCY	357
99082	2727089	AL NURSE ESCORT	527
	2828002	UCE RE-ENTRY VISIT	0
	2828887	UCE SUP CERVICAL COLLAR	25
	2828895	UCE SUP KNEE IMMOBILIZER	125
	2828903	UCE SUP VELPO ARM IMMOBIL	36
99281	2828911	UCE VISIT LEVEL 1	254
99282	2828929	UCE VISIT LEVEL 2	358
99283	2828937	UCE VISIT LEVEL 3	541
	2828945	UCE SUPPLY CRUTCHES	36
	2828952	UCE SUPPLY CANE	13
78018	2929024	RI -I 131 DIAG SCAN WB	1,491
78320	2929032	RI -ADD-ON SPECT	455
78700	2929040	RI -RENAL SCAN DMSA	1,021
78586	2929057	RI -DTPA LUNG CLEARANCE	947
78708	2929065	RI -RENAL SCAN W DIURETIC	954
78306	2929115	RI -BONE SCAN WHOLE BODY	1,427
78606	2929123	RI -BRAIN SCAN CMPL &FLOW	1,105
79101	2929131	RI -STRONTIUM 89 INJTION	3,117
	2929149	GALLIUM - WHOLE BODY	1,434
78215	2929164	RI -LIVER & SPLEEN SCAN	945
79101	2929206	RI -THYROID SCAN	980
79101	2929214	RI -IODINE 131 THPY DOSE	223
78580	2929222	RI -PERFUSN ONLY LUNG SCN	1,013
78761	2929248	RI -TESTICULAR SCANTATICS	980
78264	2929255	RI -GASTRIC EMPTYING SCAN	996
78305	2929271	RI -BONE SCAN STATIC VIEW	1,008
78315	2929289	RI -BONE SCAN 3 PHASE	1,008
78805	2929305	RI -WBC (INDM III) LABEL	1,068
78481	2929313	RI -CARDIAC MUGA	1,012

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
78464	2929321	RI -CARDIAC TST STRESS	1,326
78464	2929347	RI -CARDIAC TST RESTING	1,017
78708	2929370	RI -RENAL SCAN W CAPTOPR	954
78800	2929404	RI -GALLIUM SCAN LMT AREA	1,356
78278	2929412	RI -GI BLEEDING SCAN	1,017
78223	2929420	RI -HEPATO-BILIARY SCAN	996
78596	2929438	RI -VENTIL/PERFUSION STDY	1,074
78290	2929446	RI -MECKLES DIVERTSTRIC M	996
78070	2929453	RI -PARATHYROID SCAN	1,202
78707	2929479	RI -RENAL SCAN WO DRG INT	1,021
78231	2929487	RI -SALIVARY GLAND SCAN	996
99053	2929495	RI -STUDY OUTSIDE NORMAL	206
78075	2929503	RI -MIBG STUDY W 1 MCI	498
78740	2929511	RI -VOIDG CYSTOURETHROGRM	647
78465	2929529	RI -CARDIAC TST REST&STRM	1,427
78466	2929537	RI -ASSMT ACUTE MYOCARD I	1,022
	2929545	SCINTIMAMMOGRAPHY	1,059
78001	2929552	RI -THYRD UPTAKE MLT DETI	1,359
A9524	2929701	RI -RADIOIS IOD 131 3MCI	142
A9524	2929719	RI -RADIOIS IOD 131 10MCI	282
A9524	2929727	RI -RADIOIS IOD 131 15MCI	183
A9524	2929735	RI -RADIOIS IOD 131 20MCI	226
A9524	2929743	RI -RADIOIS IOD 131 25MCI	238
A9524	2929750	RI -RADIOIS IOD 131 30MCI	242
	2929768	RI RADIOISO GALLIUM67 3MC	398
	2929776	RI RADIOISO GALLIUM67 5MC	612
	2929784	RADIOIS STRONTIUM 89 4MCI	2,913
A9505	2929792	RI -RADIOIS THAL 201 2MCI	313
A9505	2929800	RI -RADIOIS THAL 201 3MCI	394
	2929818	RADIOISO 131 MIBG 0.5MCI	415
A9500	2929826	RI -RADIOIS SESTAM 1UNITS	2,550
78802	2929859	RI -GALLIUM WH BDY SCAN T	1,434
	2929867	RI -WHOLE BODY/3 PHASE ST	2,855
78262	2929875	RI -GASRTOESOPHAGEAL REFL	510
	2929883	RI -METASTRON (89SR0 4MCI	2,913
	2929891	RI -RI STRONTIUM 89 4MCI	2,913
	2929909	RI -RADIOISO IDN 131 1MCI	214
	2929917	RI -RADIOISTP THL 201 5MC	474
	2929925	RI -MIBG DIAG DOSE 1.5MCI	746
78414	2929933	RI NON-IMAGING HEART FUNCTION	637

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
78451	2929941	RI HEART IMAGE(3D)SINGLE	1,579
78452	2929958	RI HEART IMAGE(3D)MULTIPLE	1,579
78453	2929966	RI HEART MUSCLE BLOOD SINGLE	1,579
78454	2929974	RI HEART MUSCLE BLOOD MULTIPLE	1,579
78472	2929982	RI GATED HEART PLANAR SINGLE	637
78473	2929990	RI GATED HEART MULTIPLE	637
78483	2930006	RI HEART FIRST PASS MULTIPLE	637
		Required drugs will be charged at current cost	0
	3131000	CAS -DX INTERV EXMNS PSYC	207
	3131018	MWI/C&A - VISIT TO PSYCHO	174
	3131026	CAS -MED MGMTINISTRATION	81
	3131034	CHILD & ADOLES FOLLOW UP	54
90802	3131042	CAS -INTERACT DX EXAM	174
90806	3131059	CAS -IND THPY OP 45-50M	54
90808	3131067	CAS -IND THPY OP 75-80M	174
90807	3131075	CAS -OP IND TX&EM 45-50M	54
90809	3131083	CAS -OP IND TX&EM 75-80M	174
90812	3131091	CAS -IACT THPY 45-50M	54
90814	3131109	CAS -IACT THPY 75-80M	174
90813	3131117	CAS -OP IACT TX&EM 45-50M	54
90815	3131125	CAS -OP IACT TX&EM 75-80M	174
90846	3131182	CAS -FAMLY THPY NO PT	174
90847	3131190	CAS -FAMLY THPY W PT	174
90853	3131208	CAS -GROUP THPY	174
96116	3131240	CAS -AUTISM INTL ASSESSMN	317
96116	3131257	CAS -AUTISM REASSM PER HR	159
99211	3231016	FC -EST PATIENT LV 1 VISI	131
99070	3231032	FC -SUP CRUTCHES	36
99070	3231040	FC -SUP CANE	13
97760	3231305	FC -ORTH FIT&TRAIN EA 15M	131
97761	3231313	FC -PROSTHETIC FIT&TRAINS	131
	3231586	TREAT INDIV INJECTION FEE	22
99070	3231990	FC -MISC CUST ORTHO INSUR	0
99212	3232006	FC -EST PATIENT LV 2 VISI	131
99213	3232014	FC -EST PATIENT LV 3 VISI	131
99214	3232022	FC -EST PATIENT LV 4 VISI	131
99215	3232030	FC -EST PATIENT LV 5 VISI	131
99070	3232048	FC -SUP ORTHO HEAD HELMET	227
99070	3232089	FC -SUP ORTHO SHOES WOMEN	296
99070	3232501	FC -SUP BRACE SARMIENTO	813

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
99070	3232543	FC -SUP BRACE CLAVICLE	24
99070	3232550	FC -SUP AFO W ARTICULATIO	703
99070	3232568	FC -AIRCAST SHORT WALKING BOOT	214
99070	3232576	FC -SUP AFO BIVALVE	592
99070	3232584	FC -SUP PATELLA ISOLATION BRACE	125
99070	3232592	FC -SUP AIRCAST WALKING BOOT	250
99070	3232600	FC -SUP 3D KNEE IMMOBILIZ	303
99070	3232618	FC -SUP ASO	125
99070	3232626	FC -SUP OUTFLARE BOOTS	132
99070	3232634	FC -SUP ANKLE AIR STIRRUP	67
99070	3232642	FC -SUP ARCH SUPPORT DIAB	339
99070	3232667	FC -SUP AIRCAST STIRRUP	67
99070	3232675	FC -SUP ARCH SUPPORT BI-O	339
99070	3232683	FC -SUP AIRBELT	428
99070	3232691	FC -SUP SKIN TRACTION	36
99070	3232709	FC -SUP BRACE / HARRIS BA	554
99070	3232717	FC -SUP SPLINT ELASTIC WR	35
99070	3232725	FC -SUP CAST SANDALS/BOOT	25
99070	3232733	FC -SUP A C SLEEVE	79
99070	3232741	FC -SUP SPLINT PLASTIC HA SPLINT	221
99070	3232766	FC -SUP BACK N TRACK	961
99070	3232782	FC -BODY JACKET	1,049
99070	3232816	FC -SUP WALKER CAM	289
99070	3232824	FC -SUP BRACE PATELLA ISORACE	125
99070	3232865	FC -SUP COLLAR CERVICAL	19
99070	3232873	FC -SUP COLLAR PHILADELPH	125
99070	3232881	FC -THIMBLE FINGER	16
99070	3232899	FC -HAPPAD INSOLES P/PAIR	24
99070	3232907	FC -HAPPAD MET PADS P/PAIR	12
99070	3232915	FC -SUP CHO PAT	32
99070	3232923	FC -SUP HALLUX VALGUS NIG	82
99070	3232931	FC -ELBOW CLASP	74
99070	3232949	FC -SUP BRACE HINGED KNEE	243
99070	3232956	FC -SUP BRACE ELBOW	267
99070	3232964	FC -SUP BRACE FXRACE	688
99070	3232972	FC -SUP BRACE HIP SPLINT/	813
99070	3232980	FC -SUP ARCH SUPPORTS	325
99070	3232998	FC -SUP BRACE KNEE	773
99070	3233004	FC -SUP AFO	1,015
99070	3233012	FC -SUP BRACE BLACK & BAC	192

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
99070	3233020	FC -SUP BONE STIMULATORS	4,881
99070	3233038	FC -SUP BRACE LONG LEG BR	1,272
99070	3233053	FC -SUP SPLNT PLANTAR FAS	221
99070	3233095	FC -SUP BUCK TRACTION	110
99070	3233103	FC -SUP CASH ORTHOSIS	310
99070	3233111	FC -SUP CERVICAL TRACTION	46
99070	3233129	FC -SUPELBOW CRUTCHES	283
99070	3233145	FC -SUP HAMMER TOE CUSHIO	26
99070	3233160	FC -SUP BOOTS (HOCKEY TYP	207
99070	3233178	FC -SUP MINERVA	554
99070	3233186	FC -SUP ORTHO SHOES MEN	296
99070	3233194	FC -SUP ORTHO MOULD	274
99070	3233202	FC -SUP PAVLIK HARNESS	178
99070	3233210	FC -SUP PELVIC BAND	162
99070	3233236	FC -POS ANKLE	185
99070	3233244	FC -SUP SMO & AFO	999
99070	3233251	FC -SUP SACRO BELT	118
99070	3233269	FC -SUP SHOULDER ABD PILL	221
99070	3233277	FC -SUP SPLNT SCAPHOID	98
99070	3233285	FC -SUP SPLNT STAX FINGER	22
99070	3233301	FC -SUP SPLNT FNGR VELCRONT	16
99070	3233335	FC -SUP TOE FILLER	192
99070	3233343	FC -SUP TWISTER CABLE	381
99070	3233350	FC -UCB	261
99070	3233368	FC -SUP UNIV KNEE SUPPORT	96
99070	3233376	FC -SUP VISCOLAS HEEL CUP	60
99070	3233384	FC -SUP WALKER WEE	132
99070	3233392	FC -SUP BRCE KNEE C FIBRBRACE	1,405
99070	3233400	FC -SUP HUMERAL B/W JOINT	669
99070	3233418	FC -SUP BRCE HUMERAL FXBRACE	281
99070	3233426	FC -SUP IWBB	1,391
99070	3233434	FC -SUP BRCE BCK JEWITT	407
99070	3233442	FC -SUP BRACE KLENZAC	703
99070	3233459	FC -SUP BRCE BCK MOULDED	532
99070	3233467	FC -SUP BRCE PIANO WIRE	856
99070	3233475	FC -SUP BRCE BCK SOMIE	570
99070	3234739	FC 3D LINERS	70
99070	3234747	FC AIRCAST WALKING BOOT	250
99070	3234754	FC BMI BACK BRACE	214
99070	3234762	FC CP HELMET	140

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
99070	3234770	FC CARTER ARM	96
99070	3234788	FC CROW WALKER	961
99070	3234796	FC DAFO	443
99070	3234804	FC ELBOW BRACE FOAMS	53
99070	3234812	FC FIXED WALKER BMI	185
99070	3234820	FC MIAMI J COLLAR	185
99070	3234838	FC NEOPRENE THUMB SPLINT	36
99070	3234846	FC OFF LOADER POST/OP SHOE	53
99070	3234853	FC PLASTIC WRIST & HAND SPLINT	98
99070	3234861	FC PLASTIC WRIST SPLINT	98
99070	3234879	FC PREMIER KNEE BRACE	1,405
99070	3234887	FC ROYCE MEDICAL POST/OP SHOE	221
99070	3234895	FC SMO	407
99070	3234903	FC TIRR PREFAB	274
99070	3234911	FC TEMPRO THUMB SPLINT	46
99070	3234929	FC VELPO ARM IMMOBILIZER	25
99070	3234937	FC WEATON BRACE	370
97802	3334018	DB MNT INTL AX & INTERV FACE TO FAC	156
97803	3334034	DB MNT REAX & INTRV FACE TO FACE	85
97804	3334059	DB MNT GROUP THERAPY 30 MIN	48
98961	3337201	DB -DIABETIC EDUCATION PR	972
97802	3337219	DB -DIET DB COUNS EA 15M	73
99211	3337235	DB -DIABE F/U PROG 15MINS	73
G0108	3337243	DB -DIABETES ED (1:1) 30M	75
81002	3337250	DB -U/A DIPSTICKK ANALYSI	24
82962	3339207	DB -FS GLUCOSE TESTING	24
95250	3339223	DB -CGMS/CNT GLU MON 72HR	447
97802	3339306	DB -DIET COUNSEL INTL VIS	154
97803	3339314	DB -DIETETIC COUNSEL F/UP	75
97804	3339322	DB -DIETETIC GROUP THERAP	47
	3339330	CONTINUOUS GLUCOSE MONITORING	447
97802	3437100	MNT INITIAL AX INTERVENT FA TO FA	156
97803	3437134	MNT REAX INTERVENT FACE TO FACE	85
97804	3437142	MNT DIET GROUP THERAPY 30 MINUTE	47
96150	3535002	ASTHMA MGMT / INITIAL VIS	209
96151	3535010	ASTHMA - REASSESS & F/U	54
96154	3535028	AM -ASTH INTERV FAML 15M	54
96152	3535036	AM -ASTH INTERV IND 15M	54
	3636008	HYPERBARIC & W/C (W/O OXY) PER UNIT	198
C1300	3636016	HPB -HPERBARC TX EA 30MIT	287

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	3636024	WOUND MGMT CEN-STANDARD	128
	3636032	WOUND MGMT CENTRE-COMPLEX	227
	3636040	WOUND MGMT CEN-DEBRIDEMEN	301
16025	3636057	HPB -WND BRN CARE MED	227
16030	3636065	HPB -WND BRN CARE LRGE	227
97597	3636073	HPB -DEBRIDE SELECTIVE	301
97602	3636081	HPB -DEBRIDE NONSELECTIVE	301
16020	3636156	HPB -WND BRN CARE SML	129
93922	3636180	HYP -ANKLE BRA IND S/L BI	43
93922	3636198	HYP -TRANSCU O2 MON SL BI	568
93923	3636206	HYP -TRANS O2 MON BI STUD	568
82962	3636214	HYP -GLUCOSE MONITORING	22
99245	3636222	HYP -WOUND CARE ASSES FEE	154
96152	3737004	BF -LACTATN SESS INDV 15M	68
76700	3838018	US -ABDOMEN	291
76856	3838026	US -PELVIS	263
	3838034	US GALLBLADDER	384
76705	3838042	US LIVER	218
76775	3838059	US -RENAL	384
76705	3838067	US -PANCREAS	218
76536	3838075	US -THYROID	277
76870	3838083	US -TESTICLES	162
76801	3838091	US -OBSTETRICS 1ST TRICOL	384
76942	3838125	US -BREAST BIOPSY	396
76775	3838133	US -AORTA	384
76885	3838315	US -HIPS	384
76880	3838323	US -TENDONS	384
76880	3838331	US -SHOULDERS	384
76536	3838349	US -SOFT TISSUE NECK	277
93971	3838356	US -VEINS LOW EXTR UNILAT	285
75989	3838364	US -DRAINAGE	396
93971	3838372	US -VEINS UP EXTR UNILAT	285
93926	3838380	US -LEG ARTERIES UNILAT	501
76831	3838398	US -SONO HYSTEROGRAM	396
76830	3838406	US -FERTILITY	384
	3838422	US -INTRA CAVITY	403
76830	3838430	US -PELV INTRAC NO PREGNA	403
93930	3838448	US -UP EXT BILAT ART/BYPA	420
99053	3838455	US -STUDY OUTSIDE NORMAL	305
76645	3838463	US -BRST UNILATDE NORMAL	202

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
76856	3838471	US -BLADDER	263
	3838489	U S COLOUR DOPPLER	497
76506	3838497	US -HEADDER	384
76970	3838505	US -REPEAT EXAM	194
	3838513	US PORTABLE STUDY ADD \$10	18
93880	3838521	US -CAROTIDS DOPP STUDY	480
	3838539	U S DOPPLED AS ADD STUDY	144
76645	3838547	US -BRST BILAT	202
76705	3838554	US -SPLEEN	218
76778	3838570	US -RENAL TRANSPLANT	385
76805	3838588	US -OBSTETRICS 2ND TRI	340
76805	3838596	US -OBSTETRICS 3RD TRI	340
76818	3838604	US -FETAL BIOPHYS PRILE	385
76810	3838612	US -TWINS (OB2/OB3) EA AD	223
76830	3838620	US -FERTILTY F/U LMT STDY	385
76873	3838638	US -PROSTATE	407
76999	3838646	US -SOFT TISSUE MASS OTHE	385
93925	3838653	US -LEG ARTERIES BILAT	500
93970	3838661	US -VEINS LOW EXTR BILAT	467
93970	3838679	US -VEINS UP EXTR BILAT	467
76942	3838687	US -BREAST BIOPSY	396
76946	3838695	US -AMNIOCENTESIS S&I	396
76645	3838703	US -BRST CYST ASPIRATN	202
93931	3838729	US -UP EXT UNILAT ART/BYP	420
76942	3838737	US -BRST GUIDED NEED LOC	396
	3838752	US -ABDOMEN PELVIS	770
	3838760	US -RENAL BLADDER	770
10160	3838778	US ABSCESS DRAIN UND SKIN	399
19000	3838786	US GD BRST CYST ASP 1ST D	386
19001	3838794	US GD BRST CYST ASP,EA AD	75
20206	3838802	US GUIDED BODY NEEDLE BIOPSY,MUSCLE	776
20220	3838810	US GUIDED BODY NEEDLE BIOPSY, BONE	879
32405	3838828	US GUIDED BODY NEEDLE BIOPSY, LUNG	922
38221	3838836	US GUID BDY NDL BX, BONE	725
38505	3838844	US GUIDED BODY NEEDLE BX LYMPH NODE	776
47000	3838851	US GUIDED BODY NEEDLE BIOPSY, LIVER	991
47011	3838869	US ABSCESS DRAIN, LIVER PER CUT	1,202
49021	3838877	US ABSCESS DRAINAGE, PERITONEUM	1,202
49040	3838885	US ABSCESS DRAINAGE, SUBDIAPHRAGMAT	1,202
49061	3838893	US ABSCESS DRAINAGE, RETROPERITONEA	1,202

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
50021	3838901	US ABSCESS DRAIN, KIDNEY PERIRENAL	1,202
60100	3838919	US GUIDED BODY NEEDLE BIOP THYROID	538
76872	3838927	US ULTRA PROSTATE TRANSRE	226
76942	3838935	US GUIDANCE ECHO GUIDE FOR BIOPSY	386
19290	3838943	US NDL LOC, 1ST LESN PLAC	676
19291	3838950	US NDL LOC, EA ADL LESION	386
19102	3838968	US STER BRST FX PER CUT	479
19001	3838976	US GD BRST CYST ASP EA AD	75
98962	3939006	PRENATAL CLASS /PROGRAM	264
92507	4040010	SP TX SL VOICE COM AUD PRO PED 15M	54
92507	4040028	SP TX SL VOICE COM AUD PRO ADLT 15M	54
92526	4040036	SP TX SWAL DYSFX ORALFX FEED PED15M	54
92609	4040044	SP TRAIN W/SPCH DEVICE 15 MIN	54
92507	4040051	SP TX SL VOICE COM EXPR/REC 15 MIN	54
92507	4040069	SP TX AUDITORY PROCESS 15 MIN	54
97532	4040077	SP COG SKILL DEV TRAIN 15 MIN	54
92506	4040085	SP EVAL LANG VOICE COM AUD PRO 15M	144
92610	4040101	SP EVAL FUNCTIONAL SWALLOW	144
92611	4040119	SP EVAL FLUOROSCOPIC SWALLOW	144
96105	4040127	SP AX APHASIA EXPRESS RECPT SL 1 HR	144
92526	4040218	SP TX SWAL DYSFX, ORL FEED, ADLT 15MN	54
97110	4141008	OT THERAPEUTIC EXCERCISE 15 MIN	85
97535	4141016	OT ADL TRAIN 1 ON 1 15 MIN	85
97532	4141024	OT COG COMPENS TRAIN 15 MIN	85
97112	4141032	OT PERCEPTUAL MOTOR 15 MIN	85
97530	4141040	OT UPPER LIMB REMEDIATION 15 MIN	85
	4141057	OT SPLINT FABRICATION 15 MIN	85
97755	4141065	OT ADAPTIVE EQUIPMENT 15 MIN	85
96152	4141073	OT PT EDUCATION 15 MIN	85
97530	4141081	OT VOCATIONAL RETRAINING 15 MIN	85
95832	4141099	OT HAND MUSCLE ROM TEST	85
97530	4141107	OT HAND THERAPY 15 MIN	85
97003	4141149	OT INITL EVAL SIMPL 15 MINUTES	85
97003	4141156	OT INITL EVAL MOD 15 MINUTES	85
97003	4141164	OT INITL EVAL COMPLEX 15 MINUTES	85
97004	4141172	OT RE EVAL SIMPLE 15 MINUTES	85
97004	4141180	OT RE EVAL MODERATE 15 MINUTES	85
97004	4141198	OT RE EVAL COMPLEX 15 MINUTES	85
97010	4141222	OT HOT PACKS 15 MINUTES	85
97010	4141230	OT ICE PACKS 15 MINUTES	85

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97018	4141248	OT WAX BATH 15 MINUTES	85
97022	4141255	OT WHIRLPOOL BATH 15 MINUTES	85
97036	4141263	OT HUBBARD TANK 15 MIN	97
97039	4141271	OT UNLISTED MOD 15 MIN	85
97110	4141289	OT THERAP EXERC 15 MIN	85
97112	4141297	OT NEUROMUSC RE ED 15 MIN	85
97124	4141305	OT MASSAGE 15 MIN	96
97760	4141321	OT ORTH FIT/TRAIN 15 MIN	96
97761	4141339	OT PROSTH FIT/TRAIN 15 MIN	96
97530	4141347	OT THERAPEUT ACTIVITY 15 MIN	85
97533	4141354	OT SENSORY INTEGRATION 15 MIN	85
97537	4141362	OT COMM/WORK REINTEG TRAIN 15 MIN	85
97542	4141370	OT WHEELCHAIR AX TRAIN 15 MIN	85
97545	4141404	OT WORK HARD CONDITION INTL 2 HR	85
97546	4141412	OT WORK HARD CONDITION EA ADL HR	85
76360	4242079	CT -BIOPSY	1,178
75989	4242087	CT DRAINAGE	1,182
	4242095	CT COPY	42
99053	4242103	CT STUDY O/S NORMAL HRS	514
76497	4242129	CT SPECIAL RECONSTRUCTION	288
99080	4242137	CT REPRODUCE ORIGINAL FIN	95
70450	4242145	CT HEAD LIMITED STUDY	275
70450	4242152	CT HEAD WITHOUT CONTRAST	275
70460	4242160	CT HEAD WITH CONTRAST	383
70470	4242178	CT HEAD WITH/WITHOUT CONT	454
70480	4242186	CT HEAD/IAMS WITHOUT CONT	551
70481	4242194	CT HEAD/IAMS WITH CONTRAS	651
70482	4242202	CT HEAD/IAMS W/WO CONTRAS	711
70480	4242210	CT MASTOIDS WITHOUT CONTR	551
70481	4242228	CT MASTOIDS WITH CONTRAST	651
70482	4242236	CT MASTOIDS W/WO CONTRAST	711
70480	4242244	CT ORBITS WITHOUT CONTRST	551
70481	4242251	CT ORBITS WITH CONTRAST	651
70482	4242269	CT ORBITS WITH WITHOUT CO	711
70480	4242277	CT PITUITARY WITHOUT CONT	551
70481	4242285	CT PITUITARY WITH CONTRST	651
70482	4242293	CT PITUITARY W AND WO CON	711
70486	4242301	CT FACIAL BONES WITHOUT C	329
70487	4242319	CT FACIAL BONES WITH CONT	396
70488	4242327	CT FACIAL BONES W/WO CONT	483

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
70486	4242335	CT SINUSES WITHOUT CONTRA	329
70490	4242350	CT NECK WITHOUT CONTRAST	456
70491	4242368	CT NECK WITH CONTRAST	557
70492	4242376	CT NECK WITH WITHOUT CONT	656
71250	4242384	CT CHEST LIMITED STUDY	427
71250	4242392	CT HI-RES CHEST	427
71250	4242400	CT CHEST WITHOUT CONTRAST	427
71260	4242418	CT CHEST WITH CONTRAST	542
71270	4242426	CT CHEST WITH/WITHOUT CON	650
71275	4242434	CT -ANGIO CHEST W&W/O CON	710
72125	4242442	CT C-SPINE POST MYELOGRAM	437
72125	4242459	CT C-SPINE WITHOUT CONTRA	437
72126	4242467	CT C-SPINE WITH CONTRAST	540
72127	4242475	CT C-SPINE WWO CONTRAST	638
72128	4242483	CT T-SPINE POST MYELOGRAM	427
72128	4242491	CT T-SPINE WITHOUT CONTRA	1,201
72129	4242509	CT T-SPINE WITH CONTRAST	542
72130	4242517	CT T-SPINE W AND WO CONT	640
72131	4242525	CT L-SPINE POST MYELOGRAM	425
72131	4242533	CT L-SPINE WITHOUT CONTRA	425
72132	4242541	CT L-SPINE WITH CONTRAST	539
72133	4242558	CT L-SPINE W/WO CONTRAST	637
72192	4242566	CT PELVIS LIMITED STUDY	346
72192	4242574	CT PELVIS WITHOUT CONTRST	346
72193	4242582	CT PELVIS WITH CONTRAST	534
72194	4242590	CT PELVIS WITH WITHOUT CO	614
74150	4242608	CT ABDOMEN LIMITED SCAN	354
74150	4242616	CT ABDO WITHOUT CONTRAST	354
74160	4242624	CT ABDO WITH CONTRAST	546
74170	4242632	CT ABDO WITH WITHOUT CONT	620
74175	4242640	CT ANGIO ABDOMEN W CONTRS	726
73200	4242657	CT UPPER EXTREMITY WO CON	424
73201	4242665	CT UP EXTRM W/WO CONT W/W	526
73202	4242673	CT UPPER EXTREM WWO CONT	655
73700	4242681	CT LOWER EXTRE WO CONTRAS	425
73701	4242699	CT LOWER EXTREM WITH CONT	534
73702	4242707	CT LOWER EXTREM W/WO CONT	647
74175	4242863	CT -ANGIO ABDO W&W/O CONT	726
71275	4242871	CT ANGIO CHEST WITH CONTR	710
73206	4242889	CT ANGIO UPPER EXT W CONT	776

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
73706	4242897	CT ANGIO LOWER EXT W CONT	840
70496	4242905	CT ANGIO HEAD WITH CONTR	693
70498	4242913	CT ANGIO NECK WITH CONTR	691
72191	4242921	CT ANGIO PELVIS WITH CONT	723
75635	4242939	CT ANGIO AORTA WITH CONTR	902
76040	4242962	CT LEG LENGTHS	1,910
76062	4242970	CT SCANOGRAM	2,550
10160	4242996	CT ABSCESS DRAINAGE UNDER SKIN	399
20206	4243002	CT GUIDE BODY NEEDLE BIOPSY, MUSCLE	776
20220	4243010	CT GUIDED BODY NEEDLE BIOPSY, BONE	879
32405	4243028	CT GUIDED BODY NEEDLE BIOPSY, LUNG	922
38221	4243036	CT GD BDY NDL BX,BONE MAR	725
38505	4243044	CT GUIDED BODY NEEDLE BX LYMPH NODE	776
47000	4243051	CT GUIDED BODY NEEDLE BIOPSY, LIVER	991
47011	4243069	CT ABSCESS DRAIN, LIVER PER CUT	1,202
49021	4243077	CT ABSCESS DRAINAGE, PERITONEUM	1,202
49040	4243085	CT ABSCESS DRAINAGE, SUBDIAPHRAGMAT	1,202
49061	4243093	CT ABSCESS DRAINAGE, RETROPERITONEA	1,202
50021	4243101	CT ABSCESS DRAIN, KIDNEY PERIRENAL	1,202
60100	4243119	CT GUIDED BODY NEEDLE BIOP THYROID	538
73201	4243127	CT GUIDANCE W/WO CONTRAST W/WO DYE	526
77002	4243135	CT GUIDANCE W/CONT UPPER EXT W/DYE	839
77012	4243143	CT GUIDANCE CT SCAN FOR NEEDLE BIOP	1,884
75571	4243150	CT HEART W/O CONT, W/O DYE QUAL CAL	239
75572	4243168	CT HEART W/CONT, W/WO DYE FUNCT	1,922
75573	4243176	CT HEART W/CONTRAST CCTA W/WO DYE	1,922
75572	4243184	CT HEART W/CONT W/WO QUAN CALCIUM	1,922
75572	4243192	CT HEART W/CONTRAST CCTA W/WO STRXR	1,922
75574	4243200	CT HEART W/CONT CCTA W/WO STRXR QUA	995
75573	4243218	CT HEART W/CONT CCTA W/WO DIS STRXR	1,922
75574	4243226	CT HEART W/CONT, HEART FUNC ADD ON	995
23350	4243234	CT ARTHO SHOULDER INJECTION FOR CT	240
74176	4243283	CT ABDOMEN & PELVIS	475
74177	4243291	CT ABDOMEN & PELVIS W/CONTRAST	736
74178	4243309	CT ABDOMEN & PELVIS 1/>REGNS	835
74261	4243317	CT COLONOGRAPHY, DIAGNOSTIC W/O CONTRACT MATERIAL	2,354
74262	4243325	CT COLONOGRAPHY, DIAGNOSTIC W/CONTRACT MATERIAL	2,354
74263	4243267	CT COLONOGRAPHY SCREENING	551

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM	OUT-PATIENT TREATMENT	\$
	Code		
0042T	4243275	CT CEREBRAL PERFUSION W CONTRAST	1,759
97110	4325007	CR PT THERAPEUT EXER 15 MIN	85
97116	4325015	CR PT GAIT TRAINING 15 MIN	84
95831	4325023	CR PT MUSCLE GRADING 1 LIMB 15 MIN	84
97010	4325031	CR PT HOT PACKS 15 MIN	62
97010	4325049	CR PT ICE PACKS 15 MIN	62
95831	4325056	CR PT MUSCLE GRADING 2-4 LIMB 15 MN	96
94667	4325064	CR PT CHEST PHYSIO INITIAL 15 MIN	85
97140	4325072	CR PT MOBILIZATION 15 MIN	96
97001	4325080	CR PT EVALUATION 15 MIN	96
E0100	4325106	CR PT SUPPLY CANES	13
L4350	4325122	CR PT SUPPLY ANKLE AIR STIR	100
96154	4325148	CR PT PATIENT INSTRUCTION 15 MIN	96
L3807	4325163	CR PT SUPPLY HND/WRST SPLINT	358
97001	4325171	CR PT ASSESSMENT FEE	144
97001	4325189	CR PT INITIAL EVAL SIMPLE 15 MIN	96
97001	4325197	CR PT INITIAL EVAL MOD 15 MINUTES	96
97001	4325205	CR PT INITIAL EVAL COMPLEX 15 MIN	96
97002	4325213	CR PT RE EVAL SIMPLE 15 MINUTES	96
97002	4325221	CR PT RE EVAL MODERATE 15 MINUTES	96
97002	4325239	CR PT RE EVAL COMPLEX 15 MINUTES	96
95851	4325247	CR PT ROM EA EXTREM 15 MIN	96
97140	4325254	CR PT MANUAL THERAPY 15 MIN	96
97802	4334009	CR MNT INTL AX & INTERVENT FA TO FA	156
97803	4334017	CR MNT REAX & INTERVNT FA TO FA	85
97804	4334025	CR MNT GROUP THERAPY 30 MIN	48
97110	4341038	CR OT THERAPEUTIC EXERCISE 15 MIN	85
97535	4341046	CR OT ADL TRAIN 1 ON 1 15 MIN	85
97532	4341053	CR OT COG COMPENS TRAIN 15 MIN	85
97112	4341061	CR OT PERCEPTUAL MOTOR 15 MIN	85
97755	4341079	CR OT ADAPTIVE EQUIPMENT 15 MIN	85
96152	4341087	CR OT PT EDUCATION 15 MIN	85
97530	4341095	CR OT VOCATIONAL RETRAINING 15 MIN	85
97003	4341137	CR OT INITL EVAL SIMPLE 15 MINUTES	85
97003	4341145	CR OT INITL EVAL MOD 15 MINUTES	85
97003	4341152	CR OT INITL EVAL COMPLEX 15 MINUTES	85
97004	4341160	CR OT RE EVAL SIMPLE 15 MINUTES	85
97004	4341178	CR OT RE EVAL MOD 15 MINUTES	85
97004	4341186	CR OT RE EVAL COMPLEX 15 MINUTES	85
95851	4341194	CR OT ROM EA EXTREM 15 MINUTES	96

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97110	4341202	CR OT THERAP EXERC 15 MIN	85
97530	4341228	CR OT THERAPEUT ACTIVITY 15 MIN	85
97537	4341236	CR OT COMM/WORK REINTEG TRN 15 MIN	85
97545	4341251	CR OT WORK HARD CONDITION INTL 2 HR	85
97546	4341269	CR OT HARD WORK CONDITION EA ADL HR	85
	4343000	CC -HEART LINE / PROGRAM	822
	4343059	CR MULTI-DISC AX AND ORTX	340
	4444014	CO -COLPO ONLY	304
57454	4444022	CO -COLPO W BX &/OR ECC	304
57460	4444030	CO -COLPO W LEEP	304
	4444048	CO -EXAM W/WO PAP	304
	4444055	CO -SEXUAL ASSAULT EXAMS	279
46922	4444063	CO -LES DEST ANUS SMPL	304
56501	4444071	CO -LES DEST VULVA SMPLE	304
56515	4444089	CO -LES DEST VULVA EXT	304
57061	4444097	CO -LES DEST VAGINAL SMPL	304
57065	4444105	CO -LES DEST VAGINAL EXT	304
57500	4444113	CO -EXC LSN CERVIX	304
56605	4444121	CO -BX VULVA/PERINM 1 LES	304
92552	4545000	PURE TONE AUDIOMETRY AIR	173
92555	4545018	SP AUDIOMETRY THRESHOLD	173
92556	4545026	SP AUDIOMETRY THRESHOLD	173
92557	4545034	COMP THRESHOLD&REC'N COMB	173
69662	4545042	REV'N OF STAPEDECTOMY/STA	173
69405	4545059	EUSTACHIAN TUBE CATH TRA	173
76096	4848032	MAMMO -GD NDL LOC S&I.R.	523
	4848040	MAMMOGRAPHY-FINE NEED BIO	522
76086	4848057	MAMMO -DUCTOGRM SINGL	523
76098	4848065	MAMMO -X RAY OF SPECIMEN	195
	4848073	RECALL FOR CONE COMP/MAG	305
19000	4848099	MAMMO CYST ASPIRATN ONLY	523
77065	4848529	MAMO-DIAG CAD UNILATERAL	315
77066	4848537	MAMO-DIAG CAD BILATERAL	399
77067	4848545	MAMO-BREAST CAD BILAT-2 VIEWS E/BRST	322
76095	4848206	MAMMO-STEREOTACTIC BREAST	1,918
19102	4848214	MAMMO -STER BRST FX PER C	479
19290	4848222	MAMMO -NDL LOC, 1ST LESN	676
19291	4848230	MAMMP -NDL LOC, EA ADL LE	386
77031	4848248	MAMMO -STEREO EA LSN BRST	624
77032	4848255	MAMMO -GD EA LSN NDL BRST	501

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	4848263	MAMMO -ADD CHRG OUT NR HR	305
	5252002	RX -PHARMACY	0
	5252010	RETAIL SALE OF DRUGS	0
	5252036	RX -PENTAMINE INHALER	131
J0290	5253596	RX -AMPICILLIN 500MG VIAL	2
J0690	5254172	RX -CEFAZOLIN 1GM VIAL	4
J0173	5254198	RX -CEFTAZIDIME 1GM VIAL	6
J0696	5254214	RX -CEFTRIAZONE 1GM VIAL	23
S0077	5254495	RX -CLINDAMYCIN 300MG VIAL	13
J2700	5254628	RX -CLOXACILLIN 500MG VIAL	2
J1580	5256078	RX -GENTAMICIN 80MG VIAL	6
J2185	5257258	RX -MEROPENUM 500MG VIAL	24
J3370	5259833	RX -VANCOMYCIN 500MG VIAL	4
	5260039	RX -ASPARAGINASE INJ 10MU (N/F)	134
	5260047	RX -AZACITIDINE INJ 100MG (N/F)	1,065
	5260062	RX -FULVESTRANT INJ 250MG/5ML	1,146
	5260070	RX -NITROGEN MUSTARD INJ 10MG (N/F)	31
	5260088	RX -OXALIPLATIN INJ 50MG (N/F)	221
	5260096	RX -TAXOL INJ 30MG (N/F)	103
J1335	5260328	RX -ERTAPENEM 500MG VIAL	34
B4216	5260336	RX -HOME TPN 3-IN-1 VS 2-IN-1	1,072
J1756	5260344	RX -IRON VENOFER 100MG VIAL	18
90283	5260351	RX -IV IMMUNOGLOBULIN 10MG VIAL	1,072
90284	5260369	RX -IV IMMUNO 10MG VIAL (BAXTER)	1,072
J0561	5260377	RX -PENICILLIN G (5MU) VIAL	10
J1745	5260385	RX -REMICADE 100MG VIAL	557
J2920	5260393	RX -SOLUMEDROL 1GM	4
J2543	5260401	RX -TAZOCIN(PIPERACILLIN/TAZOBACTAM	8
J0295	5260419	RX -UNASYN 1.5GM VIAL	23
J3487	5260427	RX -ZOMETA 5MG VIAL	1,136
J1655	5260435	RX -TINZAPARIN 10000 UNITS	12
J1655	5260443	RX -TINZAPARIN 14000 UNITS	16
J1655	5260450	RX -TINZAPARIN 18000 UNITS	20
	5353008	RECHARGEABLE ITEMS	0
	5353016	PACEMAKER & LEAD	0
	5353073	A M L HIP	0
	5353099	ORTHOFIXATION	0
	5353230	A M K KNEE REPLACEMENT	0
	5353347	SHOULDER HEMI	0
	5454004	BK FINAL PROSTH-REGULAR	0

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	5454012	BK FINAL PROSTH W/ALPHA LINER	0
	5454020	BK FINAL PROSTH-ICEROSS SYSTEM	0
	5454038	BK PROSTH-VITRATHENE SOCKET	0
	5454046	BK FINAL PROSTH W/ARTICULAT FOOT	0
	5454053	BK PROSTH-TEMPORARY INTERMEDIATE	0
	5454061	BK PROSTH W/SEATTLE FOOT	0
	5454079	PROSTHESIS-BECKER HAND	0
	5454087	AK PROSTH-VITRATHENE SOCKET COMPLET	0
	5454095	AK PROSTH-TEMPORARY ADJUSTABLE	0
	5454103	AK PROSTHESIS FINAL	0
	5454111	FOOT PROSTHESIS	0
	5454129	PARTIAL HAND PROSTHESIS	0
	5454137	LC -PROSTH TRAIN EA 15M	0
		Prosthetic items will be charged according to landed cost plus 50% mark-up	
	5555008	IV -KOGENATE 1 VIAL	690
36430	5555016	IV -BLD TRANSFUSN / DAY	264
90765	5555024	IV -INFUSION FIRST HRLOOD	95
	5555032	IV-IMMUNOGLOBULIN MONTHLY	95
94642	5555040	IV -PENTAMIDINE AEROSOL	95
90772	5555057	IV -IM INJECT ANTIBIOTIC	95
99211	5555065	IV -FLUSHING / DRSG ONLY	95
36540	5555073	IV -VAD BLD COLL ONLY LAB	95
99211	5555081	IV -VAD / DRESSING CHGRES	95
	5555099	IV-EDUCATION & COUNSELL	85
90766	5555107	IV -INFUSION EA ADL HR	95
	5555115	IV - MISC OP DRUG/MED	0
	5555206	IV -REMICADE 100 MG	95
90806	5656012	CMH RE REF COUNS 45-50M	207
90806	5656020	CMH NEW PT COUNS 45-50M	207
90804	5656038	CMH INDVD COUNS 20-30M	156
90806	5656046	CMH INDVD COUNS 45-50M	156
	6060008	HC ULCER/WOUND W/LASER	259
G0154	6060016	HC ULCER/WOUND CARE COMP	223
	6060024	HC DRESSING CHNG INCL BURNS NORMAL	100
	6060032	HC DRESSING CHNG-INC BURNS W/LASER	167
	6060040	HC DRESS CHANGE -W/VENOUS DEVICES	155
	6060057	HC STUMP CARE	174
99505	6060065	HC OSTOMY CARE	124
99601	6060073	HC TPN ADMIN < 2 HRON	243

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
G0154	6060081	HC -LAB CHARGE	296
99506	6060099	HC -IM / SUBQ INJECTNTRAT	81
99509	6060107	HC -ASSIST ADL/PERSN CARE	81
	6060115	HHC-STROKE REHAB SPEECH THERAPY	87
	6060123	HHC-FOLLOW UP VISIT	54
G0154	6060131	HC -ULCER/WOUND CARE SIMP	168
99507	6060156	HC -CATHETER CAREAC) THPY	81
99511	6060164	HC -FECAL EMPACT/MGMNT	81
99601	6060206	HC -HYDRATN THPY < 2 HR	81
99601	6060222	HC -INFUSION < 2 HR	81
P9612	6060230	HC -URINE CATH FOR SPEC	81
	6060248	HC -MISC OP DRUG/MED	0
G0154	6060255	HC -SKILL HH RN EA 15M	54
97605	6060263	HC-VACUUM ASST CLOSURE TT	280
90804	6237010	TP -INDIV COUNS 20-30MR	53
90847	6237028	TP -FAMILY THERAPY W/ PAT	99
90853	6237044	TP -ANGER MGMT/ SESSION P	744
90804	6237077	TP -OP DETOXNT DETOX	274
90853	6237101	TP -GRP THERAPY PROGRAMS)	744
90846	6237150	TP -FAMILY THERAPY W/O PA	300
90853	6237168	TP -MULTIPLE-FAMILY GROUP	744
90806	6237176	TP -INITIAL COUNS 45-50MS	148
90806	6237192	TP -INDIV COUNS 45-50M	209
	6237218	TP -METHADONE MAINT	275
99143	6660872	PED- SEDATION	87
90765	6666002	PED -IV INFUSION FIRST HR	95
90766	6666010	PED -IV INFUSN EA ADL HR	113
90765	6666028	PED -IV THERAPY IMMUNOGL	903
90772	6666036	PED -IM INJECTION	95
51701	6666044	PED -CATH FOR URINE COLL	88
90765	6666085	PED -IV THPY KOGENAT 1VIA	690
36430	6666093	PED -BLD TRANSFUSION	265
	6666101	PED -SWEAT CHLORIDE TESTI	264
	6666200	PED -MISC OP DRUG/MED	0
75820	6767255	XRS -VENOGRM EXT UNIL S&I	485
75822	6767263	XRS -VENOGRM EXT BIL S&I	485
74420	6767404	XRS -UROGRAPHY, RETRO	496
72240	6767438	XRS -MYELOGRM CERV S&I	552
72255	6767446	XRS -MYELOGRM THOR S&I	552
72265	6767453	XRS -MYELOGRM LUMB S&I	521

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
72270	6767461	XRS -MYELOGRM SPINAL S&I	552
74450	6767479	XRS --INJ U'CYSTOGRM	414
74455	6767487	XRS --INJ VOID U'CYSTOGRM	414
74430	6767495	XRS -CYSTOGRM S&I	414
74455	6767503	XRS-URETHROCYSTOGRAM VOID	414
74485	6767578	XRS -NEPHROSTOMY DILATN	894
58340	6767602	XRS-INJ CONT FOR HYSTEROS	451
74740	6767610	XRS -HYSTEROSALPINGOGRAM	452
70390	6767644	XRS -SIALOGRM S&I	485
76080	6767982	XRS -SINOGRAM OR FISTULOG	572
73040	6768071	XRS -ARTHROGRAM SHOULDER	538
75662	6780001	XRS -ANGIOG EXT CARO BILA	644
	6780019	XRS -ANGIOGRAPHY	644
	6780027	XRS -VARICOCELE EMBOLISAT	1,984
	6780043	XRS -BILARY STENT	1,429
74425	6780050	XRS -NEPHROSTOMY	894
	6780068	XRS -GUT-CYSTO VOID/STR	414
	6780076	XRS -RENAL ANGIOPLASTY	1,739
	6780084	XRS -IVC FILTER-INFERIOR VENA	2,133
75676	6780092	XRS -ANGIOG CART CERV UNI	644
75680	6780100	XRS -ANGIOG CAROT CERV BI	644
75685	6780118	XRS -ANGIOG VERTE CERV I	644
75705	6780126	XRS -ANGIOG SPINAL SELECT	644
75710	6780134	XRS -ANGIOG EXTREMIT UNIL	644
75716	6780142	XRS -ANGIOG EXTREMIT BILA	644
75722	6780159	XRS -ANGIOG RENAL UNILATE	644
75724	6780167	XRS -ANGIOG RENAL BILATER	644
75726	6780175	XRS -ANGIOG VISCERAL SELE	644
75736	6780183	XRS -ANGIOG PELVIC SELECT	644
75741	6780191	XRS -ANGIOG PULMONARY UNI	644
75743	6780209	XRS -ANGIOG PULMONARY BIL	644
75774	6780217	XRS -ANGIOG EA ADD VESSEL	644
75790	6780225	XRS -ANGIOG ARTERIOV SHUN	644
75962	6780233	XRS -ANGIOP PERI ARTERY	3,053
75964	6780241	XRS -ANGIOP EA ADD PERIPH	1,381
75966	6780258	XRS -ANGIOP RENAL/OTH VIS	1,381
75968	6780266	XRS -ANGIOP EA ADD VISCER	1,381
75960	6780274	XRS -ANGIOP INTRAV STENT	3,858
74363	6780282	XRS -PTC	414
75980	6780290	XRS -PTC BILIARY DRAIN	414

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
75982	6780308	XRS -PERC PLACE BILIA STE	3,744
75940	6780316	XRS -PERC PLACE IVC FILTE	2,133
74480	6780324	XRS -INTRO URETERAL STENT	3,381
73580	6780340	XRS -ARTHROGRAM KNEE	538
73525	6780357	XRS -ARTHROGRAM HIP	538
75820	6780365	XRS -VENOGRAN EXT UNILAT	629
75822	6780373	XRS -VENOGRAN EXT BILATE	485
74425	6780381	XRS -UROGRAPHY ANTEGRADE	497
74420	6780399	XRS -UROGRAPHY RETROGRADE	496
73615	6780407	XRS -ARTHROGRAM ANKLE	538
73085	6780415	XRS -ARTHROGRAM ELBOW	538
73115	6780423	XRS -ARTHROGRAM WRIST	538
20501	6780431	XRS FSLGM DX INJ SIN T XR	1,652
23350	6780449	XRS ARTHO SHLDR INJ FR SHLDER XRY	240
24220	6780456	XRS ARTHO ELBOW INJ FR ELBOW XRAY	240
25246	6780464	XRS ARTHO, WRIST INJ FOR WRIST XRAY	209
27093	6780472	XRS ARTHO HIP INJ FOR HIP X-RAY	260
27096	6780480	XRS INJECT SACROILIAC JNT	475
27096	6780498	XRS ARTHRO SACROILIAC JOINT	240
27370	6780506	XRS ARTHRO KNEE INJ FOR KNEE XRAY	241
27648	6780514	XRS ARTHRO ANKLE INJ FR ANKLE XRAY	240
32405	6780522	XRS GUID BDY NDL BIOPSY LUNG BIOPY	628
35470	6780530	XRS PTA TBPRNL TRNK/BRNCH EA VSSL	3,053
35473	6780548	XRS PTA ILIACREPAIR ARTERIAL BLCKAG	3,053
35474	6780555	XRS PTA FMRL PPLTL RPR ARTRL BLCKG	3,053
35475	6780563	XRS PTA BRCHCPHLC TRNK/BRNC VSSL	3,053
35476	6780571	XRS PTA VEINREPAIR VENOUS BLOCKAG	3,053
36005	6780589	XRS PERIPHERAL VNGRMNJ EX VNGRPH	780
36010	6780597	XRS VENA CAVOGRAM PLC CATH IN VEIN	3,474
36245	6780605	XRS SLCTV CTH PLC F OR LOWR EXTRMT	2,197
36246	6780613	XRS SELECTIVE CATH PLCMT SEC ODR	2,553
36247	6780621	XRS SLCTV CTH PLCMT 3RD + ORDR LWR	3,759
36248	6780639	XRS SELECTV CATH PLCMT EA ADL 2ND +	850
36475	6780647	XRS VARCS VEIN LSR ABLNS VEIN-P LEG	2,866
36476	6780654	XRS VARICOS VEIN LSR ABLTN E AD LEG	1,738
36555	6780662	XRS NONTUNNLD CTH<5Y INS	734
36556	6780670	XRS NONTUNNELED CTH 5Y >	734
36557	6780688	XRS TUNNELED CATH WO<5YRS	1,621
36558	6780696	XRS TUNNELED CATH WO 5Y>	1,621
36560	6780704	XRS CTH W PRT< 5YRS INSRT TUNNLD CV	1,942

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
36560	6780712	XRS CTH W PRT<5YR INST TNNLD CV CTH	1,942
36561	6780720	XRS CATH W PRT 5YRS>INSRT TNNLD CV	1,942
36561	6780738	XRS CTH W PRT 5YR>INST TUNLD CV CTH	1,942
36565	6780746	XRS CTH 2 CTH2 SITS I TUN	1,942
36568	6780753	XRS PICC LINES < 5 YRS INST PICC CA	734
36569	6780761	XRS PICC LINES 5Y>INSERT PICC CATH	655
37204	6780779	XRS PRPHRL EMBLZTN TRNSCTH OCCLSN	5,887
37210	6780787	XRS UTRN ARTRY EMBLSTNS UTERIN FIBD	5,955
37620	6780795	XRS VC FILTERS REVISION OF MAJOR VN	2,866
47530	6780803	XRS PRCTNUS TRN HEPATC BILARY DRNAG	1,033
49440	6780811	XRS PLACE GASTROSTOMY TUBE PERC	573
50395	6780829	XRS NEPHROSTOMS CRT PSSAG TO KIDNEY	1,207
60100	6780837	XRS US/CT GUID BDY NDL BIOPSY THYRD	292
62310	6780845	XRS CRVCL/THORAC IN E LVL	475
62311	6780852	XRS LUM/SAC INJ LVL SPINC	475
73115	6780860	XRS RAD GUIDANCE CONTRAST X-RAY WRS	270
77001	6780878	XRS FLUORO GUID FLUOROGD F VEIN DVC	728
77002	6780886	XRS FLUORO GUIDNC NDL LCLZTN BY XRY	543
77003	6780894	XRS FLURO US FLUROGD SPIN	438
	6780902	XRS CLL BCK FEE F INTRVTNL PX <3HRS	528
	6780910	XRS CLL BCK FEE F INTRVTNL PX>3HRS	1,055
75825	6780928	XRS RAD SUPERVISION VEIN, TRUNK	1,942
75978	6780936	XRS RAD SUPERV VENOUS PTA REP BLOCK	3,053
75894	6780944	XRS RAD SUPER EMBOLIZATN, TRNS CATH	3,914
75898	6780951	XRS POST EMBOLIZATION ANGIO, F/U	181
74475	6780969	XRS NEPHROSTOMIES, CONTRL CATH INST	362
73542	6780977	XRS RAD GUIDANCE EXAM S.I.JOINT	270
20220	6780985	XRS GUIDED BODY NEEDLE BIOPSY, BONE	584
47000	6780993	XRS GUIDED BODY NEEDLE BIOPSY,LIVER	698
38505	6781009	XRS GUIDED BODY NEEDLE BX LYMPH NDE	479
20206	6781017	XRS GUIDED BODY NEEDLE BIOP, MUSCLE	479
29260	6815534	DH PT STRAPPING ELBOW/WRIST 15 MIN	96
97110	6825004	DH PT THERAPEUT EXER 15 MIN	85
97116	6825012	DH PT GAIT TRAINING 15 MIN	84
95831	6825020	DH PT MUSCLE GRADING 1 LIMB 15 MIN	84
97035	6825038	DH PT ULTRA SOUND 15 MIN	84
97032	6825046	DH PT ELECTR STIM 15 MIN	84
97010	6825053	DH PT HOT PACKS15 MIN	62
97010	6825061	DH PT ICE PACKS 15 MIN	62
95831	6825079	DH PT MUSCLE GRADING 2-4 LIMB 15 MN	96

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97018	6825087	DH PT WAX BATH 15 MIN	62
97762	6825095	DH PT CHKOUT ORTHO/PROS EST PT 15M	96
97012	6825103	DH PT CERVICAL TRACTION 15 MIN	84
94667	6825111	DH PT CHEST PHYSIO INITIAL 15 MIN	85
97140	6825129	DH PT MOBILIZATION 15 MIN	96
90901	6825137	DH PT ELECTRO BIOFEEDBACK 15 MIN	84
64550	6825145	DH PT ELEC RESPOND (TENS) 15 MIN	84
97001	6825152	DH PT EVALUATION 15 MIN	96
97140	6825160	DH PT FRIC/MASSAGE/MYOFAS RELS 15 M	96
97012	6825178	DH PT LUMBAR TRACTION 15 MIN	84
29799	6825186	DH PT TAPING 15 MIN	96
97039	6825194	DH PT LASER TX 15 MIN	96
E0112	6825202	DH PT SUPPLY CRUTCHES	36
E0100	6825210	DH PT SUPPLY CANES	13
E0111	6825228	DH PT SUPPLY ELBOW CRUTCHES	283
	6825236	DH PT CERVICAL TRACTION KIT	71
L3807	6825251	DH PT SUPPLY WRIST SPLINT	36
L4350	6825269	DH PT SUPPLY ANKLE AIR STIR	100
96154	6825285	DH PT PATIENT INSTRUCTION 15 MIN	96
L3807	6825301	DH PT SUPPLY HND/WRST SPLINT	358
97001	6825319	DH PT ASSESSMENT FEE	144
97001	6825327	DH PT INITIAL EVAL SIMPLE 15 MIN	96
97001	6825335	DH PT INITIAL EVAL MOD 15 MINUTES	96
97001	6825343	DH PT INITIAL EVAL COMPLEX 15 MIN	96
97002	6825350	DH PT RE EVAL SIMPLE 15 MINUTES	96
97002	6825368	DH PT RE EVAL MODERATE 15 MINUTES	96
97002	6825376	DH PT RE EVAL COMPLEX 15 MINUTES	96
97762	6825384	DH PT REV ORTH/PROS 15 MINUTES	96
95831	6825392	DH PT MUSCLE TESTNG MANUAL 15 MIN	96
95851	6825400	DH PT ROM EA EXTREM 15 MIN	96
97012	6825418	DH PT TRACTION MECH 15 MIN	84
97034	6825426	DH PT CONTRAST BATHS 15 MIN	96
97112	6825434	DH PT NEUROMUSCULAR RE-EDUC 15 MIN	85
97124	6825442	DH PT MASSAGE 15 MIN	96
97140	6825459	DH PT MANUAL THERAPY 15 MIN	96
97760	6825475	DH PT ORTH FIT/TRAIN 15 MIN	96
97761	6825483	DH PT PROSTH FIT/TRAIN 15 MINUTES	96
94150	6825491	DH PT PEAK FLOW 15 MINUTES	84
94668	6825509	DH PT CHEST PHYSIO SUBSQ 15 MIN	85
29220	6825517	DH PT STRAPPING LOWER BACK 15 MIN	96

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
29240	6825525	DH PT STRAPPING SHOULDER 15 MIN	96
29260	6825533	DH PT STRAPPING ELBOW/WRIST 15 MIN	96
29280	6825541	DH PT STRAPPNG HAND/FINGR 15 MIN	96
29520	6825558	DH PT STRAPPING HIP 15 MIN	96
29530	6825566	DH PT STRAPPING KNEE 15 MIN	96
29540	6825574	DH PT STRAPPING ANKLE 15 MIN	96
29550	6825582	DH PT STRAPPING TOES 15 MIN	96
97802	6834006	DH MNT INTL AX & INTERVENT FA TO FA	156
97803	6834014	DH MNT REAX & INTERVNT FA TO FA	85
97804	6834022	DH MNT GROUP THERAPY 30 MIN	48
92507	6840003	DH SP TX SL VCE COM AUD PRO ADLT15M	54
92526	6840011	DH SP TX SWAL DYSFX ORAL ADLT 15M	54
92609	6840029	DH SP TRAIN W/SPCH DEVICE 15 MIN	54
92507	6840037	DH SP TX SL VOICE COM EXPR/REC 15 M	54
92507	6840045	DH SP TX AUDITORY PROCESS 15 MIN	54
97532	6840052	DH SP COG SKILL DEV TRAIN 15 MIN	54
92506	6840060	DH SP EVAL LANG VCE COM AUD PRO 15M	144
92610	6840078	DH SP EVAL FUNCTIONAL SWALLOW	144
96105	6840086	DH SP AX APHASIA EXPRS RECPT SL 1HR	144
97110	6841001	DH OT THERAPEUTIC EXCERCISE 15 MIN	85
97535	6841019	DH OT ADL TRAIN 1 ON 1 15 MIN	85
97532	6841027	DH OT COG COMPENS TRAIN 15 MIN	85
97112	6841035	DH OT PERCEPTUAL MOTOR 15 MIN	85
97530	6841043	DH OT UPPER LIMB REMEDIATION 15 MIN	85
	6841050	DH OT SPLINT FABRICATION 15 MIN	85
97755	6841068	DH OT ADAPTIVE EQUIPMENT 15 MIN	85
96152	6841076	DH OT PT EDUCATION 15 MIN	85
97530	6841084	DH OT VOCATIONAL RETRAINING 15 MIN	85
97003	6841126	DH OT INITL EVAL SIMPLE 15 MINUTES	85
97003	6841134	DH OT INITL EVAL MOD 15 MINUTES	85
97003	6841142	DH OT INITL EVAL COMPLEX 15 MINUTES	85
97004	6841159	DH OT RE EVAL SIMPLE 15 MINUTES	85
97004	6841167	DH OT RE EVAL MOD 15 MINUTES	85
97004	6841175	DH OT RE EVAL COMPLEX 15 MINUTES	85
97010	6841209	DH OT HOT PACKS 15 MINUTES	85
97010	6841217	DH OT ICE PACKS 15 MINUTES	85
97018	6841225	DH OT WAX BATH 15 MINUTES	85
97022	6841233	DH OT WHIRLPOOL BATH 15 MINUTES	85
97036	6841241	DH OT HUBBARD TANK 15 MIN	85
97039	6841258	DH OT UNLISTED MOD 15 MIN	85

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CPT	CDM	OUT-PATIENT TREATMENT	\$
	Code		
97110	6841266	DH OT THERAP EXERC 15 MIN	85
97112	6841274	DH OT NEUROMUSC RE ED 15 MIN	85
97124	6841282	DH OT MASSAGE 15 MIN	85
97760	6841308	DH OT ORTH FIT/TRAIN 15 MIN	85
97761	6841316	DH OT PROSTH FIT/TRAIN 15 MIN	85
97530	6841324	DH OT THERAPEUT ACTIVITY 15 MIN	85
97533	6841332	DH OT SENSORY INTEGRATION 15 MIN	85
97537	6841340	DH OT COMM/WORK REINTEG TRN 15 MIN	85
97542	6841357	DH OT WHEELCHAIR AX TRAIN 15 MIN	85
97545	6841381	DH OT WORK HARD CONDITION INTL 2 HR	85
97546	6841399	DH OT HARD WORK CONDITION EA ADL HR	85
	6868004	DH MULTI-DISC AX AND ORTX	339
	6868038	RUDH-DAY HOSP DIET/15MINS	28
90765	6910004	O/P INFUSION INIT HOURUR	184
90766	6911002	OP INFU CLN - EACH ADD HR	95
	6911127	OP INF CLN-KOGENATE 1 VIA	690
	6911135	OP INF CLN-IMMUNOGLOBULIN	95
	6911143	OP INF CLN-REMICADE 100MG	715
26910	7000003	OR -AMP M'CRP/FNGR/THM	780
26951	7000011	OR -AMP FNGR D CLOS	780
26952	7000029	OR -AMP FNGR L ADV	780
28805	7000037	OR -AMP FT TRANSMETATR	780
28810	7000045	OR -AMP METATR TOE SNGL	780
28820	7000052	OR -AMP TOE MTPL JNT	780
28825	7000060	OR -AMP TOE IP JNT	780
46604	7000078	OR -ANOSC DIL	716
45905	7000086	OR -DIL ANL SPHINC U ANES	716
46288	7000094	OR -CLOS ANL FIS FLAP	716
31622	7000102	OR -BRONC DX	965
31623	7000110	OR -BRONC BRUSH/WASH	965
31624	7000128	OR -BRONC ALV LAV	965
31625	7000136	OR -BRONC BX	965
31628	7000144	OR -BRONC LUNG BX	965
31629	7000151	OR -BRONC NDLE ASP BX	965
31630	7000169	OR -BRONC TRACH DIL/FX	965
31631	7000177	OR -BRONC TRACH DIL&STNT	965
31635	7000185	OR -BRONC REM FB	965
31643	7000193	OR -BRONC RADIOEL AP	965
31645	7000201	OR -BRONC TX ASP INIT	965
31646	7000219	OR -BRONC TX ASP SQ	965

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
36589	7000318	OR -REM IMPL VAD/SQ	744
43260	7000359	OR -ERCP DX	1,085
43261	7000367	OR -ERCP BX	1,085
43262	7000375	OR -ERCP SPH/PAP	1,085
43263	7000383	OR -ERCP PRESS	1,085
43264	7000391	OR -ERCP REM CALC	1,085
43265	7000409	OR -ERCP LITHO	1,085
43267	7000417	OR -ERCP INSRT DRN	1,085
43268	7000425	OR -ERCP STENT	1,085
43269	7000433	OR -ERCP REM FB/CHG STNT	1,085
43271	7000441	OR -ERCP BAL	1,085
43272	7000458	OR -ERCP ABL	1,085
54160	7000466	OR -CIRC EXC NB	882
54161	7000474	OR -CIRC EXC NOT NB	882
54150	7000482	OR -CIRC CLAMP NB	882
54152	7000490	OR -CIRC CLAMP NOT NB	882
11000	7000508	OR -DBR SKN TO 10%	716
11011	7000516	OR -DBR FX/DISL S/S/F/M	716
11010	7000524	OR -DBR FX/DISL S/S	716
11012	7000540	OR -DBR FX/DISL S/S/F/M/B	716
11040	7000557	OR -DBR SKN PTL THCK	716
11041	7000565	OR -DBR SKN FLL THCK	716
11042	7000573	OR -DBR SKN/SQ	716
11043	7000581	OR -DBR SKN/SQ/MUS	716
11044	7000599	OR -DBR SKN/SQ/MUS/BN	716
96523	7000607	OR -DECLOT VAD	780
36832	7000615	OR -REV O AV FIST NO THR	780
36860	7000623	OR -DECLOT EXT CAN NO BC	780
36861	7000631	OR -DECLOT EXT CAN BC	780
36833	7000649	OR -THR OPEN AV FIST GFT	744
19120	7000656	OR -EX BRST LES OPEN 1+	965
19125	7000664	OR -EX BRST LES R MRK 1ST	965
19126	7000672	OR -EX BRST LES R MRK ADL	965
25111	7000680	OR -EX GANG WRST PRMRY	755
25112	7000698	OR -EX GANG WRST RECUR	755
19140	7000706	OR -MAST GYNECOM	797
11600	7000714	OR -M LES T/A/R 0-0.5	716
11601	7000722	OR -M LES T/A/R .6-1.	716
11602	7000730	OR -M LES T/A/R 1.1-2.	716
11603	7000748	OR -M LES T/A/R 2.1-3.0	716

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
11604	7000755	OR -M LES T/A/R 3.1-4.0	716
11606	7000763	OR -M LES T/A/R >4.0	716
11620	7000771	OR -M LES S/N/H/ 0-0.5	716
11621	7000789	OR -M LES S/N/H/ 0.6-1.0	716
11622	7000797	OR -M LES S/N/H/ 1.1-2.0	716
11623	7000805	OR -M LES S/N/H/ 2.1-3.0	716
11624	7000813	OR -M LES S/N/H/ 3.1-4.0	716
11626	7000821	OR -M LES S/N/H/ >4.0	716
11640	7000839	OR -M LES F/E/E/N/ 0-0.5	716
11641	7000847	OR -M LES F/E/E/N .6-1.0	716
11642	7000854	OR -M LES F/E/E/N 1.1-2.0	716
11643	7000862	OR -M LES F/E/E/N 2.1-3.0	716
11644	7000870	OR -M LES F/E/E/N 3.1-4.0	716
11646	7000888	OR -M LES F/E/E/N >4.0	716
65900	7000896	OR -EX LES EYE	1,142
24065	7000904	OR -BX SF U ARM/ELB SF	716
21015	7000912	OR RAD RES TMR ST F/S	716
21550	7000920	OR -BX ST NCK/THORAX	716
21556	7000938	OR -EX TMR NK/THRX DP S/I	716
21557	7000946	OR -RESECT TMR ST NK/THRX	716
20206	7000953	OR -BX MUSCLE NDL	716
24066	7000961	OR -BX ST U ARM/ELB DP	716
24075	7000979	OR -EX TMR ST U ARM/E SQ	716
24076	7000987	OR -EX TMR U ARM/E DP S/I	716
25065	7000995	OR -BX ST F'ARM/WRST SPRF	716
25066	7001001	OR -BX ST F'ARM/RST DP	716
25075	7001019	OR -EX TMR ST F'ARM/WR SQ	716
25076	7001027	OR -EX TMR F'ARM/WR D S/I	716
25077	7001035	OR -RES TMR ST F'ARM/WR	716
26115	7001043	OR -EX TMR ST HND/FNGR SQ	716
26116	7001050	OR -EX TMR ST HND/FNGR DP	716
26117	7001068	OR -RES TMR ST HND/FNGR	716
27040	7001076	OR -BX ST PELV/HIP SUPF	716
27041	7001084	OR -BX ST PELV/HIP DP S/I	716
27047	7001092	OR -EX TMR PELV/HIP SQ	716
27048	7001100	OR -EX TMR PELV/HIP D S/I	716
27049	7001118	OR -RES TMR ST PELV/HIP	716
27323	7001126	OR -BX ST TH/KNEE SPRF	716
27324	7001134	OR -BX ST TH/KNEE DP	716
27327	7001142	OR -EX TMR TH/KNEE SQ	716

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
27328	7001159	OR -EX TMR TH/KNEE DP S/I	716
27329	7001167	OR -RES TMR ST TH/KNEE	716
27613	7001175	OR -BX ST LG/ANK SPRF	716
27614	7001183	OR -BX ST LG/ANK DP	716
27615	7001191	OR -RES TMR ST LG/ANK	716
27618	7001209	OR -EX TMR LG/ANK SQ TIS	716
27619	7001217	OR -EX TMR LG/ANK DP	716
28043	7001225	OR -EX TMR FOOT SQ TIS	716
28045	7001233	OR -EX TMR FOOT D/S/IM	716
28046	7001241	OR -RES TMR ST FOOT	716
49200	7001258	OR -EXC LES I'ABD TMR	716
49201	7001266	OR -EXC LES I'ABD TMR EXT	716
21040	7001274	OR -EX B TMR OR CYST MAND	716
37785	7001282	OR -LIG/DIV/EXC VERI VN CLUSTE 1 LG	780
11100	7001290	OR -BX S/S/M/M SINGLE LES	716
11101	7001308	OR -BX S/S/M/M ADL LES	716
11400	7001316	OR -B SKN LES T/A/L 0-0.5	716
11401	7001324	OR -B SK LES T/A/L .6-1.0	716
11402	7001332	OR -B SK LES T/A/L 1.1-2.	716
11403	7001340	OR -B SK LES T/A/L 2.1-3.	716
11404	7001357	OR -B SK LES T/A/L 3.1-4.	716
11406	7001365	OR -B SK LES T/A/L >4.0	716
11420	7001373	OR -B SK LES S/N/H 0-0.5	716
11421	7001381	OR -B SK LES S/N/H .6-1.0	716
11422	7001399	OR -B SK LES S/N/H 1.1-2.	716
11423	7001407	OR -B SK LES S/N/H 2.1-3.	716
11424	7001415	OR -B SK LES S/N/H 3.1-4.	716
11426	7001423	OR -B SK LES S/N/H >4.0	716
11440	7001431	OR -B LES F/E/E/N 0-.5	716
11441	7001449	OR -B LES F/E/E/N 0.6-1.0	716
11442	7001456	OR -B LES F/E/E/N 1.1-2.0	716
11443	7001464	OR -B LES F/E/E/N 2.1-3.0	716
11444	7001472	OR -B LES F/E/E/N 3.1-4.0	716
11446	7001480	OR -B LES F/E/E/N >4.0	716
11450	7001498	OR -EX S/S HIDR A SMP/INT	716
11451	7001506	OR -EX S/S HIDR A COMP	716
11462	7001514	OR -EX S/S HIDR G SMP/INT	716
11463	7001522	OR -EX S/S HIDR G COMP	716
11470	7001530	OR -EX S/S HIDR P/P/U SMP	716
11471	7001548	OR -EX S/S HIDR P/P/U CMP	716

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
64782	7001589	OR -EX NRMA HD/FT	716
64783	7001597	OR -EX NRMA HD/FT ADL NRV	716
64784	7001605	OR -EX NRMA MAJ PERPH NRV	716
64788	7001621	OR -EX NRFB CUT NRV	716
64790	7001639	OR -EX NRFB MAJ PERPH NRV	716
64792	7001647	OR -EX NRFB EXTENSIVE	716
64776	7001654	OR -EX DIG NEURM EA	716
43200	7001662	OR -ESOPH DX	716
43202	7001670	OR -ESOPH BX	716
43204	7001688	OR -ESOPH INJ SCLR	716
43205	7001696	OR -ESOPH BND LIG	716
43216	7001712	OR -ESOPH REM LES CAUT	716
43217	7001720	OR -ESOPH REM LES SNR	716
43219	7001738	OR -ESOPH STENT	716
43220	7001746	OR -ESOPH BAL DIL	716
43226	7001753	OR -ESOPH G WIRE	716
43227	7001761	OR -ESOPH CONTR BLD	716
43228	7001779	OR -ESOPH ABL LES	716
43234	7001787	OR -U GI END SMP PR EXAM	716
43235	7001795	OR -U GI END DX	716
43239	7001803	OR -U GI END BX SGLE/MULT	716
43240	7001811	OR -U GI END TR DRN PCYST	716
43241	7001829	OR -U GI END INTRALUM	716
43242	7001837	OR -U GI END US NDLE ASP	716
43243	7001845	OR -U GI END INJ ESOPH SC	716
43244	7001852	OR -U GI END BAND LIG E	716
43245	7001860	OR -U GI END DIL GASTR	716
43246	7001878	OR -U GI END G TUBE	716
43248	7001894	OR -U GI END G WIRE	716
43249	7001902	OR -U GI END BAL DIL	716
43250	7001910	OR -U GI END REM LES CAUT	716
43251	7001928	OR -U GI END REM LES SNR	716
43255	7001936	OR -U GI END CONTR BLED	716
43256	7001944	OR -U GI END STENT	716
43258	7001951	OR -U GI END ABL LES	716
43259	7001969	OR -U GI END END US EXAM	716
36800	7001977	OR -INS CAN HD V TO V	744
36810	7001985	OR -INS CAN HD AV EXT	744
36815	7001993	OR -INS CAN HD AV EXT REV	744
46221	7002009	OR -HEMOR SMPL LIGURE	780

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
46230	7002017	OR -EX E HEMOR TAGS	780
46250	7002025	OR -HEMOR E COMPL	780
46255	7002033	OR -HEMOR I/E SMPL	780
46257	7002041	OR -HEMOR I/E SMPL FISS	780
46258	7002058	OR -HEMOR I/E SMPL FIST	780
46260	7002066	OR -HEMOR I/E CMPL	780
46261	7002074	OR -HEMOR I/E CMPL FISS	780
46262	7002082	OR -HEMOR I/E CMPL FIST	780
46083	7002090	OR -INC THROMB HEMORR EXT	780
46500	7002108	OR -INJ SCLEROS SOL HEMOR	780
46934	7002116	OR -DES HEMORR INT	780
46935	7002124	OR -DES HEMORR EXT	780
46936	7002132	OR -DES HEMORR INT&EXT	780
46945	7002140	OR -LIG INT HEMORR SGLE	780
46946	7002157	OR -LIG INT HEMORR MULT	780
49020	7002165	OR -DRN PERTNL AB OPEN	716
49040	7002173	OR -DRN SUBDIAPH AB OPEN	716
49021	7002181	OR -DRN PERTNL AB PERC	716
49041	7002199	OR -DRN SUBDIAPH AB PERC	716
49060	7002207	OR -DRN RETROPER AB OPEN	716
49061	7002215	OR -DRN RETROPER AB PERC	716
46040	7002223	OR -I&D I/P RECTL AB	716
46045	7002231	OR -I&D I/I/S AB ANL U AN	716
46050	7002249	OR -I&D PERIANL AB SUPERF	716
46060	7002256	OR -I&D I/I AB FIS/SUBM	716
44900	7002264	OR -I&D APPEND AB OPEN	716
44901	7002272	OR -I&D APPEND AB PERC	716
27603	7002280	OR -I&D LG/ANK DP AB/HEM	716
27604	7002298	OR -I&D LG/ANK INF BRSA	716
25028	7002306	OR -I&D F'ARM/WRST DP	716
25031	7002314	OR -I&D F'ARM/WRST BRSA	716
25035	7002322	OR -INC DP BN C F'ARM/WR	716
23930	7002330	OR -I&D U ARM/ELB DP AB/H	716
23931	7002348	OR -I&D U ARM/ELB BRSA	716
23935	7002355	OR -INC DP HUM/ELB BC	716
69000	7002363	OR -DRN AB EAR SMPL	716
69020	7002371	OR -DRN AB AUD CANAL	716
69005	7002389	OR -DRN AB EAR COM	716
56405	7002397	OR -I&D VULVA PERI AB	716
56420	7002405	OR -I&D BARTHOLIN GLD AB	716

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
57010	7002413	OR -COLP DRN PELV AB	716
51080	7002421	OR -DRN PERIVSCL SPCE AB	716
61320	7002439	OR -DRN I'CRAN AB SUP	716
61321	7002447	OR -DRN I'CRAN AB INF	716
19020	7002454	OR -MAST EX/DRN AB DP	716
54700	7002462	OR -I&D EPID TEST SCR	716
67700	7002470	OR -BLEP DRN AB EYELID	716
26011	7002488	OR -DRN FNGR AB COMP	716
26010	7002496	OR -DRN FNGR AB SMPL	716
26034	7002504	OR -INCIS BN CORTX HND/FR	716
41800	7002512	OR -DRN AB CYST DENTOALV	716
26990	7002520	OR -I&D PELV/HP JNT D A/H	716
26991	7002538	OR -I&D PELV/HP JNT I BRS	716
26992	7002546	OR -INC PELV/HIP JNT BC	716
50020	7002553	OR -DRN PR/RENAL AB OPEN	716
50021	7002561	OR -DRN PR/RENAL AB PERC	716
47010	7002579	OR -HEP OPEN DRN 1-2 STGS	716
47011	7002587	OR -HEP PERC DRN 1-2 STG	716
32200	7002595	OR -PNEU OP DRN AB/CYST	716
32201	7002603	OR -PNEU PERC DRN AB/CYST	716
38300	7002611	OR -DRN LYMPH AB SMPL	716
38305	7002629	OR -DRN LYMPH AB EXT	716
40800	7002637	OR -DRN AB/C/H V MTH SMPL	716
40801	7002645	OR -DRN AB/C/H V MTH CMPX	716
41000	7002652	OR -I&D TNG/M FLR LGUAL	716
41005	7002660	OR -I&D TNG/M FLR S'LGL S	716
41006	7002678	OR -I&D TNG/M FLR S'LGL D	716
41007	7002686	OR -I&D TNG/M FLR SUBMENT	716
41008	7002694	OR -I&D TNG/M FLR SUBMAND	716
41009	7002702	OR -I&D TNG/M FLR MAST	716
41015	7002710	OR -I&D E'ORAL M FLR SL	716
41016	7002728	OR -I&D E'ORAL M FLR SMTL	716
41017	7002736	OR -I&D E ORAL M FLR SMDB	716
41018	7002744	OR -I&D E'ORAL M FLR M S	716
30000	7002751	OR -DRN AB NASAL INT APR	716
30020	7002769	OR -DRN AB NAS SEPTU	716
21501	7002777	OR -I&D ABS NECK/THORAX	716
42000	7002801	OR -DRN AB PAL/UVULA	991
53060	7002827	OR -DRN SKENE GLD AB/CYST	679
42300	7002843	OR -DRN AB PAROT SMPL	716

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
42310	7002868	OR -DRN AB SUBMAX/SUBLGL	716
42320	7002876	OR -DRN AB SUBMAX EXT	716
45000	7002884	OR -TRANSRECT DRN PELV AB	780
45005	7002892	OR -I&D SUBM AB RECTM	716
45020	7002900	OR -I&D DP SL/PR/RR AB	716
55100	7002918	OR -DRN SCROT WALL AB	716
10060	7002926	OR -I&D AB SMPL/SNGL	716
10061	7002934	OR -I&D AB COMP/MULT	716
42700	7002942	OR -I&D AB PERITONSIL	716
42720	7002959	OR -I&D AB RETR/PAR I APR	716
42725	7002967	OR -I&D AB RETR/PAR E APR	716
28001	7002983	OR -I&D BRSA FOOT	716
12001	7003015	OR -SMP RPR S/NA 0-2.5	819
12002	7003023	OR -SMP RPR S/NA 2.6-7.5	819
12004	7003031	OR -SMP RPR S/N/ 7.6-12.5	819
12005	7003049	OR -SMP RPR S/NA 12.6-20	819
12006	7003056	OR -SMP RPR S/NA 20.1-30	819
12007	7003064	OR -SMP RPR S/NA >30.	819
12011	7003072	OR -SMP RPR F/E/E 0-2.5	819
12013	7003080	OR -SMP RPR F/E/E 2.6-5.	819
12014	7003098	OR -SMP RPR F/E/E 5.1-7.5	819
12015	7003106	OR -SMP RPR F/E/ 7.6-12.5	819
12016	7003114	OR -SMP RPR F/E/E 12.6-20	819
12017	7003122	OR -SMP RPR F/E/E 20.1-30	819
12018	7003130	OR -SMP RPR F/E/E >30.	819
13100	7003148	OR -CMP RPR TRNK 1.1-2.5	819
13101	7003155	OR -CMP RPR TRNK 2.6-7.5	819
13102	7003163	OR -CMP RPR TRNK ADL 5.	819
13120	7003171	OR -CMP RPR S/A/L 1.1-2.5	819
13121	7003189	OR -CMP RPR S/A/L 2.6-7.5	819
13122	7003197	OR -CMP RPR S/A/L ADL 5.	819
13131	7003205	OR -CMP RPR F/C/M 1.1-2.5	819
13132	7003213	OR -CMP RPR F/C/M 2.6-7.5	819
13133	7003221	OR -CMP RPR F/C/M ADL 5.0	819
13150	7003239	OR -CMP RPR E/N/E 0-1.0	819
13151	7003247	OR -CMP RPR E/N/E 1.1-2.5	819
13152	7003254	OR -CMP RPR E/N/E 2.6-7.5	819
13153	7003262	OR -CMP RPR E/N/E ADL 5.0	819
14000	7003270	OR -ADJ TIS TRANS TRNK 10	744
14020	7003296	OR -ADJ TIS TRANS S/A/L 10	744

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
14040	7003312	OR -ADJ TIS TRANS 10 CM	744
14060	7003338	OR -ADJ TIS TRANS 10 CM	744
11730	7003395	OR -AVUL NAIL S SGLE	742
11732	7003403	OR -AVUL NAIL S EA ADL	742
11740	7003411	OR -EVAC SUBUNG HEM	742
11750	7003429	OR -EX NAIL/MTRX PERM REM	716
11752	7003437	OR -EX NAIL/MTRX PRM AMP	716
11755	7003445	OR -BX NAIL UNIT	716
11760	7003452	OR -RPR NAIL BED	742
11762	7003460	OR RCST NAIL BED GFT	742
11765	7003478	OR -WEDGE EX SK NAIL FLD	742
20600	7003486	OR -ARTH ASP/INJ SM J/B	716
20605	7003494	OR -ARTH ASP/INJ INT J/B	716
20610	7003502	OR -ARTH ASP/INJ MAJ J/B	716
23107	7003528	OR -ARTH GLENHUM JNT	716
27372	7003700	OR -REM FB DP TH/KNEE	1,013
27610	7003718	OR -ARTH ANK EXP/DRN/REM	1,013
28192	7003767	OR -REM FB FT DP	1,013
28193	7003775	OR -REM FB FT COMP	1,013
30310	7003783	OR -REM FB NOSE U ANES	1,013
30320	7003791	OR -REM FB INASAL L RHINO	1,013
43500	7003924	OR -GASTROT EXPL/FB REM	824
45307	7003981	OR -PROC'SIG RIG REM FB	690
45915	7003999	OR -REM FEC IMP/FB U ANES	690
52315	7004062	OR -CYST REM FB/STNT COMP	1,125
54115	7004088	OR -REM FB DP PENLE TIS	1,013
65260	7004138	OR -REM FB I'OCUL P MAG	1,013
67413	7004153	OR -REM FB ORBIT NO BN FL	1,013
67430	7004161	OR -REM FB ORBIT BN FLP	1,013
67938	7004179	OR -REM EMB FB EYELID	1,013
68530	7004187	OR -REM FB DAC/LACRIM	1,013
21029	7004203	OR -REM CNTR B TMR FCL BN	744
22900	7004229	OR -EX ABD WALL TMR SUBF	716
23065	7004237	OR -BX ST SHLD SPRF	716
23066	7004245	OR -BX ST SHLD DP	716
23075	7004252	OR -EX ST TMR SHLD SQ	716
23076	7004260	OR -EX ST TMR SHLD DP S/I	716
23077	7004278	OR -RAD RES TMR ST SHLD	716
24077	7004286	OR-RAD RES TMR ST U ARM/E	716
45330	7004351	OR -SIG FLX DX	690

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
45331	7004369	OR -SIG FLX BX SGL/MULT	690
45332	7004377	OR -SIG FLX REM FB	690
45333	7004385	OR -SIG FLX REM LES CAUT	690
45334	7004393	OR -SIG FLX CONTRL BLDG	690
45337	7004401	OR -SIG FLX DEC VOLVUL	690
45338	7004419	OR -SIG FLX REM LES SNR	690
45339	7004427	OR -SIG FLX ABLATN LES	690
45341	7004435	OR -SIG FLX END US EXAM	690
45342	7004443	OR -SIG FLX US FNA/BX	690
45345	7004450	OR -SIG FLX STENT PLMT	690
17110	7004716	OR -DES FLAT WARTS <=14	716
17111	7004724	OR -DES FLAT WARTS >15	716
46910	7004773	OR -DES ANL LES SMPL ELEC	679
46917	7004781	OR -DES ANL LES SMPL LASR	679
46922	7004799	OR -DES ANL LES SMPL EXC	679
46924	7004807	OR -DES ANL LES EXT	679
	7004815	OR -LIG INT JUGULAR VEIN	744
45355	7004856	OR -COL TRANSAB SGLE/MULT	882
45378	7004864	OR -COL FLX P-SF DX	882
45379	7004872	OR -COL FLX P-SF REM FB	882
45380	7004880	OR -COL FLX P-SF BX S/M	882
45382	7004898	OR -COL FLX P-SF CNTR BLD	882
45383	7004906	OR -COL FLX P-SF ABL LES	882
45384	7004914	OR -COL FLX REM LES CAUT	882
45385	7004922	OR -COL FLX REM LES SNRE	882
45387	7004930	OR -COL FLX STNT PLMT	882
54690	7004948	OR -LAP ORCHIECTOMY	770
54522	7004955	OR -ORCH PARTIAL	770
54535	7004963	OR -ORCH TMR ING AB EXP	770
54530	7004971	OR -ORCH TMR ING APR	770
54520	7004989	OR -ORCH SMPL SCR/ING APR	770
15850	7004997	OR -REM SUT ANES SAME PHY	956
15851	7005002	OR -REM SUT ANES OTHER PH	956
49491	7005010	OR-RPR I GNL HERN<50 WK R	819
49492	7005028	OR -RPR I GNL HERN<50 WK	819
49495	7005036	OR -RPR I GNL HERN<.5Y R	819
49496	7005044	OR -RPR I GNL HERN<.5Y S	819
49500	7005051	OR -RPR I GNL HERN.5-5Y R	819
49501	7005069	OR -RPR I GNL HERN.5-5Y S	819
49505	7005077	OR -RPR I GNL HERN>5Y R	819

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
49507	7005085	OR -RPR I GNL HERN>5Y S	819
49520	7005093	OR -RPR R GNL HERN R	819
49521	7005101	OR -RPR R GNL HERN S	819
49525	7005119	OR -RPR SL GNL HERN	819
49540	7005127	OR -RPR LMBR HERN	819
49550	7005135	OR -RPR I FEM HERN R	819
49553	7005143	OR -RPR I FEM HERN I/S	819
49555	7005150	OR -RPR R FEM HERN R	819
49557	7005168	OR -RPR R FEM HERN I/S	819
49560	7005176	OR -RPR I INC/V HERN R	819
49561	7005184	OR -RPR I INC/V HERN I/S	819
49565	7005192	OR -RPR R INC/V HERN R	819
49566	7005200	OR -RPR R INC/V HERN I/S	819
49568	7005218	OR -IMP MESH INC/V HERN	819
49570	7005226	OR -RPR EPIGAST HERN R	819
49572	7005234	OR -RPR EPIGAST HERN I/S	819
49580	7005242	OR -RPR U HERN <5Y R	819
49582	7005259	OR -RPR U HERN <5Y I/S	819
49585	7005267	OR -RPR U HERN 5Y+ R	819
49587	7005275	OR -RPR U HERN 5Y+ I/S	819
49650	7005283	OR LAP HERNIA REPAIR INTL	819
49651	7005291	OR LAP HERNIA REP RECURRN	819
49659	7005309	OR LAP PROC HERNIA REPAIR	819
44640	7005424	OR -CLOS INT CUTAN FIS	824
44650	7005432	OR -CLOS EE/EO FIS	824
44660	7005440	OR -CLOS EV FIS NO I/B RE	824
43880	7005457	OR -CLOS GASTROCOLIC FIS	824
68770	7005481	OR -CLOS LACRIMAL FIS	991
19324	7005549	OR -MAM AUG NO PROST IMPL	965
33206	7005689	OR-REPL PACMKR ATRIAL PRM	1,111
33207	7005697	OR-REPL PACMKR VENTR PERM	1,111
33208	7005705	OR -REPL PACMKR A&V PERM	1,111
33210	7005713	OR -PACMKR TEMP SING	1,111
33211	7005721	OR -PACMKR TEMP DUAL	1,111
33212	7005739	OR-PACMKR PULS GEN S CHMB	1,111
33213	7005747	OR-PACMKR PULS GEN D CHMB	1,111
33216	7005754	OR -INS S CHMBR DEFIB	1,111
33217	7005762	OR -INS D CHMBR DEFIB	1,111
33222	7005770	OR -REV SKIN PCKET PCMKR	1,111
33223	7005788	OR-REV SKIN PCKT S/D CHMB	1,111

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
33249	7005796	OR-INS/REP LD S/D CHMB DF	1,111
55700	7005804	OR -BX PROSTATE NDLE	716
55705	7005812	OR -BX PROST INCISION	716
55720	7005820	OR -DRN PROST AB SMPL	716
55725	7005838	OR -DRN PROST AB COMP	716
55801	7005846	OR -PROST P'NEAL SUBTOT	716
55810	7005853	OR -PROST P'NEAL RAD	716
55812	7005861	OR-PROST P RAD LYMPH ND	716
55821	7005879	OR -PROST S'PUB S 1-2STG	716
55831	7005887	OR -PROST R'PUB SUBTOT	716
55845	7005895	OR-PROST R'PUB LYMPHADEN	716
62270	7005945	OR -LUMB PUNCTURE DX	831
54640	7005960	OR -ORCHIPXY ING APR	770
54692	7005986	OR -LAP ORCHIPXY INTR ABD	770
11770	7006000	OR -EX P CYST SMPL	716
11771	7006018	OR -EX P CYST EXT	716
11772	7006026	OR -EX P CYST COMP	716
10080	7006034	OR -I&D P CYST SMPL	716
10081	7006042	OR -I&D P CYST COMP	716
47001	7006067	OR-BX LIVER NDL OTH MAJ P	716
47015	7006091	OR -LAP HEP PARASITC CYST	716
47100	7006109	OR -BX LIVER WEDGE	716
47120	7006117	OR -HEP RES LIVR PTL LOB	716
47122	7006125	OR -HEP RES LIVR TRISEGM	716
47125	7006133	OR -HEP RES LIVR T LT LOB	716
47130	7006141	OR -HEP RES LIVR T RT LOB	716
47379	7006174	OR LAP PROCECURE, LIVER	5,287
36825	7006182	OR -AV FIS AUTOGFT	744
36830	7006190	OR -AV FIS NONAUTOGRF	744
19290	7006216	OR -PREOP PL NDL BRST	921
54550	7006331	OR -EXP UND TEST I/S APR	770
54560	7006349	OR -EXP UND TEST ABD EXP	770
54600	7006356	OR -RED TORSN TEST	770
54800	7006364	OR -BX EPIDIDYMIS NDLE	716
20552	7006372	OR -INJ TRG PNT 1-2MUS	833
20553	7006380	OR -INJ TRIG PNT=>3MUS	833
47562	7006414	OR LAP CHOLECYSTECTOMY	6,463
47564	7006430	OR LAP CHOLECYST EXPLORE	6,463
47570	7006448	OR LAP CHOLECYSTOENTEROST	6,463
19160	7006612	OR -MAST PTL	921

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
19100	7006760	OR -BX BRST NDLE NO IMAG	921
19101	7006778	OR -BX BRST OP INCIS	921
19102	7006786	OR -BX BRST NDLE IMAG	921
19103	7006794	OR -BX BRST V/R DV IMAG	921
26477	7006844	OR -SHRTN TND E HND/FNGR	819
26478	7006851	OR -LNGTH TND F HND/FNGR	819
26479	7006869	OR -SHRTN TND F HND/FNGR	819
38120	7007271	OR LAPAROSCOPI SPLENECTOMY	873
38500	7007289	OR -BX/EX LYMPH SUPRF	716
38505	7007297	OR -BX LYMPH NDLE SUPF	716
43520	7007479	OR -PYLOROMYOTOMY	824
43620	7007487	OR -GASTR T ESOPHGO	824
43621	7007495	OR -GASTR T ROUX EN Y	824
43622	7007503	OR -GASTR T POUCH	824
43631	7007511	OR -GASTR P DIS G'DUODEN	824
43632	7007529	OR -GASTR P DIS G'JEJUNOS	824
43633	7007545	OR -GASTR P DIS ROUX-EN-Y	824
43634	7007552	OR -GASTR P DIS POUCH	824
43635	7007560	OR -GASTR P PROX VAG	824
43640	7007586	OR -VAGOT PYLO TR/SEL	824
43750	7007610	OR -PERC PLCMT GASTR TUBE	824
43752	7007628	OR -NASO/ORO GASTR TUBE	824
43760	7007636	OR -CHANGE GASTR TUBE	824
43800	7007644	OR GASTRIC PYLOROPLASTY	824
43820	7007651	OR -GASTROJEJUNOST NO VAG	824
43830	7007669	OR -GASTR O NO GAST TUBE	824
43831	7007677	OR -GASTR O NEONATAL	824
43832	7007685	OR -GASTR O GASTR TUBE	824
43843	7007693	OR -GASTR RES OBESITY V B	824
43860	7007701	OR -REV G'JEJUNAL ANAST	824
44202	7007800	OR LAP ENTERECTOMY, INT REC	9,758
44203	7007818	OR LAP RESECT(S) INTEST, ADDITIONAL	5,287
44204	7007826	OR LAP PARTIAL COLECTOMY	9,758
44205	7007834	OR LAP COLECTOMY PART W/ILEUM	9,758
44970	7007891	OR -LAPAROSCOPY SURGICAL APPENDECTOMY	930
46200	7007925	OR -FISSURECTOMY	679
46270	7007933	OR -SURGICAL TREATMENT ANAL FISTULA SUBCUTANEOUS	679
46275	7007941	OR -SURGICAL TREATMENT ANAL FISTULA SUBMUSCULAR	679

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
46280	7007958	OR -SURGICAL TREATMENT ANAL FISTULA COMPLEX OR MULTIPLE	679
46600	7007974	OR -ANOSCOPY DIAGNOSTIC	679
46608	7007982	OR -ANOSCOPY WITH REMOVAL FOREIGN BODY	1,013
58550	7008121	OR -LAPAROSCOPY SURGICAL WITH VAGINAL HYSTERECTOMY	873
53661	7008535	DILATION FEMALE URETHRA SUBSEQUENT	716
53660	7008543	DILATION FEMALE URETHRA INITIAL	716
53621	7008550	DILATION MALE URETHRAL STRICTURE WITH FILIFORM INITIAL	716
53620	7008568	DILATION MALE URETHRAL STRICTURE WITH FILIFORM SUBSEQUENT	716
53601	7008576	DILATION MALE URETHRAL STRICTURE WITH SOUND SUBSEQUENT	716
53600	7008584	DILATION MALE URETHRAL STRICTURE WITH SOUND INITIAL	716
46706	7008592	REPAIR ANAL FISTULA WITH FIBRIN GLUE	716
31633	7008600	BRONCHOSCOPY WITH TRANSBRONCHIAL NEEDLE ASPIRATION	965
31632	7008618	BRONCHOSCOPY WITH TRANSBRONCHIAL LUNG BIOPSY	965
31637	7008626	BRONCHOSCOPY LUNG EACH ADDITIONAL MAJOR BRONCHUS STENTED	965
31638	7008634	BRONCHOSCOPY LUNG REVISION OF PREVIOUSLY INSERTED STENT	965
31656	7008642	BRONCHOSCOPY LUNG WITH INJECTION CONTRAST MATERIAL	965
31636	7008659	BRONCHOSCOPY LUNG PLACEMENT STENT INITIAL BRONCHUS	965
50972	7008667	URETERAL ENDOSCOPY WITH CATHETERIZATION	679
47530	7008675	REVISION AND/OR REINSERTION TRANSHEPATIC TUBE	679
62225	7008691	REPLACEMENT OR IRRIGATION VENTRICULAR CATHETER	679
62194	7008709	REPLACEMENT OR IRRIGATION SUBARACHNOID OR	679
36584	7008717	REPLACEMENT PERIPHERALLY INSERTED CENTRAL VENOUS	679
36580	7008725	REPLACEMENT CENTRALLY INSERTED CENTRAL VENOUS CATHETER	679

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
61020	7008733	VENTRICULAR PUNCTURE THRU PREVIOUS BURR HOLE	679
50394	7008741	INJECTION FOR PYELOGRAPHY	679
42660	7008758	DILATION & CATHETERIZATION SALIVARY DUCT	679
52010	7008766	CYSTOURETHROSCOPY WITH EJACULATORY DUCT CATHETERIZATION	679
36145	7008774	INTRODUCTION OF NEEDLE OR INTRACATHETER	679
54163	7008782	REPAIR INCOMPLETE CIRCUMCISION	882
62010	7008790	ELEVATION DEPRESSED SKULL FRACTURE WITH REPAIR DURA	716
21627	7008808	STERNAL DEBRIDEMENT	716
11721	7008816	DEBRIDEMENT OF NAILS, 6 OR MORE	716
11720	7008824	DEBRIDEMENT OF NAILS, 1-5	716
11001	7008832	DEBRIDEMENT OF INFECTED SKIN EACH ADDITIONAL 10% OF	716
97598	7008840	SELECTIVE DEBRIDEMENT OF SURFACE AREA GREATER THAN 20 SQ	716
57135	7008857	EXCISION VAGINAL CYST OR TUMOR	755
60200	7008865	EXCISION CYST OR ADENOMA OF THYROID	755
21048	7008873	EXCISION BENIGN TUMOR OR CYST OF MAXILLA	755
21046	7008881	EXCISION BENIGN TUMOR OR CYST OF MANDIBLE	755
30125	7008899	EXCISION DERMOID CYST NOSE COMPLEX	755
30124	7008907	EXCISION DERMOID CYST NOSE SIMPLE	755
50290	7008915	EXCISION PERINEPHRIC CYST	755
51500	7008923	EXCISION URACHAL CYST OR SINUS	755
39200	7008931	EXCISION MEDIASTINAL TUMOR	755
21049	7008949	EXCISION BENIGN TUMOR OR CYST OF MAXILLA WITH	755
15136	7008956	DERMAL AUTOGRAFT FACE, SCALP, EYELIDS, MOUTH, NECK,	755
25116	7008964	EXCISION LESION TENDON SHEATH FOREARM AND/OR WRIST	716
54110	7008980	EXCISION PENILE PLAQUE (PEYRONIE DISEASE)	716
61616	7008998	RESECTION/EXCISION LES'N BASE OF POST'R CRANIAL FOSSA,	716
61615	7009004	RESECTION/EXCISION LES'N BASE OF POST'R CRANIAL FOSSA,	716
25110	7009012	RADICAL EXCISION BURSA, SYNOVIA OF WRIST OR FOREARM	716

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
31545	7009020	LARYNGOSCOPY WITH SUBMUCOSAL REMOVAL OF LESION OF	679
	7009038	OR -EX/RPR LID TO 1/4 MRG	1,062
67801	7009046	EXCISION CHALAZION MULTIPLE SAME LID	716
67800	7009053	EXCISION CHALAZION SINGLE	716
66130	7009061	EXCISION LESION SCLERA	716
54830	7009079	EXCISION LESION EPIDIDYMIS	716
69540	7009087	EXCISION AURAL POLYP	716
69140	7009095	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	716
60605	7009103	EXCISION CAROTID BODY TUMOR WITH EXCISION OF CAROTID ARTERY	716
60600	7009111	EXCISION CAROTID BODY TUMOR WITHOUT EXCISION OF	716
28092	7009129	EXCISION LESION TOES, EACH	716
61500	7009137	CRANIECTOMY WITH EXCISION TUMOR OR LESION OF SKULL	716
45108	7009145	ANORECTAL MYOMECTOMY	716
63273	7009152	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN	716
	7009160	OR -EX/RPR LID >1/4 MRG	1,062
63271	7009178	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN	716
63270	7009186	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN	716
63265	7009194	LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN	716
44110	7009202	EXCISION LESION SMALL OR LARGE INTESTINE SINGLE ENTEROTOMY	716
43257	7009210	ENDOSCOPY UPPER GASTROINTESTINAL TO	824
43236	7009228	ENDOSCOPY UPPER GASTROINTESTINAL WITH DIRECTED	824
63272	7009236	LAMINECTOMY EXCISION OR EVACUATION OF INTRASPINAL	716
43238	7009244	ENDOSCOPY UPPER GASTROINTESTINAL WITH FINE NEEDLE	824
	7009251	OTOPLASTY, PROTRUDING EAR, UNILATERAL, NON-COSMETIC	786
	7009269	OTOPLASTY, PROTRUDING EAR, BILATERAL, NON-COSMETIC	786
43237	7009277	ENDOSCOPY UPPER GASTROINTESTINAL WITH	824

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
10121	7009285	INCISION & REMOVAL FOREIGN BODY SUBCUTANEOUS	716
10120	7009293	INCISION & REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE SIMPLE	716
10160	7009301	PUNCTURE ASPIRATION ABSCESS OR CYST	716
27025	7009319	FASCIOTOMY HIP OR THIGH	716
10140	7009327	INCISION & DRAINAGE HEMATOMA, SEROMA OR FLUID COLLECTION	716
48000	7009335	PLACEMENT DRAINS PERIPANCREATIC	716
21502	7009343	INCISION & DRAINAGE DEEP ABSCESS OR HEMATOMA SOFT TISSUES	716
10180	7009350	INCISION & DRAINAGE COMPLEX POSTOPERATIVE WOUND INFECTION	716
29000	7009368	APPLICATION HALO TYPE BODY CAST	716
36000	7009376	PLACEMENT NEEDLE OR INTRACATHETER IN VEIN	716
50384	7009384	REMOVAL INTERNALLY DWELLING URETRAL STENT	744
50382	7009392	REMOVAL & REPLACEMENT INTERNALLY DWELLING URETRAL	744
15110	7009400	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, 1ST 100 SQ CM	744
64505	7009418	INJECTION ANESTHETIC AGENT SPHENOPALATINE GANGLION	716
45381	7009426	COLONOSCOPY WITH DIRECT SUBMUCOSAL INJECTION	882
44393	7009434	COLONOSCOPY THRU STOMA WITH ABLATION OF TUMORS, POLYPS	882
44389	7009442	COLONOSCOPY THRU STOMA WITH BIOPSY, SINGLE OR MULTIPLE	882
44397	7009459	COLONOSCOPY THRU STOMA WITH REMOVAL OF TUMORS, POLYPS	882
44394	7009467	COLONOSCOPY THRU STOMA WITH REMOVAL OF TUMORS, POLYPS	882
45392	7009475	COLONOSCOPY WITH ULTRASOUND GUIDED FINE NEEDLE	882
45391	7009483	COLONOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAMINATION	882
44391	7009491	COLONOSCOPY THRU STOMA WITH CONTROL OF BLEEDING	882
45386	7009509	COLONOSCOPY WITH BALLOON DILATION 1 OR MORE STRICTURES	882

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
44392	7009517	COLONOSCOPY THRU STOMA WITH TRANSENDOSCOPIC	882
44388	7009525	COLONOSCOPY THRU STOMA DIAGNOSTIC	882
49590	7009533	REPAIR SPIGELIAN HERNIA	819
39502	7009541	REPAIR PARAESOPHAGEAL HIATUS HERNIA	819
39541	7009558	REPAIR DIAPHRAGMATIC HERNIA CHRONIC	819
39531	7009566	REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC	819
39530	7009574	REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC	819
39520	7009582	REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC	819
39503	7009608	REPAIR NEONATAL DIAPHRAGMATIC HERNIA	819
39501	7009616	REPAIR LACERATION OF DIAPHRAGM	819
69140	7009624	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	716
21930	7009632	EXCISION TUMOR SOFT TISSUE BACK OR FLANK	716
58999	7009640	UNLISTED PROCEDURE FEMALE GENITAL SYSTEM, NONOBSTETRICAL	679
56700	7009657	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	679
58752	7009665	TUBOUTERINE IMPLANTATION	1,047
67227	7009681	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY,	716
67805	7009699	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	991
68810	7009707	PROBE NASOLACRIMAL DUCT	991
65150	7009715	REINSERTION OCULAR IMPLANT	1,770
65155	7009970	REINSERTION OCULAR IMPLANT WITH USE OF FOREIGN MATERIAL	991
93679	7009988	UNLISTED THERAPEUTIC, PROPHYLACTIC OR	679
30901	7010002	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE	742
31546	7010010	LARYNGOSCOPY WITH SUBMUCOSAL REMOVAL OF LESION OF	679
31561	7010028	LARYNGOSCOPY WITH ARYTENOIDECTOMY	679
31527	7010036	LARYNGOSCOPY WITH INSERTION OF OBTURATOR	679
69420	7010044	MYRINGOTOMY WITH ASPIRATION AND/OR EUSTATION TUBE INFLATION	1,029
69433	7010051	TYMPANOPLASTY WITH TUBE	1,029

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
69424	7010069	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	679
31615	7010077	TRACHEOBRONCHOSCOPY THRU ESTABLISHED	716
21345	7010085	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE	716
92511	7010093	NASOPHARYNGOSCOPY WITH ENDOSCOPE	1,142
92700	7010101	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	1,356
69300	7010119	OTOPLASTY, PROTRUDING EAR, UNILATERAL, NON-COSMETIC	786
69644	7010127	TYMPANOPLASTY WITH MASTOIDECTOMY WITH INTACT	1,125
69643	7010135	TYMPANOPLASTY WITH MASTOIDECTOMY WITH INTACT	1,125
92961	7010143	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION	635
64479	7010150	INJECTION, ANESTHETIC AGENT AND/OR STEROID,	833
56821	7010168	COLPOSCOPY OF VULVA WITH BIOPSY	304
57421	7010176	COLPOSCOPY VAGINA WITH CERVIX	304
56820	7010184	COLPOSCOPY OF VULVA	304
57420	7010192	COLPOSCOPY VAGINA WITH CERVIX WITH BIOPSY OF VAGINA OR CERVIX	304
57456	7010200	COLPOSCOPY CERVIX INCLUDING UPPER/ ADJACENT VAGINA	304
57461	7010218	COLPOSCOPY CERVIX INCLUDING UPPER/ ADJACENT VAGINA	304
58110	7010226	BIOPSY ENDOMETRIAL SAMPLING IN CONJUNCTION WITH COLPOSCOPY	304
57455	7010234	COLPOSCOPY CERVIX INCLUDING UPPER/ ADJACENT VAGINA WITH	304
99170	7010242	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION	304
27520	7010259	CLOSED TREATMENT OF PATELLAR FRACTURE WITHOUT MANIPULATION	1,048
50387	7010267	REMOVAL & REPLACEMENT EXTERNALLY ACCESSIBLE	744
30450	7010275	RHINOPLASTY SECONDARY MAJOR REVISION, NON-COSMETIC	680
25260	7010291	OR -TENDON RPR ARM FLEXOR	819
25270	7010309	OR -TENDON RPR ARM EXTENSOR	819
27650	7010317	OR -TENDON RPR LEG ACHILLES	819

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
27658	7010325	OR -TENDON RPR LEG FLEXOR	819
27664	7010333	OR -TENDON RPR LEG EXTENSOR	819
38129	7010358	OR LAPAROSCOPE PROC, SPLEEN	5,287
38221	7010366	OR BONE MARROW BIOPSY	417
38570	7010374	OR LAPAROSCOPY, LYMPH NODE BIOPSY	6,463
43279	7010382	OR LAPAROSCOPIC ESOPHAGOMYOTOMY	9,758
43280	7010390	OR LAPAROSCOPY, FUNDOPLASTY	9,758
43281	7010408	OR LAP REPAIR PARAESOPHAGEAL HERNIA	9,758
43282	7010416	OR LAP REP PARAESOPH HERNIA W/MESH	9,758
43289	7010424	OR LAPAROSCOPE PROC, ESOPH	5,287
43644	7010432	OR LAP GASTRIC BYPASS/ROUX-EN-Y	9,758
43645	7010440	OR LAP GASTR BYPASS INCL SMALL INTE	9,758
43651	7010457	OR LAPAROSCOPY, VAGUS NERVE	9,758
43652	7010465	OR LAPAROSCOPY, VAGUS NERVE	9,758
43653	7010473	OR LAPAROSCOPY, GASTROSTOMY	6,463
43659	7010481	OR LAPAROSCOPE PROC, STOMACH	5,287
43770	7010499	OR LAP PLACE GASTRIC ADJUST DEVICE	6,463
43771	7010507	OR LAP REVISE GASTRIC ADJUST DEVICE	9,758
43772	7010515	OR LAP PLACE GASTRIC ADJUST DEVICE	5,287
43773	7010523	OR LAP REPLACE GASTRIC ADJ DEVICE	9,758
43774	7010531	OR LAP REMV GASTRIC RESTRC DEV/PORT	5,287
43775	7010549	OR LAP GASTRIC PROC, LONG GASTRECTMY	9,758
44180	7010556	OR LAP, ENTEROLYSIS	6,463
44186	7010564	OR LAP, JEJUNOSTOMY	6,463
44187	7010572	OR LAP, ILEO/ JEJUNO-STOMY	6,463
44206	7010598	OR LAP PART COLECTOMY W/STOMA	9,758
44207	7010606	OR LAP COLECTOMY/COLOPROCTOSTOMY	9,758
44208	7010614	OR LAP COLECTOMY/COLOPROCTOSTOMY	9,758
44210	7010622	OR LAP TOTAL PROCTOCOLECTOMY	9,758
44211	7010630	OR LAP COLECTOMY W/PROCTECTOMY	9,758
44212	7010648	OR LAP TOTAL PROCTOCOLECTOMY	9,758
44213	7010655	OR LAP, MOBIL SPLENIC FL ADD-ON	5,287
44227	7010663	OR LAP, CLOSE ENTEROSTOMY	5,287
44238	7010671	OR LAP PROCEDURE, INTESTINE	5,287
45395	7010689	OR LAP, REMOVAL OF RECTUM	9,758
45397	7010697	OR LAP, REMOVE RECTUM W/POUCH	9,758
45400	7010705	OR LAPAROSCOPIC PROCEDURE	5,287
45402	7010713	OR LAP PROCTOPEXY W/SIG RESECT	9,758
45499	7010721	OR LAPAROSCOPE PROC, RECTUM	5,287
47579	7010739	OR LAPAROSCOPE PROC, BILIARY	5,287

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
49320	7010747	OR DIAGNOSTIC LAPAROSCOPY	5,287
49321	7010754	OR LAPAROSCOPY, BIOPSY	5,287
49322	7010762	OR LAPAROSCOPY, ASPIRATION	5,287
49323	7010770	OR LAP DRAIN LYMPHOCELE	5,287
49324	7010788	OR LAP INSERT PERM INTRAPERITN CATH	5,287
49325	7010796	OR LAP REV PERM INTRAPERITONL CATH	5,287
49326	7010804	OR LAP W/OMENTOPEXY ADD-ON	5,287
49329	7010812	OR LAP PROC, ABD/PERITONEUM OMENTUM	5,287
49652	7010820	OR LAP HERNIA REP VENTRAL/UMBILICAL	5,287
49653	7010838	OR LAP HERNIA REP VENTRAL/UMBIL INC	5,287
49654	7010846	OR LAP HERNIA REP INCISIONAL,REDUC	5,287
49655	7010853	OR LAP HERNIA REP INCISIONAL, INCAR	5,287
49656	7010861	OR LAP HERNIA REP INCISIONAL, RECUR	5,287
49657	7010879	OR LAP HERN REP INCIS, RECUR/INCIS	5,287
50546	7010887	OR LAPAROSCOPIC NEPHRECTOMY	12,927
50548	7010895	OR LAP NEPHRECTOMY W/URETER	12,927
	7010903	OR -LAP SURG APPENDECTOMY	930
	7010911	OR - EXAM UNDER ANESTH	986
44188	7020589	OR LAP, COLOSTOMY	9,758
23330	7100068	OR -SHLD REM FB SUBQ	1,086
29834	7100076	OR -ARTH ELB REM FB	1,086
29861	7100084	OR -ARTH HIP REM FB	1,086
29874	7100092	OR -ARTH KNEE REM FB	1,086
29894	7100100	OR -ARTH ANK REM FB	1,086
29820	7100118	OR -ARTH SHLD SYN PTL	1,086
29835	7100126	OR -ARTH ELB SYN PTL	1,086
29844	7100134	OR -ARTH RST SYN PTL	1,086
29875	7100159	OR -ARTH KNEE SYNOV LMTD	1,086
29876	7100167	OR -ARTH KNEE SYNOV MAJ	1,086
29895	7100175	OR -ARTH ANK SYN PTL	1,086
29821	7100183	OR -ARTH SHLD SYN COMP	1,086
29836	7100191	OR -ARTH ELB SYN COMP	1,086
29845	7100209	OR -ARTH RST SYN COMP	1,086
29862	7100217	OR -ARTH HIP DBR/ABR/RES	1,086
29879	7100225	OR -ARTH KNEE ABR/DRL/FX	1,086
29880	7100233	OR -ARTH KNEE MENISCECTOM	1,086
29881	7100241	OR -ARTH KNEE MENISCECTOM	1,086
29882	7100258	OR -ARTH KNEE M RPR M/L	1,086
29883	7100266	OR -ARTH KNEE M RPR M&L	1,086
64721	7100274	OR-NEURO&/TR MED NRV@CRPL	780

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
29848	7100282	OR -END RST REL CRP LIG	780
23505	7100290	OR -FX.CT CLAV MAN	1,048
23525	7100308	OR -DL.CT ST CLAV MAN	1,048
23540	7100316	OR -DL.CT AC JNT NO MAN	1,048
23575	7100324	OR -FX.CT SCAPLR FX MAN	1,048
23605	7100332	OR -FX.CL HUM PX MAN	1,048
23655	7100357	OR-DL.CT SHLDR MAN U ANES	1,048
23665	7100365	OR -FX.CT SHLDR DL & >TH	1,048
23675	7100373	OR -FX.CT SHLDR DL & NK	1,048
24500	7100381	OR -FX.CT HUM NO MAN	1,048
24530	7100399	OR -FX.CT S/T HUM NO MAN	1,048
24560	7100407	OR -FX.CT E HUM NO MAN	1,048
24576	7100415	OR -FX.CT C HUM NO MAN	1,048
24600	7100423	OR -DL.CT ELB NO ANES	1,048
24620	7100431	OR -FX/DL.CT ELB MAN	1,048
24640	7100449	OR -FX.CT RAD HD MAN	1,048
24655	7100456	OR -FX.CT RAD HD/NK MAN	1,048
25530	7100464	OR -FX.CT ULN SHFT NO MAN	1,048
25505	7100472	OR -FX.CL RAD MAN	1,048
25530	7100480	OR -FX.CL ULN NO MAN	1,048
25560	7100498	OR -FX.CT RAD&ULN NO MAN	1,048
25600	7100506	OR -FX.CT D RAD NO MAN	1,048
25622	7100514	OR -FX.CT C SCAPH NO MAN	1,048
25630	7100522	OR -FX.CT CARP BN NO MAN	1,048
25660	7100530	OR -DL.CT R/I CARP MAN	1,048
25675	7100548	OR -DL.CT D RAD MAN	1,048
25680	7100555	OR -FX/DL.CT T SCAPH MN	1,048
25690	7100563	OR -DL.CT LUNATE MAN	1,048
26600	7100571	OR -FX.CT M'CRP NO MAN	1,048
26607	7100589	OR -FX.CT M'CRP /FIX&M	1,048
26641	7100597	OR -DL.CT THMB MAN	1,048
26645	7100605	OR -FX/DL.CT THMB MAN	1,048
26675	7100613	OR -DL.CT CRP&MCRP MAN U	1,048
26705	7100621	OR-DL.CT M'CRP PHAL MAN&A	1,048
26725	7100639	OR -FX.CT PHALN P/M MAN	1,048
26742	7100647	OR -FX.CT MI PHAL JNT MAN	1,048
26755	7100654	OR -FX.CT D PHAL MAN	1,048
26775	7100662	OR -DL.CT IP JNT MAN&ANES	1,048
27222	7100670	OR -FX.CT ACETB MAN	1,048
27510	7100688	OR -FX.CT FEM DIS MAN	1,048

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
27240	7100696	OR -FX.CT IPS FEM MAN	1,048
27252	7100704	OR -DL.CT HIP U ANES	1,048
27275	7100712	OR -MAN HIP JNT U ANES	679
27257	7100720	OR -DL.TX S HIP MAN&ANES	1,048
27266	7100738	OR -DL.CT P HIP A U ANES	1,048
27502	7100746	OR -FX.CT FEM MAN	1,048
27503	7100753	OR -FX.CT S/T FEM MAN	1,048
27502	7100761	OR -FX/DL.CT FEM MAN	1,048
27530	7100787	OR -FX.CT TIBIA PX NO MAN	1,048
27538	7100795	OR -FX.CT INTRCONDYL/KNEE	1,048
27552	7100803	OR -DL.CT KNEE ANES	1,048
27562	7100811	OR -DL.CT PATELL U ANES	1,048
27570	7100829	OR -MAN KNEE JNT U ANES	1,110
27750	7100837	OR -FX.CT TIB SHFT NO MAN	1,048
27762	7100845	OR -FX.CT MED MALL MAN	1,048
27781	7100852	OR -FX.CT PROX FIB MAN	1,048
27788	7100860	OR -FX.CT DIST FIB MAN	1,048
27810	7100878	OR -FX.CT BIM ANKL MAN	1,048
27818	7100886	OR -FX.CT TRIM ANKL MAN	1,048
27752	7100894	OR -FX.CT TIB SHFT MAN	1,048
27831	7100902	OR -DL.CT P TIBFB JNT ANE	1,048
27842	7100910	OR -DL.CT ANKL U ANES	1,048
27860	7100928	OR -MAN ANK U ANAS	1,048
28405	7100936	OR -FX.CT CALCANL MAN	1,048
28435	7100944	OR -FX.CT TALUS MAN	1,048
28455	7100951	OR -FX.TX TARSAL BN MAN	1,048
28475	7100969	OR -FX.CT M'TARSL MAN	1,048
28495	7100977	OR -FX.CT GRT TOE MAN	1,048
28515	7100985	OR -FX.CT OTHR TOE MAN	1,048
28545	7100993	OR -DL.CT TARSAL U ANES	1,048
28575	7101009	OR -DL.CT TTARSL JNT U AN	1,048
28605	7101017	OR -DL.CT TMTARSL JT U AN	1,048
28635	7101025	OR -DL.CT MTPL JNT U ANES	1,048
28665	7101033	OR -DL.CT IP JNT /A	1,048
27347	7101132	OR -EX LSN MNS/CAP KNEE	716
26160	7101165	OR -EX LSN TNDN S/JNT H/F	716
28090	7101173	OR -EX LSN TNDN FT	716
27345	7101181	OR -EX SYN CST POPLTL	755
24105	7101199	OR -EX OLECRANON BRSA	716
27062	7101207	OR -EX TROCH BRSA/CALC	716

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
27060	7101215	OR -EX ISCHL BRSA	716
27340	7101223	OR -EX PREPATELLAR BRSA	716
25115	7101231	OR RD EX BRSA SYN F TF	716
64776	7101256	OR -EX NRMA DIGIT NRV	716
64778	7101264	OR -EX NRMA DIGIT NRV ADL	716
22100	7101447	OR -PTL EX P V C 1 CERV	716
22101	7101454	OR -PTL EX P V C 1 THR	716
22102	7101462	OR -PTL EX P V C 1 LMBR	716
22103	7101470	OR -PTL EX P V C EA ADL	716
22112	7101496	OR -PTL EX V BDY 1 THR	716
22114	7101504	OR -PTL EX V BDY 1 LMBR	716
22116	7101512	OR -PTL EX V BDY EA ADL	716
24410	7101520	OR -OSTEO REALIGN ROD/HUM	716
27355	7101538	OR -EX B TMR FEM	716
28100	7101546	OR -EX B TMR TAL/CAL	716
28104	7101553	OR -EX B TMR TAR/MT NO TC	716
28108	7101561	OR -EX B TMR PHALANGES FT	716
28171	7101579	OR -RES TMR BN TARSAL	716
28173	7101587	OR -RES TMR BN M'TARSAL	716
28175	7101595	OR-RES TMR BN PHALANX TOE	716
64774	7101603	OR -EX NRMA CUT NRV OR ID	716
64786	7101611	OR -EX NRMA SCIATIC NRV	716
28285	7101678	OR -COR HAMMERTOES	716
28286	7101686	OR -COR COCK-UP 5TH TOE	716
28288	7101694	OR -OST PTL E/C METATRSL	716
28289	7101702	OR -COR HALL RIG C/D	716
28290	7101710	OR -COR HALL VAL SMPL EX	716
28292	7101728	OR -COR HALL VAL K/M/M	716
28293	7101736	OR -COR HALL VAL JNT RES	716
28294	7101744	OR -COR HALL VAL T TRNSPL	716
28296	7101751	OR -COR HALL VAL MT OST	716
28297	7101769	OR -COR HALL VAL LAPIDUS	716
28298	7101777	OR -COR HALL VAL PHLX OST	716
28299	7101785	OR -COR HALL VAL DBLE OST	716
27301	7101942	OR -I&D DP ABS TH/KNEE	716
27303	7101959	OR -INC DP BN C/FEM/KNEE	716
20650	7101991	OR-INS WIRE/PIN&SKEL TRCT	744
20670	7102007	OR -REM IMPL SUPF	744
20680	7102015	OR -REM IMPL DEEP	744
	7102171	OR -RPR D E TND INS CL	679

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
22318	7102304	OR -FX.OT ODONTOID NO GFT	1,110
22325	7102312	OR -FX.OT VERTEBR PA LMBR	1,110
22326	7102320	OR -FX.OT VERTEBR PA CERV	1,110
22327	7102338	OR -FX.OT VERTEBR PA THRC	1,110
22328	7102346	OR -FX.OT VERTEBR PA ADL	1,110
23515	7102353	OR -FX.OT CLAV	1,110
23530	7102361	OR -DL.OT ST CLAV AC/CHR	1,110
23550	7102379	OR -DL.OT AC JNT AC/CHR	1,110
23552	7102387	OR -DL.OT AC JNT F GFT	1,110
23585	7102395	OR -FX.OT SCAPLR	1,110
23615	7102403	OR -FX.OT HUM PX	1,110
23616	7102411	OR -FX.OT HUM PX PROSTH	1,110
23630	7102429	OR -FX.OT HUM >TUB	1,110
23660	7102437	OR -DL.OT SHLDR ACUTE	1,110
23670	7102445	OR -FX.OT SHLDR DL & >TH	1,110
23680	7102452	OR-FX.OT SHLDR DL & NK FX	1,110
24505	7102460	OR -FX.CT HUM MAN	1,110
24515	7102478	OR -FX.OT HUM P/S	1,110
24545	7102486	OR -FX.OT S/T HUM NO I EX	1,110
24575	7102494	OR -FX.OT E HUM	1,110
24579	7102502	OR -FX.OT C HUM	1,110
24586	7102510	OR -FX.OT PERIART&/DL ELB	1,110
24615	7102528	OR -DL.OT ELB ACUTE/CHR	1,110
24635	7102536	OR -FX/DL.OT ELB	1,110
24665	7102544	OR -FX.OT RAD HD/NK	1,110
24666	7102551	OR -FX.OT RAD HD/NK PRO	1,110
24685	7102569	OR -FX.OT ULN PROX	1,110
25515	7102577	OR -FX.OT RAD	1,110
25525	7102585	OR -FX.OT RAD FIX&JNT	1,110
25526	7102593	OR -FX.OT RAD FIX&TFC	1,110
25545	7102601	OR -FX.OT ULN	1,110
25574	7102619	OR -FX.OT RAD&ULN F R/U	1,110
25575	7102627	OR -FX.OT RAD&ULN F R&U	1,110
25620	7102635	OR -FX.OT D RAD	1,110
25628	7102643	OR -FX.OT C SCAPH	1,110
25645	7102650	OR -FX.OT CARP BN EA	1,110
25652	7102668	OR -FX.OT ULN STYLOID	1,110
25670	7102676	OR -DL.OT R/I CARP	1,110
25676	7102684	OR -DL.OT D RAD ACUTE/CHR	1,110
25685	7102692	OR -FX/DL.OT T SCAPH	1,110

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
25695	7102700	OR -DL.OT LUNATE	1,110
26615	7102718	OR -FX.OT M'CRP EA BN	1,110
26665	7102726	OR -FX/DL.OT CP/MC THMB	1,110
26685	7102734	OR -DL.OT CRP&MCRP NO THB	1,110
26715	7102742	OR -DL.OT M'CRPOPALNGL	1,110
26735	7102759	OR -FX.OT PHALN P/M	1,110
26765	7102767	OR -FX.OT D PHAL	1,110
26785	7102775	OR -DL.OT IP JNT FINGER	1,110
27202	7102783	OR -FX.OT COCCYGEAL	1,110
27215	7102791	OR -FX.OT ILIAC SPNE/WING	1,110
27217	7102809	OR-FX/DL OT ANTERIOR RING	1,110
27218	7102817	OR -FX/DL OT POST RING	1,110
27226	7102825	OR -FX.OT P/A ACETB WALL	1,110
27227	7102833	OR -FX.OT ACETB 1 A/P COL	1,110
27228	7102841	OR -FX.OT ACETB 2 A/P COL	1,110
27236	7102858	OR -FX.OT FEM PRX	1,110
27244	7102866	OR -FX.TX IPS FEM PL/SC	1,110
27245	7102874	OR-FX.TX IPS FEM I M IMPL	1,110
27248	7102882	OR -FX.OT >TROCH	1,110
27253	7102890	OR -DL.OT HIP NO FIX	1,110
27254	7102908	OR -DL.OT HIP A&F	1,110
27258	7102916	OR -DL.OT S HIP	1,110
27259	7102924	OR -DL.OT S HIP FSS	1,110
27506	7102932	OR -FX.OT FEM IMPL	1,110
27507	7102940	OR -FX.OT FEM P/S	1,110
27511	7102957	OR -FX.OT FEM S/T NO EXT	1,110
27513	7102965	OR -FX.OT FEM S/T EXT	1,110
27514	7102973	OR -FX.OT FEM DIST	1,110
27524	7102999	OR -FX.OT PATELLAR	1,110
27535	7103005	OR -FX.OT TIBIA PX UNICON	1,110
27536	7103013	OR -FX.OT TIBIA PX BICOND	1,110
27540	7103021	OR -FX.OT INTRCONDYL/KNEE	1,110
27556	7103039	OR -DL.OT KNEE NO LIG/A/R	1,110
27557	7103047	OR -DL.OT KNEE LIG	1,110
27558	7103054	OR -DL.OT KNEE LIG/A/R	1,110
27566	7103062	OR -DL.OT PATELL	1,110
27758	7103070	OR -FX.OT TIBIA PLATE/SCR	1,110
27759	7103088	OR -FX.TX TIBIA I M IMPL	1,110
27766	7103096	OR -FX.OT MED MALL	1,110
27784	7103104	OR -FX.OT PROX FIB	1,110

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
27792	7103112	OR -FX.OT DIST FIB	1,110
27814	7103120	OR -FX.OT BIM ANKL	1,110
27822	7103138	OR -FX.OT TRIM ANKL NO FX	1,110
27823	7103146	OR -FX.OT TRIM ANKL FIX	1,110
27826	7103153	OR -FX.OT WT BRG D TIB I/E FIX FIB	1,110
27827	7103161	OR -FX.OT WT BRG D TIB I/E FIX TIB	1,110
27828	7103179	OR -FX.OT WT BRG D TIB I/E FIX TB&F	1,110
27829	7103187	OR -DL.OT D TIBFB JNT	1,110
27832	7103195	OR -DL.OT P TIBFB JNT	1,110
27846	7103203	OR -DL.OT ANKL	1,110
27848	7103211	OR -DL.OT ANKL RPR/FIX	1,110
28415	7103229	OR -FX.OT CALCANL	1,110
28420	7103237	OR -FX.OT CALCANL GFT	1,110
28445	7103245	OR -FX.OT TALUS	1,110
28465	7103252	OR -FX.OT TARSAL	1,110
28485	7103260	OR -FX.OT MTARSAL	1,110
28505	7103278	OR -FX.OT GRT TOE	1,110
28525	7103286	OR -FX.OT OTHR TOE	1,110
28531	7103294	OR -FX.OT SESAMOID	1,110
28555	7103302	OR -DL.OT TARSAL	1,110
28585	7103310	OR -DL.OT TTARSL JNT	1,110
28615	7103328	OR -DL.OT TMTARSL JNT	1,110
28645	7103336	OR -DL.OT MTPL JNT	1,110
28675	7103344	OR -DL.OT IP JNT TOE	1,110
20525	7103351	OR -REM FB MUS/TDN DP/COM	1,013
23331	7103393	OR -REM FB SHLD DP	1,013
23332	7103401	OR -REM FB SHLD COMP	1,013
24201	7103435	OR -REM FB U ARM/ELB DP	1,013
25248	7103468	OR -EXP/REM D FB F'ARM/WR	1,013
27087	7103518	OR -REM FB PELV/HIP DP	1,013
29800	7104375	OR -ARTH TMJ DX	1,086
29804	7104383	OR -ARTH TMJ SURG	1,086
29805	7104391	OR -ARTH SHLD DX	1,086
29840	7104409	OR -ARTH RST DX	1,086
29843	7104417	OR -ARTH RST DRN INFECTN	1,086
29860	7104425	OR -ARTH HIP DX	1,086
29870	7104433	OR -ARTH KNEE DX	1,086
29871	7104441	OR -ARTH KNEE L&D INFECTN	1,086
29900	7104458	OR -ARTH MCPHAL JNT DX	1,086
J1020	7104466	OR -INJ METHYLPR AC 20 MG	1,086

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
J1030	7104474	OR -INJ METHYLPR AC 40 MG	1,086
J1040	7104482	OR -INJ METHYLPR AC 80 MG	1,086
23470	7104581	OR -ARTH G HUM JNT HEMIAR	925
23472	7104599	OR -ARTH G HUM JNT T SHLD	925
26535	7104680	OR -ARTHROPLASTY IP JNT	925
26536	7104698	OR -ARTH IP JNT PROSTH	925
26530	7104706	OR -ARTH MCP JNT EA	925
26531	7104714	OR -ARTH MCP JNT PROSTH	925
24145	7105109	OR -PTL EX BN RAD HD/NCK	716
24147	7105117	OR -PTL EX BN OLECRAN PRO	716
26200	7105265	OR -EX B TMR M'CRP	716
26210	7105281	OR -EX B TMR PHAL F	716
26230	7105307	OR -PTL EX BN METACRP	716
L1800	7105679	OR -KNEE ORTH EL STAYS	107
L1810	7105687	OR -KNEE ORTH EL JT	107
L1815	7105695	OR -KNEE ORTH EL CND PD	107
L1820	7105703	OR -KNEE ORTH EL CND P&JT	107
L1825	7105729	OR -KNEE ORTH EL KNEE CAP	107
L1830	7105737	OR -KNEE ORTH IMMOB CNV L	107
L1832	7105745	OR -KNEE ORTH POS RIG S	107
L1834	7105752	OR -KNEE ORTH CUST FAB	107
L1840	7105760	OR -KNEE ORTH DEROT MEDBL	107
L1843	7105778	OR -KNEE ORTH SNG JT PREF	107
L1844	7105786	OR -KNEE ORTH SNG JT CUST	107
L1845	7105794	OR -KNEE ORTH DBL JT PREF	107
L1846	7105802	OR -KNEE ORTH DBL JT CUST	107
L1847	7105810	OR -KNEE ORTH DBL AIR CHM	107
L1850	7105828	OR -KNEE ORTH SEDLH PREF	107
L1855	7105836	OR -KNEE ORTH MLDBLPLSTC	107
L1858	7105844	OR -KNEE ORTH POLYC/PN PD	107
L1860	7105851	OR -KNEE ORTH MDBLS'COND	107
L1870	7105869	OR -KNEE ORTH DBL LACERS	107
L1885	7105877	OR -KNEE ORTH DBL CUFFS	107
L1880	7105885	OR -KNEE ORTH S/D RESIST	107
20693	7106073	OR -REV E FIX SYST U ANES	745
20694	7106081	OR -REM E FIX SYST U ANES	745
20900	7106099	OR -BN GFT ANY D AREA MIN	745
21453	7106917	OR-CLOSED TREAT MADI F FI	1,110
25000	7106925	OR-INCI EXTE TEND SHEA WR	716
25565	7106933	OR-CLOSED TREAT OF RAD/UL	1,048

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
25605	7106941	OR-CLSD TREAT DIS RAD FRA	1,048
26055	7106958	OR-TENDON SHEATH INCIS	716
26123	7106966	OR-FASCIECTOMY PARTI PALM	716
26418	7106974	OR-REP EXTEN TENDON FING	819
28730	7106982	OR-ARTHROD MIDTARS/TASOME	1,110
29822	7106990	OR-ARTHROSCOPY SHOUL SURG	1,086
29823	7107014	OR-ARTHROSCOPY SHOU DEBRI	1,086
23120	7107022	OR-DIATAL CLAVICULECTOMY	1,086
29826	7107030	OR-ARTHROSCOPY SHOUD SURG	1,086
31276	7107105	OR-NASAL SINUS ENDO SURG W FRONT SI	716
31287	7107113	OR-NASAL/SIN ENDOS SUR	716
29877	7107147	OR-ARTHROSCOPY KNEE SURG	1,086
31231	7107154	OR-NASAL ENDOSCOPY DIAGNOSTIC	716
	7107162	OR-NASAL/SINUS ENDOPSCOPY	716
31288	7107170	OR-NASAL/ENDOSCOPY W/SPHE	716
31256	7107188	OR-NASAL,SINUS ENDO W/MAXILL ANTRO	716
	7107196	OR-NASAL SINUS ENDOSCOPY SURGICAL	716
27600	7107204	OR FASIOTOMY LEG ANTERIOR/LATERAL	1,510
27601	7107212	OR FASIOTOMY LEG POSTERIOR	1,510
27602	7107220	OR FASIOTOMY LEG ANERIOR/LAT & POST	1,510
27603	7107238	OR DRAIN LOWER LEG LESION	1,510
27604	7107246	OR DRAIN LOWER LEG BURSA	1,510
30400	7200009	OR -RHINO PRIM LAT & ALT CART &/OR	1,709
15835	7200496	OR -REMOVAL OF SKIN BUTTOCK UNILATE	1,635
67961	7200983	OR -EX/RPR LID TO 1/4 MRG	1,063
67966	7200991	OR -EX/RPR LID >1/4 MRG	1,063
15876	7201486	OR -SUC ASST LIPECT HD&NK COS	2,368
15877	7201494	OR -SUC ASST LIPECT TRNK COS	2,368
15878	7201502	OR -SUC ASST LIPECT U EXT COS	2,368
15879	7201510	OR -SUC ASST LIPECT L EXT UNI COS	2,368
21330	7201536	OR -FX.OT NASAL COMP	1,110
21339	7201569	OR -FX.OT NASOETH E FIX	1,110
21343	7201577	OR -FX.OT DPRSD FRNTL SIN	1,110
21344	7201585	OR -FX.OT COMP FRNTL SIN	1,110
21356	7201601	OR -FX OT ZYGO ARCH DPRSD	1,110
21360	7201619	OR -FX.OT MALAR DEP Z&M	780
21365	7201627	OR -FX.OT MALAR AREA COMP	780
21385	7201635	OR -FX.OT ORBIT FL TRANSA	1,110
21386	7201643	OR -FX.OT ORBIT FL PERIOR	1,110
21387	7201650	OR -FX.OT ORBIT FL COMBD	1,110

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
21406	7201668	OR -FX.OT ORBIT NO IMPL	1,110
21422	7201676	OR -FX.OT PALAT/MAXIL	1,110
21432	7201684	OR -DL.OT CRANIOFAC I FIX	1,110
21433	7201692	OR -DL.OT CRANIOFAC MULT	1,110
21435	7201700	OR -DL.OT CRANIOFAC E FIX	1,110
21445	7201718	OR -FX.OT MAND/MAX RDG	1,110
21454	7201726	OR -FX.OT MAND W EXTERNAL	1,110
21461	7201734	OR -FX.OT MAND NO FIX	1,110
21462	7201742	OR -FX.OT MAND W INTERDE	1,110
21465	7201759	OR -FX.OT MAND & COND	1,110
21470	7201767	OR -FX.OT MAND COMPL MULT	1,110
21490	7201775	OR -DL.OT TMJ	1,110
21495	7201783	OR -FX.OT HYOID	1,110
15831	7202146	OR -ABDOMINOPLASTY	2,895
15831	7202153	OR -ABDOMINOPLASTY MINI	2,629
26560	7202567	OR -RPR SYN EA SP FL	819
15824	7202609	OR -RHYTID FOREHD	2,684
15825	7202617	OR -RHYTID NCK TIGHTNG CO	2,684
15826	7202625	OR -RHYTID GLAB FRN LNE C	2,684
15828	7202633	OR -RHYTID CHK CHIN & NCK	2,684
15829	7202641	OR -FACELIFT RHYTID 'SMAS' FLP COS	2,684
64702	7202773	OR -NEURO DIGIT SAME DGT	716
64704	7202781	OR -NEURO NRV HAND/FOOT	716
64708	7202799	OR -NEURO MAJ NRV ARM/LEG	780
15822	7202872	OR -BLEP UPPER LID BILAT COS	1,395
15822	7202880	OR -BLEPH UPPER LID UNI COS	1,045
19324	7202898	OR -BRST AUG W/O IMPL BI COS	2,799
19324	7202906	OR -BRST AUG W/O IMP UNI COS	2,098
19316	7202914	OR -BREAST LIFT BILAT	2,799
19316	7202922	OR -BREAST LIFT UNILAT	2,098
15824	7202930	OR -BROW LIFT BILAT	1,313
15824	7202948	OR -BROW LIFT UNILAT	985
15788	7202955	OR -CHEMICAL PEEL EPIDERMAL	1,069
15780	7202963	OR -DERMABRASION TOTAL FACE	1,304
15828	7202971	OR -FACELIFT FOREHEAD	1,712
21120	7202989	OR -FACIAL IMP:GENIOPLASTY	1,592
19300	7203003	OR -GYNAECOMASTIA BILAT COS	2,532
19300	7203011	OR -GYNAECOMASTIA UNILAT COS	1,899
15876	7203029	OR -LIPO H&N	2,368
69300	7203037	OR -OTOPLASTY BILAT COS	1,281

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
69300	7203045	OR -OTOPLASTY UNILAT COS	960
21125	7203052	OR -FACIAL IMP:MAND BODY W/PROST GR	2,123
21138	7203060	OR -FACIAL IMP:F/HEAD REDUCT W/CONT	2,435
21270	7203078	OR -FACIAL IMP:MALAR AUGMENT W/IMP	1,804
15877	7203086	OR -LIPO TRUNK	2,368
15830	7203094	OR -PANNICULECTOMY COS	2,863
15830	7203102	OR -PANNICULECTOMY W/ABDOMINO COS	
/			
15847			3,197
15832	7203110	OR -REM SKIN THIGH UNILATERAL	1,635
15832	7203128	OR -REM SKIN THIGH BILATERAL	2,075
11200	7203136	OR -REM SKIN TGS A/A 15<	716
11201	7203144	OR -REM SKIN TGS ANY AREA EA ADD 10	716
	7203151	OR -REM SKIN TAGS ANY AREA 10-30CM	744
15100	7203169	OR -SPLT-THICK AU 1ST 100CM TR/ARM	755
15120	7203177	OR -SPLT-THICK FACIAL&EXT 1ST 100CM	755
15200	7203185	OR -FUL THIC GRFT INC D/CLSE 20CM<	755
36558	7203201	OR -INS TCI CENT VEN CATH W/O P 5Y<	679
36568	7203219	OR -INS PERI CEN VEN CATH W/O P 5Y>	679
36581	7203227	OR -RPLC COMP C V CATH W/	679
36583	7203235	OR -RPLC CENT V ACC DEV W	679
36585	7203243	OR -RPLC PERI INS CENT VE	679
36590	7203250	OR -REM TUN CENT V ACC DE	744
37765	7203268	OR -STAB PHLEB V/VEINS 10	780
36821	7203276	OR -AV ANASTOMOSIS OPN DI	744
62272	7203300	OR -SPINAL PUNC F/DRAIN	831
64470	7203318	OR -INJ ANEST AGE FAC CER	833
64472	7203326	OR -INJ ANES AGNT EA ADD	833
64475	7203334	OR -INJ ANAES AGE L/S SIN	833
64476	7203342	OR -INJ ANAES AGE EA AD L	833
64480	7203359	OR -INJ ANAES AGE EPI EA	833
64483	7203367	OR -INJ ANES AGE EPI SIN	833
64484	7203375	OR -INJ ANAES AGE EPI EA	833
15789	7203391	OR -CHEMICAL PEEL FACIAL DERMAL	1,069
15823	7203409	OR -BLEPH U/LID W/EXCESS UNI COS	1,045
15820	7203417	OR -BLEPH L/LID UNILAT COSMETIC	1,045
15821	7203433	OR -BLEPH L/LID W/EXT HERIN UNI CO	1,045
15821	7203441	OR -BLEPH LOW LID W/HERIN BILAT COS	1,395
19325	7203458	OR -BREAST AUG W/PROS IMPL UNI COS	2,098
19325	7203466	OR -BREAST AUG W/PROS IMPL BIL COS	2,799

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
19318	7203474	OR -BREAST REDUCTION BILATERAL	2,955
19318	7203482	OR -BREAST REDUCTION UNILATERAL	2,955
15823	7203490	OR -BLEP UPPER LID W/EXCES BILAT CO	1,395
15792	7204001	OR -CHEMICAL PEEL NONFACIAL EPIDERM	1,069
15793	7204027	OR -CHEMICAL PEEL NONFACIAL DERMAL	1,069
15781	7204035	OR -DERMABRASION SEGMENTAL FACE	1,304
15782	7204043	OR -DERMABRA REGINAL OTHER T FAC	1,304
15783	7204050	OR -DERMABRASION ANY SITE	1,304
15833	7204068	OR -REMOVAL OF LEG SKIN BILATERAL	2,075
15833	7204076	OR -REMOVAL OF SKIN HIP UNILATERAL	1,635
15834	7204084	OR -REMOVAL OF SKIN HIP BILATERAL	2,075
30410	7204092	OR -RHINO PRIM COMP EXT PART BONY C	1,709
15835	7204100	OR -REMOVAL OF SKIN BUTTOCK BILATER	2,075
15836	7204118	OR -REMOVAL OF SKIN ARM UNILATERAL	1,635
15836	7204126	OR -REMO OF SKIN ARM BILATERAL	2,075
15837	7204134	OR -REM OF SKIN FOREARM/HAND UNILAT	1,635
15837	7204142	OR -REM OF SKIN FOREARM/HAND BILAT	2,075
15838	7204159	OR -REM OF SKIN SUBMENTA FAT PAD UN	1,635
15838	7204167	OR -REM OF SKIN SUBMENTAL FAT PA BI	2,075
15839	7204175	OR -REM OF SKIN OTHER AREA UNILATER	1,635
15839	7204183	OR -REM OF SKIN OTHER AREA BILATERA	2,075
30420	7204209	OR -RHINO PRIM INCL MAJOR SEPT RE C	1,709
30430	7204217	OR -RHINO SEC MINOR REVISION COS	1,709
30435	7204225	OR -RHINO SEC INTER REVISION COS	1,709
30460	7204241	OR -RHINO FOR CONG NAS DEFOR TIP CO	1,709
15820	7234024	OR -BLEPH LOWER LID BILAT COS	1,395
15836	7234032	OR -LIPO UPP EXTR BI(BRACHIOPLASTY)	2,368
15879	7234040	OR -LIPO LWR EXTR BI	2,368
11950	7234057	OR -SUBCUTANEOUS INJ OF FILLING MAT	839
14060	7234065	OR -ADJ TISS TRANS EYE,NOSE,EAR,LIP	839
36831	7300288	OR -THR O AV FIST NO REV	744
36834	7300791	OR -RPR AV ANEUR PLAS	744
35184	7301096	OR -AV FIS NAT F'ARM	819
35184	7301104	OR -AV FIS NAT LG	819
35473	7301245	OR REPAIR ARTERIAL BLOCKAGE	6,105
35476	7301252	OR REPAIR VENOUS BLOCKAGE	6,105
35492	7301260	OR ATHERECTOMY, PERCUTANEOUS	11,773
35572	7301278	OR HARVEST FEMOROPOPLITEAL VEIN	1,621
35761	7301286	OR EXPLORATION OF ARTER/VEIN	3,996
35875	7301294	OR REMOVAL OF CLOT IN GRAFT	5,215

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
35876	7301302	OR REMOVAL OF CLOT IN GRAFT W/REV	5,215
36002	7301310	OR PSEUDOANEURYSM INJECTION TREATMN	320
36005	7301328	OR INJECTION EXTREMITY VENOGRAPHY	692
36010	7301336	OR PLACE CATHETER IN VEIN	1,020
36011	7301344	OR PLACE CATHETER IN VEIN	633
36012	7301351	OR PLACE CATHETER IN VEIN	4,849
36013	7301369	OR PLACE CATHETER IN ARTERY	1,468
36014	7301377	OR PLACE CATHETER IN ARTERY	697
36015	7301385	OR PLACE CATHETER IN ARTERY	466
36100	7301393	OR ESTABLISH ACCESS TO ARTERY	1,468
36120	7301401	OR ESTABLISH ACCESS TO ARTERY	1,476
36140	7301419	OR ESTABLISH ACCESS TO ARTERY	633
36160	7301427	OR ESTABLISH ACCESS TO AORTA	2,343
36200	7301435	OR PLACE CATHETER IN AORTA	2,884
36215	7301443	OR PLACE CATHETER IN ARTERY	683
36216	7301450	OR PLACE CATHETER IN ARTERY	2,953
36217	7301468	OR PLACE CATHETER IN ARTERY	1,091
36218	7301476	OR PLACE CATHETER IN ARTERY	478
36245	7301484	OR PLACE CATHETER IN ARTERY	4,479
36246	7301492	OR PLACE CATHETER IN ARTERY	2,797
36247	7301500	OR PLACE CATHETER IN ARTERY	6,439
36248	7301518	OR PLACE CATHETER IN ARTERY	409
36260	7301526	OR INSERTION OF INFUSION PUMP	3,884
36261	7301534	OR REVISION OF INFUSION PUMP	3,227
36262	7301542	OR REMOVAL OF INFUSION PUMP	3,227
36468	7301559	OR INJECTION(S), SPIDER VEINS	107
36469	7301567	OR INJECTION(S), SPIDER VEINS	107
36470	7301575	OR INJECTION THERAPY OF VEIN	107
36471	7301583	OR INJECTION THERAPY OF VEINS	107
36475	7301591	OR ENDOVENOUS RF, 1ST VEIN	5,732
36476	7301609	OR ENDOVENOUS RADIOFREQ, VEIN ADDON	3,476
36478	7301617	OR ENDOVENOUS LASER, 1ST VEIN	3,476
36479	7301625	OR ENDOVENOUS LASER, 1ST VEIN ADD ON	3,476
36481	7301633	OR INSERTION OF CATHETER, VEIN	660
36500	7301641	OR INSERTION OF CATHETER, VEIN	787
36510	7301658	OR INSERTION OF CATHETER, VEIN	6,555
36555	7301666	OR INSERT NON-TUN CV CATH UP TO 5	1,468
36556	7301674	OR INSERT NON-TUN CV CATH AGE 5+	1,468
36557	7301682	OR INSERT TUNNELED CV CATHETER	3,243
36566	7301690	OR INSERT TUNNELED CV CATHETER	10,998

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
36569	7301708	OR INSERT PICC CATHETER	1,468
36570	7301716	OR INSERT PICVAD CATHETER, < AGE 5	3,243
36571	7301724	OR INSERT PICVAD CATH, AGE 5+	3,243
36578	7301732	OR REPLACE TUNNELED CV CATHETER	3,243
36582	7301740	OR REPLACE TUNNELED CV CATH	3,884
36593	7301765	OR DECLOT VASCULAR DEVICE	333
36595	7301773	OR MECH REMOVAL TUNNELED CV CATH	3,243
36596	7301781	OR MECH REMOVAL TUNNELED CV CATHETE	1,468
36597	7301799	OR REPOSITION VENOUS CATHETER	1,468
36620	7301807	OR INSERTION CATHETER, ARTERY	332
36625	7301815	OR INSERTION CATHETER, ARTERY	320
36640	7301823	OR INSERTION CATHETER, ARTERY	3,884
36660	7301831	OR INSERTION CATHETER, ARTERY	698
36818	7301849	OR AV FUSE, UPPER ARM, CEPHALIC	5,215
36819	7301856	OR AV FUSE, UPPER ARM, BASILIC	5,215
36820	7301864	OR AV FUSION/FOREARM VEIN	5,215
36835	7301872	OR ARTERY TO VEIN SHUNT	3,996
36870	7301880	OR PERCUTANEOUS THROMBEC AV FISTULA	5,444
37184	7301898	OR PRIM ARTERY MECH THROMBECTOMY	5,215
37185	7301906	OR PRIM ARTERY MECH THROMBECT ADDON	5,215
37186	7301914	OR 2ND ARTERY MECH THROMBECT ADD ON	5,215
37187	7301922	OR VENOUS MECHANICAL THROMBECTOMY	5,215
37188	7301930	OR VENOUS MECH THROMBECTOMY, ADD ON	5,215
37200	7301948	OR TRANSCATHETER BIOPSY	3,884
37203	7301955	OR TRANSCATHETER RETRIEVAL	3,884
37205	7301963	OR TRANSCATH IV STENT, PERCUTANEOUS	11,912
37250	7301971	OR INTRAVASC US 1ST VESSEL ADD-ON	3,134
37251	7301989	OR INTRAVASC US EACH ADD VESSEL ADD	1,571
37500	7301997	OR ENDOSCOPY LIGATE PERFORATED VEIN	5,732
37565	7302003	OR LIG INT JUG VEIN	744
37766	7302011	OR PHLEBOTOMY VEINS EXTREMITY 20+	3,476
37780	7302029	OR REVISION OF LEG VEIN	3,476
37785	7302037	OR LIG/DIV/EXC VERI VN CLUSTER 1 LG	780
37790	7302045	OR PENILE VENOUS OCCLUSION	4,565
	7302052	OR -ANGIOGRAPHY EXTREMITY UNILATERL	1,091
	7302060	OR -ANGIOGRAPHY EXTREMITY BILATERAL	1,091
	7302078	OR- INSERTION OF VASPORT	1,991
52000	7400005	OR -CYSTOURETH	679
52001	7400013	OR -CYSTOURETH I&CLOTS	881
52005	7400021	OR -CYSTOURETH CATH	744

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
52204	7400039	OR -CYSTOURETH BX	679
52214	7400047	OR -CYSTOURETH FULG T/BN	1125
52224	7400054	OR -CYSTO B TMR < 0.5	744
52234	7400062	OR -CYSTO B TMR .5-2.0CM	881
52235	7400070	OR -CYST B TMR 2.1-5.0CM	744
52240	7400088	OR -CYST B TMR >5CM	744
52260	7400104	OR -CYST DIL BLADDER	744
52270	7400112	OR -CYST INT URETHR F	1125
52275	7400120	OR -CYST INT URETHR M	1125
52277	7400138	OR -CYST RES EXT SPHCTR	679
52281	7400146	OR -CYST CAL DIL UTHR ST	716
52285	7400153	OR -CYST TX FEM UR SYN	1125
52290	7400161	OR -CYST UR MEATOTO	1125
52300	7400179	OR -CYST RES ORTHO URET	1125
52301	7400187	OR -CYST RES ECT URETO	1125
52310	7400195	OR -CYST REM FB/STNT SMPL	1013
51725	7400203	OR -CYSTOMETROGRAM SMPL	881
51736	7400211	OR -UROFLOWMETRY SMPL	744
51720	7400286	OR -INS BLADDER A'CARCINO	716
55250	7400294	OR -VASECTOMY UNI/BIL	797
55530	7400302	OR -EXC VARICO SEP PROC	797
55535	7400310	OR -EXC VARICO ABD APR	797
55540	7400328	OR -EXC VARICO HERN RPR	797
52282	7400336	OR -CYST URETHR STNT	1125
74420	7400344	OR -UROGRPHY RETRO KUB	881
52320	7400351	OR -CYST REM URET CAL	1125
52325	7400369	OR -CYST FRAG UR CALC	1125
52330	7400377	OR -CYST MAN NO REM	1125
52332	7400385	OR -CYST STNT INS	1125
52334	7400393	OR -CYST UR GUIDE RETR	1125
52341	7400401	OR -CYST TX UR STRCT	1125
52342	7400419	OR -CYST TX UR/PEL STRCT	1125
52343	7400427	OR-CYST TX INTRA REN STRC	1125
52344	7400435	OR -CYST URETOSCO	1125
52345	7400443	OR -CYST TX UPJ STRIC	1125
52346	7400450	OR -CYST TX RENAL STRCT	1125
52402	7400468	OR -CYST RES EJA DUCT	1125
52351	7400476	OR -CYST UR/PYL DX	1644
52352	7400484	OR -CYST UR/PYL REM CAL	1125
52353	7400492	OR -CYST UR/PYL LITHO	1125

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
52354	7400500	OR -CYST UR/PYL BX&FULG	1125
51772	7400567	OR -URETHR PRESSURE PROF	744
54500	7400633	OR -BX TEST NEEDLE	716
54505	7400641	OR -BX TEST INC	716
54512	7400658	OR -EXC EXTRA LES TEST	716
54000	7400708	OR -PREPUTPLSTY NB	679
54001	7400716	OR -PREPUTPLSTY EXC NB	679
51550	7400773	OR -CYSTECTOMY PTL&SMPL	744
51565	7400781	OR -CYSTECTOMY PTL&REIMPL	744
51570	7400799	OR -CYSTECTOMY COMPL	744
55110	7400807	OR -EXPL SCROT	716
55040	7400815	OR -EXC HYDROCELE UNIL	755
55041	7400823	OR -EXC HYDROCELE BIL	755
53020	7401003	OR -MEATOT EXC INFANT	679
53025	7401011	OR -MEATOT INFANT	679
50544	7401037	OR -LAP PYELOPLASTY	873
54660	7401086	OR - INSERTION OF TESTICU	716
55120	7401094	OR -REM FB SCROT	1013
55175	7401102	OR -SCROTOPLASTY SMPL	716
50541	7401169	OR -LAP ABL RENAL CYST	873
50545	7401177	OR -LAP RAD NEPH	873
53400	7401581	OR -URTHPLSTY 1 STGE F/S	679
53405	7401599	OR -URTHPLSTY 2 STGE U/D	679
53410	7401615	OR -URTHPLSTY REC MALE	679
53265	7401664	OR -EX URETHRAL CARUNC	679
55300	7401672	OR -VASO VESICUL/EPID U/B	797
53240	7401730	OR -MARSUP URETH DIV	679
54860	7401755	OR -EPIDIDYMECT UNIL	716
54861	7401763	OR -EPIDIDYMECT BIL	716
50580	7401862	OR -END RENAL REM FB	1013
50961	7401870	OR -END URET EST U REM FB	1013
50980	7401888	OR -END URET U REM FB	1013
46080	7401912	OR -SPHINCTEROTOMY ANL	679
47460	7401920	OR -TRANSDUODENAL SPHINC	679
53605	7401961	OR -DIL MALE URE STRIC	679
53665	7401979	OR -DIL FEM URETHRA	679
51050	7401995	OR -CYSTOLITHO REM CALCUL	881
54164	7402084	OR -FRENULOTOMY OF PENIS	882
60650	7402092	OR LAPAROSCOPY ADRENALECTOMY	5,287
60659	7402100	OR LAP PROCECURE, ENDOCRINE	5287

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
57510	7500002	OR -CAUT CERV EL/THER	679
57513	7500010	OR -CAUT CERV LASER	679
56740	7500051	OR -EXC BARTH'NS GLND	679
56440	7500069	OR -MARSUP BARTH'S AB	679
58120	7500077	OR -DILATION & CURETTAGE	703
56720	7500085	OR -HYME SMPL INC	679
58555	7500093	OR -HYSTERCY DX	716
58558	7500101	OR -HYSTERCY SRG BX	716
58559	7500119	OR -HYSTERCY SRG LY	716
58562	7500127	OR -HYSRCY IMPFB	716
58563	7500135	OR -HYSOSCENDOABL	716
74740	7500150	OR -HYST'SALPGRHY RAD S&I	475
58340	7500168	OR -SONO HYSTEROGRM	475
58300	7500192	OR -INS IUD	679
58679	7500200	OR -LAP OVARY UNSPEC	873
58671	7500218	OR -LAP TUBAL DEV	873
56810	7500226	OR -RPR P'NEUM NOT OB	854
57160	7500234	OR -FIT/INS PESSARY	679
58750	7500325	OR -REVERSE LIGION	1,047
56441	7500358	OR -LYSIS LABIAL ADHES	679
56605	7500366	OR -BX VULVA 1 LES	679
56606	7500374	OR -BX VULVA EA ADL	679
58301	7500408	OR -REM IUD	679
58672	7500424	OR -LAP FIMBROPLSY	873
58673	7500432	OR -LAP SALPINOSTOM	873
57023	7500564	OR -I&D VAG HEM NOT OB	716
57410	7500598	OR -EXAM PELV U ANES	956
57000	7500655	OR -COLPOTOMY EXPL	703
58660	7500713	OR -LAP LYSIS ADH	873
58661	7500721	OR LAP, REMOVE ADNEXA	873
58662	7500739	OR -LAP EXCLESOV PE	873
58670	7500747	OR -LAP FULOVIDUCTS	873
58925	7500838	OR -OV CYSTECTOMY U/B	744
57700	7500903	OR -CERCLG U/C NOT OB	716
59320	7500911	OR -CERCLGE CERV VAG	716
59325	7500929	OR -CERCLGE CERV ABD	716
59871	7500937	OR -REM CERCL SUT U ANES	716
57452	7500960	OR -COLPOSC	304
57454	7500978	OR -COLPOSC BX CERVIX	304
57460	7500986	OR-COLPOSC LEEP BX CERVIX	304

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM	OUT-PATIENT TREATMENT	\$
	Code		
56501	7500994	OR -DES LES VULVA SIM	304
56515	7501000	OR -DES LES VULVA EXT	304
57100	7501034	OR -BX VAG MUC SMPL	716
57105	7501042	OR -BX VAG MUC EXT	716
57200	7501083	OR -COLPORRHAPHY SUT VAG	755
59812	7501240	OR -TX INCMPL ABOR	703
59820	7501257	OR -TX MISS ABOR 1ST	703
59821	7501265	OR -TX MISS ABOR 2TRI	703
11975	7501299	OR -INS CONTRACEPT CAP	679
11976	7501307	OR -REM CONTRACEPT CAP	679
11977	7501315	OR -REM/INS CNTRACEPT CAP	679
11980	7501323	OR -IMP HRM PELLET SQ	679
57415	7501331	OR -REM I VAG FB U ANES	1,013
58345	7501422	OR-TRANS INTRO FALLO T DI	475
58350	7501430	OR-CHROMOTUBATION OF OVID	475
58561	7501448	OR-HYSTERO SUR W REM LEIO	716
59840	7501455	OR-INDUC ABOR BY DIL CUR	703
67105	7600000	OR -SACRO PEXY PROLVA	716
67107	7600018	OR -RPR RET DET SCL BCKLG	716
67108	7600026	OR -RPR RET DET VITRECT	716
65400	7600034	OR -KERATETOMY	1,142
68360	7600042	OR -CONJ FLP BRDGE/PT	1,022
68362	7600059	OR -CONJ FLP TOT	1,022
68110	7600083	OR -EX LES CONJ TO 1	991
68115	7600091	OR -EX LES CONJ >1	991
68130	7600109	OR -EX LES CONJ ADJ S	991
67914	7600117	OR -ECTROPION SUT	1,062
67916	7600125	OR -ECTBLEP EXCTARE	1,062
67917	7600133	OR -ECTBLEP EXTENSIV	1,062
67299	7600141	OR -UNLIST PROC POST SEG	716
67808	7600158	OR -EXCISION CHALAZION	991
68811	7600166	OR -NASOLAC PROB ANES	991
68815	7600174	OR -NASOLAC INS STENT	991
68840	7600182	OR -LACRIMAL PROBE	991
65420	7600190	OR -EX PTERYGIUM NO GFT	991
65426	7600208	OR -EX PTERYGIUM GFT	991
67901	7600216	OR -BLEPHAROPTOSIS SUT	1,062
67902	7600224	OR -BLEPH FASC SLING	1,062
67903	7600232	OR -BLEPH TARSO INT APR	1,062
67904	7600240	OR -BLEPH TARSO EXT APR	1,062

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
67906	7600257	OR -BLEPH SUPR RECT SLING	1,062
67908	7600265	OR -BLEPH CON/TARS RES	1,062
65235	7600299	OR -REM FB I'OCULAR A	985
65265	7600307	OR -REM FB I'OCUL P NONMG	985
65260	7600315	OR -REM FB I'OCULAR P MAG	985
66982	7600331	OR -REM EXTRCP CATRCT CMP	1,530
66984	7600349	OR -REM EXTRCP CATRCT SMP	1,530
66985	7600356	OR -INS I'OCULAR LENS PRO	1,770
66986	7600364	OR -EXCHNGE I'OCULAR LENS	1,142
66983	7600372	OR -EXT INTRACP CATRCT	2,234
65710	7600380	OR -KERATPLSY LAMELR	1,142
65730	7600398	OR -KERATPLSY PEN	1,142
65750	7600406	OR -KERATPLSY PEN APHAKIA	1,142
65755	7600414	OR -KERATPLSY PEN PSEUDOP	1,142
67101	7600422	OR -RPR RET DET CRYO/DIA	716
67141	7600430	OR -PROPH RET DET CRY/DIA	716
65450	7600448	OR -DES LES CORNEA	1,142
68135	7600489	OR -DES LES CONJ	991
67311	7600497	OR -STRABIS 1 HORZ MUS	1,093
67312	7600505	OR -STRABIS 2 HORZ MUS	1,093
67314	7600513	OR -STRABIS 1 VERT MUS	1,093
67316	7600521	OR -STRABIS 2+ VERT MU	1,093
67318	7600539	OR -STRABIS S OBL MUS	1,093
67320	7600547	OR -TRANSPOSTN E'OCUL MUS	1,093
67331	7600554	OR -STRABIS PREV OR/INJUR	1,093
67332	7600562	OR -STRABIS SCAR/RESRICTN	1,093
67334	7600570	OR -STRABIS P FIXATN SUT	1,093
67340	7600588	OR -STRABIS EXPL EXO M	1,093
67875	7600596	OR -TARSORRHAPHY	1,093
67875	7600604	OR -TEM SUT CLS EYELIDS	1,093
67880	7600612	OR -CONSTARSOCANTH	1,093
65850	7600638	OR -TRABECULOTOMY	1,142
66170	7600646	OR -TRABECTMY NO PR OR	1,142
66172	7600653	OR -TRABECTMY PREV OR	1,142
67005	7600661	OR -REM VIT A APR PTL	1,142
67010	7600679	OR -REM VIT A APR SUBTOT	1,142
67015	7600687	OR -ASP VIT PARS PLAN APR	1,142
67027	7600703	OR -IMPL INTRAVITREAL RX	1,142
67036	7600711	OR -VIT MECH PARS PLN APR	1,142
67038	7600729	OR -VIT EPIRETINL STRP	1,142

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
67039	7600737	OR -VIT FOCAL END PH'CG	1,142
67040	7600745	OR -VIT PANRETINL PH'CG	1,142
66825	7600752	OR -REP I'OCULAR IMPL	991
67505	7600760	OR -RETROBUL INJ ALCOH	679
67500	7600778	OR -RETROBUL INJ MEDS	679
67938	7600794	OR -EMBED FB EYELID	1,013
67343	7600810	OR -REL SCAR TISSUE	716
67810	7600828	OR -BX EYELID	716
67415	7600836	OR -FNA ORBIT	716
68761	7600844	OR -CLOS LAC PUNC PLUG	991
68760	7600851	OR -CLOS LAC PUNC T/L/L	991
67921	7600877	OR -RPR ENTROPN SUT	1,062
67923	7600885	OR-RPR ENTROPN TARSAL WDG	1,062
67924	7600893	OR -RPR ENTROPN EXT	1,062
68320	7600901	OR -CONJPLSTY C GFT	1,022
68325	7600919	OR -CONJPLSTY B GFT	1,022
68326	7600927	OR -CONJPLSTY & REC C GFT	1,022
68328	7600935	OR -CONJPLSTY & REC B GFT	1,022
66830	7600943	OR -REM 2NDRY CATARACT	1,142
66840	7600950	OR -REM LENS BY ASPIRATN	1,142
66850	7600968	OR -REM LENS BY PHACOFRAG	1,142
66852	7600976	OR -REM LENS BY PARS PLAN	1,142
66920	7600984	OR -REM LENS BY INTRACAPS	1,142
66930	7600992	OR -REM LENS BY I FOR DIS	1,142
66940	7601008	OR -REM LENS BY EXCAPSUL	1,142
68100	7601057	OR -BX CONJUNCTIVA	679
68020	7601065	OR -INC/DRN CONJUNCTIVA	679
67112	7601073	OR -RPR RET DET PREV OR	716
67145	7601099	OR -PROPH RET DET PH'CG	716
65800	7601107	OR -PARACNT A CH ASP	1,142
65805	7601115	OR -PARACNT A CH EYE W DX	1,142
65810	7601123	OR -PARACNT A CH VIT/DIS	1,142
65815	7601131	OR -PARACNT A CH BLD	1,142
66020	7601271	OR -INJ A CHMBR AIR/LIQ	1,142
66030	7601289	OR -INJ A CHMBR MEDS	1,142
65710	7601297	OR -KERATOPLASTY (CORNEAL TRNSPLNT)	1,142
15821	7601305	OR -BLEPH L LID HERN N/CO	1,062
15822	7601313	OR -BLEPH U LID	1,062
15823	7601321	OR -BLEPH U LID EXC SKN	1,062
15820	7601339	OR -BLEPH L LID	1,062

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
15822	7601347	OR-BLEPH UPP LID UNI N/CO	1,062
15822	7601354	OR-BLEPH UPP LID BI N/COS	1,062
15820	7601362	OR-BLEPH LOW LID UNI N/CO	1,062
15820	7601370	OR-BLEPH LOW LID BI N/COS	1,062
	7601388	OR - REMOVE EYE SUTURES	955
31000	7700149	OR -LAV MAX SINUS	679
31640	7700248	OR -BRONC EX TMR	965
30903	7700271	OR -CAUT/PK NASL H ANT	742
30905	7700289	OR -CAUT/PK NASL H POS IN	742
30906	7700297	OR -CAUT/PK NASL H POS SQ	742
30802	7700305	OR -CAUT/ABL TURBIN I'MUR	679
31515	7700313	OR -LARNG TRC ASP	679
31520	7700321	OR -LARNG TRC DXNB	679
31525	7700339	OR -LARNG TRC DX	679
31526	7700347	OR -LARNG TRC OPMIC	679
31528	7700354	OR -LARNG TRC DIL IN	679
31529	7700362	OR -LARNG TRC DILSQ	679
31530	7700370	OR -LARNG DIR REM FB	679
31531	7700388	OR-LARNG DIR REM FB W/MIC	679
31536	7700396	OR -LARNG DIR BX W/MIC	679
31535	7700404	OR -LARNG DIR BX NO MIC	679
31540	7700412	OR -LARNG DIR EX TMR	679
31541	7700420	OR -LARNG DIR EX TMR MI	679
31570	7700438	OR -LARNG DIR INJ VOCORD	679
31571	7700446	OR -LARNG DIR INJ VOCORD W/MIC	679
69436	7700495	OR -INS GROMMETS	1,029
69620	7700503	OR -MYRINGOPLASTY	780
69421	7700511	OR -MYRINGOTOMY U ANES	679
69424	7700529	OR -TUBE REM OTHR PHY	956
31237	7700578	OR -END NASAL BX	716
43215	7700628	OR -ESOPH REM FB	1,013
21310	7700750	OR -FX.CT NASAL BN NO MAN	716
21315	7700768	OR -FX.CT NASAL BN NO STB	716
21320	7700776	OR -FX.CT NASAL BN STABL	716
21325	7700784	OR -FX.OT NASAL UNCOMP	716
21336	7700792	OR -FX.OT NASAL SEPT	716
21337	7700800	OR -FX CT NASL SEPT	716
21338	7700818	OR -FX.OT NASOETH NO E FX	716
69145	7700826	OR -EX SFT TIS EAR LES	716
69150	7700834	OR -EX SFT TIS EAR LES RD	716

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
43450	7700859	OR -DIL ESOPH BOUGIE	716
43453	7700867	OR -DIL ESOPH O GD WIRE	716
43456	7700875	OR -DIL ESOPH BAL RETRO	716
43458	7700883	OR -DIL ESOPH BAL ACHALA	716
41115	7700891	OR -EX LGL FRENUM	991
41010	7700909	OR INCIS LINGUAL FRENUM	716
D7110	7700917	OR -EXT SINGLE TOOTH	771
D7120	7700925	OR -EXT EA ADD TOOTH	771
21497	7701204	OR -INTERDENTAL WIRG	771
69631	7701212	OR -ATTICOTOMY	780
69502	7701238	OR -MASTOIDECTOMY	797
69631	7701246	OR -TYPLSTY NO MAST NO RE	1,125
69632	7701253	OR -TYPLSTY REC	1,125
69633	7701261	OR -TYPLSTY REC&IMP	1,125
69635	7701279	OR -TYPLSTY ANTR NO OCR	1,125
69636	7701287	OR -TYPLSTY ANTR OCR	1,125
69637	7701295	OR -TYPLSTY ANTR PROSTH	1,125
69641	7701303	OR -TYPLSTY MAS NO OCR	1,125
69642	7701311	OR -TYPLSTY MAS OCR	1,125
69645	7701329	OR -TYPLSTY MAS RD NO OCR	1,125
69646	7701337	OR -TYPLSTY MAS RD OCR	1,125
92502	7701345	OR -EUA EARS	798
30410	7701360	OR -RHINO CMPL	680
30420	7701378	OR -RHINO MJR SEPT REP	680
30430	7701386	OR -RHINO 2ND MIN REV	680
30435	7701394	OR -RHNO 2ND INTER REV	680
30460	7701402	OR -RHINO NAS DEF 2ND CONG CLFT TIP	680
30462	7701410	OR -RHINO NAS DEF TIP SEPT OSTEO	680
42800	7701428	OR -BX OROPHARYNX	991
42100	7701469	OR -BX PAL UVULA	991
41100	7701477	OR -BX TONGUE ANT 2/3	991
41105	7701485	OR -BX TONGUE POS 1/3	991
40490	7701501	OR -BX LIP	991
40808	7701519	OR -BX V MOUTH	991
41805	7701873	OR -REM FB DENTOALV STS	1,013
41806	7701881	OR -REM FB DENTOALV BN	1,013
43247	7701915	OR -U GI END REM FB	1,013
61334	7701923	OR -EXP ORBIT FB REM	1,013
69660	7702178	OR -STAPEDECTOMY	780
69700	7702186	OR -CLOS POSTAUR FIS MA	780

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
21030	7702244	OR -EX B TMR FAC BN	716
21034	7702251	OR -EX M TMR FAC BN	716
21040	7702269	OR -EX B TMR MAND SIM	716
21044	7702285	OR -EX M TMR MAND	716
21045	7702293	OR -EX M TMR MAND R R	716
42699	7702335	OR -EXPL PAROTID	755
42809	7702376	OR -REM PHARNX FB	1,013
41108	7702475	OR -BX MOUTH FLOOR	991
40805	7702558	OR -REM FB V MTH CMPX	1,013
40820	7702608	OR -DES LES MTH L/T/C/C	716
31505	7702814	OR -LARYNG INDIR	991
31510	7702822	OR -LARYNG INDIR BX	991
31511	7702830	OR -LARNG INDIR REM FB	1,013
31512	7702848	OR -LARNG INDIR REM LES	991
31513	7702855	OR -LARNG INDIR INJ VCR	991
31575	7702863	OR -LARNG FLEX	991
31576	7702871	OR -LARNG FLEX BX	991
31577	7702889	OR -LARNG FLEX REM FB	1,013
31578	7702897	OR -LARNG FLEX REM LES	991
31579	7702905	OR -LARNG FLEX STROB	991
69100	7702913	OR -BX EXTERNAL EAR	786
69310	7702921	OR -MEATOPLASTY	786
40500	7703010	OR -EX LIP MUCSAL ADV	716
40520	7703028	OR -EX LIP V EX	716
40510	7703036	OR -EX LIP WEDGE EX	716
40525	7703044	OR -EX LIP FULLTHICK REC	716
40530	7703051	OR -RES LIP >1/4 NO REC	716
42106	7703069	OR -EX PAL UVULA P CLOS	991
42145	7703085	OR -PALATOPHARYNGPLSY	991
69205	7703200	OR -REM FB EAR U ANES	991
30801	7703275	OR -CAUT/ABL TURBIN	679
69399	7703374	OR -UNLIST PROC EXT EAR	786
41110	7703564	OR -EX LES TONGUE NO C	991
42104	7703606	OR -EX PAL UVULA	991
19300	7703622	OR -MASTEC F/GYNECO UNI	797
19300	7703630	OR -MAS F/GYNEC BI N/COSM	797
19325	7703648	OR -MAMOPLAS AUG W/PROS IMP UNI N/C	965
19325	7703655	OR -MAMOP AUGMEN W/PRO IMP BI N/COS	965
69300	7703663	OR -OTO PROT EAR UNI N/CO	786
69300	7703671	OR -OTO PROTRU EAR BI N/C	786

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
30450	7703689	OR -RHINO 2ND MAJ REV N/C	680
15876	7703697	OR -SUC ASS LIPEC H&N N/C	780
15877	7703705	OR -SUC ASS LIPEC TRNK NC	780
15878	7703713	OR -SUC ASS LIPEC U/EX NC	780
15879	7703721	OR -SUC ASS LIPEC L/EX NC	780
15824	7703739	OR -RHYTIDECTOM F/HEAD NC	2,684
15825	7703747	OR -RHYTI NECK TIGHTEN NC	2,684
15826	7703754	OR -RHYTI GLABEL F/LIN NC	2,684
15829	7703762	OR -RHYTI CHEEK & NECK NC	2,684
	7703770	OR -RHYTI SU/F MUS SYS NC	2,684
	7703788	OR -LAVG BY CANUL,MAX SNS	703
	7703796	OR -OTOLARYN W/GEN ANESTH	799
D7220	7703804	OR-REM OF IMPA TOOTH ST	771
D7230	7703812	OR-REM OFIMP TOOTH P/BONY	771
D7240	7703820	OR-REM OF IMPAC TOOTH C/B	771
	7703838	OR-REM OF IMP COMPL/BONY	771
D7241	7703846	OR-REM OF IMPA TOOTH S/C	771
D7250	7703853	OR-REM OF RESID T/ROOTS	771
	7703861	OR-VARICOSE VEIN TIES	780
30410	7704604	OR-RHINO PRIMARY COMPL NO	680
30420	7704612	OR-RHINO PRIMARY INCLU MA	680
30430	7704638	OR-RHINO SEC MINOR REVISION NON COM	680
30435	7704646	OR-RHINO SEC INTER REVIS NON COSMET	680
30460	7704653	OR-RHINO NAS DEFORM 2ND TO CON TIP	680
30462	7704661	OR-RHINO NAS DEFOR 2ND TO CON TIP+S	680
31231	7704679	OR -NASAL ENDO DIA UNI/BI	716
31255	7704695	OR -NASAL SINUS ENDO TOTAL ETHMOID	716
31267	7704703	OR -NASAL SIN W/MAX REM T	716
31276	7704711	OR -NAL SIN FRONT W/WO RE	716
31287	7704729	OR -NAS SIN W/SPHENOIDOTO	716
31256	7706500	OR -NASAL SINUS ENDO W/MAXILL ANTRO	716
31254	7707680	OR -NASAL/SIN ENDO PARTIA	716
43842	7707698	OR -GASTRIC RESTRICTIVE PROC V B	10,419
41899	7707706	OR -DENTAL 30 MINS MINIMU	772
41899	7707714	OR -DENTAL EXT OVER 30MIN	1,011
75710	7800006	OR -ARTERGRAM FEM UNI	1,090
75716	7800014	OR -ARTERGRAM FEM BIL	1,174
92960	7800022	OR -CARDIOVERSION	635
90870	7800030	OR -ELECTROCONVULSIVE THERAPY ECT	819
62310	7800055	OR -EPIDUR THERAP CER	833

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
62311	7800063	OR -EPIDUR THERAP LUM	833
62273	7800113	OR -THERAPEUTIC EPIDURAL BLOOD PTCH	859
93674	7800188	OR GUANETHIDINE BLOK	716
64420	7800220	OR -INJ INC NRV 1	716
64421	7800238	OR -INJ INC NRV MUL	716
76998	7800295	OR US GUIDANCE, INTRAOPERATIVE	507
99195	1111558	Therapeutic Phlebotomy Service	180
9016	1111103	Packed Red Cell, leukocyte reduced - per bag	246
9017	1111087	Fresh Frozen Plasma - per bag	246
9035	1111111	Platelet Processing - per bag	507
86890	1111038	Autologous Blood collection & Processing	263
36512	1111566	Therapeutic Apheresis - for red blood cells	4,222
36513	1111574	Therapeutic Apheresis - for platelets	4,222
36514	1111582	Therapeutic Apheresis - for plasmapheresis	6,542
93268	2222743	ZIO Patch	600
93925	2222750	Vascular bypass graft lower extremities ultrasound	373
93926	2222768	Vascular bypass graft right/left lower extremities	214
92922	2222776	ABI bilateral lower extremities	134
92923	2222784	ABI/PVR with segmental pressure	211
92924	2222792	ABI with exercise	265
80185	1211606	LAB -DILANTIN/PHENYTOIN/ETHOSUXIMIDE	85
99070	3234945	FC ADAPT SKIN JAR SMALL	22
99070	3234952	FC ADAPT SKIN JAR LARGE	73
99070	3234960	FC COOLMAX SOCKS 8 PLY	46
99070	3234978	FC COOLMAX SOCKS	39
99070	3234986	FC COSMETIC FINISHING KIT	58
99070	3234994	FC COSMETIC NYLONS	94
99070	3235009	FC CREAM SMALL	22
99070	3235017	FC COTTON SOCKS	10
99070	3235025	FC CREAM LARGE	73
99070	3235033	FC DAW SKIN	653
99070	3235041	FC DERMO LINER	1,051
99070	3235058	FC DIABETIC SOCKS PAIR	44
99070	3235066	FC DISTAL END PAD	123
99070	3235074	FC DISTAL END PAD OSSUR	261
99070	3235082	FC DREAM SKIN	798
99070	3235090	FC DURAGEL SUSPENSION SLEEVE	203
99070	3235116	FC FOAM COVER AK	653
99070	3235108	FC FOAM COVER BK	435
99070	3235124	FC FOAM COVER BMI	508

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
99070	3235132	FC FOOT SHELL	471
99070	3235140	FC GEL SOCKS	109
99070	3235157	FC JACK STRAP LEATHER	109
99070	3235165	FC JACK STRAP VELCRO	51
99070	3235173	FC JUZO SUSPENSION SLEEVE	109
99070	3235181	FC LINER OSSUR	1,015
99070	3235199	FC LINER ALPHA	725
99070	3235207	FC LINER ALPS	870
99070	3235215	FC PARACHUTE	65
99070	3235223	FC PELITE LINER	254
99070	3235231	FC PELITE LINER LEATHER	326
99070	3235249	FC PELITE WEDGE	73
99070	3235256	FC PIPE	254
99070	3235264	FC POST OP SOCKS	174
99070	3235272	FC POWER BELT	181
99070	3235280	FC SILICONE INSERT	116
99070	3235298	FC SILICONE SHEATS	87
99070	3235306	FC SHEARBAN	44
99070	3235314	FC SHEATS	13
99070	3235322	FC SILICIAN BELT	218
99070	3235330	FC SPACER FOR SEATTLE FOOT	65
99070	3235355	FC SPECTRA SOCK	51
99070	3235348	FC STUMP SHRINKER BK	109
99070	3235363	FC STUMP SHRINKER AK	123
99070	3235371	FC STUMP SHRINKER SILVER	131
99070	3235389	FC STUMP SOCKS WOOL	22
99070	3235397	FC SUSPENSION SLEEVE BMI	131
99070	3235405	FC TES BELT	290
99070	3235413	FC WAIST BELT	94 "

Revokes and replaces Part B of Schedule 4

4 The principal Regulations are amended by revoking Part B of Schedule 4 and substituting the following—

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

“SCHEDULE 4: PART B

(Regulation 9(3))

OUT-PATIENT TREATMENT (FEES PAYABLE FOR TREATMENT NOT
INCLUDED IN STANDARD HEALTH BENEFIT)

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	12104	CCU - HOLIDAY RELIEF	150
	12120	HOSPICE-HOLIDAY RELIEF	150
	1312198	LAB-URINE PRE EMPL MICRO&CUL	117
	1312206	LAB-URINE VISA	70
	1819002	MRI CANCELLATION	85
	1819010	MRI NO SHOW	85
	2222719	ECG-CANCELLATION	85
	2222727	ECG-NO SHOW	85
	2425635	XR-CANCELLATION	85
	2425643	XR-NO SHOW	85
	2425650	BONE DENSITY CANCELLATION	85
	2425668	BONE DENSITY NO SHOW	85
	2525434	PT NO SHOW	85
	2930014	RI CANCELLATION	85
	2930022	RI NOW SHOW	85
	3030012	GR -GERIATRIC DAY CARE	87
	3231347	FC -NO SHOWS	85
99070	3231354	FC -MISC CUST ORTHO PTENT	0
	3839008	US CANCELLATION	85
	3839016	US NO SHOW	85
	4040168	SP NO SHOW	85
	4141123	OT NO SHOWS	85
	4141131	OT CANCELLATIONS	85
	4243507	CT CANCELLATION	85
	4243515	CT NO SHOW	85
	4325155	CR PT NO SHOW	85
	4325270	CR PT CANCELLATION	85
	4334033	CR MNT CANCELLATION	85
	4334041	CR MNT DIETITIAN NO SHOW	85
	4343067	CR MULTI-DISCIPLINARY - NO SHOW	85
	4343075	CR MULTI-DISCIPLINARY -CANCELLATION	85
	4848503	MAMMO CANCELLATION	85
	4848511	MAMMO NO SHOW	85
	6825293	DH PT NO SHOW	85

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CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	6825590	DH PT CANCELLATION	85
	6834030	DH MNT CANCELLATION	85
	6834048	DH MNT DIETITIAN NO SHOW	85
	6840102	DH SP NO SHOW	85
	6840110	DH SP CANCELLATION	85
	6841100	DH OT NO SHOWS	85
	6841118	DH OT CANCELLATIONS	85
	6868046	DH MULTI-DISCIPLINARY - NO SHOW	85
	6868053	DH MULTI-DISCIPLINARY -CANCELLATION	85
	1607290	ENDOC CANCELLATION	85
	1607282	ENDOC NO SHOW	85
	1609577	GYN CANCELLATION	85
	1609569	GYN NO SHOW	85
	1612241	PAL CANCELLATION	85
	1612233	PAL NO SHOW	85
	1616671	PHYSIATRIST CANCELLATION	85
	1616663	PHYSIATRIST NO SHOW	85
	1605625	PM CANCELLATION	85
	1605617	PM NO SHOW	85
	1629989	READING FEE - UIM MAMMOGRAPHY	30
	1629997	READING FEE - UIM ULTRASOUND	30
	4848297	CD/Electronic copy of images	30
	1700400	ANEST NO SHOW	85
	1700418	ANEST CANCELLATION	85
	1710789	CARD NO SHOW	85
	1710797	CARD CANCELLATION	85
	1720283	ENDOC NO SHOW	85
	1720291	ENDOC CANCELLATION	85
	1730282	INTERNIST NO SHOW	85
	1730290	INTERNIST CANCELLATION	85
	1740281	NEPHROLOGIST NO SHOW	85
	1740299	NEPHROLOGIST CANCELLATION	85
	1750611	NEUROLOGIST NO SHOW	85
	1750629	NEUROLOGIST CANCELLATION	85
	1759950	OB NO SHOW	85
	1759968	OB CANCELLATION	85
	1760107	ONCOLOGIST NO SHOW	85
	1760115	ONCOLOGIST CANCELLATION	85
	1770064	VASC NO SHOW	85
	1770072	VASC CANCELLATION	85

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM	OUT-PATIENT TREATMENT	\$
	Code		
	1780287	SUR NO SHOW	85
	1780295	SUR CANCELLATION	85
	2525434	PT NO SHOW	85
	2525327	PT CANCELLATION	85
	3437159	MNT CANCELLATION	85
	3437167	MNT NO SHOW	85
	3636230	HPB CANCELLATION	85
	3636255	HPB NO SHOW	85
	4040168	SP NO SHOW	85
	4040200	SP CANCELLATION	85
	4341111	CR OT NO SHOWS	85
	4341129	CR OT CANCELLATIONS	85
	6781025	XRS CANCELLATION	85
	6781033	XRS NO SHOW	85
77280	4243523	CT SIMULATION SIMPLE	915
77285	4243531	CT SIMULATION INTERMEDIATE	1,449
77290	4243549	CT SIMULATION COMPLEX	1,672
		UROLOGY	
99201	1640002	UROLOGIST OV LV1 NP	142
99202	1640010	UROLOGIST OV LV2 NP	197
99203	1640028	UROLOGIST OV LV3 NP	423
99204	1640036	UROLOGIST OV LV4 NP	515
99205	1640044	UROLOGIST OV LV5 NP	950
99211	1640051	UROLOGIST OV LV1 EP	54
99212	1640069	UROLOGIST OV LV2 EP	101
99213	1640077	UROLOGIST OV LV3 NP	291
99214	1640085	UROLOGIST OV LV4 NP	318
99215	1640093	UROLOGIST OV LV5 NP	632
99241	1640101	UROLOGIST OFFICE CONSULT LV1	143
99242	1640119	UROLOGIST OFFICE CONSULT LV2	300
99243	1640127	UROLOGIST OFFICE CONSULT LV3	421
99244	1640135	UROLOGIST OFFICE CONSULT LV4	677
99245	1640143	UROLOGIST OFFICE CONSULT LV5	845
99199	1640150	UROLOGIST NO SHOW	85
99221	1640168	UROLOGIST HV LV1 NP	586
99222	1640176	UROLOGIST HV LV2 NP	798
99223	1640184	UROLOGIST HV LV3 NP	1,179
99231	1640192	UROLOGIST HV LV1 EP	236
99232	1640200	UROLOGIST HV LV2 EP	433
99233	1640218	UROLOGIST HV LV3 EP	623

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT	CDM	OUT-PATIENT TREATMENT	\$
	Code		
99251	1640226	UROLOGIST HOSP CONSULT MINOR	312
99252	1640234	UROLOGIST HOSP CONSULT LOW COMPLEX	468
99253	1640242	UROLOGIST HOSP CONSULT MOD COMPLEX	707
99254	1640259	UROLOGIST HOSP CONSULT HIGH COMPLEX	1,025
99255	1640267	UROLOGIST HOS CONSULT CRITICAL	1,246
99291	1640275	UROLOGIST CRIT CARE ET 1ST HOUR	1,403
99292	1640283	UROLOGIST CRIT CARE DET EA ADD 30MIN	701
11420	7402118	OR -EXCISION BENIGN LESION 0.5CM OR LESS	1,236
11421	7402126	OR -EXCISION BENIGN LESION 0.6 TO 1.0 CM	539
11422	7402134	OR -EXCISION BENIGN LESION 1.1 TO 2.0 CM	1,236
11423	7402142	OR -EXCISION BENIGN LESION 2.1 TO 3.0 CM	1,236
11426	7402159	OR -EXCISION BENIGN LESION OVER 4.0 CM	2,148
38300	7402167	OR -DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS SIMPLE	1,236
38305	7402175	OR -DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS EXTENSIVE	1,236
38308	7402183	OR -LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	2,498
50080	7402191	OR -REMOVAL OF KIDNEY STONE - UP TO 2CM	7,450
50081	7402209	OR -REMOVAL OF KIDNEY STONE - OVER 2CM	7,450
50382	7402217	OR -REMOVAL AND REPLACEMENT OF STENT (VIA SNARECAPTURE)	1,644
50386	7402225	OR -REMOVAL OF STENT (VIA SNARECAPTURE)	1,644
50387	7402233	OR -REMOVAL AND REPLACEMENT OF NEPHROURETERAL CATHETER	1,644
50551	7402241	OR -FLEXIBLE URETEROSCOPY	3,483
50553	7402258	OR -FLEXIBLE URETEROSCOPY WITH URETERAL CATHETERIZATION	3,483
50555	7402266	OR -FLEXIBLE URETEROSCOPY AND BIOPSY	3,483
50557	7402274	OR -LAPAROSCOPIC RENAL CYST DEROOF	7,450
50572	7402282	OR -FLEXIBLE URETEROSCOPY	549
50574	7402290	OR -FLEXIBLE URETEROSCOPY AND BIOPSY	549
50688	7402308	OR -CHANGE OF URETEROSTOMY TUBE OR URETERAL STENT	1,644
50951	7402316	OR -FLEXIBLE URETEROSCOPY	1,644
50953	7402324	OR -FLEXIBLE URETEROSCOPY	3,483
50955	7402332	OR -FLEXIBLE URETEROSCOPY AND BIOPSY	3,483
50976	7402340	OR -FLEXIBLE URETEROSCOPY	3,483
51040	7402357	OR -FLEXIBLE CYSTOSCOPY - LOCAL ANAESTHETIC AND SUPRAPUBIC CATHETER PLACEMENT	1,644

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT Code	CDM Code	OUT-PATIENT TREATMENT	\$
51045	7402365	OR -GA CYSTOSCOPY AND SUPRAPUBIC CATHETER (SPC) INSERTION	1,644
51060	7402373	OR -TRANSVESICAL URETEROLITHOTOMY (STONE REMOVAL)	1,644
51065	7402381	OR -CYSTOTOMY (STONE REMOVAL)	3,483
51102	7402399	OR -DRAIN BLADDER W/CATH INSERTION	1,644
51700	7402407	OR -BLADDER IRRIGATION SIMPLE LAVAGE AND/OR INSTILLATION	216
51702	7402415	OR -INSERT TEMP BLADDER CATH SIMPLE	100
51703	7402423	OR -INSERT TEMP BLADDER CATH COMPLEX	127
51741	7402431	OR -ELECTRO-UROFLOWMETRY - COMPLEX	127
52276	7402449	OR -CYSTOSCOPY AND TREATMENT	1,644
52315	7402456	OR -CYSTOSCOPY AND TREATMENT	1,644
52317	7402464	OR -LITHOLAPAXY AND BLADDER STONE REMOVAL (LESS THAN 2.5CM)	2,541
52318	7402472	OR -LITHOLAPAXY AND BLADDER STONE REMOVAL (OVER 2.5CM)	3,483
52356	7402480	OR -URETEROSCOPIC STONE MANAGEMENT AND STENTING	3,483
52450	7402498	OR -TRANSURETHRAL INCISION OF PROSTATE	2,541
52601	7402506	OR -TRANSURETHRAL RESECTION OF PROSTATE - PROSTATECTOMY (TURP)	3,483
52630	7402514	OR -TRANSURETHRAL RESECTION OF PROSTATE - REMOVE PROSTATE REGROWTH	3,483
52640	7402522	OR -HYDRODISTENSION OF BLADDER	2,541
52647	7402530	OR -LASER COAGULATION OF PROSTATE	3,483
52648	7402548	OR -LASER VAPORIZATION OF PROSTATE	3,483
53000	7402555	OR -OPTICAL URETHROTOMY	1,644
53010	7402563	OR -OPTICAL URETHROTOMY	3,483
53215	7402571	OR -URETHRECTOMY TOTAL INCL CYSTOSTOMY MALE	3,483
53600	7402589	OR -URETHRAL DILATATION (INITIAL)	216
53601	7402597	OR -URETHRAL DILATATION (SUBSEQUENT)	100
53620	7402605	OR -URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (INITIAL)	549
53621	7402613	OR -URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (SUBSEQUENT)	216
53660	7402621	OR -DILATION OF FEMALE URETHRA (INITIAL)	127
53661	7402639	OR -DILATION OF FEMALE URETHRA (SUBSEQUENT)	100
54065	7402647	OR -DESTRUCTION PENIS LESION(S) EXTENSIVE	1,427

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
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CPT Code	CDM Code	OUT-PATIENT TREATMENT	\$
54150	7402654	OR -CIRCUMCISION	1,644
54161	7402662	OR -CIRCUMCISION 28 DAYS OR OLDER	1,644
54437	7402670	OR -REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	1,644
54520	7402688	OR -ORCHIDECTOMY - REMOVAL OF TESTES	2,541
54560	7402696	OR -EXPLORATION FOR UNDESCENDED TESTES	1,644
54600	7402704	OR -REDUCE TESTIS TORSION	2,541
54640	7402712	OR -SUSPENSION OF TESTIS	2,862
54690	7402720	OR -LAPAROSCOPIC ORCHIDECTOMY	4,197
54700	7402738	OR -DRAINAGE OF SCROTUM	1,644
54830	7402746	OR -EXCISION OF LOCAL LESION OF EPIDIDYMIS	1,644
54840	7402753	OR -EXCISION OF SPERMATOCELE WITH OR WITHOUT EPIDIDYMECTOMY	1,644
55000	7402761	OR -DRAINAGE OF HYDROCELE	539
55060	7402779	OR -DRAINAGE AND REPAIR OF HYDROCELE	1,644
55100	7402787	OR -DRAINAGE OF SCROTUM ABSCESS	1,236
55500	7402795	OR -EXCISION OF HYDROCELE OF SPERMATIC CORD UNILATERAL (SEPARATE PROCEDURE)	2,541
55550	7402803	OR -LAPAROSCOPIC VARICO-COELE REPAIR	4,197
55700	7402811	OR -BIOPSY OF PROSTATE NEEDLE ANY APPROACH	1,644
55705	7402829	OR -BIOPSY OF PROSTATE INCISIONAL ANY APPROACH	1,644
57410	7402837	OR -PELVIC EXAMINATION UNDER ANESTHESIA	2,085
64450	7402845	OR -N BLOCK OTHER PERIPHERAL	507
76536	7402852	OR -US EXAM OF HEAD AND NECK	113
76700	7402860	OR -US EXAM ABDOMINAL COMPLETE	113
76770	7402878	OR -US EXAM ABDO BACK WALL COMP	113
76872	7402886	OR -US TRANSRECTAL (TRUS)	113
11420	1640309	EXCISION BENIGN LESION 0.5CM OR LESS	84
11421	1640317	EXCISION BENIGN LESION 0.6 TO 1.0 CM	114
11422	1640325	EXCISION BENIGN LESION 1.1 TO 2.0 CM	140
11423	1640333	EXCISION BENIGN LESION 2.1 TO 3.0 CM	162
11426	1640341	EXCISION BENIGN LESION OVER 4.0 CM	284
38300	1640358	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS SIMPLE	188
38305	1640366	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS EXTENSIVE	476
38308	1640374	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	464

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REGULATIONS 2017

CPT	CDM	OUT-PATIENT TREATMENT	\$
	Code		
50080	1640382	REMOVAL OF KIDNEY STONE - UP TO 2CM	904
50081	1640390	REMOVAL OF KIDNEY STONE - OVER 2CM	1,328
50382	1640408	REMOVAL AND REPLACEMENT OF STENT (VIA SNARECAPTURE)	269
50386	1640416	REMOVAL OF STENT (VIA SNARECAPTURE)	171
50387	1640424	REMOVAL AND REPLACEMENT OF NEPHROURETERAL CATHETER	89
50544	1640432	LAPAROSCOPIC PYELOPLASTY	1,297
50551	1640440	FLEXIBLE URETEROSCOPY	307
50553	1640457	FLEXIBLE URETEROSCOPY WITH URETERAL CATHETERIZATION	326
50555	1640465	FLEXIBLE URETEROSCOPY AND BIOPSY	356
50557	1640473	LAPAROSCOPIC RENAL CYST DEROOF	361
50572	1640481	FLEXIBLE URETEROSCOPY	555
50574	1640499	FLEXIBLE URETEROSCOPY AND BIOPSY	590
50688	1640507	CHANGE OF URETEROSTOMY TUBE OR URETERAL STENT	82
50951	1640515	FLEXIBLE URETEROSCOPY	320
50953	1640523	FLEXIBLE URETEROSCOPY	339
50955	1640531	FLEXIBLE URETEROSCOPY AND BIOPSY	368
50976	1640549	FLEXIBLE URETEROSCOPY	486
50980	1640556	FLEXIBLE URETEROSCOPY	371
51040	1640564	FLEXIBLE CYSTOSCOPY - LOCAL ANAESTHETIC AND SUPRAPUBIC CATHETER PLACEMENT	301
51045	1640572	GA CYSTOSCOPY AND SUPRAPUBIC CATHETER (SPC) INSERTION	508
51060	1640580	TRANSVESICAL URETEROLITHOTOMY (STONE REMOVAL)	602
51065	1640598	CYSTOTOMY (STONE REMOVAL)	602
51102	1640606	DRAIN BLADDER W/CATH INSERTION	150
51700	1640614	BLADDER IRRIGATION SIMPLE LAVAGE AND/OR INSTILLATION	37
51702	1640622	INSERT TEMP BLADDER CATH SIMPLE	27
51703	1640630	INSERT TEMP BLADDER CATH COMPLEX	80
51720	1640648	URETHRAL CATHETERISATION AND BCG BLADDER INSTILLATION	67
51741	1640655	ELECTRO-UROFLOWMETRY - COMPLEX	16
52000	1640663	FLEXIBLE CYSTOSCOPY - LOCAL ANAESTHETIC	106
52005	1640671	CYSTOSCOPY & URETER CATHETER	139
52204	1640689	CYSTOSCOPY W/BIOPSY(S)	148

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REGULATIONS 2017

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
52224	1640697	CYSTOSCOPY AND TREATMENT - LESIONS LESS THAN 0.5CM	213
52234	1640705	CYSTOSCOPY AND TREATMENT - LESIONS 0.5 TO 2.0CM	257
52235	1640713	CYSTOSCOPY AND TREATMENT - LESIONS 2.0 TO 5.0CM	301
52240	1640721	CYSTOSCOPY AND TREATMENT - RESECTION OF LARGE BLADDER TUMOR(S)	409
52260	1640739	CYSTOSCOPY AND TREATMENT	219
52275	1640747	CYSTOSCOPY & REVISE URETHRA	259
52276	1640754	CYSTOSCOPY AND TREATMENT	276
52281	1640762	CYSTOSCOPY AND TREATMENT	159
52315	1640770	CYSTOSCOPY AND TREATMENT	286
52317	1640788	LITHOLAPAXY AND BLADDER STONE REMOVAL (LESS THAN 2.5CM)	362
52318	1640796	LITHOLAPAXY AND BLADDER STONE REMOVAL (OVER 2.5CM)	494
52325	1640804	CYSTOURETHROSCOPY WITH FRAGMENTATION OF URETERAL CALCULUS	335
52332	1640812	OPEN REPAIR OF URETERIC INJURY	162
52352	1640820	URETEROSCOPIC STONE MANAGEMENT AND STENTING	369
52353	1640838	URETEROSCOPIC STONE MANAGEMENT AND STENTING	409
52356	1640846	URETEROSCOPIC STONE MANAGEMENT AND STENTING	433
52450	1640853	TRANSURETHRAL INCISION OF PROSTATE	488
52601	1640861	TRANSURETHRAL RESECTION OF PROSTATE - PROSTATECTOMY (TURP)	879
52630	1640879	TRANSURETHRAL RESECTION OF PROSTATE - REMOVE PROSTATE REGROWTH	416
52640	1640887	HYDRODISTENSION OF BLADDER	327
52647	1640895	LASER COAGULATION OF PROSTATE	673
52648	1640903	LASER VAPORIZATION OF PROSTATE	717
53000	1640911	OPTICAL URETHROTOMY	153
53010	1640929	OPTICAL URETHROTOMY	306
53020	1640937	MEATOTOMY (EXCEPT INFANT)	101
53025	1640945	MEATOTOMY (INFANT)	75
53215	1640952	URETHRECTOMY TOTAL INCL CYSTOSTOMY MALE	966
53600	1640960	URETHRAL DILATATION (INITIAL)	66

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REGULATIONS 2017

CPT	CDM	OUT-PATIENT TREATMENT	\$
	Code		
53601	1640978	URETHRAL DILATATION (SUBSEQUENT)	56
53605	1640986	URETHRAL DILATATION UNDER ANESTHESIA	67
53620	1640994	URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (INITIAL)	91
53621	1641000	URETHRAL DILATATION BY PASSAGE OF FILIFORM MALE (SUBSEQUENT)	75
53660	1641018	DILATION OF FEMALE URETHRA (INITIAL)	44
53661	1641026	DILATION OF FEMALE URETHRA (SUBSEQUENT)	42
53665	1641034	DILATION OF FEMALE URETHRA UNDER ANESTHESIA	40
54065	1641042	DESTRUCTION PENIS LESION(S) EXTENSIVE	179
54150	1641059	CIRCUMCISION	102
54161	1641067	CIRCUMCISION 28 DAYS OR OLDER	204
54164	1641075	FRENULOPLASTY	201
54437	1641083	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	705
54520	1641091	ORCHIDECTOMY - REMOVAL OF TESTES	339
54560	1641109	EXPLORATION FOR UNDESCENDED TESTES	747
54600	1641117	REDUCE TESTIS TORSION	473
54640	1641125	SUSPENSION OF TESTIS	497
54690	1641133	LAPAROSCOPIC ORCHIDECTOMY	687
54700	1641141	DRAINAGE OF SCROTUM	222
54830	1641158	EXCISION OF LOCAL LESION OF EPIDIDYMIS	387
54840	1641166	EXCISION OF SPERMATOCELE WITH OR WITHOUT EPIDIDYMECTOMY	334
55000	1641174	DRAINAGE OF HYDROCELE	89
55040	1641182	REMOVAL OF HYDROCELE	351
55060	1641190	DRAINAGE AND REPAIR OF HYDROCELE	396
55100	1641208	DRAINAGE OF SCROTUM ABSCESS	172
55250	1641216	VASECTOMY UNILATERAL OR BILATERAL	237
55500	1641224	EXCISION OF HYDROCELE OF SPERMATIC CORD UNILATERAL (SEPARATE PROCEDURE)	411
55550	1641232	LAPAROSCOPIC VARICO-COELE REPAIR	445
55700	1641240	BIOPSY OF PROSTATE NEEDLE ANY APPROACH	136
55705	1641257	BIOPSY OF PROSTATE INCISIONAL ANY APPROACH	277
57410	1641265	PELVIC EXAMINATION UNDER ANESTHESIA	111
64450	1641273	N BLOCK OTHER PERIPHERAL	47
76536	1641281	US EXAM OF HEAD AND NECK	119
76700	1641299	US EXAM ABDOMINAL COMPLETE	125
76770	1641307	US EXAM ABDO BACK WALL COMP	116

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) AMENDMENT
REGULATIONS 2017

CPT	CDM	OUT-PATIENT TREATMENT	\$
	Code		
76872	1641315	US TRANSRECTAL (TRUS)	97 "

Commencement

5 These Regulations come into operation on 1 June 2017.

Made this 30th day of May 2017

Chairman
Bermuda Hospitals Board

Approved this 29th day of May 2017

Minister of Health and Seniors