



BERMUDA

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

BR 47 / 2015

TABLE OF CONTENTS

1	Citation
2	Rates for in-patient treatment of residents in the general hospital
3	Rates for in-patient treatment of non-residents in the general hospital
4	Rates where patient readmitted with related diagnosis
5	Rates for physician charges
6	Rates for treatment of residents in the Mid Atlantic Wellness Institute
7	Rates for treatment of residents in hospices
8	Rates for in-patient treatment of non-residents in the Mid Atlantic Wellness Institute
9	Rates for out-patient treatment
10	Revocation
	SCHEDULE 1
	In-Patient Treatment Charge by Diagnosis Related Group (DRG)
	SCHEDULE 2
	In-Patient Treatment Per Diem Rates
	SCHEDULE 3
	Bermuda Hospitals Board Physician Services
	SCHEDULE 4
	Out-Patient Treatment

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:

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

Citation

1 These Regulations may be cited as the Bermuda Hospitals Board (Hospital Fees) Regulations 2015.

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

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

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

(2) *[revoked]*

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

[Regulation 2 paragraphs (1) and (3) amended and paragraph (2) revoked by BR 18 / 2016 reg. 2 effective 1 April 2016]

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

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

- (a) in respect of any admission to the hospital with a length of stay of 15 days or less, are equal to the amount in Schedule 1 opposite the Diagnosis Related Group to which the patient has been assigned by the attending physician plus a 50% surcharge based on that amount; or
- (b) in respect of any admission to the hospital with a length of stay of greater than 15 days, are equal to the amount referred to in subparagraph (a) plus the product obtained by multiplying the number of days of stay at the hospital greater than 15 days by the per diem rate listed in Part B of Schedule 2.

[Regulation 3 subparagraphs (a) and (b) amended by BR 18 / 2016 reg. 3 effective 1 April 2016]

Rates where patient readmitted with related diagnosis

4 Where a resident referred to in regulation 2 or a non-resident referred to in regulation 3 is readmitted to the general hospital within three days after discharge and is assigned by the attending physician to a Diagnosis Related Group closely related to the one

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

to which he was assigned before discharge, the fees payable to the Board are calculated as provided in regulation 2 or 3, whichever is applicable, as if—

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

Rates for physician charges

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

(2) Part A of Schedule 3 sets out the fees payable for treatment included in standard health benefit.

(3) Part B of Schedule 3 sets out the fees payable (if any) for treatment excluded from standard health benefit.

Rates for treatment of residents in the Mid Atlantic Wellness Institute

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

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

Rates for treatment of residents in hospices

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

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

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

[Regulation 8 amended by BR 18 / 2016 reg. 4 effective 1 April 2016]

Rates for out-patient treatment

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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

(2) Part A of Schedule 4 sets out the fees payable for treatment included in standard health benefit.

(3) Part B of Schedule 4 sets out the fees payable for treatment excluded from standard health benefit.

Revocation

10 The Bermuda Hospitals Board (Hospital Fees) Regulations 2014 are revoked.

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

SCHEDULE 1

(Regulations 2, 3 and 4)

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

DRG	CDM Code	DRG Title	\$
3	9500034	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	126,178
4	9500042	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	77,634
11	9500117	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC	33,891
12	9500125	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC	23,814
13	9500133	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/MCC	15,277
20	9500208	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	67,541
21	9500216	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	51,183
22	9500224	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	32,141
23	9500232	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	37,867
24	9500240	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	26,796
25	9500257	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	31,025
26	9500265	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	21,467
27	9500273	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	16,326
28	9500281	SPINAL PROCEDURES W MCC	38,603
29	9500299	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	22,584
30	9500307	SPINAL PROCEDURES W/O CC/MCC	12,757
31	9500315	VENTRICULAR SHUNT PROCEDURES W MCC	29,680
32	9500323	VENTRICULAR SHUNT PROCEDURES W CC	14,538
33	9500331	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	11,160
34	9500349	CAROTID ARTERY STENT PROCEDURE W MCC	26,472
35	9500356	CAROTID ARTERY STENT PROCEDURE W CC	15,815
36	9500364	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	12,384
37	9500372	EXTRACRANIAL PROCEDURES W MCC	22,503

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
38	9500380	EXTRACRANIAL PROCEDURES W CC	11,352
39	9500398	EXTRACRANIAL PROCEDURES W/O CC/MCC	7,569
40	9500406	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	27,153
41	9500414	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	15,212
42	9500422	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	13,295
52	9500521	SPINAL DISORDERS & INJURIES W CC/MCC	11,311
53	9500539	SPINAL DISORDERS & INJURIES W/O CC/MCC	6,648
54	9500547	NERVOUS SYSTEM NEOPLASMS W MCC	9,333
55	9500554	NERVOUS SYSTEM NEOPLASMS W/O MCC	7,290
56	9500562	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	12,600
57	9500570	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/ O MCC	7,224
58	9500588	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	11,685
59	9500596	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	7,360
60	9500604	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	5,627
61	9500612	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	19,722
62	9500620	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	13,272
63	9500638	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	10,800
64	9500646	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	12,433
65	9500653	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	7,613
66	9500661	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	5,386
67	9500679	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/ O INFARCT W MCC	10,391
68	9500687	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/ O INFARCT W/O MCC	6,005
69	9500695	TRANSIENT ISCHEMIA	4,996
70	9500703	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	11,758
71	9500711	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	6,973

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
72	9500729	NONSPECIFIC CEREBROVASCULAR DISORDERS W/ O CC/MCC	4,969
73	9500737	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	9,506
74	9500745	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	6,328
75	9500752	VIRAL MENINGITIS W CC/MCC	11,870
76	9500760	VIRAL MENINGITIS W/O CC/MCC	6,172
77	9500778	HYPERTENSIVE ENCEPHALOPATHY W MCC	11,620
78	9500786	HYPERTENSIVE ENCEPHALOPATHY W CC	6,696
79	9500794	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	4,776
80	9500802	NONTRAUMATIC STUPOR & COMA W MCC	9,149
81	9500810	NONTRAUMATIC STUPOR & COMA W/O MCC	5,615
82	9500828	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	13,692
83	9500836	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	8,870
84	9500844	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/ MCC	6,146
85	9500851	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	14,141
86	9500869	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	7,998
87	9500877	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/ MCC	5,336
88	9500885	CONCUSSION W MCC	11,236
89	9500893	CONCUSSION W CC	6,858
90	9500901	CONCUSSION W/O CC/MCC	5,260
91	9500919	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	11,429
92	9500927	OTHER DISORDERS OF NERVOUS SYSTEM W CC	6,430
93	9500935	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/ MCC	4,852
94	9500943	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	23,860
95	9500950	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	17,056
96	9500968	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	14,825
97	9500976	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	22,621
98	9500984	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	12,295
99	9500992	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	8,304
100	9501008	SEIZURES W MCC	10,947
101	9501016	SEIZURES W/O MCC	5,413
102	9501024	HEADACHES W MCC	7,205

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
103	9501032	HEADACHES W/O MCC	4,946
113	9501131	ORBITAL PROCEDURES W CC/MCC	13,312
114	9501149	ORBITAL PROCEDURES W/O CC/MCC	8,275
115	9501156	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	9,142
116	9501164	INTRAOCULAR PROCEDURES W CC/MCC	10,018
117	9501172	INTRAOCULAR PROCEDURES W/O CC/MCC	5,893
121	9501214	ACUTE MAJOR EYE INFECTIONS W CC/MCC	7,607
122	9501222	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	4,544
123	9501230	NEUROLOGICAL EYE DISORDERS	4,815
124	9501248	OTHER DISORDERS OF THE EYE W MCC	8,177
125	9501255	OTHER DISORDERS OF THE EYE W/O MCC	4,901
129	9501297	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	16,655
130	9501305	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	9,012
131	9501313	CRANIAL/FACIAL PROCEDURES W CC/MCC	16,955
132	9501321	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	10,192
133	9501339	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	13,336
134	9501347	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	7,212
135	9501354	SINUS & MASTOID PROCEDURES W CC/MCC	13,698
136	9501362	SINUS & MASTOID PROCEDURES W/O CC/MCC	7,517
137	9501370	MOUTH PROCEDURES W CC/MCC	9,825
138	9501388	MOUTH PROCEDURES W/O CC/MCC	5,642
139	9501396	SALIVARY GLAND PROCEDURES	7,050
146	9501461	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	14,126
147	9501479	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	9,205
148	9501487	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	5,869
149	9501495	DYSEQUILIBRIUM	4,536
150	9501503	EPISTAXIS W MCC	9,258
151	9501511	EPISTAXIS W/O MCC	4,785
152	9501529	OTITIS MEDIA & URI W MCC	7,269
153	9501537	OTITIS MEDIA & URI W/O MCC	4,924
154	9501545	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	9,802
155	9501552	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	6,329
156	9501560	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	4,661
157	9501578	DENTAL & ORAL DISEASES W MCC	11,312

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
158	9501586	DENTAL & ORAL DISEASES W CC	6,094
159	9501594	DENTAL & ORAL DISEASES W/O CC/MCC	4,245
163	9501636	MAJOR CHEST PROCEDURES W MCC	36,002
164	9501644	MAJOR CHEST PROCEDURES W CC	18,605
165	9501651	MAJOR CHEST PROCEDURES W/O CC/MCC	13,033
166	9501669	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	26,187
167	9501677	OTHER RESP SYSTEM O.R. PROCEDURES W CC	14,176
168	9501685	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/ MCC	9,507
175	9501750	PULMONARY EMBOLISM W MCC	10,923
176	9501768	PULMONARY EMBOLISM W/O MCC	6,917
177	9501776	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	13,943
178	9501784	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	9,949
179	9501792	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	6,933
180	9501800	RESPIRATORY NEOPLASMS W MCC	12,066
181	9501818	RESPIRATORY NEOPLASMS W CC	8,285
182	9501826	RESPIRATORY NEOPLASMS W/O CC/MCC	5,785
183	9501834	MAJOR CHEST TRAUMA W MCC	10,802
184	9501842	MAJOR CHEST TRAUMA W CC	7,074
185	9501859	MAJOR CHEST TRAUMA W/O CC/MCC	4,741
186	9501867	PLEURAL EFFUSION W MCC	11,053
187	9501875	PLEURAL EFFUSION W CC	7,647
188	9501883	PLEURAL EFFUSION W/O CC/MCC	5,443
189	9501891	PULMONARY EDEMA & RESPIRATORY FAILURE	8,681
190	9501909	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	8,400
191	9501917	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	6,702
192	9501925	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	5,143
193	9501933	SIMPLE PNEUMONIA & PLEURISY W MCC	10,365
194	9501941	SIMPLE PNEUMONIA & PLEURISY W CC	6,930
195	9501958	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	5,039
196	9501966	INTERSTITIAL LUNG DISEASE W MCC	11,899
197	9501974	INTERSTITIAL LUNG DISEASE W CC	7,593
198	9501982	INTERSTITIAL LUNG DISEASE W/O CC/MCC	5,761
199	9501990	PNEUMOTHORAX W MCC	13,122
200	9502006	PNEUMOTHORAX W CC	7,213
201	9502014	PNEUMOTHORAX W/O CC/MCC	5,076

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
202	9502022	BRONCHITIS & ASTHMA W CC/MCC	6,277
203	9502030	BRONCHITIS & ASTHMA W/O CC/MCC	4,674
204	9502048	RESPIRATORY SIGNS & SYMPTOMS	5,036
205	9502055	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	10,013
206	9502063	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	5,681
207	9502071	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	38,215
208	9502089	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	16,430
215	9502154	OTHER HEART ASSIST SYSTEM IMPLANT	110,405
222	9502220	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	61,924
223	9502238	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	45,010
224	9502246	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	54,887
225	9502253	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	41,924
226	9502261	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	49,766
227	9502279	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	38,979
228	9502287	OTHER CARDIOTHORACIC PROCEDURES W MCC	52,298
229	9502295	OTHER CARDIOTHORACIC PROCEDURES W CC	31,907
230	9502303	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	29,152
237	9502378	MAJOR CARDIOVASC PROCEDURES W MCC	36,368
238	9502386	MAJOR CARDIOVASC PROCEDURES W/O MCC	24,493
239	9502394	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	34,041
240	9502402	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	19,738
241	9502410	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	10,094
242	9502428	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	26,639
243	9502436	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	19,095
244	9502444	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	15,418
245	9502451	AICD GENERATOR PROCEDURES	33,251

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
246	9502469	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	23,153
247	9502477	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	14,725
248	9502485	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	21,753
249	9502493	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	13,453
250	9502501	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	21,377
251	9502519	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	14,591
252	9502527	OTHER VASCULAR PROCEDURES W MCC	23,352
253	9502535	OTHER VASCULAR PROCEDURES W CC	18,263
254	9502543	OTHER VASCULAR PROCEDURES W/O CC/MCC	12,378
255	9502550	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	18,634
256	9502568	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	12,150
257	9502576	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	7,552
258	9502584	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	19,752
259	9502592	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	14,252
260	9502600	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	26,792
261	9502618	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	13,270
262	9502626	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	9,998
263	9502634	VEIN LIGATION & STRIPPING	13,350
264	9502642	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	20,237
265	9502659	AICD LEAD PROCEDURES	20,487
280	9502808	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	12,367
281	9502816	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	7,330
282	9502824	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	5,409
283	9502832	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	11,983
284	9502840	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	5,510

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
285	9502857	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	3,623
286	9502865	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	15,193
287	9502873	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	8,076
288	9502881	ACUTE & SUBACUTE ENDOCARDITIS W MCC	19,412
289	9502899	ACUTE & SUBACUTE ENDOCARDITIS W CC	12,154
290	9502907	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	8,924
291	9502915	HEART FAILURE & SHOCK W MCC	10,799
292	9502923	HEART FAILURE & SHOCK W CC	7,027
293	9502931	HEART FAILURE & SHOCK W/O CC/MCC	4,837
294	9502949	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	7,496
295	9502956	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	4,954
296	9502964	CARDIAC ARREST, UNEXPLAINED W MCC	8,832
297	9502972	CARDIAC ARREST, UNEXPLAINED W CC	4,632
298	9502980	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	3,024
299	9502998	PERIPHERAL VASCULAR DISORDERS W MCC	10,081
300	9503004	PERIPHERAL VASCULAR DISORDERS W CC	6,988
301	9503012	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	4,847
302	9503020	ATHEROSCLEROSIS W MCC	7,375
303	9503038	ATHEROSCLEROSIS W/O MCC	4,364
304	9503046	HYPERTENSION W MCC	7,164
305	9503053	HYPERTENSION W/O MCC	4,486
306	9503061	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	9,790
307	9503079	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	5,506
308	9503087	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	8,660
309	9503095	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	5,626
310	9503103	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	3,929
311	9503111	ANGINA PECTORIS	4,050
312	9503129	SYNCOPE & COLLAPSE	5,310
313	9503137	CHEST PAIN	4,391
314	9503145	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	13,730
315	9503152	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	6,876
316	9503160	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	4,442

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
326	9503269	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	38,517
327	9503277	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	18,978
328	9503285	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	10,693
329	9503293	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	36,320
330	9503301	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	18,234
331	9503319	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	11,860
332	9503327	RECTAL RESECTION W MCC	33,653
333	9503335	RECTAL RESECTION W CC	17,688
334	9503343	RECTAL RESECTION W/O CC/MCC	11,468
335	9503350	PERITONEAL ADHESIOLYSIS W MCC	30,673
336	9503368	PERITONEAL ADHESIOLYSIS W CC	16,837
337	9503376	PERITONEAL ADHESIOLYSIS W/O CC/MCC	11,156
338	9503384	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	21,960
339	9503392	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	12,403
340	9503400	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	8,682
341	9503418	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	16,353
342	9503426	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	9,379
343	9503434	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	6,727
344	9503442	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	23,661
345	9503459	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	12,237
346	9503467	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	8,577
347	9503475	ANAL & STOMAL PROCEDURES W MCC	18,759
348	9503483	ANAL & STOMAL PROCEDURES W CC	9,889
349	9503491	ANAL & STOMAL PROCEDURES W/O CC/MCC	6,493
350	9503509	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	17,643
351	9503517	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	10,031
352	9503525	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	6,644

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
353	9503533	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	20,799
354	9503541	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	12,099
355	9503558	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	8,956
356	9503566	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	27,591
357	9503574	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	15,073
358	9503582	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	9,826
368	9503681	MAJOR ESOPHAGEAL DISORDERS W MCC	13,334
369	9503699	MAJOR ESOPHAGEAL DISORDERS W CC	7,656
370	9503707	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	5,286
371	9503715	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	13,328
372	9503723	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	8,114
373	9503731	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	5,732
374	9503749	DIGESTIVE MALIGNANCY W MCC	14,436
375	9503756	DIGESTIVE MALIGNANCY W CC	8,890
376	9503764	DIGESTIVE MALIGNANCY W/O CC/MCC	6,453
377	9503772	G.I. HEMORRHAGE W MCC	12,714
378	9503780	G.I. HEMORRHAGE W CC	7,168
379	9503798	G.I. HEMORRHAGE W/O CC/MCC	4,847
380	9503806	COMPLICATED PEPTIC ULCER W MCC	13,780
381	9503814	COMPLICATED PEPTIC ULCER W CC	7,779
382	9503822	COMPLICATED PEPTIC ULCER W/O CC/MCC	5,430
383	9503830	UNCOMPLICATED PEPTIC ULCER W MCC	9,453
384	9503848	UNCOMPLICATED PEPTIC ULCER W/O MCC	6,087
385	9503855	INFLAMMATORY BOWEL DISEASE W MCC	12,624
386	9503863	INFLAMMATORY BOWEL DISEASE W CC	7,182
387	9503871	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	5,328
388	9503889	G.I. OBSTRUCTION W MCC	11,516
389	9503897	G.I. OBSTRUCTION W CC	6,235
390	9503905	G.I. OBSTRUCTION W/O CC/MCC	4,316
391	9503913	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	8,566
392	9503921	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	5,285

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
393	9503939	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	12,084
394	9503947	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	6,758
395	9503954	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/ MCC	4,702
405	9504051	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	39,618
406	9504069	PANCREAS, LIVER & SHUNT PROCEDURES W CC	20,076
407	9504077	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/ MCC	13,928
408	9504085	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	27,873
409	9504093	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	15,893
410	9504101	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	11,592
411	9504119	CHOLECYSTECTOMY W C.D.E. W MCC	25,937
412	9504127	CHOLECYSTECTOMY W C.D.E. W CC	17,286
413	9504135	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	12,667
414	9504143	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/ O C.D.E. W MCC	25,425
415	9504150	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/ O C.D.E. W CC	14,497
416	9504168	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/ O C.D.E. W/O CC/MCC	9,632
417	9504176	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	17,420
418	9504184	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	11,874
419	9504192	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	8,810
420	9504200	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	24,764
421	9504218	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	12,660
422	9504226	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	8,835
423	9504234	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	30,015
424	9504242	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	16,447
425	9504259	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	9,866
432	9504325	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	11,953
433	9504333	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	6,561
434	9504341	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	4,456

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
435	9504358	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	12,535
436	9504366	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	8,326
437	9504374	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	6,417
438	9504382	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	12,177
439	9504390	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	6,488
440	9504408	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	4,594
441	9504416	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	13,473
442	9504424	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	6,628
443	9504432	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	4,658
444	9504440	DISORDERS OF THE BILIARY TRACT W MCC	11,596
445	9504457	DISORDERS OF THE BILIARY TRACT W CC	7,621
446	9504465	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	5,414
453	9504531	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	79,854
454	9504549	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	57,356
455	9504556	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	44,708
456	9504564	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	67,266
457	9504572	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	49,409
458	9504580	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	37,651
459	9504598	SPINAL FUSION EXCEPT CERVICAL W MCC	47,700
460	9504606	SPINAL FUSION EXCEPT CERVICAL W/O MCC	28,611
461	9504614	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	35,909
462	9504622	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	24,968
463	9504630	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	38,158
464	9504648	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	21,520

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
465	9504655	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	13,922
466	9504663	REVISION OF HIP OR KNEE REPLACEMENT W MCC	36,847
467	9504671	REVISION OF HIP OR KNEE REPLACEMENT W CC	24,485
468	9504689	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	19,779
469	9504697	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	24,252
470	9504705	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	15,119
471	9504713	CERVICAL SPINAL FUSION W MCC	34,862
472	9504721	CERVICAL SPINAL FUSION W CC	20,862
473	9504739	CERVICAL SPINAL FUSION W/O CC/MCC	16,205
474	9504747	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	25,710
475	9504754	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	14,667
476	9504762	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	8,002
477	9504770	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	22,631
478	9504788	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	16,052
479	9504796	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	12,383
480	9504804	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	21,496
481	9504812	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	14,146
482	9504820	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	11,619
483	9504838	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	17,314
485	9504853	KNEE PROCEDURES W PDX OF INFECTION W MCC	22,138
486	9504861	KNEE PROCEDURES W PDX OF INFECTION W CC	14,775
487	9504879	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	11,180
488	9504887	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	12,321
489	9504895	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	9,432
492	9504929	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	22,799

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
493	9504937	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	14,559
494	9504945	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	11,013
495	9504952	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	21,799
496	9504960	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	12,367
497	9504978	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	8,748
498	9504986	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	15,319
499	9504994	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	7,692
500	9505009	SOFT TISSUE PROCEDURES W MCC	23,190
501	9505017	SOFT TISSUE PROCEDURES W CC	11,784
502	9505025	SOFT TISSUE PROCEDURES W/O CC/MCC	8,295
503	9505033	FOOT PROCEDURES W MCC	16,694
504	9505041	FOOT PROCEDURES W CC	11,224
505	9505058	FOOT PROCEDURES W/O CC/MCC	8,923
506	9505066	MAJOR THUMB OR JOINT PROCEDURES	9,214
507	9505074	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	13,701
508	9505082	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	10,871
509	9505090	ARTHROSCOPY	11,083
510	9505108	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	16,350
511	9505116	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	11,809
512	9505124	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	9,272
513	9505132	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	10,345
514	9505140	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	6,435
515	9505157	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	23,058
516	9505165	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	14,616
517	9505173	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	12,340

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
518	9505181	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	21,908
519	9505199	BACK & NECK PROC EXC SPINAL FUSION W CC	11,780
520	9505207	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	8,152
533	9505330	FRACTURES OF FEMUR W MCC	10,368
534	9505348	FRACTURES OF FEMUR W/O MCC	5,432
535	9505355	FRACTURES OF HIP & PELVIS W MCC	8,877
536	9505363	FRACTURES OF HIP & PELVIS W/O MCC	5,151
537	9505371	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	6,420
538	9505389	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	4,948
539	9505397	OSTEOMYELITIS W MCC	13,073
540	9505405	OSTEOMYELITIS W CC	9,275
541	9505413	OSTEOMYELITIS W/O CC/MCC	6,594
542	9505421	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	13,928
543	9505439	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	8,031
544	9505447	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	5,677
545	9505454	CONNECTIVE TISSUE DISORDERS W MCC	18,126
546	9505462	CONNECTIVE TISSUE DISORDERS W CC	8,377
547	9505470	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	5,712
548	9505488	SEPTIC ARTHRITIS W MCC	13,679
549	9505496	SEPTIC ARTHRITIS W CC	8,236
550	9505504	SEPTIC ARTHRITIS W/O CC/MCC	6,001
551	9505512	MEDICAL BACK PROBLEMS W MCC	11,127
552	9505520	MEDICAL BACK PROBLEMS W/O MCC	6,222
553	9505538	BONE DISEASES & ARTHROPATHIES W MCC	8,717
554	9505546	BONE DISEASES & ARTHROPATHIES W/O MCC	5,203
555	9505553	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	9,039
556	9505561	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	5,138
557	9505579	TENDONITIS, MYOSITIS & BURSITIS W MCC	10,207
558	9505587	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	6,096
559	9505595	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	13,272
560	9505603	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	7,694

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
561	9505611	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	4,784
562	9505629	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	9,804
563	9505637	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	5,548
564	9505645	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	10,755
565	9505652	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	6,722
566	9505660	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	4,915
570	9505702	SKIN DEBRIDEMENT W MCC	17,133
571	9505710	SKIN DEBRIDEMENT W CC	10,489
572	9505728	SKIN DEBRIDEMENT W/O CC/MCC	7,095
573	9505736	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	26,519
574	9505744	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	18,811
575	9505751	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	10,677
576	9505769	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	29,630
577	9505777	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	14,172
578	9505785	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	9,415
579	9505793	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	19,501
580	9505801	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	11,250
581	9505819	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	8,110
582	9505827	MASTECTOMY FOR MALIGNANCY W CC/MCC	9,301
583	9505835	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	7,820
584	9505843	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	12,648
585	9505850	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	9,837
592	9505926	SKIN ULCERS W MCC	10,192
593	9505934	SKIN ULCERS W CC	7,293
594	9505942	SKIN ULCERS W/O CC/MCC	5,096
595	9505959	MAJOR SKIN DISORDERS W MCC	14,041
596	9505967	MAJOR SKIN DISORDERS W/O MCC	6,815
597	9505975	MALIGNANT BREAST DISORDERS W MCC	11,987

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
598	9505983	MALIGNANT BREAST DISORDERS W CC	8,036
599	9505991	MALIGNANT BREAST DISORDERS W/O CC/MCC	5,192
600	9506007	NON-MALIGNANT BREAST DISORDERS W CC/MCC	7,012
601	9506015	NON-MALIGNANT BREAST DISORDERS W/O CC/ MCC	4,516
602	9506023	CELLULITIS W MCC	10,413
603	9506031	CELLULITIS W/O MCC	6,042
604	9506049	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	9,030
605	9506056	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/ O MCC	5,482
606	9506064	MINOR SKIN DISORDERS W MCC	9,774
607	9506072	MINOR SKIN DISORDERS W/O MCC	5,219
614	9506148	ADRENAL & PITUITARY PROCEDURES W CC/MCC	17,626
615	9506155	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	10,188
616	9506163	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT,& METABOL DIS W MCC	29,764
617	9506171	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT,& METABOL DIS W CC	14,275
618	9506189	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT,& METABOL DIS W/O CC/MCC	9,665
619	9506197	O.R. PROCEDURES FOR OBESITY W MCC	23,526
620	9506205	O.R. PROCEDURES FOR OBESITY W CC	13,212
621	9506213	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	11,040
622	9506221	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	27,215
623	9506239	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	13,096
624	9506247	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	8,093
625	9506254	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	17,808
626	9506262	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	9,356
627	9506270	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	6,197
628	9506288	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	23,558
629	9506296	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	16,074
630	9506304	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	10,232

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
637	9506379	DIABETES W MCC	9,974
638	9506387	DIABETES W CC	5,909
639	9506395	DIABETES W/O CC/MCC	4,340
640	9506403	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	7,900
641	9506411	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	5,044
642	9506429	INBORN AND OTHER DISORDERS OF METABOLISM	8,175
643	9506437	ENDOCRINE DISORDERS W MCC	11,774
644	9506445	ENDOCRINE DISORDERS W CC	7,295
645	9506452	ENDOCRINE DISORDERS W/O CC/MCC	5,136
652	9506528	KIDNEY TRANSPLANT	22,533
653	9506536	MAJOR BLADDER PROCEDURES W MCC	41,457
654	9506544	MAJOR BLADDER PROCEDURES W CC	22,155
655	9506551	MAJOR BLADDER PROCEDURES W/O CC/MCC	16,159
656	9506569	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	24,690
657	9506577	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	14,385
658	9506585	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	10,943
659	9506593	KIDNEY & URETER PROCEDURES FOR NON- NEOPLASM W MCC	24,186
660	9506601	KIDNEY & URETER PROCEDURES FOR NON- NEOPLASM W CC	13,511
661	9506619	KIDNEY & URETER PROCEDURES FOR NON- NEOPLASM W/O CC/MCC	9,652
662	9506627	MINOR BLADDER PROCEDURES W MCC	21,489
663	9506635	MINOR BLADDER PROCEDURES W CC	10,933
664	9506643	MINOR BLADDER PROCEDURES W/O CC/MCC	8,874
665	9506650	PROSTATECTOMY W MCC	22,593
666	9506668	PROSTATECTOMY W CC	12,526
667	9506676	PROSTATECTOMY W/O CC/MCC	6,931
668	9506684	TRANSURETHRAL PROCEDURES W MCC	17,875
669	9506692	TRANSURETHRAL PROCEDURES W CC	9,057
670	9506700	TRANSURETHRAL PROCEDURES W/O CC/MCC	6,407
671	9506718	URETHRAL PROCEDURES W CC/MCC	11,566
672	9506726	URETHRAL PROCEDURES W/O CC/MCC	6,077
673	9506734	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	25,052
674	9506742	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	16,166

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
675	9506759	OTHER KIDNEY & URINARY TRACT PROCEDURES W/ O CC/MCC	10,331
682	9506825	RENAL FAILURE W MCC	10,868
683	9506833	RENAL FAILURE W CC	6,804
684	9506841	RENAL FAILURE W/O CC/MCC	4,353
685	9506858	ADMIT FOR RENAL DIALYSIS	7,171
686	9506866	KIDNEY & URINARY TRACT NEOPLASMS W MCC	12,616
687	9506874	KIDNEY & URINARY TRACT NEOPLASMS W CC	7,192
688	9506882	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/ MCC	4,943
689	9506890	KIDNEY & URINARY TRACT INFECTIONS W MCC	7,991
690	9506908	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	5,575
691	9506916	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	11,615
692	9506924	URINARY STONES W ESW LITHOTRIPSY W/O CC/ MCC	8,073
693	9506932	URINARY STONES W/O ESW LITHOTRIPSY W MCC	9,609
694	9506940	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	4,906
695	9506957	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	8,905
696	9506965	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/ O MCC	4,735
697	9506973	URETHRAL STRICTURE	6,602
698	9506981	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	11,177
699	9506999	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	7,275
700	9507005	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	5,086
707	9507070	MAJOR MALE PELVIC PROCEDURES W CC/MCC	12,986
708	9507088	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	9,486
709	9507096	PENIS PROCEDURES W CC/MCC	15,265
710	9507104	PENIS PROCEDURES W/O CC/MCC	9,262
711	9507112	TESTES PROCEDURES W CC/MCC	16,128
712	9507120	TESTES PROCEDURES W/O CC/MCC	7,605
713	9507138	TRANSURETHRAL PROSTATECTOMY W CC/MCC	10,606
714	9507146	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	5,674
715	9507153	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	14,342
716	9507161	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	8,481
717	9507179	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	12,673

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
718	9507187	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	7,224
722	9507229	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	12,567
723	9507237	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	7,607
724	9507245	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	4,587
725	9507252	BENIGN PROSTATIC HYPERTROPHY W MCC	8,433
726	9507260	BENIGN PROSTATIC HYPERTROPHY W/O MCC	5,028
727	9507278	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	10,154
728	9507286	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	5,727
729	9507294	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	7,432
730	9507302	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	4,764
734	9507344	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	18,386
735	9507351	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	8,773
736	9507369	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	31,717
737	9507377	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	14,448
738	9507385	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	9,117
739	9507393	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ ADNEXAL MALIG W MCC	23,700
740	9507401	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ ADNEXAL MALIG W CC	11,494
741	9507419	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ ADNEXAL MALIG W/O CC/MCC	8,473
742	9507427	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	11,041
743	9507435	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	7,120
744	9507443	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	12,506
745	9507450	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	6,833
746	9507468	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	10,171

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
747	9507476	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	6,360
748	9507484	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	7,757
749	9507492	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	18,269
750	9507500	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	8,515
754	9507542	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	14,038
755	9507559	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	7,916
756	9507567	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	4,758
757	9507575	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	11,013
758	9507583	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	7,524
759	9507591	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	4,958
760	9507609	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	6,008
761	9507617	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	3,568
765	9507658	CESAREAN SECTION W CC/MCC	7,814
766	9507666	CESAREAN SECTION W/O CC/MCC	5,409
767	9507674	VAGINAL DELIVERY W STERILIZATION &/OR D&C	6,089
768	9507682	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	8,000
769	9507690	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	13,541
770	9507708	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5,743
774	9507740	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	5,127
775	9507757	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	4,036
776	9507765	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	5,806
777	9507773	ECTOPIC PREGNANCY	7,257
778	9507781	THREATENED ABORTION	4,033
779	9507799	ABORTION W/O D&C	4,570
780	9507807	FALSE LABOR	2,060

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
781	9507815	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	5,398
782	9507823	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	2,902
789	9507898	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	11,121
790	9507906	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	36,672
791	9507914	PREMATURITY W MAJOR PROBLEMS	25,046
792	9507922	PREMATURITY W/O MAJOR PROBLEMS	15,112
793	9507930	FULL TERM NEONATE W MAJOR PROBLEMS	25,728
794	9507948	NEONATE W OTHER SIGNIFICANT PROBLEMS	9,106
795	9507955	NORMAL NEWBORN	1,233
799	9507997	SPLENECTOMY W MCC	35,859
800	9508003	SPLENECTOMY W CC	18,886
801	9508011	SPLENECTOMY W/O CC/MCC	11,071
802	9508029	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	24,035
803	9508037	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	13,190
804	9508045	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	8,773
808	9508086	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	15,923
809	9508094	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	8,610
810	9508102	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	6,015
811	9508110	RED BLOOD CELL DISORDERS W MCC	9,177
812	9508128	RED BLOOD CELL DISORDERS W/O MCC	5,838
813	9508136	COAGULATION DISORDERS	11,827
814	9508144	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	12,194
815	9508151	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	7,116
816	9508169	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	4,923
820	9508201	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	39,503
821	9508219	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	16,498

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
822	9508227	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	9,159
823	9508235	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	31,918
824	9508243	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	16,417
825	9508250	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	9,873
826	9508268	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	36,409
827	9508276	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	16,605
828	9508284	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	10,959
829	9508292	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	24,485
830	9508300	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	8,958
834	9508342	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	37,721
835	9508359	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	15,051
836	9508367	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	8,364
837	9508375	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	46,231
838	9508383	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	19,973
839	9508391	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	8,959
840	9508409	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	22,216
841	9508417	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	11,606
842	9508425	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	7,709
843	9508433	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	12,805
844	9508441	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	8,625
845	9508458	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	6,117
846	9508466	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	16,641
847	9508474	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	8,275

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
848	9508482	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	6,047
849	9508490	RADIOTHERAPY	10,484
853	9508532	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	37,244
854	9508540	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	17,079
855	9508557	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	12,201
856	9508565	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	34,461
857	9508573	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	14,664
858	9508581	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	9,578
862	9508623	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	13,237
863	9508631	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	7,036
864	9508649	FEVER	6,022
865	9508656	VIRAL ILLNESS W MCC	10,823
866	9508664	VIRAL ILLNESS W/O MCC	5,311
867	9508672	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	19,488
868	9508680	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	7,795
869	9508698	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	4,919
870	9508706	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	41,987
871	9508714	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	12,927
872	9508722	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	7,531
876	9508763	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	23,986
880	9508805	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	4,795
881	9508813	DEPRESSIVE NEUROSES	4,624
882	9508821	NEUROSES EXCEPT DEPRESSIVE	4,961
883	9508839	DISORDERS OF PERSONALITY & IMPULSE CONTROL	9,343
884	9508847	ORGANIC DISTURBANCES & MENTAL RETARDATION	7,713
885	9508854	PSYCHOSES	7,308

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
886	9508862	BEHAVIORAL & DEVELOPMENTAL DISORDERS	5,928
887	9508870	OTHER MENTAL DISORDER DIAGNOSES	6,673
894	9508946	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	3,183
895	9508953	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	8,692
896	9508961	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	10,904
897	9508979	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	4,939
901	9509019	WOUND DEBRIDEMENTS FOR INJURIES W MCC	28,561
902	9509027	WOUND DEBRIDEMENTS FOR INJURIES W CC	12,470
903	9509035	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/ MCC	8,069
904	9509043	SKIN GRAFTS FOR INJURIES W CC/MCC	24,061
905	9509050	SKIN GRAFTS FOR INJURIES W/O CC/MCC	9,935
906	9509068	HAND PROCEDURES FOR INJURIES	8,433
907	9509076	OTHER O.R. PROCEDURES FOR INJURIES W MCC	27,091
908	9509084	OTHER O.R. PROCEDURES FOR INJURIES W CC	14,002
909	9509092	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/ MCC	8,981
913	9509134	TRAUMATIC INJURY W MCC	8,162
914	9509142	TRAUMATIC INJURY W/O MCC	5,014
915	9509159	ALLERGIC REACTIONS W MCC	11,002
916	9509167	ALLERGIC REACTIONS W/O MCC	3,674
917	9509175	POISONING & TOXIC EFFECTS OF DRUGS W MCC	10,051
918	9509183	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	4,587
919	9509191	COMPLICATIONS OF TREATMENT W MCC	11,981
920	9509209	COMPLICATIONS OF TREATMENT W CC	7,046
921	9509217	COMPLICATIONS OF TREATMENT W/O CC/MCC	4,722
922	9509225	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	10,696
923	9509233	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	5,256
927	9509274	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	111,228
928	9509282	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	38,497
929	9509290	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	16,698
933	9509332	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	19,712

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
934	9509340	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	11,265
935	9509357	NON-EXTENSIVE BURNS	10,527
939	9509399	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	19,776
940	9509407	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	13,071
941	9509415	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	9,679
945	9509456	REHABILITATION W CC/MCC	9,091
946	9509464	REHABILITATION W/O CC/MCC	7,627
947	9509472	SIGNS & SYMPTOMS W MCC	8,132
948	9509480	SIGNS & SYMPTOMS W/O MCC	5,101
949	9509498	AFTERCARE W CC/MCC	7,529
950	9509506	AFTERCARE W/O CC/MCC	3,940
951	9509514	OTHER FACTORS INFLUENCING HEALTH STATUS	6,572
955	9509555	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	39,862
956	9509563	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	26,246
957	9509571	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	48,964
958	9509589	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	27,612
959	9509597	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	18,202
963	9509639	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	19,364
964	9509647	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	10,564
965	9509654	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	6,737
969	9509696	HIV W EXTENSIVE O.R. PROCEDURE W MCC	43,501
970	9509704	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	15,797
974	9509746	HIV W MAJOR RELATED CONDITION W MCC	19,205
975	9509753	HIV W MAJOR RELATED CONDITION W CC	9,333
976	9509761	HIV W MAJOR RELATED CONDITION W/O CC/MCC	6,276
977	9509779	HIV W OR W/O OTHER RELATED CONDITION	8,086
981	9509811	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	35,742
982	9509829	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	20,136
983	9509837	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	12,903

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

DRG	CDM Code	DRG Title	\$
984	9509845	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	24,566
985	9509852	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	13,239
986	9509860	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	7,477
987	9509878	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	23,611
988	9509886	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	12,620
989	9509894	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	7,478
		Standard Dollar Amount	7,153

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

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
0013086	MWI ROOM & CARE SANDPIPER WARD	739

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CDM Code		\$
0013094	MWI ROOM & CARE CORAL WARD	739
0013102	MWI ROOM & CARE COMMUNITY 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

[Schedule 2 revoked and replaced by BR 18 / 2016 reg. 5 effective 1 April 2016; revoked and replaced by BR 61 / 2017 reg. 2 effective 1 June 2017]

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

SCHEDULE 3

(Regulation 5)

BERMUDA HOSPITALS BOARD PHYSICIAN SERVICES

PHYSICIAN CATEGORY

ANESTHESIST

CARDIOLOGIST

DI - CARDIAC CT

ENDOCRINOLOGIST

GYNECOLOGIST

HOSPITALIST

INTENSIVIST

INTERVENTIONAL RADIOLOGY

OBSTETRICS

ONCOLOGIST

SURGERY

PALLIATIVE CARE

PHYSIATRIST

PROCEDURALIST

REMOTE CONSULTATION

ROBOTICS

VASCULAR SURGERY

PART A (Fees payable for treatment included in standard health benefit)

CPT	CDM Code	PHYSICIAN SERVICES	\$
		ANESTHETIST FEE PER 15 MINUTE INTERVAL	
00100	1600006	ANESTH SALIVARY GLAND	117
00102	1600014	ANESTH RPR CLEFT	140
00103	1600022	ANESTH BLEPHAROPLAS	117
00104	1600030	ANESTH ELECTROSHOCK	94
00120	1600048	ANESTH EAR SURG	117
00124	1600055	ANESTH EAR EXAM	94
00126	1600063	ANESTH TYMPANOTOMY	94
00140	1600071	ANESTH EYE PROC	117
00142	1600089	ANESTH LENS SURG	94

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
00144	1600097	ANESTH CORNEAL TRANSPLA	140
00145	1600105	ANESTH VITREORETINAL SU	140
00147	1600113	ANESTH IRIDECTOMY	94
00148	1600121	ANESTH EYE EXAM	94
00160	1600139	ANESTH NOSE/SINUS NOS	117
00162	1600147	ANESTH NOSE/SINUS RAD	117
00164	1600154	ANESTH BIOPSY OF NOSE	94
00170	1600162	ANESTH PROC ON MOU	117
00172	1600170	ANESTH CLEFT PALATE REP	140
00174	1600188	ANESTH PHARYNGEAL SURG	140
00176	1600196	ANESTH PHARYNGEAL RADICAL	140
00190	1600204	ANESTH FACE/SKULL BONE	117
00192	1600212	ANESTH FACIAL BONE SURG	166
00210	1600220	ANESTH OPEN HEAD SURGER	259
00212	1600238	ANESTH SKULL DRAINAGE TAP	117
00214	1600246	ANESTH SKULL DRAIN BURR	117
00215	1600253	ANESTH SKULL RPR/FRA	211
00216	1600261	ANESTH HEAD VESSEL SURG	351
00218	1600279	ANESTH SPECIAL HEAD SUR	305
00220	1600287	ANESTH INTRCRN NERVE	234
00222	1600295	ANESTH HEAD NERVE SURGE	140
00300	1600303	ANESTH HEAD/NECK/PTRUNK	117
00320	1600311	ANESTH NECK ORGAN 1 &	140
00322	1600329	ANESTH BIOPSY OF THYROI	71
00326	1600337	ANESTH LARYNX/TRACH <	166
00350	1600345	ANESTH NECK VESSEL SURG	234
00352	1600352	ANESTH NECK VESSEL SURG	117
00400	1600360	ANESTH SKIN EXT/PER/AT	72
00402	1600378	ANESTH SURG BREAST RECON	117
00404	1600386	ANESTH SURG BREAST RAD	117
00406	1600394	ANESTH SURG BREAST NODE	117
00410	1600402	ANESTH CORRECT HEART RH	94
00450	1600410	ANESTH SURG SHOUL NOS	117
00452	1600428	ANESTH SURG SHOUL RAD	117
00454	1600436	ANESTH COLLAR BONE BIOP	71
00470	1600444	ANESTH REMOVAL OF RIB	140
00472	1600451	ANESTH CHEST WALL REPAI	234
00474	1600469	ANESTH SURG OF RIB(S)	305
00500	1600477	ANESTH ESOPHAGEAL SURG	351
00520	1600485	ANESTH CHEST PROC	140

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
00522	1600493	ANESTH CHEST LINING BIO	94
00524	1600501	ANESTH CHEST DRAINAGE	94
00528	1600519	ANESTH CHEST PARTITION	188
00529	1600527	ANESTH CHEST PART + VENT	188
00530	1600535	ANESTH PACEMAKER INSERT	94
00532	1600543	ANESTH VASCULAR ACCESS	94
00534	1600550	ANESTH CARDIOVERTER/DEF	166
00537	1600568	ANESTH CARDIAC ELECTROP	166
00539	1600576	ANESTH TRACH-BRONCH REC	422
00540	1600584	ANESTH CHEST SURG	282
00541	1600600	ANESTH ONE LUNG VENTILA	282
00542	1600592	ANESTH RELEASE OF LUNG	282
00546	1600618	ANESTH LUNG CHEST WALL	351
00548	1600626	ANESTH TRACHEABRONCHI	399
00550	1600634	ANESTH STERNAL DEBRIDEM	234
00560	1600642	ANESTH HEART SURG W/O P	351
00561	1600659	ANESTH HEART SURG < AGE	588
00562	1600667	ANESTH HEART SURG W/PUM	470
00563	1600675	ANESTH HEART SURG W/ARR	588
00566	1600683	ANESTH CABG W/O PUMP	588
00580	1600691	ANESTH HEART/LUNG TRANS	470
00600	1600709	ANESTH SPINE CORD SURG	234
00604	1600717	ANESTH SITTING PROCEDUR	305
00620	1600725	ANESTH SPINE CORD SURG	234
00622	1600733	ANESTH REMOVAL OF NERVE	305
00625	1600741	ANESTH SPINE TRANTHOR W/O	305
00626	1600758	ANESTH SPINE TRANSTHOR W/	351
00630	1600766	ANESTH SPINE CORD SURG	188
00632	1600774	ANESTH REMOVAL OF NERVE	166
00634	1600782	ANESTH FOR CHEMONUCLEOLY	234
00635	1600790	ANESTH LUMBAR PUNCTURE	94
00640	1600808	ANESTH SPINE MANIPULATI	71
00670	1600816	ANESTH SPINE CORD SURG	234
00700	1600824	ANESTH ABDOMINAL WALL S	94
00702	1600832	ANESTH FOR LIVER BIOPSY	94
00730	1600840	ANESTH ABDOMINAL WALL S	64
00740	1600857	ANESTH UPPER GI VISUALI	117
00750	1600865	ANESTH RPR HERNIA NOS	94
00752	1600873	ANESTH RPR OF HERNIA L/V	94
00754	1600881	ANESTH RPR HERNIA OMH	94

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
00756	1600899	ANESTH RPR OF HERNIA	94
00770	1600907	ANESTH BLOOD VESSEL REP	351
00790	1600915	ANESTH SURG UPPER ABDOM	166
00792	1600923	ANESTH HEMORR/EXCISE LI	305
00794	1600931	ANESTH PANCREAS REMOVAL	188
00796	1600949	ANESTH FOR LIVER TRANSP	705
00797	1600956	ANESTH SURG FOR OBES	259
00800	1600964	ANESTH ABDOMINAL WALL S	94
00802	1600972	ANESTH FAT LAYER REMOVA	117
00810	1600980	ANESTH LOW INTESTINE SC	117
00820	1600998	ANESTH ABDOMINAL WALL S	94
00830	1601004	ANESTH RPR HERNIA LA NOS	94
00832	1601012	ANESTH RPR HERNIA LA V/L	94
00834	1601020	ANESTH HERNIA RPR< 1	117
00836	1601038	ANESTH HERNIA RPR PRE	140
00840	1601046	ANESTH SURG LOWER ABDOM	140
00842	1601053	ANESTH AMNIOCENTESIS	94
00844	1601061	ANESTH PELVIS SURG	166
00846	1601079	ANESTH HYSTERECTOMY	188
00848	1601087	ANESTH PELVIC ORGAN SUR	188
00851	1601095	ANESTH TUBAL LIGATION	140
00860	1601103	ANESTH SURG OF ABDOM	140
00862	1601111	ANESTH KIDNEY/URETER SU	166
00864	1601129	ANESTH REMOVAL OF BLADD	188
00865	1601137	ANESTH REMOVAL OF PROST	166
00866	1601145	ANESTH REMOVAL OF ADREN	234
00868	1601152	ANESTH KIDNEY TRANSPLAN	234
00870	1601160	ANESTH BLADDER STONE SU	117
00872	1601178	ANESTH KIDNEY STONE DEST	166
00873	1601186	ANESTH KIDNEY STONE DEST	117
00880	1601194	ANESTH ABDOMEN VESSEL S	351
00882	1601202	ANESTH MAJOR VEIN LIGAT	234
00902	1601210	ANESTH ANORECTAL SURGER	117
00904	1601228	ANESTH PERINEAL SURG	166
00906	1601236	ANESTH REMOVAL OF VULVA	94
00908	1601244	ANESTH REMOVAL OF PROST	140
00910	1601251	ANESTH BLADDER SURG	71
00912	1601269	ANESTH BLADDER TUMOR SU	117
00914	1601277	ANESTH REMOVAL OF PROST	117
00916	1601285	ANESTH BLEEDING CONTROL	117

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
00918	1601293	ANESTH STONE REMOVAL	117
00920	1601301	ANESTH GENITALIA SURGER	71
00921	1601319	ANESTH VASECTOMY	72
00922	1601327	ANESTH SPERM DUCT SURGE	140
00924	1601335	ANESTH TESTIS EXPLORATI	94
00926	1601343	ANESTH REMOVAL OF TESTI	94
00928	1601350	ANESTH REMOVAL OF TESTI	94
00930	1601368	ANESTH TESTIS SUSPENSIO	94
00932	1601376	ANESTH AMPUTATION OF PE	94
00934	1601384	ANESTH PENIS NODES REM	140
00936	1601392	ANESTH PENIS NODES REM W/ILIAC	140
00938	1601400	ANESTH INSERT PENIS DEV	94
00940	1601418	ANESTH VAGINAL PROCEDUR	72
00942	1601426	ANESTH SURG ON VAG/URET	94
00944	1601434	ANESTH VAGINAL HYSTEREC	140
00948	1601442	ANESTH RPR OF CERVIX	94
00950	1601459	ANESTH VAGINAL ENDOSCOPI	117
00952	1601467	ANESTH HYSTEROSCOPE/GRA	94
01112	1601475	ANESTH BONE ASPIRATE/BX	117
01120	1601483	ANESTH PELVIS SURG	140
01130	1601491	ANESTH BODY CAST PROCED	71
01140	1601509	ANESTH AMPUTATION AT PE	351
01150	1601517	ANESTH PELVIC TUMOR SUR	234
01160	1601525	ANESTH PELVIS PROC CLS	94
01170	1601533	ANESTH PELVIS SURG OPEN	166
01173	1601541	ANESTH FX RPR PELVI	282
01180	1601558	ANESTH PELVIS NERVE REM EX	71
01190	1601566	ANESTH PELVIS NERVE REM INTRA	71
01200	1601574	ANESTH HIP JOINT PROCED	94
01202	1601582	ANESTH ARTHROSCOPY OF H	94
01210	1601590	ANESTH HIP JOINT SURGER	140
01212	1601608	ANESTH HIP DISARTICULAT	234
01214	1601616	ANESTH HIP ARTHROPLASTY	188
01215	1601624	ANESTH REVISE HIP REPAI	234
01220	1601632	ANESTH PROC FEM CLS	94
01230	1601640	ANESTH SURG FEMUR OPEN	140
01232	1601657	ANESTH AMPUTATION OF FE	117
01234	1601665	ANESTH RADICAL FEMUR SU	188
01250	1601673	ANESTH UPPER LEG SURGER	94
01260	1601681	ANESTH UPPER LEG VEINS	71

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
01270	1601699	ANESTH THIGH ARTERIES S	188
01272	1601707	ANESTH FEMORAL ARTERY S	94
01274	1601715	ANESTH FEMORAL EMBOLECT	140
01320	1601723	ANESTH KNEE AREA SURGER	94
01340	1601731	ANESTH CLSD LOWER 1/3 FEMUR	94
01360	1601749	ANESTH OPEN LOWER 1/3 FEMUR	94
01380	1601756	ANESTH KNEE JOINT PROCE	72
01382	1601764	ANESTH DX KNEE ARTHROSC	72
01390	1601772	ANESTH CLSD UP TIB/FIB/=-PAT	71
01392	1601780	ANESTH OPEN UP TIB/FIB/=-PAT	94
01400	1601798	ANESTH KNEE JOINT NOS	94
01402	1601806	ANESTH KNEE ARTHROPLAST	166
01404	1601814	ANESTH AMPUTATION AT KNEE	117
01420	1601822	ANESTH KNEE JOINT CASTI	71
01430	1601830	ANESTH KNEE VEINS PROC NOS	71
01432	1601848	ANESTH KNEE PROC A/V FIST	140
01440	1601855	ANESTH KNEE ARTERIES SU	188
01442	1601863	ANESTH KNEE ARTERY SURG	188
01444	1601871	ANESTH KNEE ARTERY REPA	188
01462	1601889	ANESTH LOWER LEG PROCED	72
01464	1601897	ANESTH ANKLE/FT ARTHROS	72
01470	1601905	ANESTH LOWER LEG SURG NOS	72
01472	1601913	ANESTH ACHILLES TENDON	117
01474	1601921	ANESTH LOWER LEG STRAYER	71
01480	1601939	ANESTH LOWER LEG BONE S	72
01482	1601947	ANESTH RADICAL LEG SURG	94
01484	1601954	ANESTH LOWER LEG REVISI	94
01486	1601962	ANESTH ANKLE REPLACEMEN	166
01490	1601970	ANESTH LOWER LEG CASTIN	72
01500	1601988	ANESTH LEG ARTERIES SUR	188
01502	1601996	ANESTH LWR LEG EMBOLECT	140
01520	1602002	ANESTH LOWER LEG VEIN NOS	71
01522	1602010	ANESTH LOWER LEG VEIN THROMB	71
01610	1602028	ANESTH SURG OF SHOUL	117
01620	1602036	ANESTH SHOULDER PROCEDU	94
01622	1602044	ANESTH DX SHOULDER ARTHROS	94
01630	1602051	ANESTH SURG SHOUL NOS	117
01632	1602069	ANESTH SURG SHOUL RADICAL	117
01634	1602077	ANESTH SHOULDER JOINT A	211
01636	1602085	ANESTH FOREQUARTER AMPU	351

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
01638	1602093	ANESTH SHOULDER REPLACE	234
01650	1602101	ANESTH SHOULDER ARTERY NOS	140
01652	1602119	ANESTH SHOULDER VESSEL A/B	234
01654	1602127	ANESTH SHOULD VESS GRAFT	188
01656	1602135	ANESTH ARM-LEG VESSEL S	234
01670	1602143	ANESTH SHOULDER VEIN SU	94
01680	1602150	ANESTH SHOULDER CASTING	71
01682	1602168	ANESTH AIRPLANE CAST	94
01710	1602176	ANESTH ELBOW AREA SURGE	72
01712	1602184	ANESTH UPPR ARM TENDON OPN	117
01714	1602192	ANESTH UPPR ARM TENOPLAST	117
01716	1602200	ANESTH BICEPS TENDON RE	117
01730	1602218	ANESTH UPPR ARM PROCEDU	72
01732	1602226	ANESTH DX ELBOW ARTHROS	71
01740	1602234	ANESTH UPPER ARM SURGER	94
01742	1602242	ANESTH HUMERUS SURG	117
01744	1602259	ANESTH HUMERUS RPR	117
01756	1602267	ANESTH RADICAL HUMERUS	140
01758	1602275	ANESTH HUMERAL LESION S	117
01760	1602283	ANESTH ELBOW REPLACEMEN	166
01770	1602291	ANESTH UPPR ARM ARTERY	140
01772	1602309	ANESTH UPPR ARM EMBOLEC	140
01780	1602317	ANESTH UPPER ARM VEIN S	71
01782	1602325	ANESTH UPPR ARM VEIN RE	94
01810	1602333	ANESTH LOWER ARM SURGER	72
01820	1602341	ANESTH LOWER ARM PROCED	71
01829	1602358	ANESTH DX WRIST ARTHROS	71
01830	1602366	ANESTH LOWER ARM SURGER	72
01832	1602374	ANESTH WRIST REPLACEMEN	140
01840	1602382	ANESTH LWR ARM ARTERY S	140
01842	1602390	ANESTH LWR ARM EMBOLECT	140
01844	1602408	ANESTH VASCULAR SHUNT S	140
01850	1602416	ANESTH LOWER ARM VEIN S	71
01852	1602424	ANESTH LWR ARM VEIN REP	94
01860	1602432	ANESTH LOWER ARM CASTIN	72
01916	1602440	ANESTH DX ARTERIOGRAPHY	117
01920	1602457	ANESTH CATHETERIZE HEAR	166
01922	1602465	ANESTH CAT OR MRI SCAN	166
01924	1602473	ANESTH THER INTERVEN RAD NOS	117
01925	1602481	ANESTH THER INTERVEN RAD C OR C	166

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
01926	1602499	ANESTH TX INTERV RAD HRT/	188
01930	1602507	ANESTH THER INTERVEN RAD	117
01931	1602515	ANESTH THER INTERVEN RAD	166
01932	1602523	ANESTH TX INTERV RAD TH	140
01933	1602531	ANESTH TX INTERV RAD CRA	166
01935	1602549	ANESTH PERC IMG DX SP P	117
01936	1602556	ANESTH PERC IMG TX SP P	117
01951	1602564	ANESTH BURN LESS 4 PER	71
01952	1602572	ANESTH BURN 4-9 PERCEN	117
01953	1602580	ANESTH BURN EACH 9 PER	23
01958	1602598	ANESTH ANTEPARTUM MANIP	117
01960	1602606	ANESTH VAGINAL DELIVERY	117
01961	1602614	ANESTH CS DELIVERY	166
01962	1602622	ANESTH EMER HYSTERECTOM	188
01963	1602630	ANESTH CS HYSTEREC W/O LABOR	188
01964	1602648	ANESTH CS HYSTERECTOMY	94
01965	1602655	ANESTH INC/MISSED AB PR	94
01966	1602663	ANESTH INDUCED AB PROCE	94
01967	1602671	ANESTH/ANALG VAG DELIVE	117
01968	1602689	ANESTH/ANALG CS DELIVER AD	47
01969	1602697	ANESTH/ANALG CS HYST ADD	117
01990	1602705	ANEST SUPPORT ORGAN DONOR	166
01991	1602713	ANESTH NERVE BLK/INJ	71
01992	1602721	ANESTH N BLK/INJ PRO	117
01995	1602739	ANESTH N BLK/INJ PRO	117
01996	1602747	ANEST HOSP DAILY CONT DRUG AD	71
01999	1602754	ANEST UNLISTED ANESTH PROC	140
20526	1602762	ANEST THER INJECTION CARP TUN	222
20550	1602770	ANEST INJ TENDON SHEATH/LIGAME	178
20551	1602788	ANEST INJ TENDON ORIGIN/INSERT	178
20552	1602796	ANEST INJ TRIGGER POINT 1/2 M	157
20553	1602804	ANEST INJECT TRIGGER POINTS =	178
20600	1602812	ANEST DRN/INJ JOINT/BURS SM	157
20605	1602820	ANEST DRN/INJ JOINT/BURS INTER	157
20610	1602838	ANEST DRN/INJ JOINT/BURS MAJ	157
27096	1602846	ANEST INJECT SACROILIAC JOINT	331
31500	1602853	ANEST INSERT EMERGENCY AIRWAY	550
36400	1602861	ANEST BL DRAW < 3 YRS FEM/JUGU	90
36410	1602879	ANEST NON-ROUTINE BL DRAW > 3	41
36420	1602887	ANEST VEIN ACCESS CUTDOWN < 1	238

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
36425	1602895	ANEST VEIN ACCESS CUTDOWN > 1	180
36555	1602903	ANEST INSERT NON-TUN CV CAT <5	633
36556	1602911	ANEST INSERT NON-TUN CV CAT >5	592
36600	1602929	ANEST WITHDRAWAL OF ARTERIAL B	77
36620	1602937	ANEST INSERT CAT ARTE PERC	273
36625	1602945	ANEST INSERT CAT ARTE CUT	273
36660	1602952	ANEST INSERT CAT UMBIL ARTE	273
62263	1602960	ANEST EPIDURAL LYSIS MULT SESS	1,517
62264	1602978	ANEST EPIDURAL LYSIS ON SINGLE	1,045
62270	1602986	ANEST SPINAL FLUID TAP DIAGNO	324
62272	1602994	ANEST DRAIN CEREBRO SPINAL FLU	319
62273	1603000	ANEST INJECT EPIDURAL PATCH	509
62280	1603018	ANEST SPINAL CORD LES SUBA	622
62281	1603026	ANEST SPINAL CORD LES E/C/T	622
62282	1603034	ANEST SPINAL CORD LES SUBA	550
62310	1603042	ANEST INJECT SPINE C/T	451
62311	1603059	ANEST INJECT SPINE L/S (CD)	365
62318	1603067	ANEST INJECT SPINE W/CATH C/T	483
62319	1603075	ANEST INJECT SPINE W/CATH L/S	442
62350	1603083	ANEST IMPLANT SPINAL CANAL CAT	1,903
62355	1603091	ANEST REMOVE SPINAL CANAL CATH	1,561
62360	1603109	ANEST INS SPINE INFUS P SUBQ	871
62361	1603117	ANEST INS SPINE INFUS P NON PROG	1,558
62362	1603125	ANEST REMVL SPINE INFUS PUMP	1,558
62365	1603133	ANEST REMVL SPINE INFUSION DE	1,554
62367	1603141	ANEST ANALYZE SPINE INFUSION P	114
62368	1603158	ANEST ANALYZE SPINE INFUSION P	114
63650	1603166	ANEST IMPLANT NEUROELECTR	1,792
63660	1603174	ANEST REV/REMLV NEUROELECT	1,625
63685	1603182	ANEST INSRT/REDO SPINE N GENER	1,861
63688	1603190	ANEST REV/REMLV NEURORECEI	1,443
64400	1603208	ANEST N BLK INJ TRIGEMINAL	264
64402	1603216	ANEST N BLK INJ FACIAL	296
64405	1603224	ANEST N BLK INJ OCCIPITAL	312
64408	1603232	ANEST N BLK INJ VAGUS	333
64410	1603240	ANEST N BLK INJ PHRENIC	337
64412	1603257	ANEST N BLK INJ SPINAL ACCE	279
64413	1603265	ANEST N BLK INJ CERVICAL PL	331
64415	1603273	ANEST N BLK INJ BRACHIAL PL	350
64416	1603281	ANEST N BLK CONT INFUSE B P	911

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
64417	1603299	ANEST N BLK INJ AXILLARY	340
64418	1603307	ANEST N BLK INJ SUPRASCAPUL	312
64420	1603315	ANEST N BLK INJ INTER SNGL	279
64421	1603323	ANEST N BLK INJ INTER MULTI	397
64425	1603331	ANEST N BLK INJ ILIO-ING/HY	414
64430	1603349	ANEST N BLK INJ PUDENDAL	345
64435	1603356	ANEST N BLK INJ PARACERVICA	342
64445	1603364	ANEST N BLK INJ SCIATIC SN	350
64446	1603372	ANEST N BLK INJ SCIATIC CONT	854
64447	1603380	ANEST N BLK INJ FEM SINGLE	355
64448	1603398	ANEST N BLK INJ FEM CONT IN	796
64449	1603406	ANEST N BLK INJ LUMBAR PLEX	768
64450	1603414	ANEST N BLK OTHER PERIPHERA	301
64470	1603422	ANEST INJ PARAVERTEB C/T	437
64472	1603430	ANEST INJ PARAVERTEB C/T AD	305
64475	1603448	ANEST INJ PARAVERTEB L/S	333
64476	1603455	ANEST INJ PARAVERTE L/S AD	232
64479	1603463	ANEST INJ FORAMEN EPIDU C/T	520
64480	1603471	ANEST INJ FORAMEN EPIDU ADD	365
64483	1603489	ANEST INJ FORAMEN EPIDU L/S	449
64484	1603497	ANEST INJ FORAMEN EPIDU ADD	315
64505	1603505	ANEST N BLK SPENOPALAT G	322
64508	1603513	ANEST N BLK CAROTID SINUS S	266
64510	1603521	ANEST N BLK STELL GANG	289
64517	1603539	ANEST N BLK INJ HYPOGAS PLX	520
64520	1603547	ANEST N BLK L/T	319
64530	1603554	ANEST N BLK INJ CELIAC PELU	374
64600	1603562	ANEST INJ NERVE SOMATIC	818
64605	1603570	ANEST INJ NERVE 2ND/3RD GUID	818
64610	1603588	ANEST INJ NERVE SOMATIC 2ND/3RD	818
64620	1603596	ANEST INJ INTERCOSTAL NERVE	678
64622	1603604	ANEST DESTR PARAV NERVE	715
64623	1603612	ANEST DESTR PARAVEL N EA ADD	234
64626	1603620	ANEST DESTR PARAVE N	904
64627	1603638	ANEST DESTR PARAV N EA ADD	234
64630	1603646	ANEST INJET N PUDENDAL	715
64640	1603653	ANEST INJET N PERIPHIAL	658
64680	1603661	ANEST INJET N CELIAC PLEX	624
64681	1603679	ANEST INJET N HYPOGASTRIC	818
72275	1603687	ANEST EPIDUROGRAPHY	180

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
73542	1603695	ANEST X-RAY EXAM SACROILIAC J	139
76005	1603703	ANEST FLUOROSCOPE EXAM EXTENS	159
76937	1603711	ANEST US GUIDE VASCULAR ACCES	72
77001	1603729	ANEST FLUOROGUIDE FOR VEIN DEV	90
77002	1603737	ANEST NEEDLE LOCALIZATION BY X	127
77003	1603745	ANEST FLUOROGUIDE FOR SPINE IN	141
92950	1603752	ANEST HEART/LUNG RESUSCITATION	897
93312	1603760	ANEST TEE	520
93313	1603778	ANEST TEE PROBE ONLY	225
93314	1604420	ANEST ECHO TRANSESOPHAGEAL	296
93314	1603786	ANEST TEE IMAGE/REPORT	296
93315	1603794	ANEST TEE CARDIAC	520
93316	1603802	ANEST TEE CARDIAC PROBE ONLY	225
93317	1603810	ANEST TEE CARD IMAGE/REPORT	432
93318	1603828	ANEST ECHO TRANSESOPHAGEAL INT	520
93320	1603836	ANEST DOPP ECHO HEART	90
93321	1603844	ANEST DOPP ECHO HEART LIMITED	35
93325	1603851	ANEST DOPP CLR FLOW ADD-O	17
93503	1603869	ANEST INSERT HEART CATHE	689
94002	1603877	ANEST VENT MGMT INPAT INIT DA	472
94003	1603885	ANEST VENT MGMT INPAT SUBQ DA	324
94010	1603893	ANEST BREATHING CAPACITY TEST	39
94060	1603901	ANEST EVALUATION OF WHEEZING	73
94150	1603919	ANEST VITAL CAPACITY TEST	17
94375	1603927	ANEST RESP FLOW VOLUME	73
94400	1603935	ANEST CO2 RESPONSE C	95
94450	1603943	ANEST HYPOXIA RESPONSE CURVE	95
94640	1603950	ANEST AIRWAY INHALATION TREATM	180
94660	1603968	ANEST POS AIRWAY PRESSURE CPA	180
94662	1603976	ANEST NEG PRESS VENTILATION C	180
94680	1603984	ANEST EXHALED AIR ANALYSIS O2	62
94681	1603992	ANEST EXHALED AIR -O2	47
94690	1604008	ANEST EXHALED AIR ANALYSIS	17
94750	1604016	ANEST PULMONARY COMPLIANCE STU	56
94770	1604024	ANEST EXHALED CARBON DIOXIDE T	35
95925	1604032	ANEST SOMATOSENSORY UPPER	127
95926	1604040	ANEST SOMATOSENSORY LOWER	127
95927	1604057	ANEST SOMATOSENSORY TRUNK	127
95955	1604065	ANEST EEG DURING SURG	238
95970	1604073	ANEST ANALYZE NEUROSTIM NO PR	107

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
95971	1604081	ANEST ANALYZE NEUROSTIM SIMPL	185
95991	1604099	ANEST SPIN/BRAIN PUMP REFIL &	183
99140	1604438	ANEST COMPLICATED BY ER	85
99183	1604107	ANEST HYPERBARIC OXYGEN THERAP	552
99201	1604115	ANEST OUTPATIENT VISIT LV I NP	107
99202	1604123	ANEST OUTPATIENT VISIT LV II NP	208
99203	1604131	ANEST OUTPATIENT VISIT LV III NP	317
99204	1604149	ANEST OUTPATIENT VISIT LV IV NP	543
99205	1604156	ANEST OUTPATIENT VISIT LV V NP	710
99211	1604164	ANEST OUTPATIENT VISIT LV I EP	40
99212	1604172	ANEST OUTPATIENT VISIT LV II EP	107
99213	1604180	ANEST OV LEVEL III EP X 15 MINUTES	217
99214	1604198	ANEST OV LEVEL IV EP X 15 MINUTES	335
99215	1604206	AN OP VIS LV V EP	474
99221	1604214	ANEST INI HOSP CARE LV I	444
99222	1604222	ANEST INI HOSP CARE LV II	606
99223	1604230	ANEST INI HOSP CARE LV III	895
99231	1604248	ANEST SUB HOSP CARE LV I	180
99232	1604255	ANEST SUB HOSP CARE LV II	328
99233	1604263	ANEST SUB HOSP CARE LV III	474
99238	1604271	ANEST HOSP DISCH DAY LV I	303
99239	1604289	ANEST HOSP DISCH DAY LV II	449
99241	1604297	ANEST OFF CON LV I	150
99242	1604305	ANEST OFF CON LV II	317
99243	1604313	ANEST OFF CON LV III	444
99244	1604321	ANEST OFF CON LV IV	715
99245	1604339	ANEST OFF CON LV V	893
99251	1604347	ANEST INPAT CON LV I	236
99252	1604354	ANEST INPAT CON LV II	355
99253	1604362	ANEST INPAT CON LV III	537
99254	1604370	ANEST INPAT CON LV IV	779
99255	1604388	ANEST INPAT CON LV V	946
99291	1604396	ANEST C CARE 1ST HOUR	1,065
99292	1604404	ANEST C CARE ADD 30 MIN	532
99440	1604412	ANEST NBORN RESUS	693
31600	1700004	ANEST INCISION OF WINDPIPE	939
31601	1700012	ANEST INCISION OF WINDPIPE	617
31603	1700020	ANEST INCISION OF WINDPIPE	530
31622	1700038	ANEST DX BRONCHOSCOPE/WASH	348
31623	1700046	ANEST DX BRONCHOSCOPE/BRUSH	350

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
31624	1700053	ANEST DX BRONCHOSCOPE/LAVAGE	351
31625	1700061	ANEST BRONCHOSCOPY W/BIOPSY(S)	410
32420	1700079	ANEST PUNCTURE/CLEAR LUNG	270
32421	1700087	ANEST THORACENTESIS FOR ASPIRATION	187
32422	1700095	ANEST THORACENTESIS W/TUBE INSERT	298
33206	1700103	ANEST INSERTION OF HEART PACEMAKER	1,153
33207	1700111	ANEST INSERTION OF HEART PACEMAKER	1,230
33208	1700129	ANEST INSERTION OF HEART PACEMAKER	1,330
33210	1700137	ANEST INSERTION OF HEART ELECTRODE	458
33211	1700145	ANEST INSERTION OF HEART ELECTRODE	463
33212	1700152	ANEST INSERTION OF PULSE GENERATOR	854
33213	1700160	ANEST INSERTION OF PULSE GENERATOR	978
33216	1700178	ANEST INSERT LEAD PACE-DEFIB ONE	956
33217	1700186	ANEST INSERT LEAD PACE-DEFIB DUAL	948
36120	1700194	ANEST ESTABLISH ACCESS TO ARTERY	249
36140	1700202	ANEST ESTABLISH ACCESS TO ARTERY	261
36557	1700210	ANEST INSERT TUNNELED CV CATH	749
36558	1700228	ANEST INSERT TUNNELED CV CATH	686
36560	1700236	ANEST INSERT TUNNELED CV CATH	834
36561	1700244	ANEST INSERT TUNNELED CV CATH	846
36563	1700251	ANEST INSERT TUNNELED CV CATH	879
36565	1700269	ANEST INSERT TUNNELED CV CATH	843
36566	1700277	ANEST INSERT TUNNELED CV CATH	902
36568	1700285	ANEST INSERT PICC CATH	233
36569	1700293	ANEST INSERT PICC CATH	228
36570	1700301	ANEST INSERT PICVAD CATH	739
36571	1700319	ANEST INSERT PICVAD CATH	759
36589	1700327	ANEST REMOVE TUNNELED CV CATH	440
36590	1700335	ANEST REMOVE TUNNELED CV CATH	643
61107	1700343	ANEST PLACE INTRACRANIAL BOLT MNTR	725
76942	1700350	ANEST ECHO GUIDE FOR BIOPSY	443
76999	1700368	ANEST ECHO EXAM PROC PER UNIT	52
99143	1700376	ANEST CONSCIOUS SEDTN<5 YR 1ST 30 M	229
99144	1700384	ANEST CONSCIOUS SEDTN 5+YR 1ST 30 M	204
99145	1700392	ANEST CONSCIOUS SEDTN ADD ON 15 MN	102
		PAIN MANAGEMENT - ANESTHETIST	
01996	1604446	PM HOSP DAILY CONT DRUG AD	71
01999	1605583	PM UNLISTED ANESTH PROC	140
20526	1604453	PM THER INJECTION CARP TUN	222
20550	1604461	PM INJ TENDON SHEATH/LIGAME	178

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
20551	1604479	PM INJ TENDON ORIGIN/INSERT	178
20552	1604487	PM INJ TRIGGER POINT 1/2 M	157
20553	1604495	PM INJECT TRIGGER POINTS =	178
20600	1604503	PM DRN/INJ JOINT/BURS SM	157
20605	1604511	PM DRN/INJ JOINT/BURS INTER	161
20610	1604529	PM DRN/INJ JOINT/BURS MAJ	187
27096	1604537	PM INJECT SACROILIAC JOINT	331
62263	1604545	PM EPIDURAL LYSIS MULT SESS	1,517
62264	1604552	PM EPIDURAL LYSIS ON SINGLE	1,045
62270	1604560	PM SPINAL FLUID TAP DIAGNO	324
62273	1604578	PM INJECT EPIDURAL PATCH	509
62310	1604586	PM INJECT SPINE C/T	451
62311	1604594	PM INJECT SPINE L/S (CD)	365
62318	1604602	PM INJECT SPINE W/CATH C/T	483
62319	1604610	PM INJECT SPINE W/CATH L/S	442
62350	1604628	PM IMPLANT SPINAL CANAL CAT	1,903
62360	1604636	PM INS SPINE INFUS P SUBQ	871
62361	1604644	PM INS SPINE INFUS P NON PROG	1,558
62362	1604651	PM REMVL SPINE INFUS PUMP	2,030
62365	1604669	PM REMVL SPINE INFUSION DE	1,554
62367	1604677	PM ANALYZE SPINE INFUSION P	114
62368	1604685	PM ANALYZE SPINE INFUSION P	178
63650	1604693	PM IMPLANT NEUROELECTR	1,792
63660	1604701	PM REV/REMLV NEUROELECT	1,625
63685	1604719	PM INSRT/REDO SPINE N GENER	1,861
63688	1604727	PM REV/REMLV NEURORECEI	1,443
64400	1604735	PM N BLK INJ TRIGEMINAL	264
64402	1604743	PM N BLK INJ FACIAL	296
64405	1604750	PM N BLK INJ OCCIPITAL	312
64408	1604768	PM N BLK INJ VAGUS	333
64410	1604776	PM N BLK INJ PHRENIC	337
64412	1604784	PM N BLK INJ SPINAL ACCE	279
64413	1604792	PM N BLK INJ CERVICAL PL	331
64415	1604800	PM N BLK INJ BRACHIAL PL	350
64416	1604818	PM N BLK CONT INFUSE B P	911
64417	1604826	PM N BLK INJ AXILLARY	340
64418	1604834	PM N BLK INJ SUPRASCAPUL	312
64420	1604842	PM N BLK INJ INTER SNGL	279
64421	1604859	PM N BLK INJ INTER MULTI	397
64425	1604867	PM N BLK INJ ILIO-ING/HY	414

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
64430	1604875	PM N BLK INJ PUDENDAL	345
64435	1604883	PM N BLK INJ PARACERVICA	342
64445	1604891	PM N BLK INJ SCIATIC SN	350
64446	1604909	PM N BLK INJ SCIATIC CONT	854
64447	1604917	PM N BLK INJ FEM SINGLE	355
64448	1604925	PM N BLK INJ FEM CONT IN	796
64449	1604933	PM N BLK INJ LUMBAR PLEX	768
64450	1604941	PM N BLK OTHER PERIPHERA	301
64470	1604958	PM INJ PARAVERTEB C/T	437
64472	1604966	PM INJ PARAVERTEB C/T AD	305
64475	1604974	PM INJ PARAVERTEB L/S	333
64476	1604982	PM INJ PARAVERTE L/S AD	231
64479	1604990	PM INJ FORAMEN EPIDU C/T	520
64480	1605005	PM INJ FORAMEN EPIDU ADD	365
64483	1605013	PM INJ FORAMEN EPIDU L/S	449
64484	1605021	PM INJ FORAMEN EPIDU ADD	315
64505	1605039	PM N BLK SPENOPALAT G	322
64508	1605047	PM N BLK CAROTID SINUS S	266
64510	1605054	PM N BLK STELL GANG	289
64517	1605062	PM N BLK INJ HYPOGAS PLX	520
64520	1605070	PM N BLK L/T	319
64530	1605088	PM N BLK INJ CELIAC PELU	374
64600	1605096	PM INJ NERVE SOMATIC	818
64605	1605104	PM INJ NERVE 2ND/3RD GUID	1,329
64610	1605112	PM INJ NERVE SOMATIC 2ND/3RD	1,697
64620	1605120	PM INJ INTERCOSTAL NERVE	678
64622	1605138	PM DESTR PARAV NERVE	715
64623	1605146	PM DESTR PARAVEL N EA ADD	233
64626	1605153	PM DESTR PARAVE N	904
64627	1605161	PM DESTR PARAV N EA ADD	275
64630	1605179	PM INJET N PUDENDAL	715
64640	1605187	PM INJET N PERIPHIAL	658
64680	1605195	PM INJET N CELIAC PLEX	624
64681	1605203	PM INJET N HYPOGASTRIC	895
72275	1605211	PM EPIDUROGRAPHY	180
73542	1605229	PM X-RAY EXAM SACROILIAC J	139
76005	1605237	PM FLUOROSCOPE EXAM EXTENS	159
76937	1605609	PM US GUIDE VASCULAR ACCESS	71
77001	1605245	PM FLUOROGUIDE FOR VEIN DEV	90
77002	1605252	PM NEEDLE LOCALIZATION BY X	127

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
77003	1605260	PM FLUOROGUIDE FOR SPINE IN	141
95970	1605278	PM ANALYZE NEUROSTIM NO PR	107
95971	1605286	PM ANALYZE NEUROSTIM SIMPL	185
95991	1605294	PM SPIN/BRAIN PUMP REFIL &	183
99140	1605591	PM COMPLICATED BY ER	85
99201	1605302	PM OUTPATIENT VISIT LV I NEW	107
99202	1605310	PM OUTPATIENT VISIT LV II NEW	208
99203	1605328	PM OUTPATIENT VISIT LV III NEW	317
99204	1605336	PM OUTPATIENT VISIT LV IV NEW	543
99205	1605344	PM OP VIS LV V NP	710
99211	1605351	PM OP VIS LV 1 EP	39
99212	1605369	PM OP VIS LV II EP	107
99213	1605377	PM OP VIS LV III EP	217
99214	1605385	PM OP VIS LV IV EP	335
99215	1605393	PM OP VIS LV V EP	474
99221	1605401	PM INI HOSP CARE LV I	444
99222	1605419	PM INI HOSP CARE LV II	606
99223	1605427	PM INI HOSP CARE LV III	895
99231	1605435	PM SUB HOSP CARE LV I	180
99232	1605443	PM SUB HOSP CARE LV II	328
99233	1605450	PM SUB HOSP CARE LV III	474
99238	1605468	PM HOSP DISCH DAY LV I	303
99239	1605476	PM HOSP DISCH DAY LV II	449
99241	1605484	PM OFF CON LV I	150
99242	1605492	PM OFF CON LV II	317
99243	1605500	PM OFF CON LV III	444
99244	1605518	PM OFF CON LV IV	715
99245	1605526	PM OFF CON LV V	893
99251	1605534	PM INPAT CON LV I	236
99252	1605542	PM INPAT CON LV II	355
99253	1605559	PM INPAT CON LV III	537
99254	1605567	PM INPAT CON LV IV	779
99255	1605575	PM INPAT CON LV V	946
		CARDIOLOGIST	
99201	1606003	CARDIOLOGIST OV LV1 NP	144
99203	1606011	CARDIOLOGIST OV LV2 NP	431
99205	1606029	CARDIOLOGIST OV LV3 NP	968
99211	1606037	CARDIOLOGIST OV LV1 EP	56
99213	1606045	CARDIOLOGIST OV LV2 EP	297
99215	1606052	CARDIOLOGIST OV LV3 EP	644

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99221	1606060	CARDIOLOGIST HV LV1 NP	606
99222	1606078	CARDIOLOGIST HV LV2 NP	826
99223	1606086	CARDIOLOGIST HV LV3 NP	1,220
99231	1606128	CARD HOSP FOLLOW UP ROUTINE	244
99231	1606094	CARDIOLOGIST HV LV1 EP	244
99232	1606136	CARD HOSP FOLLOW GT ROUTINE	448
99232	1606102	CARDIOLOGIST HV LV2 EP	448
99233	1606144	CARD HOSP FOLLOW UP COMPLEX ICU	645
99233	1606110	CARDIOLOGIST HV LV3 EP	645
99251	1606151	CARD HOSP CONSULT MINOR	323
99252	1606169	CARD HOSP CONSULT LOW COMPLEXITY	484
99253	1606177	CARD HOSP CONSULT MOD COMPLEXITY	731
99254	1606185	CARD HOSP CONSULT HIGH COMPLEXITY	1,061
99255	1606193	CARD HOSP CONSULT CRITICAL	1,291
99291	1606201	CARD CRIT CARE DET 1ST HOUR	1,452
99292	1606219	CARD CRIT CARE DET EA ADD 30 MIN	725
33210	1710003	CARD INSERT OF HEART ELECTRODE	458
33211	1710011	CARD INSERT OF HEART ELECTRODE	463
78414	1710029	CARD NON-IMAG HEART FUNCTION	54
78451	1710037	CARD HEART IMAGE (3D) SINGLE	189
78452	1710045	CARD HEART IMAGE (3D) MULTIPLE	189
78453	1710052	CARD HEART MUSCLE BLOODSINGLE	189
78454	1710060	CARD HEART MUSCLE BLOOD MULT	189
78472	1710078	CARD GATED HEART PLANAR SINGLE	592
78473	1710086	CARD GATED HEART MULTIPLE	798
78481	1710094	CARD HEART FIRST PASS SINGLE	458
78483	1710102	CARD HEART FIRST PASS MULTIPLE	713
92960	1710110	CARD CARDIOVERSION ELECTRIC EXT	393
93000	1710128	CARD ELECTROCARDIOGRAM COMPL	47
93015	1710136	CARD CARDIOVASCULAR STRESS TEST	225
93016	1710144	CARD CARDIOVASCULAR STRESS TEST	59
93017	1710151	CARD CARDIOVASCULAR STRESS TEST	129
93018	1710169	CARD CARDIOVASCULAR STRESS TEST	38
93024	1710177	CARD CARDIAC DRUG STRESS TEST	284
93040	1710185	CARD RHYTHM STRIP	21
93225	1710193	CARD ECG MONITOR/RECORD 24 HRS	76
93226	1710201	CARD ECG MONITOR/REPORT 24 HRS	114
93227	1710219	CARD ECG MONITOR/REVIEW 24 HRS	68
93228	1710227	CARD ECG MONITOR/REVIEW >24 HRS	78
93230	1710235	CARD ECG MONITOR/REPORT 24 HRS	262

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
93270	1710243	CARD ECG RECORDING	40
93271	1710250	CARD ECG/MONITORING AND ANALYSIS	495
93272	1710268	CARD ECG/REVIEW INTERPRET ONLY	65
93279	1710276	CARD PM DEVICE PROGR EVAL SINGLE	110
93280	1710284	CARD PM DEVICE PROGR EVAL DUAL	131
93281	1710292	CARD PM DEVICE PROGR EVAL MULTI	155
93282	1710300	CARD ICD DEVICE PROG EVAL 1 SINGLE	143
93283	1710318	CARD ICD DEVICE PROGR EVAL DUAL	192
93284	1710326	CARD ICD DEVICE PROGR EVAL MULTI	213
93285	1710334	CARD ILR DEVICE EVAL PROGR	89
93286	1710342	CARD PRE-OPP PM DEVICE EVAL	45
93287	1710359	CARD PRE-OP ICD DEVICE EVAL	71
93288	1710367	CARD PM DEVICE EVAL IN PERSON	74
93289	1710375	CARD ICD DEVICE INTERROGATE	149
93290	1710383	CARD ICM DEVICE EVAL	67
93291	1710391	CARD ILR DEVICE INTERROGATE	74
93292	1710409	CARD WCD DEVICE INTERROGATE	74
93293	1710417	CARD PM PHONE R-STRIP DEVICE EVAL	53
93294	1710425	CARD PM DEVICE INTERROGATE REMOTE	112
93295	1710433	CARD ICD DEVICE INTERROGATE REMOTE	220
93296	1710441	CARD PM/CD REMOTE TECH SERVICE	107
93297	1710458	CARD ICM DEVICE INTERROGATE REMOTE	82
93298	1710466	CARD ILR DEVICE INTERROGATE REMOTE	91
93299	1710474	CARD ICM/ILR REMOTE TECH SERVICE	117
93307	1710490	CARD TTE W/O DOPPLER COMPLETE	376
93308	1710482	CARD TTE W/DOPPLER COMPLETE	217
93312	1710516	CARD ECHO TRANSESOPHAGEAL	503
93313	1710524	CARD ECHO TRANSESOPHAGEAL	217
93314	1710532	CARD ECHO TRANSESOPHAGEAL	286
93315	1710540	CARD ECHO TRANSESOPHAGEAL	635
93316	1710557	CARD ECHO TRANSESOPHAGEAL	217
93317	1710565	CARD ECHO TRANSESOPHAGEAL	418
93318	1710573	CARD ECHO TRANSESOPHAGEAL INTRAOP	503
93320	1710581	CARD DOPPLER ECHO EXAM HEART	87
93321	1710599	CARD DOPPLER ECHO EXAM HEART	34
93325	1710607	CARD DOPPLER COLOR FLOW ADD-ON	16
93350	1710615	CARD STRESS TTE ONLY	496
93351	1710623	CARD STRESS TTE COMPLETE	298
93352	1710631	CARD ADMIN ECG CONTRAST AGENT	75
93503	1710649	CARD INSERT/PLACE HEART CATHETER	666

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
93786	1710656	CARD AMBULATORY BP RECORDING	72
93788	1710664	CARD AMBULATORY BP ANALYSIS	39
93790	1710672	CARD REVIEW/REPROT BP RECORDING	45
96372	1710680	CARD THER/PROPH/DIAG INJ. SC/IM	23
99202	1710698	CARDIOLOGIST OV LV2 NP	201
99204	1710706	CARDIOLOGIST OV LV4 NP	525
99212	1710714	CARDIOLOGIST OV LV2 EP	103
99214	1710722	CARDIOLOGIST OV LV4 EP	324
99241	1710730	CARD OFFICE CONSULT MINOR	145
99242	1710748	CARD OFFICE CONSULT LOW COMPLEXITY	306
99243	1710755	CARD OFFICE CONSULT MOD COMPLEXITY	429
99244	1710763	CARD OFFICE CONSULT HIGH COMPLEXITY	691
99245	1710771	CARD OFFICE CONSULT CRITICAL	862
99308	1710508	CARD ECHO EXAM OF HEART	253
		DI - CARDIAC CT	
0144T	1622000	CT HEART W/O CONT, W/O DYE,QUAL CLC	302
0145T	1622018	CT HEART W/CONT, W/VO DYE FUNCTION	302
0146T	1622026	CT HEART W/CONT CCTA W/VO DYE	302
0147T	1622034	CT HEART W/CONT CCTA W/VO QUAN CALC	302
0148T	1622042	CT HEART W/CONTRAST,CCTA W/VO STRXR	302
0149T	1622059	CT HEART W/CONT,CCTA W/VO STRXR QUA	302
0150T	1622067	CT HEART W/CONT CCTA W/VO DISEASE S	302
0151T	1622075	CT HEART W/CONT, HEART FUNC ADD ON	302
		ENDOCRINOLOGIST	
99201	1607001	ENDOCRINOLOGIST OV LV1 NP	139
99202	1607019	ENDOCRINOLOGIST OV LV2 NP	201
99203	1607027	ENDOCRINOLOGIST OV LV3 NP	417
99204	1607035	ENDOCRINOLOGIST OV LV4 NP	525
99205	1607043	ENDOCRINOLOGIST OV LV5 NP	935
99211	1607050	ENDOCRINOLOGIST OV LV1 EP	54
99212	1607068	ENDOCRINOLOGIST OV LV2 EP	103
99213	1607076	ENDOCRINOLOGIST OV LV3 EP	287
99214	1607084	ENDOCRINOLOGIST OV LV4 EP	324
99215	1607092	ENDOCRINOLOGIST OV LV5 EP	623
99221	1607100	ENDOCRINOLOGIST HV LV1 NP	586
99222	1607118	ENDOCRINOLOGIST HV LV2 NP	798
99223	1607126	ENDOCRINOLOGIST HV LV3 NP	1,179
99231	1607134	ENDOCRINOLOGIST HV LV1 EP	236
99232	1607142	ENDOCRINOLOGIST HV LV2 EP	433
99233	1607159	ENDOCRINOLOGIST HV LV3 EP	623

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99241	1607167	ENDOC OFFICE CONSULT MINOR	145
99242	1607175	ENDOC OFFICE CONSULT LOW COMPLEX	306
99243	1607183	ENDOC OFFICE CONSULT MOD COMPLEX	429
99244	1607191	ENDOC OFFICE CONSULT HIGH COMPLEX	691
99245	1607209	ENDOC OFFICE CONSULT CRITICAL	862
99251	1607217	ENDOC HOSP CONSULT MINOR	312
99252	1607225	ENDOC HOSP CONSULT LOW COMPLEXITY	468
99253	1607233	ENDOC HOSP CONSULT MOD COMPLEXITY	707
99254	1607241	ENDOC HOSP CONSULT HIGH COMPLEXITY	1,025
99255	1607258	ENDOC HOSP CONSULT CRITICAL	1,246
99291	1607266	ENDOC CRITICAL CARE DET 1ST HOUR	1,403
99292	1607274	ENDOC CRITICAL CARE DET EA ADD 3 M GYNECOLOGIST	701
57400	1608009	GYN DILATION OF VAGINA	537
57410	1608017	GYN PELVIC EXAMINATION	414
57415	1608025	GYN REMOVE VAGINAL FOREIGN BODY	578
57420	1608033	GYN EXAM OF VAGINA W/SCOPE	379
57421	1608041	GYN EXAM/BIOPSY OF VAG W/SCOPE	520
57423	1608058	GYN RPR PARAVAG DEFECT LAP	3,786
57425	1608066	GYN LAPAROSCOPY SURG COLPOPE	4,006
57452	1608074	GYN EXAM OF CERVIX W/SCOPE	355
57454	1608082	GYN BX/CURETT OF CERVIX W/SCOPE	550
57455	1608090	GYN BIOPSY OF CERVIX W/SCOPE	472
57456	1608108	GYN ENDOCERV CURETTAGE W/SCOPE	437
57460	1608116	GYN BX OF CERVIX W/SCOPE LEEP	670
57461	1608124	GYN CONZ OF CERVIX W/SCOPE LE	811
57500	1608132	GYN BIOPSY OF CERVIX	284
57505	1900141	GYN ENDOCERVICAL CURETTAG	275
57511	1608165	GYN CRYOCAUTERY OF CERVIX	453
57513	1608173	GYN LASER SURG OF CERVIX	453
57520	1608181	GYN CONIZATION OF CERVIX	961
57522	1608199	GYN CONIZAT CERVIX LOOP ELECT	856
57530	1608207	GYN REMOVAL OF CERVIX	1,228
57531	1608215	GYN REMOVAL OF CERVIX RADICAL	7,044
57540	1608223	GYN REMOVAL OF RESIDUAL CERVIX	3,121
57545	1608231	GYN REMOVE CERVIX/RPR PELVI	3,313
57550	1608249	GYN REMOVAL OF RESIDUAL CERVIX	1,476
57555	1608256	GYN REMOVE CERVIX/RPR VAGIN	2,329
57556	1608264	GYN REMOVE CERVIX RPR BOWE	2,191
57558	1608272	GYN D&C OF CERVICAL STUMP	400

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
57700	1608280	GYN REVISION CERVIX NON OB	998
57720	1608298	GYN REVISION OF CERVIX	998
57720	1900299	GYN REVISION OF CERVIX	1,073
57800	1608306	GYN DILATION OF CERVICAL CANAL	183
58100	1608314	GYN BIOPSY OF UTERUS LINING	363
58110	1608322	GYN BX DONE W/COLPOSCOPY ADD-O	183
58120	1608330	GYN DILATION AND CURETTAGE	837
58140	1608348	GYN MYOMECTOMY ABDOM METHOD	3,712
58145	1608355	GYN MYOMECTOMY VAG METHOD	1,575
58146	1608363	GYN MYOMECTOMY ABDOM COMPLEX	4,789
58150	1608371	GYN TOTAL HYSTERECTOMY	4,072
58152	1900380	GYN TOTAL HYSTERECT W/COL	5,141
58152	1608389	GYN TOTAL HYSTERECT W/COLPO	4,072
58180	1608397	GYN PARTIAL HYSTERECTOMY	3,905
58200	1608405	GYN TOTAL HYSTERECT ABDOMINAL	5,442
58210	1900414	GYN HYSTERECT RAD ABDOMIN	7,277
58210	1608413	GYN HYSTERECT RAD ABDOMINAL	5,442
58240	1608421	GYN REMOVAL OF PELVIS CONTENTS	11,599
58260	1608439	GYN VAGINAL HYSTERECTOMY	3,318
58262	1608447	GYN VAG HYST INCLUDING T/O	2,721
58263	1608454	GYN VAG HYST W/T/O & VAG REPAI	4,046
58267	1608462	GYN VAG HYST W/URINARY RPR	4,313
58270	1608470	GYN VAG HYST W/ENTEROCELE REPA	3,596
58275	1608488	GYN HYSTERECT/REVISE VAG	3,999
58280	1900497	GYN HYSTERECT/REVISE VAG	4,306
58280	1608496	GYN HYSTERECT/REVISE VAG W/RPR	3,999
58285	1900505	GYN EXTENSIVE HYSTERECTOM	5,513
58285	1608504	GYN EXTENSIVE HYSTERECTOMY	5,442
58290	1608512	GYN VAG HYST COMPLEX	4,773
58291	1608520	GYN VAG HYST INCL T/O COMPLEX	5,196
58292	1608538	GYN VAG HYST T/O & RPR COM	5,501
58293	1608546	GYN VAG HYST W/URO RPR COM	5,733
58294	1608553	GYN VAG HYST W/ENTEROCELE COM	5,076
58300	1608561	GYN INSERT INTRAUTERINE DEVICE	294
58301	1608579	GYN REMOVE INTRAUTERINE DEVICE	234
58321	1608587	GYN ARTIFICIAL INSEMINATION	217
58322	1900596	GYN ARTIFICIAL INSEM INTR	261
58322	1608595	GYN ARTIFICIAL INSEM INTRA/U	217
58323	1608603	GYN SPERM WASHING	56
58340	1608611	GYN CATHETER FOR HYSTEROGRAPHY	208

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
58345	1608629	GYN REOPEN FALLOPIAN TUBE	1,105
58346	1608637	GYN INSERT HEYMAN UTERI CAPSUL	1,770
58350	1608645	GYN REOPEN FALLOPIAN TUBE	243
58353	1608652	GYN ENDOMETR ABLATE THERMAL	763
58356	1608660	GYN ENDOMETRIAL CRYOABLATION	1,505
58400	1608678	GYN SUSPEN UTERUS	1,671
58410	1900687	GYN SUSPEN UTERUS W/SYMPA	3,241
58410	1608686	GYN SUSPEN UTERUS W/SYMPATH	1,671
58520	1608694	GYN RPR OF RUPTURED UTERUS	3,166
58540	1608702	GYN REVISION OF UTERUS	3,693
58541	1608710	GYN LSH UTERUS 250 G OR LESS	3,447
58542	1608728	GYN LSH W/T/O UT 250 G OR LESS	3,887
58543	1608736	GYN LSH UTERUS ABOVE 250 G	3,960
58544	1608744	GYN LSH W/T/O UTERUS ABOVE 250	4,315
58545	1608751	GYN LAPAROSCOPIC MYOMECTIONY	3,655
58546	1608769	GYN LAPARO-MYOMECTIONY COMPLEX	4,694
58548	1608777	GYN LAP RADICAL HYST	7,442
58550	1608785	GYN LAPARO-ASST VAG HYSTERECTO	2,522
58552	1608793	GYN LAPARO-VAG HYST INCL T/O	3,970
58553	1608801	GYN LAPARO-VAG HYST COMPLEX	4,723
58554	1608819	GYN LAPARO-VAG HYST W/T/O COM	5,437
58555	1608827	GYN HYSTEROSCOPY DX SEP PROC	788
58558	1608835	GYN HYSTEROSCOPY BIOPSY	1,121
58559	1608843	GYN HYSTEROSCOPY LYSIS	1,457
58560	1608850	GYN HYSTEROSCOPY RESECT SEPTU	1,653
58561	1608868	GYN HYSTEROSCOPY REMOVE MYOMA	2,363
58562	1608876	GYN HYSTEROSCOPY REMOVE FB	1,230
58563	1608884	GYN HYSTEROSCOPY ABLATION	1,189
58565	1608892	GYN HYSTEROSCOPY STERILIZATIO	1,671
58570	1608900	GYN TLH UTERUS 250 G OR LESS	3,728
58571	1608918	GYN TLH W/T/O 250 G OR LESS	4,155
58572	1608926	GYN TLH UTERUS OVER 250 G	4,723
58573	1608934	GYN TLH W/T/O UTERUS OVER 250	5,437
58600	1608942	GYN DIVIS FALLOPIAN TUBE	1,387
58605	1608959	GYN DIVIS FALLOP TUBE POST PART	1,242
58611	1608967	GYN LIGATE OVIDUCT(S) ADD-ON	342
58615	1608975	GYN OCCLUDE FALLOPIAN TUBE(S)	925
58660	1608983	GYN LAPAROSCOPY LYSIS	2,730
58661	1608991	GYN LAPAROSCOPY REMOVE ADNEXA	2,673
58662	1609007	GYN LAPAROSCOPY EXCISE LESION	2,858

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
58670	1609015	GYN LAPAROSCOPY TUBAL CAUTERY	1,387
58671	1609023	GYN LAPAROSCOPY TUBAL BLK	1,387
58672	1609031	GYN LAPAROSCOPY FIMBRIOPLASTY	3,048
58673	1609049	GYN LAPAROSCOPY SALPINGOSTOMY	3,310
58700	1609056	GYN REMOVAL OF FALLOPIAN TUBE	3,039
58720	1609064	GYN REMOVAL OF OVARY/TUBE(S)	2,858
58740	1609072	GYN REVISE FALLOPIAN TUBE(S)	3,500
58750	1609080	GYN RPR OVIDUCT	3,681
58752	1609098	GYN REVISE OVARIAN TUBE(S)	3,681
58760	1609106	GYN REMOVE TUBAL OBSTRUCTION	3,277
58770	1609114	GYN CREATE NEW TUBAL OPENING	3,475
58800	1609122	GYN DRAINAGE OF OVARIAN CYST(S)	1,075
58805	1609130	GYN DRAIN OVARIAN CYST(S) ABDOMINA	1,075
58820	1609148	GYN DRAIN OVARY ABSCESS OPEN	1,094
58822	1609155	GYN DRAIN OVARY ABSCESS PERCU	2,770
58823	1609163	GYN DRAIN PELVIC ABSCESS PERC	798
58825	1609171	GYN TRANSPOSITION OVARY(S)	2,768
58900	1609189	GYN BIOPSY OF OVARY(S)	1,539
58920	1609197	GYN PARTIAL REMOVAL OF OVARY(S)	2,809
58925	1609205	GYN REMOVAL OF OVARIAN CYST(S)	2,917
58940	1609213	GYN REMOVAL OF OVARY(S)	1,921
58943	1901222	GYN REMOVAL OVARY(S) MALI	4,596
58943	1609221	GYN REMOVAL OVARY(S) MALIG	1,921
58950	1609239	GYN RES OVARIAN W/MALIG	4,315
58951	1901248	GYN RES OVARIAN W/MALIG/H	5,714
58951	1609247	GYN RES OVARIAN W/MALIG/HYST	4,315
58952	1901255	GYN RES OVARIAN W/MALIG/R	6,425
58952	1609254	GYN RES OVARIAN W/MALIG/RADICAL	4,315
58953	1609262	GYN TAH RAD DISSECT FOR DEBUL	8,039
58954	1609270	GYN TAH RAD DEBULK/LYMPH REMOV	8,748
58956	1609288	GYN BSO OMENTECTOMY W/TAH	5,359
58957	1609296	GYN RESECT RECURRENT GYN MAL	6,165
58958	1609304	GYN RESECT RECUR GYN MAL W/LYM	6,876
58960	1609312	GYN EXPLORATION OF ABDOMEN	3,710
58970	1609320	GYN RETRIEVAL OF OOCYTE	833
58976	1609338	GYN TRANSFER OF EMBRYO	904
99201	1609346	GYN OV LV1 NP	107
99203	1609353	GYN OV LV3 NP	107
99203	1901354	GYN OV LV3 NP	317
99205	1609361	GYN OV LV5 NP	107

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99205	1901362	GYN OV LV5 NP	710
99211	1609379	GYN OV LV1 EP	39
99213	1609387	GYN OV LV3 EP	39
99213	1901388	GYN OV LV3 EP	217
99215	1609395	GYN OV LV3 EP	474
99221	1609403	GYN INIT HOSP CARE LV1	444
99222	1609411	GYN INIT HOSP CARE LV2	444
99222	1901412	GYN INIT HOSP CARE LV2	606
99223	1609429	GYN INIT HOSP CARE LV3	444
99223	1901420	GYN INIT HOSP CARE LV3	895
99231	1609460	GYN SUB HOSP CARE	180
99231	1609437	GYN SUBS HOSP CARE LV1	180
99232	1609478	GYN SUB HOSP CARE	328
99232	1609445	GYN SUBS HOSP CARE LV2	183
99232	1901446	GYN SUBS HOSP CARE LV2	328
99233	1609486	GYN SUB HOSP CARE	474
99233	1609452	GYN SUBS HOSP CARE LV3	180
99233	1901453	GYN SUBS HOSP CARE LV3	474
99251	1609494	GYN INPATIENT CONSULT LV1	236
99252	1609502	GYN INPATIENT CONSULT LV2	236
99252	1901503	GYN INPATIENT CONSULT LV2	355
99253	1609510	GYN INPATIENT CONSULT LV3	236
99253	1901511	GYN INPATIENT CONSULT LV3	537
99254	1609528	GYN INPATIENT CONSULT LV4	236
99254	1901529	GYN INPATIENT CONSULT LV4	779
99255	1609536	GYN INPATIENT CONSULT LV5	236
99255	1901537	GYN INPATIENT CONSULT LV5	946
99291	1609544	GYN CRIT CARE DET 1ST HOUR	1,065
99292	1609551	GYN CRIT CARE DET EA ADD 30 MIN	532
59840	1910694	SUCTION D+C (TOP)	810
		HOSPITALIST	
99221	1616101	HOSPITALIST LV 1 NP	242
99222	1616119	HOSPITALIST LV 2 NP	330
99223	1616127	HOSPITALIST LV 3 NP	488
99231	1616135	HOSPITALIST LV 1 EP	98
99232	1616143	HOSPITALIST LV 2 EP	180
99233	1616150	HOSPITALIST LV 3 EP	259
99251	1616168	HOSP CONSULT SELF LTD MINOR	128
99252	1616176	HOSP CONSULT LOW COMPLEXITY	193
99253	1616184	HOSP CONSULT MODERATE COMPLEXITY	293

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99254	1616192	HOSP CONSULT HIGH COMPLEXITY	424
99255	1616077	HOSP CONSULT CRITICAL	516
99291	1616085	HOSP UNUSL CRIT CARE DETN 1ST 60 MN	581
99292	1616093	HOSP UNUSL CRIT CARE DETN ADD 30 MN	291
		INTENSIVIST	
99221	1616200	INTENSIVIST LV 1 NP	444
99222	1616218	INTENSIVIST LV 2 NP	606
99223	1616226	INTENSIVIST LV 3 NP	895
99231	1616234	INTENSIVIST LV 1 EP	180
99232	1616242	INTENSIVIST LV 2 EP	328
99233	1616259	INTENSIVIST LV 3 EP	474
		INTERNIST	
99201	1730001	INTERNIST OV LV1 NP	139
99202	1730019	INTERNIST OV LV2 NP	201
99203	1730027	INTERNIST OV LV3 NP	417
99204	1730035	INTERNIST OV LV4 NP	525
99205	1730043	INTERNIST OV LV5 NP	935
99211	1730050	INTERNIST OV LV1 EP	54
99212	1730068	INTERNIST OV LV2 EP	103
99213	1730076	INTERNIST OV LV3 NP	287
99214	1730084	INTERNIST OV LV4 NP	324
99215	1730092	INTERNIST OV LV5 NP	623
99221	1730100	INTERNIST HV LV1 NP	586
99222	1730118	INTERNIST HV LV2 NP	798
99223	1730126	INTERNIST HV LV3 NP	1,179
99231	1730134	INTERNIST HV LV1 EP	236
99232	1730142	INTERNIST HV LV2 EP	433
99233	1730159	INTERNIST HV LV3 EP	623
99241	1730167	INTERNIST OFFICE CONSLT MINOR	145
99242	1730175	INTERNIST OFFICE CONSLT LOW COMPLEX	306
99243	1730183	INTERNIST OFFICE CONSLT MOD COMPLEX	429
99244	1730191	INTERNIST OFFICE CONSLT HIGH COMPLE	691
99245	1730209	INTERNIST OFFICE CONSLT CRITICAL	862
99251	1730217	INTERNIST HOSP CONSLT MINOR	312
99252	1730225	INTERNIST HOSP CONSLT LOW COMPLX	468
99253	1730233	INTERNIST HOSP CONSLT MOD COMPLX	707
99254	1730241	INTERNIST HOSP CONSLT HIGH COMPLX	1,025
99255	1730258	INTERNIST HOSP CONSLT CRITICAL	1,246
99291	1730266	INTERNIST CRIT CARE DET 1ST HOUR	1,403
99292	1730274	INTERNIST CRIT CARE DET EA ADD 30 M	701

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
		INTERVENTIONAL RADIOLOGY	
10160	1620004	IR ABSCESS DRAIN W/US & CT SKIN	317
19000	1620012	IR US GUIDE BREAST CYST ASP 1ST DRN	191
19001	1620020	IR US GUIDED BREAST CYST ASP, EACH	191
19102	1620053	IR MRI BREAST BX PER CUT W/IMAGE	317
19102	1620038	IR STEREOTAC BRST BIOPSY P/CUT W/IM	191
19102	1620046	IR US BREAST BIOPSY PER/CUT W/IMAGE	191
19290	1620061	IR NEEDLE LOCL 1ST LESN PLACE,BRST	191
19291	1620079	IR NEEDLE LOCL, EA ADDL LESION	191
20206	1620087	IR US/CT GUIDE BDY NDL BIOP,MUSCLE	380
20220	1620095	IR US/CT GUIDE BDY NDL BIOP, BONE	380
20501	1620103	IR FISTULOGAM DX INJ SINUS TRACT	190
23350	1620111	IR ARTHROGM SHOULDER INJ FOR XRAY	317
24220	1620129	IR ARTHROGRAM ELBOW INJ FOR XRAY	317
25246	1620137	IR ARTHROGRAM WRIST INJ FOR XRAY	317
27093	1620145	IR ARTHROGRAM HIP INJ FOR XRAY	317
27096	1620152	IR SACROILIAC INJ, JOINT	317
27370	1620160	IR ARTHROGRAM KNEE INJ FOR RAY	317
27648	1620178	IR ARTHROGRAM ANKLE INJ FOR XRAY	317
32405	1620186	IR US/CT GUIDE BODY NDL BIOPSY LUNG	380
35470	1620194	IR PTA TIBIOPERONEAL TRUNK,EA VESSL	1,267
35473	1620202	IR PTA ILIAC REP ARTERIAL BLOCKAGE	1,267
35474	1620210	IR PTA FEMORAL POPLITL REP ART BLCK	1,267
35475	1620228	IR PTA BRACIOCEPHLC TRUNK EA VESSEL	1,267
35476	1620236	IR PTA VEIN REPAIR VENOUS BLOCKAGE	1,267
36005	1620244	IR PERIPHERAL VENOGRAM INJ VENOGRPH	633
36010	1620251	IR VENA CAVAOGRAM PLACE CATH IN VEI	633
36245	1620269	IR SELECT CATH PLACMNT 1ST LOW EXTR	633
36246	1620277	IR SELECTIVE CATH PLACEMNT 2ND ORDR	633
36247	1620285	IR SELECTIVE CATH PLACEMNT 3RD LOWR	633
36248	1620293	IR SELECTIVE CATH PLACEMNT EA ADDL	633
36475	1620301	IR VARICOSE VEIN LASR ABLA 1ST VEIN	1,267
36476	1620319	IR VARICOSE VEIN LASER ABLA EA ADD	1,267
36555	1620327	IR NON TUNNEL CATH < 5 YR INSERT	507
36556	1620335	IR NON TUNNEL CATH > 5 YEARS	507
36557	1620343	IR TUNNELED CATH W/O PORT <5 YEARS	507
36558	1620350	IR TUNNELED CATH W/O PORT > 5 YEARS	507
36560	1620376	IR CATHETER W/PORT < 5 YEAR INSERT	507
36560	1620368	IR CATHETER W/PORT < 5 YR INSERT	507
36561	1620392	IR CATHETER W/PORT >5 YR INSERT TUN	507

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
36561	1620384	IR CATHETERS W/PORT > 5 YR INSRT TU	507
36568	1620400	IR CATHETER 2X2 SITES INSERT TUN CV	507
36568	1620418	IR PICC LINE < 5 YR INSERT CATH	253
36569	1620426	IR PICC LINE < 5 YR INSERT CATH	253
37204	1620434	IR PERIPHERAL EMBOLIZATION	1,267
37210	1620442	IR UTERINE ARTERY EMBOLIZA FIBROID	1,267
37620	1620459	IR VC FILTERS REVISION OF MAJ VEIN	633
38221	1620467	IR US/CT GUIDE BDY NDL BIOP BONE MA	380
38505	1620475	IR US/CT GUIDE BODY NDL BIOP LYMPH	380
47000	1620483	IR US/CT GUIDE BODY NDL BIOP LIVER	380
47011	1620491	IR ABSC DRAIN US/CT LIVER PER CUT	317
47530	1620509	IR PERCUTANEOUS TX HEP BIL DRAIN	761
49021	1620517	IR ABSCESS DRAIN UNDER US/CT PERITO	317
49040	1620525	IR ABSCESS DRAIN US/CT SUBDIAPHRAGM	317
49061	1620533	IR ABSCESS DRAIN US/CT RETROPERITON	317
49440	1620541	IR GASTROSTOMIES	633
50021	1620558	IR ABSC DRNG UND US/CT KIDNEY/PERNL	317
50395	1620566	IR NEPHROSTOMIES	633
60100	1620574	IR US/CT GUID BDY NDLE BIOPSY THYRD	380
62310	1620582	IR CERVICAL/THORACIC INJ, EACH LEVL	317
62311	1620590	IR LMBR/SACRL EC LVL INJCT SPIN L/S	317
73040	1620608	IR RAD GUIDNC CONTRAST XRAY SHOULDR	317
73085	1620616	IR RAD GUIDNC CNTRST XRAY OF ELBOW	317
73115	1620624	IR RAD GUIDNC CNTRST XRAY OF WRIST	317
73201	1620632	IR CT GD W/CNTR CT UPR EXTRM W/DYE	317
73202	1620640	IR CT GUIDANCE W/WO CNTR W/O&W/DYE	317
73222	1620657	IR MRI GD W CONT MRI JNT UP EX W/DY	317
73223	1620665	IR MRI GUID W/WO CNT MRI JOINT	317
73525	1620673	IR RAD GUIDNC CNTRT XRAY OF HIP	317
73542	1620681	IR RAD GUID XRAY EXM SACROILIAC JNT	317
73580	1620699	IR RAD GUID CNTRT XRAY KNEE JOINT	317
73615	1620707	IR RAD GUID CNTRST X-RAY OF ANKLE	317
74475	1620715	IR NEPHROSTMS XRAY CNTRL CATH INSRT	633
75710	1620723	IR RAD SUPERVSN UNILAT EXTRM ARTERY	633
75716	1620731	IR RAD SUPRVSN BILAT EXTRM ARTERY	633
75820	1620749	IR RAD SUPERVISION OF UNILAT EXTREM	633
75822	1620756	IR RAD SUPERVISION OF BILAT EXTREM	633
75825	1620764	IR RAD SUPERVISION	633
75894	1620772	IR RAD SPRVSN EMBLZTN TRNSCTH THRPY	1,267
75898	1620780	IR PST EMBLZTN ANGIOGRPH FU ANGIOGY	1,267

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
75940	1620798	IR IVC FIL XRAY PLC XRAY VEIN FLTR	633
75962	1620806	IR RAD SPRVSN 1ST PRPHERL ARTRY PTA	1,267
75964	1620814	IR RAD SUPRVN EA ADDTL PERIPHERAL	1,267
75978	1620822	IR RAD SPRVN VENOUS PTA REPR BLCKAG	1,267
75980	1620830	IR PERCUT TRAN HEPTC BILRY DRN CNTR	761
75989	1620848	IR GUIDANCE, ANY TYPE	317
76080	1620855	IR FISTULOGRM DX ONLY XRAY EX FSTLA	190
76872	1620863	IR ULTRASOUND TRANSRECTAL PROSTATE	191
76942	1620871	IR ULTRASD GUID ECHO GUID FR BIOPSY	507
77001	1620889	IR FLUOROGUIDE FOR VEIN DEVICE	507
77002	1620897	IR FLUROGUID NEEDL LOCLZTN BY XRAY	380
77003	1620905	IR USD FLUOROGUID FOR SPINE INJECT	317
77012	1620913	IR CT GUI CT SCAN FOR NEEDLE BIOPSY	317
77021	1620921	IR MRI G MR FR NDL PLCSCN NDL BIOPY	317
77031	1620939	IR STROTC EA LESN ST GD FR BRST BX	191
77032	1620947	IR MAMMOGRAPHIC GUID EA BRST LESION	191
99251	1620954	IR HOSP CONS SLF LTD MIN INPT CNSLT	190
99252	1620962	IR HOSP CONS LOW COMPLXTY INP CNSLT	190
99253	1620970	IR HOSP CONSULT MODERATE COMPLXTY	191
99254	1620988	IR HOSP CNS HIGH CMLPTY INPT CNSLT	190
99255	1620996	IR HOSP CONSULT CRITICL INP CONSLT	190
	1621002	IR CALL BCK FEE INTRVNTL PRC < 3 HR	528
	1621010	IR CALL BCK FEE INTRVNTL PRC > 3 HR	1,055
		NEPHROLOGY	
99201	1740000	NEPHROLOGIST OV LV1 NP	139
99202	1740018	NEPHROLOGIST OV LV2 NP	201
99203	1740026	NEPHROLOGIST OV LV3 NP	417
99204	1740034	NEPHROLOGIST OV LV4 NP	525
99205	1740042	NEPHROLOGIST OV LV5 NP	935
99211	1740059	NEPHROLOGIST OV LV1 EP	54
99212	1740067	NEPHROLOGIST OV LV2 EP	103
99213	1740075	NEPHROLOGIST OV LV3 EP	287
99214	1740083	NEPHROLOGIST OV LV4 EP	324
99215	1740091	NEPHROLOGIST OV LV5 EP	623
99221	1740109	NEPHROLOGIST HV LV1 NP	586
99222	1740117	NEPHROLOGIST HV LV2 NP	798
99223	1740125	NEPHROLOGIST HV LV3 NP	1,179
99231	1740133	NEPHROLOGIST HV LV1 EP	236
99232	1740141	NEPHROLOGIST HV LV2 EP	433
99233	1740158	NEPHROLOGIST HV LV3 EP	623

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99241	1740166	NEPHRO OFFICE CONSULT MINOR	145
99242	1740174	NEPHRO OFFICE CONSULT LOW COMPL	306
99243	1740182	NEPHRO OFFICE CONSULT MOD COMPL	429
99244	1740190	NEPHRO OFFICE CONSULT HIGH COMPL	691
99245	1740208	NEPHRO OFFICE CONSULT CRITICAL	862
99251	1740216	NEPHRO HOSP CONSULT MINOR	312
99252	1740224	NEPHRO HOSP CONSULT LOW COMPLEX	468
99253	1740232	NEPHRO HOSP CONSULT MOD COMPLEX	707
99254	1740240	NEPHRO HOSP CONSULT HIGH COMPLEX	1,025
99255	1740257	NEPHRO HOSP CONSULT CRITICAL	1,246
99291	1740265	NEPHRO CRITICAL CARE DET 1ST HOUR	1,403
99292	1740273	NEPHRO CRITICAL CARE EA ADD 30 MINS	701
		NEUROLOGIST	
65868	1750140	NEURO MUSCLE TEST CRAN NERV BILAT	240
92585	1750009	NEURO AUDITOR EVOKE POTENT COMPRE	241
94080	1750017	NEURO BROCHODILATION RESPONSIVE	117
95806	1750025	NEURO SLEEP STUDY UNATTENDED	831
95807	1750033	NEURO SLEEP STUDY ATTENDED	1,145
95808	1750041	NEURO POLYSOMNOGRAPHY 1-3	1,599
95810	1750058	NEURO POLYSOMNOGRAPHY 4 OR MORE	1,835
95811	1750066	NEURO POLYSOMNOGRAPHY W/CPAP	2,026
95822	1750074	NEURO EEG COMA OR SLEEP ONLY	618
95857	1750082	NEURO TENSILON TEST MYASTHENIA GRVS	97
95860	1750090	NEURO NEEDLE EMG ONE LIMB	201
95861	1750108	NEURO NEEDLE EMG 2 LIMBS	241
95863	1750116	NEURO NEEDLE EMG 3 LIMBS	309
95864	1750124	NEURO NEEDLE EMG 4 LIMBS	400
95867	1750132	NEURO MUSCLE TEST CRAN NERV UNILAT	178
95869	1750157	NEURO NEEDLE EMG THORC PARASP MSCL	94
95870	1750165	NEURO MUSCLE TEST NONPARASPINAL	117
95900	1750173	NEURO MOTOR NERVE CONDUCTION TEST	134
95904	1750181	NEURO SENSE NERVE CONDUCTION TEST	120
95920	1750199	NEURO INTRAOP NEUROPHYS TEST PER HR	363
95925	1750207	NEURO SOMATOSENSORY TESTING	314
95926	1750215	NEURO SOMATOSENSORY TESTIN	307
95927	1750223	NEURO SOMATOSENSORY TESTING	300
95928	1750231	NEURO MOTOR EVOKED UPPR LIMBS	493
95929	1750249	NEURO C MOTOR EVOKED LWR LIMBS	521
95930	1750256	NEURO VISUAL EVOKED POTENTIAL TEST	275
95933	1750264	NEURO BLINK REFLEX TEST	162

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
95934	1750272	NEURO H-REFLEX TEST	122
95936	1750280	NEURO H-REFLEX TEST	104
95937	1750298	NEURO NEUROMUSCULAR JUNCTION TEST	178
95953	1750306	NEURO 24 HOURS AMBULATORY EEG	672
97605	1750314	NEURO NEG PRESS WND THER </= 50 SQ	42
97606	1750322	NEURO NEG PRESS WND THER >50 SQ CM	74
99201	1750330	NEUROLOGIST OV LV1 NP	139
99202	1750348	NEUROLOGIST OV LV2 NP	201
99203	1750355	NEUROLOGIST OV LV3 NP	417
99204	1750363	NEUROLOGIST OV LV4 NP	525
99205	1750371	NEUROLOGIST OV LV5 NP	935
99211	1750389	NEUROLOGIST OV LV1 EP	54
99212	1750397	NEUROLOGIST OV LV2 EP	103
99213	1750405	NEUROLOGIST OV LV3 EP	287
99214	1750413	NEUROLOGIST OV LV4 EP	324
99215	1750421	NEUROLOGIST OV LV5 EP	623
99221	1750439	NEUROLOGIST HV LV1 NP	586
99222	1750447	NEUROLOGIST HV LV2 NP	798
99223	1750454	NEUROLOGIST HV LV3 NP	1,179
99231	1750462	NEUROLOGIST HV LV1 EP	236
99232	1750470	NEUROLOGIST HV LV2 EP	433
99233	1750488	NEUROLOGIST HV LV3 EP	623
99241	1750496	NEURO OFFICE CONSULT MINOR	145
99242	1750504	NEURO OFFICE CONSULT LOW COMPLEX	306
99243	1750512	NEURO OFFICE CONSULT MOD COMPLEX	429
99244	1750520	NEURO OFFICE CONSULT HIGH COMPLEX	691
99245	1750538	NEURO OFFICE CONSULT CRITICAL	862
99251	1750546	NEURO HOSP CONSULT MINOR	312
99252	1750553	NEURO HOSP CONSULT LOW COMPLEXITY	468
99253	1750561	NEURO HOSP CONSULT MOD COMPLEXITY	707
99254	1750579	NEURO HOSP CONSULT HIGH COMPLEXITY	1,025
99255	1750587	NEURO HOSP CONSULT CRITICAL	1,246
99291	1750595	NEURO CRIT CARE DET 1ST HOUR	1,403
99292	1750603	NEURO CRIT CARE DET EA ADD 30 MIN	701
		OBSTETRICS	
59000	1610005	OB AMNIOCENTESIS DIAGNOSTIC	139
59001	1610013	OB AMNIOCENTESIS THERAPEUTIC	323
59012	1610021	OB FETAL CORD PUNCTURE PRENATAL	370
59015	1610039	OB CHORION BIOPSY	236
59020	1610047	OB FETAL CONTRACT STRESS TEST	71

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
59025	1610070	OB FETAL NON-STRESS TEST	58
59030	1610104	OB FETAL SCALP BLOOD SAMPLE	214
59050	1610112	OB FETAL MONITOR W/REPORT	96
59051	1610120	OB FETAL MONITOR/INTERPRET ONLY	123
59070	1610138	OB TRANSABDOM AMNIOINFUS W/US	565
59072	1610146	OB UMBILICAL CORD OCCLUD W/US	966
59074	1610153	OB FETAL FLUID DRAINAGE W/US	565
59076	1610161	OB FETAL SHUNT PLACEMENT W/US	966
59100	1610179	OB REMOVE UTERUS LESION	1,426
59120	1610187	OB TREAT ECTOPIC PREGNANCY	1,350
59121	1910165	OB ECTOPIC PREG TUBAL/OVA	1,358
59121	1610195	OB ECTOPIC PREG TUBAL/OVAR	1,350
59130	1910173	OB ECTOPIC PREG ABDOMINCA	1,611
59130	1610203	OB ECTOPIC PREG ABDOMINCAL	1,350
59135	1910181	OB ECTOPIC PREG INTER W/P	1,594
59135	1610211	OB ECTOPIC PREG INTER W/PART HYST	1,350
59136	1910199	OB ECTOPIC PREG INTER W/T	1,522
59136	1610229	OB ECTOPIC PREG INTER W/TOTAL HYST	1,350
59140	1610237	OB ECTOPIC PREG CERVICAL	630
59150	1610245	OB ECTOPIC PREG LAPARSCOPIC	1,311
59151	1610252	OB ECTOPIC PREG LAP W/SALIP	1,292
59160	1610260	OB D & C AFTER DELIVERY	294
59200	1610278	OB INSERT CERVICAL DILATOR	85
59300	1610286	OB EPISIOTOMY OR VAGINAL REPAIR	260
59320	1610294	OB REVISION OF CERVIX	268
59325	1610302	OB REVISION OF CERVIX ABDOM	436
59350	1610310	OB RPR OF UTERUS	531
59400	1610328	OB OBSTETRICAL CARE	6,090
59409	1610336	OB DELIVER ONLY	2,384
59410	1610344	OB OBSTETRICAL CARE	1,644
59412	1610351	OB ANTEPARTUM MANIPULATION	184
59414	1610369	OB DELIVER PLACENTA	174
59425	1610377	OB ANTEPARTUM CARE 4-6 VISTS	669
59426	1610385	OB ANTEPARTUM CARE 7 OR MORE	1,837
59430	1610393	OB CARE AFTER DELIVERY	229
59510	1610401	OB CESAREAN DELIVERY	6,754
59514	1910512	OB ASSIST IN C-SECTION DE	857
59514	1610419	OB CESAREAN DELIVERY ONLY	2,694
59514.8	1610542	OB ASSIST IN C-SECTION DELIVERY	857
59515	1610427	OB CESAREAN DELIVERY	1,964

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
59525	1610435	OB REMOVE UTERUS AFTER CESAREAN	918
59610	1610443	OB VBAC DELIVERY	6,401
59612	1610450	OB VBAC DELIVERY ONLY	1,618
59614	1610468	OB VBAC CARE AFTER DELIVERY	1,784
59618	1610476	OB ATTEMPTED VBAC DELIVERY	6,864
59620	1610484	OB ATTEMPTED VBAC DELIVERY ONLY	1,882
59622	1610492	OB ATTEMPTED VBAC AFTER CARE	2,119
59812	1610500	OB TREATMENT OF MISCARRIAGE	473
59820	1610518	OB CARE OF MISCARRIAGE	504
59821	1910496	OB TREATMENT OF MISCARRIA	534
59821	1610526	OB TREATMENT OF MISCARRIAGE	473
59830	1610534	OB TREAT UTERUS INFECTION	700
59855	1910702	OB - INDUCED AB 2TR VAG SUPP	924
99217	1610559	OB OBSERVATION CASE DISCHARGE	137
99218	1610567	OB INITIAL OBSERV CASE LOW COMPLEX	137
99219	1610575	OB INITIAL OBSV CASE MODERATE COMPL	230
99220	1610583	OB INITIAL OBSERVATION HIGH COMPLEX	321
99223	1610591	OB INITIAL HOSPITAL CARE	407
99231	1610609	OB SUBSEQUENT HOSPITAL CARE	107
99251	1610617	OB HOSPITAL CONSULT SELF LMT MINOR	108
99252	1610625	OB HOSPITAL CONSULT LOW COMPLEXITY	162
99253	1610633	OB HOSPITAL CONSULT MODERATE COMPLX	243
99254	1610641	OB HOSPITAL CONSULT HIGH COMPLEXITY	354
99255	1610658	OB HOSPITAL CONSULT CRITICAL	429
99291	1610666	OB UNUSUAL CRIT CARE DETN 1ST 60 MN	484
99292	1610674	OB UNUSUAL CRIT CARE DETN ADD 30 MN	242
59855	1759976	INDUCED AB 2TR VAG SUPP DLVR FETUS	924
59840	1759984	SUCTION D+C (TOP)	810
59899	1759992	OB OBSTETRICIAN MALPRACTICE FEE	510
		ONCOLOGIST	
99201	1616309	ONCOLOGIST OV LV1 NP	144
99203	1616317	ONCOLOGIST OV LV2 NP	431
99205	1616325	ONCOLOGIST OV LV3 NP	968
99211	1616333	ONCOLOGIST OV LV1 EP	56
99213	1616341	ONCOLOGIST OV LV2 EP	297
99215	1616358	ONCOLOGIST OV LV3 EP	645
99221	1616408	ONCOLOGIST HV LV1 NP	607
99222	1616416	ONCOLOGIST HV LV2 NP	826
99223	1616424	ONCOLOGIST HV LV3 NP	1,219
99231	1616432	ONCOLIGIST HV LV1 EP	244

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99232	1616440	ONCOLOGIST HV LV2 EP	448
99233	1616457	ONCOLOGIST HV LV3 EP	644
99241	1616465	ONCOLOGIST CHEMO ORDERS	207
99241	1760008	ONC OFFICE CONSULT MINOR	145
99242	1760016	ONC OFFICE CONSULT LOW COMPLEXITY	306
99243	1760024	ONC OFFICE CONSULT MOD COMPLEXITY	429
99244	1760032	ONC OFFICE CONSULT HIGH COMPLEXITY	691
99245	1760040	ONC OFFICE CONSULT CRITICAL	862
99251	1760057	ONC HOSP CONSULT MINOR	312
99252	1760065	ONC HOSP CONSULT LOW COMPLEXITY	468
99253	1760073	ONC HOSP CONSULT MOD COMPLEXITY	707
99254	1760081	ONC HOSP CONSULT HIGH COMPLEXITY	1,025
99255	1760099	ONC HOSP CONSULT CRITICAL	1,403
		SURGERY	
10060	1630003	OR DRNAGE OF SKN ABSCESS, SIMPLE	217
10061	1630011	OR DRNAGE OF SKN ABSCESS, COMPLI	382
10080	1630029	OR DRNAGE OF PILONIDAL CYST, SIMPLE	227
10081	1630037	OR DRNAGE OF PILONIDAL CYST, COMPLI	398
10120	1630045	OR REMV FORGN BODY, SIMPLE	214
10121	1630052	OR REMV FORGN BODY, COMPLI	431
10140	1630060	OR DRNAGE OF HEMATOMA/FLUID	277
10160	1630078	OR PUNCTURE DRNAGE OF LESN	224
10180	1630086	OR CMLPX DRNAGE, WOUND	413
11000	1630094	OR DEBRIDE INFECTED SKN	74
11001	1630102	OR DEBRIDE INFECTED SKN ADD-ON	37
11010	1630110	OR DEBRIDE SKN, FX	663
11011	1630128	OR DEBRIDE SKN/MUSCLE, FX	717
11012	1630136	OR DEBRIDE SKN/MUSCLE/BONE, FX	1,026
11040	1630144	OR DEBRIDE SKN, PARTL	64
11041	1630151	OR DEBRIDE SKN, FULL	78
11042	1630169	OR DEBRIDE SKN/TISSUE	106
11043	1630177	OR DEBRIDE TISSUE/MUSCLE	565
11044	1630185	OR DEBRIDE TISSUE/MUSCLE/BONE	781
11100	1630193	OR BIOPSY, SKN LESN	119
11101	1630201	OR BIOPSY, SKN ADD-ON	61
11200	1630219	OR REMVL OF SKN TAGS	165
11201	1630227	OR REMV SKN TAGS ADD-ON	40
11400	1630235	OR EXC BNGN SKN LESN, TRNK, 0.5 < C	180
11401	1630243	OR EXC BNGN SKN LESN, TRNK, 0.6-1 C	236
11402	1630250	OR EXC BNGN SKN LESN, TRNK, 1.1-2 C	262

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
11403	1630268	OR EXC BNGN SKN LESN, TRNK, 2.1-3 C	331
11404	1630276	OR EXC BNGN SKN LESN, TRNK, 3.1-4 C	369
11406	1630284	OR EXC BNGN SKN LESN, TRNK, > 4.0 C	558
11420	1630292	OR EXC BNGN LESN SCLP/NCK/HND/FT 0.	191
11421	1630300	OR EXC BNGN LESN SCLP/NCK/HND/FT 0.	258
11422	1630318	OR EXC BNGN LESN SCLP/NCK/HND/FT 1.	309
11423	1630326	OR EXC BNGN LESN SCLP/NCK/HND/FT 2.	363
11424	1630334	OR EXC BNGN LESN SCLP/NCK/HND/FT 3.	417
11426	1630342	OR EXC BNGN LESN SCLP/NCK/HND/FT >	635
11440	1630359	OR EXC BNGN LESN FACE/EAR/NSE/LIP 0	229
11441	1630367	OR EXC BNGN LESN FACE/EAR/NSE/LIP 0	301
11442	1630375	OR EXC BNGN LESN FACE/EAR/NSE/LIP 1	334
11443	1630383	OR EXC BNGN LESN FACE/EAR/NSE/LIP 2	413
11444	1630391	OR EXC BNGN LESN FACE/EAR/NSE/LIP 3	529
11446	1630409	OR EXC BNGN LESN FACE/EAR/NSE/LIP >	752
11450	1630417	OR REMVL, SWEAT GLAND LESN, AXILLRY	560
11451	1630425	OR REMVL, SWEAT GLAND LESN, AXILLRY	730
11462	1630433	OR REMVL, SWEAT GLAND LESN, INGL	538
11463	1630441	OR REMVL, SWEAT GLAND LESN, INGL -	743
11470	1630458	OR REMVL, SWEAT GLAND LESN, PERIANL	633
11471	1630466	OR REMVL, SWEAT GLAND LESN, PERIANL	788
11600	1630474	OR EXC MALIG LESN TRNK/EXTREM 0.5 <	271
11601	1630482	OR EXC MALIG LESN TRNK/EXTREM 0.6-1	347
11602	1630490	OR EXC MALIG LESN TRNK/EXTREM 1.1-2	382
11603	1630508	OR EXC MALIG LESN TRNK/EXTREM 2.1-3	455
11604	1630516	OR EXC MALIG LESN TRNK/EXTREM 3.1-4	500
11606	1630524	OR EXC MALIG LESN TRNK/EXTREM > 4 C	741
11620	1630532	OR EXC MALIG LESN SCLP/NCK/HND/FT 0	276
11621	1630540	OR EXC MALIG LESN SCLP/NCK/HND/FT 0	350
11622	1630557	OR EXC MALIG LESN SCLP/NCK/HND/FT 1	404
11623	1630565	OR EXC MALIG LESN SCLP/NCK/HND/FT 2	498
11624	1630573	OR EXC MALIG LESN SCLP/NCK/HND/FT 3	565
11626	1630581	OR EXC MALIG LESN SCLP/NCK/HND/FT >	698
11640	1630599	OR EXC MALIG LESN FACE/EAR/NSE/LIP	288
11641	1630607	OR EXC MALIG LESN FACE/EAR/NSE/LIP	371
11642	1630615	OR EXC MALIG LESN FACE/EAR/NSE/LIP	437
11643	1630623	OR EXC MALIG LESN FACE/EAR/NSE/LIP	545
11644	1630631	OR EXC MALIG LESN FACE/EAR/NSE/LIP	679
11646	1630649	OR EXC MALIG LESN FACE/EAR/NSE/LIP	947
11720	1630656	OR DEBRIDE NAIL, 1-5	39

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
11721	1630664	OR DEBRIDE NAIL, 6 OR MORE	66
11730	1630672	OR REMVL OF NAIL PLATE	132
11732	1630680	OR REMV NAIL PLATE, ADD-ON	70
11740	1630698	OR DRAIN BLOOD FROM UNDER NAIL	74
11750	1630706	OR REMVL OF NAIL BED	410
11752	1630714	OR REMV NAIL BED/FINGER TIP	618
11755	1630722	OR BIOPSY, NAIL UNIT	197
11760	1630730	OR REP OF NAIL BED	307
11762	1630748	OR RECONSTR OF NAIL BED	456
11765	1630755	OR EXCSN OF NAIL FOLD, TOE	159
11770	1630763	OR REMVL OF PILONIDAL LESN, SIMPLE	420
11771	1630771	OR REMVL OF PILONIDAL LESN, EXTENSI	986
11772	1630789	OR REMVL OF PILONIDAL LESN, COMPLI	1,285
11920	1630797	OR CORRECT SKN COLOR DEFECTS	272
11960	1630805	OR INSRT TISSUE EXPANDER(S)	2,152
11970	1630813	OR REPLACE TISSUE EXPANDER	1,418
11971	1630821	OR REMV TISSUE EXPANDER(S)	724
11975	1630839	OR INSRT CONTRACEPTIVE CAP	231
11976	1630847	OR REMVL OF CONTRACEPTIVE CAP	231
11977	1630854	OR REMVL/REINSRT CONTRA CAP	348
11980	1630862	OR IMPLANT HORMONE PELLET(S)	197
12001	1630870	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	248
12002	1630888	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	275
12004	1630896	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	322
12005	1630904	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	400
12006	1630912	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	504
12007	1630920	OR REP SUPRF WNDS, SCLP/NCK/TRNK/EX	570
12011	1630938	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	257
12013	1630946	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	292
12014	1630953	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	348
12015	1630961	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	436
12016	1630979	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	530
12017	1630987	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	622
12018	1630995	OR REP SUPRF WNDS, FACE/EAR/NSE/LIP	751
12020	1631001	OR CLSR OF SUPRF DEHISCENCE, SIMPLE	439
12021	1631019	OR CLSR OF SUPRF DEHISCENCE W/ PACK	319
12031	1631027	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	378
12032	1631035	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	461
12034	1631043	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	559
12035	1631050	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	607

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
12036	1631068	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	639
12037	1631076	OR LAYER CLSR OF WNDS, SCLP/TRNK/EX	743
12041	1631084	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	402
12042	1631092	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	471
12044	1631100	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	503
12045	1631118	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	577
12046	1631126	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	696
12047	1631134	OR LAYER CLSR OF WNDS, NCK/HNDS/FT	765
12051	1631142	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	427
12052	1631159	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	510
12053	1631167	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	510
12054	1631175	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	539
12055	1631183	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	654
12056	1631191	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	754
12057	1631209	OR LAYER CLSR OF WNDS, FACE/EAR/NSE	893
13100	1631217	OR REP OF WOUND OR LESN, TRNK 1.1-2	554
13101	1631225	OR REP OF WOUND OR LESN, TRNK 2.6-7	678
13102	1631233	OR REP WOUND/LESN ADD-ON, TRNK EACH	180
13120	1631241	OR REP OF WOUND OR LESN, SCLP/ARM/L	580
13121	1631258	OR REP OF WOUND OR LESN, SCLP/ARM/L	774
13122	1631266	OR REP WOUND/LESN ADD-ON, SCLP/ARM/	205
13131	1631274	OR REP OF WOUND OR LESN, FORHD/CHEE	654
13132	1631282	OR REP OF WOUND OR LESN, FORHD/CHEE	1,116
13133	1631290	OR REP WOUND/LESN ADD-ON, FORHD/CHE	319
13150	1631308	OR REP OF WOUND OR LESN, EYELD/NSE/	650
13151	1631316	OR REP OF WOUND OR LESN, EYELD/NSE/	756
13152	1631324	OR REP OF WOUND OR LESN, EYELD/NSE/	1,019
13153	1631332	OR REP WOUND/LESN ADD-ON, EYELD/NSE	344
13160	1631340	OR LATE CLSR OF WOUND	1,909
14000	1631357	OR SKN TISSUE REARRNG, TRNK <10.1 S	1,188
14001	1631365	OR SKN TISSUE REARRNG, TRNK 10.1-30	1,566
14020	1631373	OR SKN TISSUE REARRNG, SCLP/ARM/LEG	1,352
14021	1631381	OR SKN TISSUE REARRNG, SCLP/ARM/LEG	1,737
14040	1631399	OR SKN TISS REARRNG, FORHD/CHEEK/NC	1,532
14041	1631407	OR SKN TISS REARRNG, FORHD/CHEEK/NC	1,891
14060	1631415	OR SKN TISS REARRNG, EYELD/NSE/EAR/	1,619
14061	1631423	OR SKN TISS REARRNG, EYELD/NSE/EAR/	2,021
14300	1631431	OR SKN TISS REARRNG MORE THAN 30 SQ	2,302
14350	1631449	OR FILLETED FINGER OR TOE FLAP	1,747
15002	1631456	OR WOUND PREP, TRNK/ARM/LEG 100 SQ	537

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
15003	1631464	OR WOUND PREP, ADDL 100 SQ CM	110
15004	1631472	OR WOUND PREP, FACE/NCK/HNDS/FT 100	659
15005	1631480	OR WOUND PREP, ADDL 100 SQ CM	217
15050	1631498	OR SKN PINCH GRAFT	1,040
15100	1631506	OR SKN SPLT GRFT, TRNK/ARM/LEG	1,687
15101	1631514	OR SKN SPLT GRFT TRNK/ARM/LEG, ADD-	267
15110	1631522	OR EPIDRM AUTOGRFT TRNK/ARM/LEG	1,741
15111	1631530	OR EPIDRM AUTOGRFT TRNK/ARM/LEG ADD	257
15115	1631548	OR EPIDRM AUTOGRFT FACE/NCK/HNDS/FT	1,788
15116	1631555	OR EPIDRM AUTOGRFT FACE/NCK/HNDS/FT	361
15120	1631563	OR SKN SPLT AUTOGRFT FACE/NCK/HNDS/	1,857
15121	1631571	OR SKN SPLT AUTOGRFT FACE/NCK/HNDS/	408
15130	1631589	OR DERM AUTOGRAFT, TRNK/ARM/LEG	1,318
15131	1631597	OR DERM AUTOGRAFT TRNK/ARM/LEG ADD-	208
15135	1631605	OR DERM AUTOGRAFT FACE/NCK/HNDS/FT	1,805
15136	1631613	OR DERM AUTOGRAFT, FACE/NCK/HNDS/FT	189
15200	1631621	OR SKN FULL GRAFT, TRNK	1,559
15201	1631639	OR SKN FULL GRAFT TRNK ADD-ON	188
15220	1631644	OR SKN FULL GRAFT SCLP/ARM/LEG	1,458
15221	1631654	OR SKN FULL GRAFT SCLP/ARM/LEG ADD-	175
15240	1631662	OR SKN FULL GRFT FACE/HNDS/FT	1,883
15241	1631670	OR SKN FULL GRAFT FACE/HNDS/FT ADD-	273
15260	1631688	OR SKN FULL GRAFT EYES/EAR/NSE/LIP	2,045
15261	1631696	OR SKN FULL GRAFT EYES/EAR/NSE/LIP	344
15850	1631704	OR REMVL OF SUTURES, SAME SURGEON	111
15851	1631712	OR REMVL OF SUTURES, DIFF SURGEON	111
15920	1631720	OR REMVL OF TAIL BONE ULCER	1,395
15922	1631738	OR REMVL OF TAIL BONE ULCER W/ FLAP	1,726
15931	1631746	OR REMV SACRM PRESR SORE	1,583
15933	1631753	OR REMV SACRM PRESR SORE W/ OSTCTMY	1,951
15934	1631761	OR REMV SACRM PRESR SORE W/ SKN FLA	2,164
15935	1631779	OR REMV SACRM PRESR SORE W/ SKN FLA	2,577
15936	1631787	OR REMV SACRM PRESR SORE IN PREP CL	2,091
15937	1631795	OR REMV SACRM PRESR SORE IN PREP CL	2,441
15940	1631803	OR REMV HIP PRESR SORE	1,620
15941	1631811	OR REMV HIP PRESR SORE W/ OSTCTMY	2,108
15944	1631829	OR REMV HIP PRESR SORE W/ SKN FLAP	2,077
15945	1631837	OR REMV HIP PRESR SORE W/ SKN FLAP	2,304
15946	1631845	OR REMV HIP PRESR SORE IN PREP CLSR	3,851
15950	1631852	OR REMV THIGH PRESR SORE	1,341

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
15951	1631860	OR REMV THIGH PRESR SORE W/ OSTCTMY	1,899
15952	1631878	OR REMV THIGH PRESR SORE W/ SKN FLA	1,997
15953	1631886	OR REMV THIGH PRESR SORE W/ SKN FLA	2,267
15956	1631894	OR REMV THIGH PRESR SORE IN PREP CL	2,693
15958	1631902	OR REMV THIGH PRESR SORE IN PREP CL	2,747
15999	1631910	OR REMVL OF PRESR SORE, OTHER	2,149
16020	1631928	OR DRESS/DEBRID PARTL-THICK BURN, S	133
16025	1631936	OR DRESS/DEBRID PARTL-THICK BURN, M	275
16030	1631944	OR DRESS/DEBRID PARTL-THICK BURN, L	312
16035	1631951	OR INCSN OF BURN SCAB, INITI	500
16036	1631969	OR ESCHAROTOMY; ADD'L INCSN	202
17000	1631977	OR DESTRUCT PREMALG LESN	129
17003	1631985	OR DESTRUCT PREMALG LES, 2-14	10
17004	1631993	OR DESTROY PREMLG LESNS 15+	320
17106	1632009	OR DESTRC OF SKN LESNS <10 SQ CM	655
17107	1632017	OR DESTRC OF SKN LESNS 10.0-50.0 SQ	852
17108	1632025	OR DESTRC OF SKN LESNS >50.0 SQ CM	1,236
17110	1632033	OR DESTRUCT BNGN SKN LESN, 1-14	161
17111	1632041	OR DESTRUCT BNGN SKN LESN, 15 OR MO	200
17260	1632058	OR DESTRC MALIG SKN LESNS, TRNK/ARM	163
17261	1632066	OR DESTRC MALIG SKN LESNS, TRNK/ARM	217
17262	1632074	OR DESTRC MALIG SKN LESNS, TRNK/ARM	279
17263	1632082	OR DESTRC MALIG SKN LESNS, TRNK/ARM	307
17264	1632090	OR DESTRC MALIG SKN LESNS, TRNK/ARM	329
17266	1632108	OR DESTRC MALIG SKN LESNS, TRNK/ARM	384
17270	1632116	OR DESTRC MALIG SKN LESNS, SCLP/NCK	236
17271	1632124	OR DESTRC MALIG SKN LESNS, SCLP/NCK	265
17272	1632132	OR DESTRC MALIG SKN LESNS, SCLP/NCK	306
17273	1632140	OR DESTRC MALIG SKN LESNS, SCLP/NCK	346
17274	1632157	OR DESTRC MALIG SKN LESNS, SCLP/NCK	425
17276	1632165	OR DESTRC MALIG SKN LESNS, SCLP/NCK	510
17280	1632173	OR DESTRC MALIG SKN LESNS, FACE/EAR	214
17281	1632181	OR DESTRC MALIG SKN LESNS, FACE/EAR	299
17282	1632199	OR DESTRC MALIG SKN LESNS, FACE/EAR	346
17283	1632207	OR DESTRC MALIG SKN LESNS, FACE/EAR	432
17284	1632215	OR DESTRC MALIG SKN LESNS, FACE/EAR	515
17286	1632223	OR DESTRC MALIG SKN LESNS, FACE/EAR	692
17311	1632231	OR MOHS, 1 STAGE, HEAD/NCK/HNDS/FT	924
17312	1632249	OR MOHS ADDL STAGE, HEAD/NCK/HNDS/F	491
17313	1632256	OR MOHS, 1 STAGE, TRNK/ARMS/LEGS	829

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
17314	1632264	OR MOHS, ADDL STAGE TRNK/ARMS/LEGS	455
17315	1632272	OR MOHS SURG, ADDL BLOCK	129
19000	1632280	OR DRNAGE OF BREAST LESN	110
19001	1632298	OR DRAIN BREAST LESN ADD-ON	56
19020	1632306	OR INCSN OF BREAST LESN	682
19100	1632314	OR BX BREAST PERCUT W/O IMAGE	167
19101	1632322	OR BIOPSY OF BREAST, OPEN	510
19102	1632330	OR BX BREAST PERCUT W/IMAGE	259
19103	1632348	OR BX BREAST PERCUT W/DEVC	478
19110	1632355	OR NIPPLE EXPLR	768
19112	1632363	OR EXCS BREAST DUCT FISTULA	693
19120	1632371	OR REMVL OF BREAST LESN	937
19125	1632389	OR EXCSN, BREAST LESN W/ RAD MARKER	1,043
19126	1632397	OR EXCSN, BREAST LESN W/ RAD MARKER	384
19260	1632405	OR REMVL OF CHEST WALL LESN	2,850
19271	1632413	OR REMVL OF CHEST WALL LESN W PLAST	3,877
19272	1632421	OR REMVL OF CHEST WALL LESN W PLAST	4,296
19300	1632439	OR REMVL OF GYNECOMASTIA	915
19301	1632447	OR PARTICAL MASTECTOMY	1,486
19302	1632454	OR P-MASTECTOMY W LYMPHADENECTOMY	2,063
19303	1632462	OR MASTECTOMY, SIMPLE, COMPLETE	2,302
19304	1632470	OR MASTECTOMY, SUBQ	1,299
19305	1632488	OR MASTECTOMY, RADICAL	2,605
19306	1632496	OR MASTECTOMY, RADICAL, URBAN TYPE	2,736
19307	1632504	OR MASTECTOMY, MODIFIED RADICAL	2,744
19316	1632512	OR MASTOPEXY	1,820
19318	1632520	OR REDUCTION MAMMOPLASTY	2,638
19324	1632538	OR AUGMENTATION MAMMOPLASTY	1,132
19325	1632546	OR AUGMENTATION MAMMOPLASTY W/ IMPL	1,510
19328	1632553	OR REMVL OF BREAST IMPLANT	1,149
19330	1632561	OR REMVL OF IMPLANT MATERIAL	1,472
19340	1632579	OR IMMEDIATE BREAST PROSTHESIS	1,789
19342	1632587	OR DELAYED BREAST PROSTHESIS	2,167
19350	1632595	OR NIPPLE/AREOLA RECONSTR	1,585
19355	1632603	OR CORRECT INVERTED NIPPLE(S)	1,338
19357	1632611	OR BREAST RECONSTR W/ TISSUE EXPAND	3,661
19361	1632629	OR BREAST RECONSTR W/LATISSIMUS FLA	3,950
19364	1632637	OR BREAST RECONSTR W FREE FLAP	6,602
19366	1632645	OR BREAST RECONSTR W OTHER TECHNIQU	3,270
19367	1632652	OR BREAST RECONSTR W TRAM	4,273

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
19368	1632660	OR BREAST RECONSTR W TRAM AND MICRO	5,285
19369	1632678	OR BREAST RECONSTR W DOUBLE PEDICLE	4,868
19370	1632686	OR PERIPROSTHETIC CAPSULOTOMY	1,602
19371	1632694	OR REMVL OF BREAST CAPSULE	1,838
19380	1632702	OR REVISE BREAST RECONSTR	1,809
19396	1632710	OR DESIGN CUSTOM BREAST IMPLANT	317
20000	1632728	OR INCSN OF SFT TISSUE ABSCESS	361
20005	1632736	OR INCSN OF SFT TISSUE ABSCESS, DEE	558
20100	1632744	OR EXPLORE WOUND, NCK	1,420
20101	1632751	OR EXPLORE WOUND, CHEST	480
20102	1632769	OR EXPLORE WOUND, ABDOMEN	593
20103	1632777	OR EXPLORE WOUND, EXTREM	829
20200	1632785	OR MUSCLE BIOPSY	220
20205	1632793	OR DEEP MUSCLE BIOPSY	359
20206	1632801	OR NEEDLE BIOPSY, MUSCLE	150
20520	1632819	OR REMVL OF FORGN BODY, SIMPLE	336
20525	1632827	OR REMVL OF FORGN BODY, COMPLI	583
21015	1632835	OR RESEC OF FACIAL TUMOR	1,456
21029	1632843	OR CONTOUR OF FACE BONE LESN	1,505
21040	1632850	OR EXCS MANDIBLE LESN	950
21501	1632868	OR DRAIN NCK/CHEST LESN	749
21550	1632876	OR BIOPSY OF SFT TISSUE NCK/CHEST	375
21555	1632884	OR REMV SUBCUT LESN, NCK/CHEST	733
21556	1632892	OR REMV SFT TISSUE LESN, NCK/CHEST	1,180
21557	1632900	OR REMV TUMOR, NCK/CHEST	1,991
22900	1632918	OR REMV ABDOMINAL WALL LESN	1,202
23065	1632926	OR BIOPSY SHOULDER SFT TISSUE, SUPR	396
23066	1632934	OR BIOPSY SHOULDER SFT TISSUE, DEEP	797
23075	1632942	OR REMVL OF SHOULDER LESN, SUBCUT	623
23076	1632959	OR REMVL OF SHOULDER LESN, SUBFASCI	1,274
23930	1632967	OR DRNAGE OF ARM LESN	507
23931	1632975	OR DRNAGE OF ARM BURSA	366
23935	1632983	OR DRAIN ARM/ELBOW BONE LESN	1,152
24065	1632991	OR BIOPSY ARM/ELBOW SFT TISSUE, SUP	394
24066	1633007	OR BIOPSY ARM/ELBOW SFT TISSUE, DEE	934
24075	1633015	OR REMV ARM/ELBOW LESN, SUBCUT	753
24076	1633023	OR REMV ARM/ELBOW LESN, SUBFASCIAL	1,211
25028	1633031	OR DRNAGE OF FOREARM LESN	1,190
25031	1633049	OR DRNAGE OF FOREARM BURSA	866
25035	1633056	OR TREAT FOREARM BONE LESN	1,460

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
25065	1633064	OR BIOPSY FOREARM SFT TISSUES, SUPR	388
25066	1633072	OR BIOPSY FOREARM SFT TISSUES, DEEP	863
25075	1633080	OR REMVL FOREARM LESN, SUBCUT	771
25076	1633098	OR REMVL FOREARM LESN, SUBFASCIAL	1,189
25077	1633106	OR REMV TUMOR, FOREARM/WRIST	2,035
25111	1633114	OR REMV WRIST TENDON LESN	729
25112	1633122	OR REMV WRIST TENDON LESN, RECURREN	890
26010	1633130	OR DRNAGE OF FINGER ABSCESS, SIMPLE	309
26011	1633148	OR DRNAGE OF FINGER ABSCESS, COMPLI	425
26034	1633155	OR TREAT HND BONE LESN	1,231
26055	1633163	OR INCISE FINGER TENDON SHEATH	687
26115	1633171	OR REMVL HND LESN, SUBCUT	805
26116	1633189	OR REMVL HND LESN, SUBFASCIAL	1,200
26117	1633197	OR REMV TUMOR, HND/FINGER	1,659
26350	1633205	OR REP FINGER/HND TENDON	1,628
26352	1633213	OR REP/GRAFT HND TENDON, SECONDARY	1,861
26477	1633221	OR TENDON SHORTENING, EXTENSOR, HND	1,325
26478	1633239	OR LENGTHENING OF HND TENDON, FLEXO	1,430
26479	1633247	OR SHORTENING OF HND TENDON, FLEXOR	1,422
26990	1633254	OR DRNAGE OF PELVIS LESN	1,439
26991	1633262	OR DRNAGE OF PELVIS BURSA	1,213
26992	1633270	OR DRNAGE OF PELVIS BONE LESN	2,253
27040	1633288	OR BIOPSY OF PELVIS SFT TISSUES, SU	478
27041	1633296	OR BIOPSY OF PELVIS SFT TISSUES, DE	1,609
27047	1633304	OR REMV HIP/PELVIS LESN, SUBCUT	953
27048	1633312	OR REMV HIP/PELVIS LESN, SUBFASCIAL	1,351
27049	1633320	OR REMV TUMOR, HIP/PELVIS	2,997
27323	1633338	OR BIOPSY, THIGH SFT TISSUES, SUPRF	420
27324	1633346	OR BIOPSY, THIGH SFT TISSUES, DEEP	898
27327	1633353	OR REMVL OF THIGH LESN, SUBCUT	755
27328	1633361	OR REMVL OF THIGH LESN, SUBFASCIAL	1,311
27329	1633379	OR REMV TUMOR, THIGH/KNEE	2,460
27603	1633387	OR DRAIN LOWER LEG LESN	916
27604	1633395	OR DRAIN LOWER LEG BURSA	794
27613	1633403	OR BIOPSY LOWER LEG SFT TISSUE, SUP	392
27614	1633411	OR BIOPSY LOWER LEG SFT TISSUE, DEE	969
27615	1633429	OR REMV TUMOR, LOWER LEG	2,361
27618	1633437	OR REMV LOWER LEG LESN, SUBCUT	774
27619	1633445	OR REMV LOWER LEG LESN, SUBFASCIAL	1,213
28001	1633452	OR DRNAGE OF BURSA OF FT	419

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
28005	1633460	OR TREAT FT BONE LESN	1,444
28043	1633478	OR EXCSN OF FT LESN, SUBCUT	642
28045	1633486	OR EXCSN OF FT LESN, SUBFASCIAL	840
28046	1633494	OR RESEC OF TUMOR, FT	1,775
28192	1633502	OR REMVL OF FT FORGN BODY, DEEP	765
28193	1633510	OR REMVL OF FT FORGN BODY, COMPLI	908
30310	1633528	OR REMV NASAL FORGN BODY UNDER GEN	478
30320	1633536	OR REMV NASAL FORGN BODY BY LATERAL	1,053
32000	1633544	OR DRNAGE OF CHEST	194
32002	1633551	OR TREATMENT OF COLLAPSED LUNG	308
32020	1633569	OR INSRT OF CHEST TUBE	430
32095	1633577	OR BIOPSY THROUGH CHEST WALL	1,558
32100	1633585	OR THORACOTOMY/EXPLR/BIOPSY OF CHES	2,383
32110	1633593	OR THORACOTOMY/REP CHEST/CONTROL HE	3,607
32120	1633601	OR RE-EXPLR OF CHEST	2,166
32140	1633619	OR REMVL OF LUNG LESN(S)	2,461
32150	1633627	OR REMVL OF LUNG BULLAE	2,479
32200	1633635	OR DRAIN, OPEN, LUNG LESN	2,791
32201	1633643	OR DRAIN, PERCUT, LUNG LESN	515
32601	1633650	OR THORCSCPY, DIAG LUNG	776
32602	1633668	OR THORCSCPY, DIAG LUNG W/ BIOPSY	839
32603	1633676	OR THORCSCPY, DIAG PERICARDIAL SAC	1,098
32604	1633684	OR THORCSCPY, DIAG PERICARDIAL SAC	1,221
32605	1633692	OR THORCSCPY, DIAG MEDIASTINAL SPAC	967
32606	1633700	OR THORCSCPY, DIAG MEDIASTINAL SPAC	1,169
32650	1633718	OR THORCSCPY, SURG W/ PLEURODESIS	1,665
32651	1633726	OR THORCSCPY, SURG W PARTL PULMONAR	2,696
32652	1633734	OR THORCSCPY, SURG W TOTAL PULMONAR	4,104
32653	1633742	OR THORCSCPY, SURG W REMVL PLEURAL	2,601
32654	1633759	OR THORCSCPY, SURG W CONTROL HEMORR	2,911
32655	1633767	OR THORCSCPY, SURG W EXCSN BULLAE	2,366
32656	1633775	OR THORCSCPY, SURG W PARIETAL PLEUR	1,992
32657	1633783	OR THORCSCPY, SURG W WEDGE RESEC LU	1,962
32662	1633791	OR THORCSCPY, SURG W EXCSN MEDIASTI	2,247
32663	1633809	OR THORCSCPY, SURG W LOBCTMY	3,513
32664	1633817	OR THORCSCPY, SURG W THORACIC SYMPA	2,117
32665	1633825	OR THORCSCPY, SURG W ESOPHAGOMYOTOM	3,074
33206	1633833	OR INSRT OF HEART PCEMKR, ATRIAL EL	1,195
33207	1633841	OR INSRT OF HEART PCEMKR, VENTRICUL	1,274
33208	1633858	OR INSRT OF HEART PCEMKR, ATRIAL AN	1,377

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
33210	1633866	OR INSRT OF HEART ELECTRODE, TEMPOR	475
33211	1633874	OR INSRT OF HEART ELECTRODE, TEMPOR	479
33212	1633882	OR INSRT OF PULSE GENERATOR, SINGLE	886
33213	1633890	OR INSRT OF PULSE GENERATOR, DUAL C	1,012
33216	1633908	OR INSRT LEAD PACE-DEFIB, ONE	991
33217	1633916	OR INSRT LEAD PACE-DEFIB, DUAL	983
33222	1633924	OR REVISE POCKET, PCEMKR	901
33223	1633932	OR REVISE POCKET, PACING-DEFIB	1,089
33249	1633940	OR ELTRD/INSRT PACE-DEFIB	2,392
35207	1633957	OR REP BLOOD VESSEL LESN	1,774
36560	1633965	OR INSRT TUNNELED CV CATH <5 YEAR	864
36563	1633973	OR INSRT TUNNELED CV CATH W/ PUMP	909
36575	1633981	OR REP TUNNELED CV CATH W/O PORT/PU	89
36576	1633999	OR REP TUNNELED CV CATH W/ PORT/PUM	484
36589	1634005	OR REMVL TUNNELED CV CATH W/O PORT/	349
36590	1634013	OR REMVL TUNNELED CV CATH W/ PORT/P	500
37785	1634021	OR LIGATE/DIVIDE/EXCS VEIN	653
38100	1634039	OR REMVL OF SPLEEN, TOTAL	2,696
38101	1634047	OR REMVL OF SPLEEN, PARTL	2,712
38120	1634054	OR LAP SPLENECTOMY	2,463
38120	1634062	OR LAP, SPLENECTOMY	2,463
38129	1634070	OR LAP PROC, SPLEEN	2,463
38300	1634088	OR DRNAGE, LYMPH NODE LESN, SIMPLE	430
38305	1634096	OR DRNAGE, LYMPH NODE LESN, EXTENSI	1,091
38500	1634104	OR BIOPSY/REML, LYMPH NODES, SUPRF	590
38505	1634112	OR NEEDLE BIOPSY, LYMPH NODES	181
38510	1634120	OR BIOPSY/REML, LYMPH NODES, DEEP	1,000
38520	1634138	OR BIOPSY/REML, LYMPH NODES, DEEP	1,098
38570	1634146	OR LAP, LYMPH NODE BIOPSY	1,320
39000	1634153	OR MEDIASTINOTOMY W/ EXPLR/DRNAGE,	1,210
39010	1634161	OR MEDIASTINOTOMY W/ EXPLR/DRNAGE,	1,988
39400	1634179	OR MEDIASTINOSCOPY	1,252
40800	1634187	OR DRNAGE OF MOUTH LESN, SIMPLE	300
40801	1634195	OR DRNAGE OF MOUTH LESN, COMPLI	517
41000	1634203	OR DRNAGE OF INTRAORL LESN, LINGUAL	265
41005	1634211	OR DRNAGE OF INTRAORL LESN, SUBLNG	299
41006	1634229	OR DRNAGE OF INTRAORL LESN, SUBLNG	609
41007	1634237	OR DRNAGE OF INTRAORL LESN, SUBMENT	591
41008	1634245	OR DRNAGE OF INTRAORL LESN, SUBMAND	628
41009	1634252	OR DRNAGE OF INTRAORL LESN, MASTICT	685

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
41015	1634260	OR EXTRAORL DRNAGE OF LESN, SUBLNG	791
41016	1634278	OR EXTRAORL DRNAGE OF LESN, SUBMENT	817
41017	1634286	OR EXTRAORL DRNAGE OF LESN, SUBMAND	820
41018	1634294	OR EXTRAORL DRNAGE OF LESN, MASTICT	957
41130	1634302	OR PARTL REMVL OF TONGUE	3,087
41800	1634310	OR DRNAGE OF GUM LESN	313
42000	1634328	OR DRNAGE MOUTH ROOF LESN	244
42300	1634336	OR DRNAGE OF PAROTD GLAND, SIMPLE	365
42305	1634344	OR DRNAGE OF PAROTD GLAND, COMPLI	1,038
42310	1634351	OR DRNAGE OF SUBMAX GLAND, INTRAORL	297
42320	1634369	OR DRNAGE OF SUBMAX GLAND, EXT	423
42410	1634377	OR EXCS PAROTD GLAND/LESN	1,501
42415	1634385	OR EXCS PAROTD GLAND/LESN W/ DISSEC	2,705
42420	1634393	OR EXCS PAROTD GLAND/LESN TOTAL W/	3,098
42425	1634401	OR EXCS PAROTD GLAND/LESN TOTAL W/	2,041
42426	1634419	OR EXCS PAROTD GLAND/LESN TOTAL W/	3,310
42440	1634427	OR EXCS SUBMAX GLAND	1,129
42450	1634435	OR EXCS SUBLNG GLAND	862
42700	1634443	OR DRNAGE OF TONSIL ABSCESS	325
42720	1634450	OR DRNAGE OF THROAT ABSCESS, INTRAO	955
42725	1634468	OR DRNAGE OF THROAT ABSCESS, EXT AP	1,957
43107	1634476	OR REMVL OF ESOPH	6,235
43108	1634484	OR REMVL OF ESOPH W/ COLON INTERPOS	10,964
43112	1634492	OR REMVL OF ESOPH W/ THORACOTOMY	6,646
43113	1634500	OR REMVL OF ESOPH W/ THORACOTOMY AN	10,855
43116	1634518	OR PARTL REMVL OF ESOPH W/ INTESTIN	12,251
43117	1634526	OR PARTL REMVL OF ESOPH W/ ESOPHAGO	6,087
43118	1634534	OR PARTL REMVL OF ESOPH W/ COLON IN	8,961
43121	1634542	OR PARTL REMVL OF ESOPH W/ ESOPHAGO	7,034
43122	1634559	OR PARTL REMVL OF ESOPH W/ ESOPHAGO	6,170
43123	1634567	OR PARTL REMVL OF ESOPH W ESOPHAGOG	11,038
43124	1634575	OR REMVL OF ESOPH W/ ESOPHAGOSTOMY	9,352
43279	1634583	OR LAP ESOPHAGOMYOTOMY	2,867
43280	1634591	OR LAP, FUNDOPLASTY	2,553
43281	1634609	OR LAP REP PARAESOPHAGEAL HERNIA	3,644
43282	1634617	OR LAP REP PARAESOPH HERNIA W MESH	4,103
43289	1634625	OR LAP PROC, ESOPH	3,881
43500	1634633	OR SURG OPENING OF STOMACH	1,839
43520	1634641	OR INCSN OF PYLORIC MUSCLE	1,653
43620	1634658	OR TOTAL GASTRCTMY W/ ESOPHAGOENTER	4,659

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
43621	1634666	OR TOTAL GASTRECTMY W/ ROUX-EN-Y	5,345
43622	1634674	OR TOTAL GASTRECTMY W/ INTESTINAL PO	5,413
43631	1634682	OR PARTL GASTRECTMY W/ GASTRODUODENO	3,411
43632	1634690	OR PARTL GASTRECTMY W/ GASTROJEJUNOS	4,742
43633	1634708	OR PARTL GASTRECTMY W/ ROUX-EN-Y	4,492
43634	1634716	OR PARTL GASTRECTMY W/ INTESTINAL PO	4,968
43635	1634724	OR VAGOTOMY WHEN PERF W/ PARTL GAST	271
43640	1634732	OR VAGOTOMY & PYLORUS REP	2,757
43644	1634740	OR LAP GASTRIC BYPASS/ROUX-EN-Y	4,086
43645	1634757	OR LAP GASTR BYPASS INCL SML INTEST	4,368
43651	1634765	OR LAP, VAGUS NERVE	1,518
43652	1634773	OR LAP, VAGUS NERVE	1,778
43653	1634781	OR LAP, GASTROSTOMY	1,312
43659	1634799	OR LAP PROC, STOMACH	2,613
43750	1634807	OR PLACE GASTROSTOMY TUBE	1,822
43752	1634815	OR NASAL/OROGASTRIC W/STENT	103
43760	1634823	OR CHANGE GASTROSTOMY TUBE	123
43770	1634831	OR LAP PLACE GASTRIC ADJUSTABLE DEV	2,611
43771	1634849	OR LAP REVISE GASTRIC ADJUSTABLE DE	2,976
43772	1634856	OR LAP REMVL GASTRIC ADJUSTABLE DEV	2,244
43773	1634864	OR LAP REPLACE GASTRIC ADJUSTABLE D	2,977
43774	1634872	OR LAP REMV GASTRIC RESTRICTIVE DEV	2,244
43775	1634880	OR LAP GASTRIC PROC, LONG GASTRECTMY	3,089
43800	1634898	OR PYLOROPLASTY	2,184
43820	1634906	OR GASTROJEJUNOSTOMY	3,115
43830	1634914	OR GASTROJEJUNOSTOMY W/ VAGOTOMY	1,623
43831	1634922	OR PLACE GASTROSTOMY TUBE	1,361
43832	1634930	OR OPEN GASTROSTOMY W CONSTRC OF GA	2,484
43843	1634948	OR GASTRIC RESTRICTIVE PROC (W/O BY	2,969
43860	1634955	OR REVISE GASTROJEJUNOSTOMY	3,854
43880	1634963	OR REP STOMACH-BOWEL FISTULA	3,758
44005	1634971	OR FREEING OF BOWEL ADHESION	2,570
44010	1634997	OR DUODENOTOMY FOR EXPLR, BIOPSY OR	2,027
44010	1634989	OR INCSN OF DUODENUM	2,027
44015	1635002	OR INSRT NEEDLE CATH BOWEL, ADD-ON	344
44020	1635028	OR ENTEROTOMY FOR EXPLR, BIOPSY OR	2,276
44020	1635010	OR EXPLORE SML INTESTINE	2,276
44021	1635036	OR DECOMPRESS SML BOWEL	2,302
44025	1635051	OR COLOTOMY FOR EXPLR, BIOPSY OR FO	2,317
44025	1635044	OR INCSN OF LRG BOWEL	2,317

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
44050	1635069	OR REDUCE BOWEL OBSTRUCTION	2,191
44055	1635077	OR CORRECT MALROTATION OF BOWEL	3,516
44100	1635085	OR BIOPSY OF BOWEL	282
44110	1635093	OR EXCS INTESTINE LESN(S), SINGLE E	1,989
44111	1635101	OR EXCSN OF BOWEL LESN(S), MULTIPLE	2,315
44120	1635119	OR REMVL OF SML INTESTINE, SINGLE R	2,871
44121	1635127	OR REMVL OF SML INTESTINE, EACH ADD	581
44125	1635135	OR REMVL OF SML INTESTINE W/ ENTERO	2,775
44126	1635143	OR ENTERCTMY FOR CONGNTL ATRESIA	5,770
44127	1635150	OR ENTERCTMY FOR CONGNTL ATRESIA W/	6,691
44128	1635168	OR ENTERCTMY FOR CONGNTL ATRESIA, A	583
44130	1635176	OR BOWEL TO BOWEL FUSION	3,051
44132	1635184	OR ENTERCTMY, CADAVER DONOR	1,989
44133	1635192	OR ENTERCTMY, LIVE DONOR	1,989
44140	1635200	OR PARTL COLECTOMY W/ ANASTOMOSIS	3,154
44141	1635218	OR PARTL COLECTOMY W/ COLOSTOMY	4,238
44143	1635226	OR PARTL COLECTOMY W/ END COLOSTOMY	3,908
44147	1635234	OR PARTL COLECTOMY W/ ABD AND TRANS	4,526
44150	1635242	OR TOTAL COLECTOMY	4,358
44151	1635259	OR TOTAL COLECTOMY W/ CONTINENT ILE	4,994
44155	1635267	OR TOTAL COLECTOMY/PROCTECTOMY W/ I	4,861
44180	1635275	OR LAP, ENTEROLYSIS	2,164
44186	1635283	OR LAP, JEJUNOSTOMY	1,532
44187	1635291	OR LAP, ILEO/JEJUNO-STOMY	2,580
44188	1635309	OR LAP, COLOSTOMY	2,857
44202	1635317	OR LAP, ENTERCTMY	3,263
44202	1635325	OR LAP, ENTERCTMY	3,263
44203	1635333	OR LAP RESECT S/INTESTINE, ADDL	581
44203	1635341	OR LAP RESECT S/INTESTINE, ADDL	581
44204	1635358	OR LAP PARTL COLECTOMY	3,635
44204	1635366	OR LAPARO PARTL COLECTOMY	3,635
44205	1635374	OR LAP COLECTOMY PART W/ILEUM	3,167
44205	1635382	OR LAP COLECTOMY PART W/ILEUM	3,167
44206	1635390	OR LAP PART COLECTOMY W/STOMA	4,140
44207	1635408	OR LAP COLECTOMY/COLOPROCTOSTOMY	4,327
44208	1635416	OR LAP COLECTOMY/COLOPROCTOSTOMY	4,701
44210	1635424	OR LAP TOTAL PROCTOCOLECTOMY	4,222
44211	1635432	OR LAP COLECTOMY W/PROCTECTOMY	5,235
44212	1635440	OR LAP TOTAL PROCTOCOLECTOMY	4,852
44213	1635457	OR LAP, MOBIL SPLENIC FL ADD-ON	455

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
44227	1635465	OR LAP, CLOSE ENTEROSTOMY	3,945
44238	1635473	OR LAP PROC, INTESTINE	3,614
44345	1635481	OR REVISION OF COLOSTOMY	2,460
44363	1635499	OR SML BOWEL ENDOSCOPY W/ REMVL FOR	507
44390	1635507	OR COLONOSCOPY THRU STOMA FOR FORGN	545
44626	1635515	OR ENTEROSTOMY CLSR	3,798
44640	1635523	OR REP BOWEL-SKN FISTULA	3,312
44650	1635531	OR REP BOWEL FISTULA	3,439
44660	1635549	OR REP BOWEL-BLADDER FISTULA	3,284
44900	1635556	OR DRAIN APPENDICEAL ABSCESS, OPEN	1,802
44901	1635564	OR DRAIN APPENDICEAL ABSCESS, PERCU	434
44950	1635572	OR APPENDECTOMY	1,507
44955	1635580	OR APPENDECTOMY ADD-ON	202
44960	1635598	OR APPENDECTOMY FOR RUPTURED APPEND	2,042
44970	1635606	OR LAP, APPENDECTOMY	1,393
44970	1635614	OR LAP, APPENDECTOMY	1,393
45000	1635622	OR DRNAGE OF PELVIC ABSCESS	977
45005	1635630	OR DRNAGE OF RECTAL ABSCESS, SUBMUC	359
45020	1635648	OR DRNAGE OF RECTAL ABSCESS, DEEP	1,297
45307	1635655	OR PROCTOSIGMOIDOSCOPY FB	237
45355	1635663	OR SURG COLONOSCOPY	496
45395	1635671	OR LAP, REMVL OF RECTUM	4,683
45397	1635689	OR LAP, REMV RECTUM W/POUCH	5,061
45400	1635697	OR LAP PROC	2,712
45402	1635705	OR LAP PROCTOPEXY W/SIG RESECT	3,614
45499	1635713	OR LAP PROC, RECTUM	4,152
45540	1635721	OR CORRECT RECTAL PROLAPSE	2,491
45800	1635739	OR REP RECTAL/BLADDER FISTULA	2,890
45805	1635747	OR REP RECTAL/BLADDER FISTULA W/COL	3,378
45905	1635754	OR DILATION OF ANAL SPHINCTER	392
45915	1635762	OR REMV RECTAL OBSTRUCTION	517
46040	1635770	OR INCSN OF RECTAL ABSCESS	929
46045	1635788	OR INCSN OF RECTAL ABSCESS W/ ANEST	968
46050	1635796	OR INCSN OF ANAL ABSCESS, SUPRF	217
46060	1635804	OR INCSN OF RECTAL ABSCESS W/ FISTU	1,059
46083	1635812	OR INCISE EXT HEMORRHOID	248
46200	1635820	OR REMVL OF ANAL FISSURE	708
46221	1635838	OR LIGATION OF HEMORRHOID(S)	427
46230	1635846	OR REMVL OF ANAL TAGS	399
46250	1635853	OR HEMORRHOIDECTOMY, EXT 2 OR MORE	709

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
46255	1635861	OR HEMORRHOIDECTOMY, INT AND EXT SI	803
46257	1635879	OR HEMORRHOIDECTOMY, INT AND EXT W/	943
46258	1635887	OR HEMORRHOIDECTOMY, INT AND EXT W/	1,048
46260	1635895	OR HEMORRHOIDECTOMY, INT AND EXT 2	1,070
46261	1635903	OR HEMORRHOIDECTOMY, INT AND EXT W/	1,200
46262	1635911	OR HEMORRHOIDECTOMY, INT AND EXT W/	1,250
46270	1635929	OR REMVL OF ANAL FISTULA, SUBCUT	865
46275	1635937	OR REMVL OF ANAL FISTULA, INTERSPHI	920
46280	1635945	OR REMVL OF ANAL FISTULA, TRANSSPHI	1,046
46285	1635952	OR REMVL OF ANAL FISTULA, SECOND ST	913
46288	1635960	OR REP ANAL FISTULA	1,236
46500	1635978	OR INJECTION INTO HEMORRHOID(S)	291
46600	1635986	OR DIAG ANOSCOPY	91
46604	1635994	OR ANOSCOPY AND DILATION	156
46608	1636000	OR ANOSCOPY, REMV FORGN BODY	190
46910	1636018	OR DESTRC ANAL LESN(S), ELECTRODESS	309
46917	1636026	OR LASER SURGERY, ANAL LESNS	308
46922	1636034	OR EXCSN OF ANAL LESN(S)	309
46924	1636042	OR DESTRC, ANAL LESN(S), EXTENSIVE	429
46934	1636059	OR DESTRC OF HEMORRHOIDS	332
46935	1636067	OR DESTRC OF HEMORRHOIDS	332
46936	1636075	OR DESTRC OF HEMORRHOIDS	332
46945	1636083	OR LIGATION OF HEMORRHOIDS, INT SIN	496
46946	1636091	OR LIGATION OF HEMORRHOIDS, INT 2 O	511
47001	1636109	OR NEEDLE BIOPSY, LIVER ADD-ON	248
47010	1636117	OR OPEN DRNAGE, LIVER LESN	2,817
47011	1636125	OR PERCUT DRAIN, LIVER LESN	479
47015	1636133	OR LAPAROTOMY W/ INJECT/ASPIRATE LI	2,690
47100	1636141	OR WEDGE BIOPSY OF LIVER	1,953
47120	1636158	OR HEPATECTOMY, PARTL LOBCTMY	5,471
47122	1636166	OR HEPATECTOMY, TRISEGMENTECTOMY	8,115
47125	1636174	OR HEPATECTOMY, TOTAL LEFT LOBCTMY	7,264
47130	1636182	OR HEPATECTOMY, TOTAL RIGHT LOBCTMY	7,805
47133	1636190	OR REMVL OF DONOR LIVER	7,264
47140	1636208	OR PARTL REMVL, DONOR LIVER	8,342
47370	1636216	OR LAP W/ ABLATE LIVER TUMOR, RADI	2,915
47371	1636224	OR LAP W/ ABLATE LIVER TUMOR, CRYO	2,970
47379	1636232	OR LAP PROC, LIVER	1,857
47379	1636240	OR LAP PROC, LIVER	1,857
47510	1636257	OR INSRT CATHETER, BILE DUCT	1,208

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
47511	1636265	OR INSRT BILE DUCT DRAIN	1,505
47525	1636273	OR CHANGE BILE DUCT CATHETER	258
47560	1636281	OR LAP W/CHOLANGIOGRAPHY	642
47561	1636299	OR LAP W/CHOLANGIOGRAPHY AND BIOPSY	700
47562	1636307	OR LAP CHOLECYSTECTOMY	1,735
47562	1636315	OR LAP CHOLECYSTECTOMY	1,735
47563	1636323	OR LAP CHOLECYSTECTOMY AND CHOLANGI	1,764
47564	1636349	OR LAP CHOLECYSTECTOMY W/ EXPLR COM	2,027
47564	1636331	OR LAPARO CHOLECYSTECTOMY/EXPLR	2,027
47570	1636356	OR LAP CHOLECYSTOENTEROSTOMY	1,812
47570	1636364	OR LAP CHOLECYSTOENTEROSTOMY	1,812
47579	1636372	OR LAP PROC, BILIARY	1,857
47600	1636380	OR CHOLECYSTECTOMY	2,509
47605	1636398	OR CHOLECYSTECTOMY W/ CHOLANGIOGRAP	2,294
47610	1636406	OR CHOLECYSTECTOMY W/ EXPLR COMMON	2,942
47612	1636414	OR CHOLECYSTECTOMY W/ EXPLR COMMON	2,972
47620	1636422	OR CHOLECYSTECTOMY W/ EXPLR COMMON	3,223
47630	1636430	OR REMV BILE DUCT STONE	1,393
47720	1636448	OR CHOLECYSTOENTEROSTOMY	2,666
47721	1636455	OR CHOLECYSTOENTEROSTOMY W/ GASTROE	3,144
47740	1636463	OR CHOLECYSTOENTEROSTOMY BY ROUX-EN	3,041
47741	1636471	OR CHOLECYSTOENTEROSTOMY BY ROUX-EN	3,436
48100	1636489	OR BIOPSY OF PANCREAS, OPEN	2,072
48102	1636497	OR NEEDLE BIOPSY, PANCREAS	630
48120	1636505	OR REMVL OF PANCREAS LESN	2,593
48150	1636513	OR PARTL REMVL OF PANCREAS	7,315
49000	1636521	OR EXPLORATORY LAPAROTOMY	1,814
49002	1636539	OR REOPENING OF LAPAROTOMY	2,435
49010	1636547	OR EXPLR RETROPERITONEUM	2,252
49020	1636554	OR DRAIN ABDOMINAL ABSCESS OPEN	3,739
49021	1636562	OR DRAIN ABDOMINAL ABSCESS, PERCUTA	435
49040	1636570	OR DRAIN SUBDIAPHRAGMATIC ABSCESS,	2,348
49041	1636588	OR DRAIN SUBDIAPHRAGMATIC ABSCESS,	515
49060	1636596	OR DRAIN RETROPERITONEAL ABSCESS, O	2,617
49061	1636604	OR DRAIN RETROPERITONEAL ABSCESS, P	477
49080	1636612	OR ABDOMINAL PARACENTESIS, INTL	175
49081	1636620	OR ABDOMINAL PARACENTESIS, SUBSEQUE	167
49200	1636638	OR REMVL OF ABDOMINAL LESN, SIMPLE	2,593
49201	1636646	OR REMV ABDOM LESN, CMLPX	2,593
49320	1636653	OR DIAG LAP	771

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
49321	1636661	OR LAP, BIOPSY	814
49322	1636679	OR LAP, ASPIRATION	880
49323	1636687	OR LAP DRAIN LYMPHOCELE	1,507
49324	1636695	OR LAP INSRT PERM INTRAPERITONEAL C	928
49325	1636703	OR LAP REVISION PERM INTRAPERITONEA	993
49326	1636711	OR LAP W/OMENTOPEXY ADD-ON	455
49329	1636729	OR LAPARO PROC, ABDOMEN/PERITONEUM/	983
49402	1636737	OR REMVL FORGN BODY PERITONEUM	2,185
49420	1636745	OR INSRT INTRAPERITONEAL CATHETER,	330
49421	1636752	OR INSRT INTRAPERITONEAL CATHETER,	908
49422	1636760	OR REMV PERMANENT CANNULA/CATHETER	913
49491	1636778	OR REP INGL HERNIA PREEMIE REDUCIBL	1,832
49492	1636786	OR REP INGL HERNIA PREEMIE INCARCER	2,185
49495	1636794	OR REP INGL HERNIA UP TO 6 MONTHS A	930
49496	1636802	OR REP INGL HERNIA UP TO 6 MONTHS A	1,423
49500	1636810	OR REP INGL HERNIA 6 MONTHS-5 YEAR,	928
49501	1636828	OR REP INGL HERNIA 6 MONTHS-5 YEAR,	1,398
49505	1636836	OR REP INGL HERNIA 5+ YEAR OLD, INT	1,203
49507	1636844	OR REP INGL HERNIA 5+ YEAR OLD, INT	1,481
49520	1636851	OR REP INGL HERNIA, ANY AGE, RECURR	1,469
49521	1636869	OR REP INGL HERNIA, ANY AGE, RECURR	1,788
49525	1636877	OR REP INGL HERNIA, ANY AGE, SLIDIN	1,329
49540	1636885	OR REP LUMBAR HERNIA	1,571
49550	1636893	OR REP FEMRL HERNIA, ANY AGE, INTL,	1,336
49553	1636901	OR REP FEMRL HERNIA, ANY AGE, INTL,	1,463
49555	1636919	OR REP FEMRL HERNIA, ANY AGE, RECUR	1,393
49557	1636927	OR REP FEMRL HERNIA, ANY AGE, RECUR	1,690
49560	1636935	OR REP VENTRAL/INCSNAL HERNIA, INTL	1,723
49561	1636943	OR REP VENTRAL/INCSNAL HERNIA, INTL	2,177
49565	1636950	OR REP VENTRAL/INCSNAL HERNIA, RECU	1,791
49566	1636968	OR REP VENTRAL/INCSNAL HERNIA, RECU	2,199
49568	1636976	OR IMPLANTATION OF MESH FOR INCSNAL	639
49570	1636984	OR REP EPIGASTRIC HERNIA, REDUCIBLE	952
49572	1636992	OR REP EPIGASTRIC HERNIA, INCARCERT	1,186
49580	1637008	OR REP UMBILICAL HERNIA, REDUCIBLE	773
49582	1637016	OR REP UMBILICAL HERNIA, INCACERATE	1,102
49585	1637024	OR REP UMBILICAL HERNIA, REDUCIBLE	1,022
49587	1637032	OR REP UMBILICAL HERNIA, INCARCERT	1,211
49650	1637040	OR LAP HERNIA REP INTL	986
49650	1637057	OR LAP HERNIA REP INTL	986

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
49651	1637065	OR LAP HERNIA REP RECURRENT	1,281
49651	1637073	OR LAP HERNIA REP RECURRENT	1,281
49652	1637081	OR LAP HERNIA REP VENTRAL/UMBILICAL	1,742
49653	1637099	OR LAP HERNIA REP VENTRAL/UMBILICAL	2,219
49654	1637107	OR LAP HERNIA REP INCSNAL, REDUCIBL	1,996
49655	1637115	OR LAP HERNIA REP INCSNAL, INCARCER	2,440
49656	1637123	OR LAP HERNIA REP INCSNAL, RECURREN	1,996
49657	1637131	OR LAP HERNIA REP INCSNAL, RECURREN	2,893
49659	1637156	OR LAP PROC, HERNIA REP	1,944
49659	1637149	OR LAP PROCECURE, HERNIA REP	1,944
50546	1637164	OR LAP NEPHRECTOMY	3,101
50548	1637172	OR LAP NEHPRECTOMY W/URETER	3,507
58661	1637180	OR LAP, REMV ADNEXA	1,566
60210	1637198	OR PARTL THYRD EXCSN	1,673
60212	1637206	OR PARTL THYRD EXCSN W/ CONTRALAT L	2,394
60220	1637214	OR PARTL REMVL OF THYRD	1,829
60225	1637222	OR PARTL REMVL OF THYRD W/ CONTRALA	2,201
60240	1637230	OR REMVL OF THYRD	2,320
60252	1637248	OR REMVL OF THYRD FOR MALIGNANCY	3,146
60254	1637255	OR EXTENSIVE THYRD SURGERY	4,042
60280	1637263	OR REMV THYRD DUCT LESN	1,050
60281	1637271	OR REMV THYRD DUCT LESN, RECURRENT	1,402
60650	1637289	OR LAP ADRENALECTOMY	2,893
60659	1637297	OR LAP PROCECURE, ENDOCRINE	2,893
64776	1637305	OR REMV DIGIT NERVE LESN	917
64782	1637313	OR REMV LIMB NERVE LESN	1,078
64783	1637321	OR LIMB NERVE SURGERY ADD-ON	521
64784	1637339	OR REMV NERVE LESN	1,711
64788	1637347	OR REMV SKN NERVE LESN	916
64790	1637354	OR REMVL NEUROFIBROMA MAJOR PERIPHE	1,943
64792	1637362	OR REMVL NEUROFIBROMA, EXTENSIVE	2,670
64831	1637370	OR REP OF DIGIT NERVE	1,587
64832	1637388	OR REP NERVE ADD-ON	817
69000	1637396	OR DRAIN EXT EAR LESN	278
69005	1637404	OR DRAIN EXT EAR LESN	375
69020	1637412	OR DRAIN OUTER EAR CANAL LESN	336
76998	1637420	OR US GUIDANCE, INTRAOPERATIVE	160
99201	1780006	OR OV LV1 NP	139
99202	1780014	OR OV LV2 NP	201
99203	1780022	OR OV LV3 NP	417

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99204	1780030	OR OV LV4 NP	525
99205	1780048	OR OV LV5 NP	935
99211	1780055	OR OV LV1 EP	54
99212	1780063	OR OV LV2 EP	103
99213	1780071	OR OV LV3 EP	287
99214	1780089	OR OV LV4 EP	324
99215	1780097	OR OV LV5 EP	623
99221	1780105	OR HV LV1 NP	586
99222	1780113	OR HV LV2 NP	798
99223	1780121	OR HV LV3 NP	1,179
99231	1780139	OR HV LV1 EP	236
99232	1780147	OR HV LV2 EP	433
99233	1780154	OR HV LV3 EP	623
99241	1780162	OR OFFICE CONSULT MINOR	145
99242	1780170	OR OFFICE CONSULT LOW COMPLX	306
99243	1780188	OR OFFICE CONSULT MOD COMPLX	429
99244	1780196	OR OFFICE CONSULT HIGH COMPLX	691
99245	1780204	OR OFFICE CONSULT CRITICAL	862
99251	1780212	OR HOSP CONSULTMINOR	312
99252	1780220	OR HOSP CONSULT LOW COMPLEX	468
99253	1780238	OR HOSP CONSULT MOD COMPLEX	707
99254	1780246	OR HOSP CONSULT HIGH COMPLEX	1,025
99255	1780253	OR HOSP CONSULT CRITICAL	1,246
99291	1780261	OR CRIT CARE DET 1ST HOUR	1,403
99292	1780279	OR CRIT CARE DET EA ADD 30 MIN	599
		PALLIATIVE CARE	
99201	1612076	PAL OV LV1 NP	69
99203	1612084	PAL OV LV2 NP	202
99205	1612092	PAL OV LV3 NP	451
99211	1612100	PAL OV LV1 EP	25
99213	1612118	PAL OV LV2 EP	138
99215	1612126	PAL OV LV3 EP	301
99251	1612001	PAL HOSP CONSULT MINOR	150
99252	1612019	PAL HOSP CONSULT LOW COMPLEXITY	484
99253	1612027	PAL HOSP CONSULT MODERATE COMPLEX	341
99254	1612035	PAL HOSP CONSULT HIGH COMPLEXITY	484
99255	1612043	PAL HOSP CONSULT CRITICAL	1,291
99291	1612050	PAL CRITICAL CARE DET 1ST HOUR	1,452
99292	1612068	PAL CRITICAL CARE EA ADD 30 MIN	725
99341	1612134	PAL HOME V LV1 NP	152

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99342	1612142	PAL HOME V LV2 NP	229
99343	1612159	PAL HOME V LV3 NP	382
99344	1612167	PAL HOME V LV4 NP	509
99345	1612175	PAL HOME V LV5 NP	616
99346	1612183	PAL HOME V LV6 NP	616
99347	1612191	PAL HOME V LV1 EP	150
99348	1612209	PAL HOME V LV2 EP	234
99349	1612217	PAL HOME V LV3 EP	350
99350	1612225	PAL HOME V LV4 EP	495
		PHYSIATRIST	
99201	1616507	PHYSIATRIS OV LV1 NP	144
99203	1616515	PHYSIATRIS OV LV2 NP	431
99205	1616523	PHYSIATRIS OV LV3 NP	968
99211	1616531	PHYSIATRIS OV LV1 EP	56
99213	1616549	PHYSIATRIS OV LV2 EP	297
99215	1616556	PHYSIATRIS OV LV3 EP	645
99221	1616606	PHYSIATRIS HV LV1 NP	444
99222	1616614	PHYSIATRIS HV LV2 NP	607
99223	1616622	PHYSIATRIS HV LV3 NP	1,220
99231	1616630	PHYSIATRIS HV LV1 EP	180
99232	1616648	PHYSIATRIS HV LV2 EP	328
99233	1616655	PHYSIATRIS HV LV3 EP	645
		PROCEDURALIST	
31500	1613009	PROC INSERT EMERGENCY AIRWAY	550
32421	1613165	PROC THORACENTESIS FOR ASPIRAT	365
32422	1613173	PROC THORACENTESIS W/TUBE INSE	518
36481	1613017	PROC INSERTION OF CATHETER PERC	1,651
36500	1613025	PROC INSERTION OF CATHETER VE	830
36510	1613033	PROC INSERT CAT UMBIL	259
36620	1613041	PROC INSERTION CATHETER ARTER	273
36625	1613058	PROC INSERT CATH ARTER CUTDOWN	273
36640	1613066	PROC INSER CATH A INFUS	273
36660	1613074	PROC INSERTION CATHETER ARTER	331
49080	1613181	PROC PUNCTURE PERITONEAL CAVI	319
49081	1613199	PROC REMOVAL OF ABDOMINAL FLUI	298
62270	1613207	PROC SPINAL FLUID TAP DIAGNOS	324
93312	1613090	PROC TEE	520
93313	1613108	PROC TEE PROBE ONLY	225
93314	1613116	PROC TEE IMAGE/REPORT	296
93315	1613124	PROC TEE CARDIAC	520

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
93316	1613132	PROC TEE CARDIAC PROBE ONLY	225
93317	1613140	PROC TEE CARD IMAGE/REPORT	432
93318	1613157	PROC TEE INTR	520
93503	1613082	PROC INSERT/PLACE HEART CATHET	689
		REMOTE CONSULTATION	
99251	1615004	REMOTE CONSULTATION LV1	236
99251	1615103	REMOTE CONSULTATION LV11	323
99251	1615053	REMOTE CONSULTATION LV6	280
99252	1615111	REMOTE CONSULTATION LV12	484
99252	1615012	REMOTE CONSULTATION LV2	355
99252	1615061	REMOTE CONSULTATION LV7	419
99253	1615129	REMOTE CONSULTATION LV13	731
99253	1615020	REMOTE CONSULTATION LV3	537
99253	1615079	REMOTE CONSULTATION LV8	634
99254	1615038	REMOTE CONSULTATION LV4	779
99254	1615137	REMOTE CONSULTATION LV4	1,061
99254	1615087	REMOTE CONSULTATION LV9	920
99255	1615095	REMOTE CONSULTATION LV10	1,118
99255	1615145	REMOTE CONSULTATION LV15	1,291
99255	1615046	REMOTE CONSULTATION LV5	946
		ROBOTICS	
99251	1616002	TELE-MEDICINE ROBOTICS	395
		VASCULAR SURGERY	
99201	1617000	VASC OV LV1 NP	77
99203	1617018	VASC OV LV2 NP	229
99205	1617026	VASC OV LV3 NP	968
99211	1617034	VASC OV LV1 EP	29
99213	1617042	VASC OV LV2 EP	159
99215	1617059	VASC OV LV3 EP	645
99221	1617067	VASC HV LV1 NP	323
99222	1617075	VASC HV LV2 NP	439
99223	1617083	VASC HV LV3 NP	1,220
99231	1617091	VASC HV LV1 EP	131
99232	1617109	VASC HV LV2 EP	238
99233	1617117	VASC HV LV3 EP	645
99231	1617125	VASC HOSP FOLLOW UP ROUTINE	244
99232	1617133	VASC HOSP FOLLOW MORE THAN ROUTINE	448
99233	1617141	VASC HOSP FOLLOW UP COMPLEX	645
99251	1617158	VASC HOSP CON SELF LTD MINOR	172
99252	1617166	VASC HOSP CON LOW COMPLEX	484

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99253	1617174	VASC HOSP CON MODERATE	392
99254	1617182	VASC HOSP CON HIGH COMPLEX	1,061
99255	1617190	VASC HOSP CON CRITICAL	1,291
99291	1617208	VASC UNUSUAL C CARE DET 1ST HOUR	1,452
99292	1617216	VASC C CARE EA ADD 30 MIN	725
27880	1617224	VASC AMPUTATION OF LOWER LEG	2,622
28800	1617232	VASC AMPUTATION OF MIDFOOT	1,489
28805	1617240	VASC AMPUTATION THRU METATARSA	2,160
28810	1617257	VASC AMPUTATION TOE & METATARS	1,122
28820	1617265	VASC AMPUTATION OF TOE	841
28825	1617273	VASC PARTIAL AMPUTATION OF TOE	637
33508	1617281	VASC ENDOSCOPIC VEIN HARVEST	55
34201	1617299	VASC REMOVAL OF ARTERY CLOT	3,335
34802	1617307	VASC ENDOVAS AAA REPR W/2-P PA	4,079
35102	1617315	VASC RPR DEFECT OF ARTERY	6,258
35188	1617323	VASC RPR BLOOD VESSEL LESIO	2,590
35207	1617331	VASC RPR BLOOD VESSEL HAND	1,867
35301	1617349	VASC RECHAN ART SUBCLAV	3,360
35355	1617356	VASC RECHAN ART IL FEMORAL	3,360
35371	1617364	VASC RECHAN ART COM FEMORAL	2,621
35473	1617372	VASC RPR ARTERIAL BLKAGE	1,038
35476	1617380	VASC RPR VENOUS BLKAGE	1,038
35492	1617398	VASC ATHERECTOMY PERCUTANEOUS	1,142
35556	1617406	VASC ARTERY BYPASS GRAFT	4,580
35572	1617414	VASC HARVEST FEMOROPOPLITEAL V	1,173
35641	1617422	VASC ARTERY BYPASS GRAFT	4,580
35656	1617430	VASC ART BYPASS GRAFT FEMORAL	3,508
35761	1617448	VASC EXPLORATION OF ARTERY/VEI	1,005
35875	1617455	VASC REMOVAL OF CLOT IN GRAFT	1,831
35876	1617463	VASC REMOVAL CLOT W/REVIS	1,831
36000	1617471	VASC PLACE NEEDLE IN VEIN	30
36002	1617489	VASC PSEUDOANEURYSM INJECTION	336
36005	1617497	VASC INJECTION EXT VENOGRAPHY	164
36010	1617513	VASC PLACE CATHETER IN VEIN	488
36011	1617521	VASC PLACE CATH VEIN 1ST ORDER	488
36012	1617539	VASC PLACE CATH VEIN 1ST ORDER	488
36013	1617547	VASC PLACE CATHETER IN ARTERY	434
36014	1617554	VASC PLACE CATHETER IN ARTERY	434
36015	1617562	VASC PLACE CATHETER IN ARTERY	434
36100	1617570	VASC ESTABLISH ACCESS TO ARTER	519

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
36120	1617588	VASC ESTABLISH ACCESS TO ARTER	346
36140	1617596	VASC ESTABLISH ACCESS TO ARTER	519
36145	1617604	VASC ARTERY TO VEIN SHUNT	991
36160	1617612	VASC ESTABLISH ACCESS TO AORTA	433
36200	1617620	VASC PLACE CATHETER IN AORTA	519
36215	1617638	VASC PLACE CATHETER IN ARTERY	434
36216	1617646	VASC PLACE CATHETER IN ARTERY	434
36217	1617653	VASC PLACE CATHETER IN ARTERY	434
36218	1617661	VASC PLACE CATHETER IN ARTERY	174
36245	1617679	VASC PLACE CATHETER IN ARTERY	434
36246	1617687	VASC PLACE CATHETER IN ARTERY	434
36247	1617695	VASC PLACE CATHETER IN ARTERY	434
36248	1617703	VASC PLACE CATHETER IN ARTERY	174
36260	1617711	VASC INSERTION OF INFUSION PUM	1,690
36261	1617729	VASC REVISION OF INFUSION PUMP	954
36262	1617737	VASC REMOVAL OF INFUSION PUMP	697
36468	1617745	VASC INJECTION(S) SPIDER VEIN	276
36469	1617752	VASC INJECTION(S) SPIDER VEIN	276
36470	1617760	VASC INJECTION THERAPY OF VEIN	189
36471	1617778	VASC INJECTION THERAPY OF VEIN	276
36475	1617786	VASC ENDOVENOUS RF 1ST VEIN	1,155
36476	1617794	VASC ENDOVENOUS RF VEIN ADD-O	582
36478	1617802	VASC ENDOVENOUS LASER 1ST VEI	1,155
36479	1617810	VASC ENDOVENOUS LASER VEIN ADD	582
36481	1617828	VASC INSERTION OF CATHETER VE	1,201
36500	1617836	VASC INSERTION OF CATHETER VE	604
36510	1617844	VASC INSERTION OF CATHETER VE	189
36550	1617851	VASC PHOTOPHERESIS	288
36555	1617869	VASC INSERT NON-TUNNEL CV CATH	462
36556	1617877	VASC INSERT NON-TUNNEL CV CATH	513
36557	1617885	VASC INSERT TUNNELED CV CATH	880
36558	1617893	VASC INSERT TUNNELED CV CATH	880
36560	1617901	VASC INSERT TUNNELED CV CATH	880
36561	1617919	VASC INSERT TUNNELED CV CATH	880
36563	1617927	VASC INSERT TUNNELED CV CATH	880
36565	1617935	VASC INSERT TUNNELED CV CATH	2,067
36566	1617943	VASC INSERT TUNNELED CV CATH	880
36568	1617950	VASC INSERT PICC CATH	330
36569	1617968	VASC INSERT PICC CATH	313
36570	1617976	VASC INSERT PICVAD CATH	917

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
36571	1617984	VASC INSERT PICVAD CATH	914
36575	1617992	VASC RPR TUNNELED CV CATH	115
36576	1618008	VASC RPR TUNNELED CV CATH	115
36578	1618024	VASC REPLACE TUNNELED CV CATH	1,022
36580	1618032	VASC REPLACE CVAD CATH	224
36581	1618040	VASC REPLACE TUNNELED CV CATH	1,021
36582	1618057	VASC REPLACE TUNNELED CV CATH	1,021
36583	1618065	VASC REPLACE TUNNELED CV CATH	905
36584	1618073	VASC REPLACE PICC CATH	207
36585	1618081	VASC REPLACE PICVAD CATH	828
36589	1618099	VASC REMOVAL TUNNELED CV CATH	456
36590	1618107	VASC REMOVAL TUNNELED CV CATH	456
36593	1618115	VASC DECLOT VASCULAR DEVICE	392
36595	1618123	VASC MECH REMOV TUNNELED CV CA	618
36596	1618131	VASC MECH REMOV TUNNELED CV CA	128
36597	1618149	VASC REPOSITION VENOUS CATHETE	264
36620	1618156	VASC INSERTION CATHETER ARTER	198
36625	1618164	VASC INSERTION CATHETER ARTER	273
36640	1618172	VASC INSERTION CATHETER ARTER	273
36800	1618180	VASC INSERTION OF CANNULA	418
36810	1618198	VASC INSERTION OF CANNULA	418
36815	1618206	VASC INSERTION OF CANNULA	418
36818	1618214	VASC AV FUSE UPPR ARM CEPHAL	2,370
36819	1618222	VASC AV FUSE UPPR ARM BASILI	2,889
36820	1618230	VASC AV FUSION/FOREARM VEIN	2,889
36821	1618248	VASC AV FUSION DIRECT ANY SITE	2,408
36821	1618255	VASC AV FUSION DIRECT ANY SITE	1,574
36825	1618263	VASC ARTERY-VEIN AUTOGRAFT	2,008
36830	1618271	VASC ARTERY-VEIN NONAUTOGRAFT	2,408
36831	1618289	VASC OPEN THROMBECT AV FISTULA	1,608
36832	1618297	VASC AV FISTULA REVISION OPEN	2,107
36833	1618305	VASC AV FISTULA REVISION	2,399
36834	1618313	VASC RPR A-V ANEURYSM	1,912
36835	1618321	VASC ARTERY TO VEIN SHUNT	991
36860	1618339	VASC EXTERNAL CANNULA DECLETTI	346
36861	1618347	VASC CANNULA DECLETTING	433
36870	1618354	VASC PERCUT THROMBECT AV FISTU	890
37184	1618362	VASC PRIM ART MECH THROMBECTOM	1,491
37185	1618370	VASC PRIM ART M-THROMBECT ADD-	565
37186	1618388	VASC SEC ART M-THROMBECT ADD-O	846

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
37187	1618396	VASC VENOUS MECH THROMBECTOMY	1,383
37188	1618404	VASC VENOUS M-THROMBECTOMY ADD	983
37200	1618412	VASC TRANSCATHETER BIOPSY	783
37203	1618420	VASC TRANSCATHETER RETRIEVAL	864
37205	1618438	VASC TRANSCATH IV STENT PERCU	1,422
37250	1618446	VASC IV US FIRST VESSEL ADD-ON	362
37251	1618453	VASC IV US EACH ADD VESSEL ADD	276
37500	1618461	VASC ENDOSCOPY LIGATE PERF VEI	1,985
37607	1618479	VASC LIGATION OF A-V FISTULA	1,243
37609	1618487	VASC TEMPORAL ARTERY PROC	519
37620	1618495	VASC REVISION OF MAJOR VEIN	1,977
37650	1618503	VASC REVISION OF MAJOR VEIN	1,447
37700	1618511	VASC REVISE LEG VEIN	646
37718	1618537	VASC LIGATE/STRIP SHORT LEG VE	1,213
37720	1618545	VASC LIGATE/STRIP SHORT LEG VE	1,213
37722	1618552	VASC LIGATE/STRIP LONG LEG VEI	1,392
37730	1618560	VASC LIGATE/STRIP LONG LEG VEI	1,392
37735	1618578	VASC REMOVAL OF LEG VEINS/LESI	1,859
37760	1618586	VASC LIGATION LEG VEINS OPEN	1,839
37765	1618594	VASC PHLEB VEINS EXTREM 10-20	1,313
37766	1618602	VASC PHLEB VEINS EXTREM 20+	1,648
37780	1618610	VASC REVISION OF LEG VEIN	667
37785	1618628	VASC LIGATE/DIVIDE/EXCISE VEIN	667
37790	1618636	VASC PENILE VENOUS OCCLUSION	1,440
75650	1618644	VASC ARTERY X-RAYS HEAD & NEC	258
75790	1618651	VASC VISUALIZE A-V SHUNT	370
75966	1618669	VASC RPR ARTERIAL BLKAGE	224
10180	1618677	VASC COMPLEX DRAINAGE WOUND	456
27301	1618685	VASC DRAIN THIGH/KNEE LESION	1,339
27603	1618693	VASC DRAIN LOWER LEG LESION	1,028
28002	1618701	VASC TREATMENT OF FOOT INFECTION	1,159
35256	1618719	VASC REPAIR BLOOD VESSEL LESION	3,809
75710	1618727	VASC ARTERY XRAYS ARM/LEG	228
75827	1618735	VASC VEIN XRAY CHEST	228
75978	1618743	VASC REPAIR VENOUS BLOCKAGE	109
77001	1618750	VASC FLUOROGUIDE FOR VEIN DEVICE	77
	1618768	VASC INSERT TUNNELED CV CATH	2,067
99241	1770007	VASC OFFICE CONSULT MINOR	145
99242	1770015	VASC OFFICE CONSULT LOW COMPLEXITY	306
99243	1770023	VASC OFFICE CONSULT MOD COMPLEXITY	429

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	PHYSICIAN SERVICES	\$
99244	1770031	VASC OFFICE CONSULT HIGH COMPLEXITY	691
99245	1770049	VASC OFFICE CONSULT CRITICAL	862
	1770056	VASC SURGERY ASSIST BY ANOTHER SURG	885

PART B (Fees payable for treatment not included in standard health benefit)

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

SCHEDULE 4

(Regulation 9)

OUT-PATIENT TREATMENT

Part A (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 GLYCATE	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
85306	910463	LAB -PROTEIN S FREE	106

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 RECPTR 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
88309	1013473	LAB -SURGICAL PATH LEVEL6	712
88312	1013499	LAB -SPECIAL STAIN MICRO	112

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 SCR N	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 SCR N 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 SCR N	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
82438	1211200	LAB -CSF CHLORIDE ONLY	60
82435	1211218	LAB -CHLORIDE	60

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 ACID	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 -PORPHYRINS(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
80184	1211762	LAB -PHENOBARBITAL	81
80188	1211770	LAB -PRIMIDONE	75

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
84560	1212638	LAB -URIC ACID 24HR UR	85
84540	1212646	LAB -UREA NITROG 24HR UR	85

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
87070	1312099	LAB -CSF CULTURE	230
87206	1312123	LAB -SPUTM OR TISS FOR TB	205

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
	1411842	LOS USHER SYNDROME TYPE 1F	147
	1411859	LOS TAY-SACHS DNA ANALYSIS	180

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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 CHRM13,18,21XY	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
86226	1413061	LOS DNA AUTOANTIBODIES SNGL STRAND	179
86256	1413079	LOS MYOCARDIAL TOTAL AUTOABS	58
87186	1413087	LOS ANAEROBIC BACTERIAL MIC	269

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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 PERIOXIDASE 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
82785	1413509	LOS IGE, SERUM OR PLASMA	95
82784	1413517	LOS IMMUNOGLOBULINS SERUM QUANTITI	215
83525	1413525	LOS INSULIN LEVEL SERUM	142

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
83520X 12	1413830	LOS ANTI PHOSPHOLIPID EVALUATION	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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, QUANTITATIVE	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 POSITIVE 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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 IMIPRAMINE 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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 ISOENZYME	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
86632X 3	1416874	LOS CHLAMYDIA SPP. TOTAL AB	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
87536	1417070	LOS HIV VIRAL LOAD ULTRA QUANT	619
86039	1417088	LOS ANTINUCLEAR ANTIBODY	77
86606X	1417096	LOS ASPERGILLUS EVALUATION (2316)	
3			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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
86631X	1417534	LOS CHLAMYDIA PNEUMONIAE TOT AB	
2			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
	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
82172X	1417955	LOS APOLIPOPROTEIN A-1 & B	
2			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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	1460070	LOS ALLERGEN PANEL - MOLDS	336
8660	1460088	LOS ASPERGILLUS AB IGG IGA IGM	217
83890/ 92/94	1460096	LOS BETA THALISSEMIA	563
83789 82239	1460104	LOS BILE ACID FRACTIONATED	201
86631 86632	1460112	LOS CHLAMYDIA PSITTACI IGG IGM IGA	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 83002	1460161	LOS FSH AND LH EVALUATION	201
86705	1460179	LOS HEP B CORE IGM ABS	83
87517	1460187	LOS HEP B VIRUS DNA ULTRAQUA	500
83891 83900	1460195	LOS HEP B VIRUS GENOTYPE	661
86692X 2	1460203	LOS HEP DELTA TOTAL& IGM ABS	335
86689X 2	1460211	LOS HIV 1&2 ABS{IB}+BANDS	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 83900	1460252	LOS JAK2 GENOTYPR	554
80299	1460260	LOS LEFLUNMOIDE	233
85540	1460278	LOS LEUKOCYTE ALKALINE PHOSPHATASE	94
80299	1460286	LOS LEVETIRACETAM	186
824565 84478	1460294	LOS LIPOPROTEIN PROFILE	179
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
87071X 2	1460377	LOS BORDETELLA PERTUSSIS/PARAPERTU	226
87801	1460385	LOS BORDETELLA PERTUSSIS DNA DETCT	407

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
86747X 2	1460393	LOS PARVOVIRUS B19 IGG&IGM ABS	134
82523 82570	1460401	LOS N-TELOPEPTIDES W/CREATININE	161
87529X 2	1460419	LOS HSV DNA DETE	481
83586 82570	1460427	LOS 17 KETOSTEROID WITH CREAININE	87
86631X 2	1460435	LOS PNEUMONIA ATYPICAL ABS EVAL UR	792
908X2 83912	1460443	LOS HEMOCHROMATOSIS DNA GENOTYPR	464
86803	1460450	LOS HEP C VIRUS IGG ABS	121
88184 88185	1460468	LOS LEUKEMIA/LYMPHOMA FLOW EVALU	2,573
84480	1460476	LOS TRIIODTHYRONINIE	96
85303 85306	1460484	LOS PROTEIN C&S ACTIVITY	538
89325X 3	1460492	LOS SPERM ABS	124
87109X 2	1460500	LOS UREAPLASMA UREALYTICUM/MYCOPLA	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
83908X 2	1460575	LOS MTHFR A1298C MUTATION	480
87449	1460583	LOS NOROVIRUS ANTIGEN	94
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 (CARDI)	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 RATIO	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-CO 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
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
86003X	1461094	LOS CUSTOM REGION FULL ALLERGY PAN	
9			424
86003X	1461102	LOS CUSTOM REGION FOOD ALLERGY PANE	
5			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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
83912X 3	1461284	LOS HLA-A,B,C CLASS I DNA TYPING	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
	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
86658	1461789	LOS POLIOVIRUS ANTIBODIES	148
80299	1461797	LOS PROPAFENONE (RYTHMOL)	47
80299	1461805	LOS PYRIDOSTIGMINE	193
86757	1461813	LOS RICKETTTSIA 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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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 BETAETAE IGE	47

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
88271X 5,88274	1426220	LOS - FISH,PRENATAL SCREEN	479
88275X 5,88271	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
88275,8 8271X2	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
84146X 2	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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 84702	1491737	FIRST SCREEN	82
	1492636	LOS JAK2 V617F MUT QL PCR RFX 12 13	433

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.

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
99053	2424844	XR -ADL CHRГ 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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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
MATERI	2626034	ER SUP CRUTCHES	
AL			36
MATERI	2626042	ER SUP CANE	
AL			47
MATERI	2626059	ER SUP SPLINT CLAVICLE	
AL			36
MATERI	2626067	ER SUP SPLNT ARM/LG ALUM	
AL			70
	2626075	ER SUP CERVICAL COLLAR	25

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
MATERI	2626083	ER SUP VELPRO SHLDER IMMOBILIZR	
AL			36
MATERI	2626091	ER SUP PATELLA ISO BRACE	
AL			107
99282	2626109	ER LEVEL 2 VISIT	400
99283	2626117	ER LEVEL 3 VISIT	541
99285	2626125	ER LEVEL 5 VISIT	866
MATERI	2626133	ER SUP VELPO ARM IMMOBILZ	
AL			36
	2626141	RECOMPRESSION CHAMBER	1,899
	2626158	ER SUP MISC SUPPLIES	0
MATERI	2626166	ER SUP THUMB SPLINT	
AL			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
	2626224	ER NURSES ESCORT	391
MATERI	2626232	ER SUP THIMBLE FINGER	
AL			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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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 EXERCISE 15 MIN	85
97535	4141016	OT ADL TRAIN 1 ON 1 15 MIN	85
97532	4141024	OT COG COMPENS TRAIN 15 MIN	85

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
75572	4243168	CT HEART W/CONT, W/VO DYE FUNCT	1,922
75573	4243176	CT HEART W/CONTRAST CCTA W/VO DYE	1,922
75572	4243184	CT HEART W/CONT W/VO QUAN CALCIUM	1,922
75572	4243192	CT HEART W/CONTRAST CCTA W/VO STRXR	1,922
75574	4243200	CT HEART W/CONT CCTA W/VO STRXR QUA	995
75573	4243218	CT HEART W/CONT CCTA W/VO 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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
97804	4334025	CR MNT GROUP THERAPY 30 MIN	48
97110	4341038	CR OT THERAPEUTIC EXCERCISE 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
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/VO PAP	304
	4444055	CO -SEXUAL ASSAULT EXAMS	279
46922	4444063	CO -LES DEST ANUS SMPL	304
56501	4444071	CO -LES DEST VULVA SMPL	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 AUDIOMTRY THRESHOLD	173
92556	4545026	SP AUDIOMTRY 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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
	4848263	MAMMO -ADD CHRГ 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 -CEFTRIAXONE 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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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 SHLDR 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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 INST TUNNLD CV	1,942
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 FLUORO GD F VEIN DVC	728
77002	6780886	XRS FLUORO GUIDNC NDL LCLZTN BY XRY	543
77003	6780894	XRS FLURO US FLURO GD 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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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 SNGLE 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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
65260	7004138	OR -REM FB IOCL 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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	7009251	OTOPLASTY, PROTRUDING EAR, UNILATERAL, NON-COSMETIC	786
	7009269	OTOPLASTY, PROTRUDING EAR, BILATERAL, NON-COSMETIC	786
43237	7009277	ENDOSCOPY UPPER GASTROINTESTINAL WITH	824
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
45386	7009509	COLONOSCOPY WITH BALLOON DILATION 1 OR MORE STRICTURES	882
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 HAMMERTOIE	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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 M'TARSAL	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
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 HEMJAR	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 PEF	107
L1844	7105786	OR -KNEE ORTH SNG JT CUST	107
L1845	7105794	OR -KNEE ORTH DBL JT PEF	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 PEF	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
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 SHOUL DEBRI	1,086
23120	7107022	OR-DIATAL CLAVICULECTOMY	1,086
29826	7107030	OR-ARTHROSCOPY SHOUL SURG	1,086
31276	7107105	OR-NASAL SINUS ENDO SURG W FRONT SI	716

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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/ 15847	7203102	OR -PANNICULECTOMY W/ABDOMINO COS	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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 -RHINO 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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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 Plama - 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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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

Part B (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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
	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
	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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
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
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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2015

CPT	CDM Code	OUT-PATIENT TREATMENT	\$
53215	1640952	URETHRECTOMY TOTAL INCL CYSTOSTOMY MALE	966
53600	1640960	URETHRAL DILATATION (INITIAL)	66
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) REGULATIONS 2015

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

[Schedule 4 Parts A and B amended by BR 18 / 2016 reg. 6 effective 1 April 2016; Parts A and B revoked and replaced by BR 61 / 2017 reg. 3 and 4 effective 1 June 2017]

Made this 16th day of June 2015

Chairman
Bermuda Hospitals Board

Approved this 19th day of June 2015

Minister of Health, Seniors and Environment

[Amended by:

BR 18 / 2016

BR 61 / 2017]