

BERMUDA

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

BR / 2011

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 and Room Differentials
	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:

Citation

1 These Regulations may be cited as the Bermuda Hospitals Board (Hospital Fees) Regulations 2011.

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

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

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

- (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 for public accommodation.
- (2) The fees payable to the Board by residents for in-patient treatment in semi-private or private accommodation at the general hospital—
- (a) in respect of any admission to the hospital with a length of stay of 15 days or less, are equal to the sum of—
    - (i) the amount in Schedule 1 opposite the Diagnosis Related Group to which the patient is assigned by the attending physician; and
    - (ii) the product obtained by multiplying the number of days of stay at the hospital by the room differential for semi-private or private accommodation listed in Part B of Schedule 2;
  - (b) in respect of any admission to the hospital for a length of stay greater than 15 days, are equal to the amount referred to in subparagraph (a) plus the product obtained by multiplying the number of days stay at the hospital greater than 15 days by the per diem rate listed in Part A of Schedule 2 for semi-private or private accommodation, as the case may be.
- (3) Notwithstanding paragraphs (1) and (2), the fees payable for in-patient treatment at the general hospital to the Board by residents who are long term care patients or patients requiring hospice care are equal to the product obtained by multiplying the number of days of hospital stay by the applicable per diem rate listed in Part A of Schedule 2.

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

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

- (a) in respect of any admission to the hospital with a length of stay of 15 days or less, are equal to the sum of—
  - (i) the amount in Schedule 1 opposite the Diagnosis Related Group to which the patient has been assigned by the attending physician plus a 50% surcharge based on that amount; and
  - (ii) the product obtained by multiplying the number of days of stay at the hospital by the room differential listed in Part C of Schedule 2 for semi-private or private accommodation, as the case may be; or

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

- (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 D of Schedule 2 for public, semi-private or private accommodation, as the case may be.

Rates where patient readmitted with related diagnosis

4 Where a resident referred to in 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 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 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.

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 D of Schedule 2.

## BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

### Rates for out-patient treatment

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

### Revocation

10 The Bermuda Hospitals Board (Hospital Fees) Regulations 2010 are revoked.

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

SCHEDULE 1

(Regulations 2, 3 and 4)

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

DRG	DRG Title	\$
1	CRANIOTOMY AGE >17 W CC	23,925
2	CRANIOTOMY AGE >17 W/O CC	13,481
3	CRANIOTOMY AGE 0-17	13,887
6	CARPAL TUNNEL RELEASE	5,461
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	18,372
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	11,015
9	SPINAL DISORDERS & INJURIES	9,422
10	NERVOUS SYSTEM NEOPLASMS W CC	8,669
11	NERVOUS SYSTEM NEOPLASMS W/O CC	5,933
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	6,437
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	5,897
14	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	8,367
15	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	6,519
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	9,376
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	4,930
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	6,931
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	4,966
21	VIRAL MENINGITIS	9,755
22	HYPERTENSIVE ENCEPHALOPATHY	8,045
23	NONTRAUMATIC STUPOR & COMA	5,534
26	SEIZURE & HEADACHE AGE 0-17	6,957
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	9,321
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	9,222
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	5,111
30	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	2,349
31	CONCUSSION AGE >17 W CC	6,764
32	CONCUSSION AGE >17 W/O CC	4,424
33	CONCUSSION AGE 0-17	1,475
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	7,026
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	4,547
36	RETINAL PROCEDURES	5,562
37	ORBITAL PROCEDURES	8,329

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
38	PRIMARY IRIS PROCEDURES	4,277
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	4,461
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	7,118
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	2,390
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	5,328
43	HYPHEMA	4,275
44	ACUTE MAJOR EYE INFECTIONS	4,961
45	NEUROLOGICAL EYE DISORDERS	5,133
46	OTHER DISORDERS OF THE EYE AGE >17 W CC	5,465
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	3,811
48	OTHER DISORDERS OF THE EYE AGE 0-17	2,106
49	MAJOR HEAD & NECK PROCEDURES	11,519
50	SIALOADENECTOMY	6,076
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	6,068
52	CLEFT LIP & PALATE REPAIR	4,486
53	SINUS & MASTOID PROCEDURES AGE >17	9,349
54	SINUS & MASTOID PROCEDURES AGE 0-17	3,413
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	6,664
56	RHINOPLASTY	6,169
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	6,888
58	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	1,939
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	4,704
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	1,475
61	MYRINGOTOMY W TUBE INSERTION AGE >17	11,038
62	MYRINGOTOMY W TUBE INSERTION AGE 0-17	2,090
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	9,638
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	8,629
65	DYSEQUILIBRIUM	4,252
66	EPISTAXIS	4,336
67	EPIGLOTTITIS	5,691
68	OTITIS MEDIA & URI AGE >17 W CC	4,560
69	OTITIS MEDIA & URI AGE >17 W/O CC	3,390
70	OTITIS MEDIA & URI AGE 0-17	2,471
71	LARYNGOTRACHEITIS	5,357

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
72	NASAL TRAUMA & DEFORMITY	5,374
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	5,869
74	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	2,376
75	MAJOR CHEST PROCEDURES	20,956
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	19,599
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	8,206
78	PULMONARY EMBOLISM	8,532
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	11,232
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	6,174
81	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	10,756
82	RESPIRATORY NEOPLASMS	9,749
83	MAJOR CHEST TRAUMA W CC	7,117
84	MAJOR CHEST TRAUMA W/O CC	4,162
85	PLEURAL EFFUSION W CC	8,602
86	PLEURAL EFFUSION W/O CC	4,924
87	PULMONARY EDEMA & RESPIRATORY FAILURE	9,555
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	6,130
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	7,164
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	4,245
91	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	3,865
92	INTERSTITIAL LUNG DISEASE W CC	8,271
93	INTERSTITIAL LUNG DISEASE W/O CC	5,135
94	PNEUMOTHORAX W CC	7,922
95	PNEUMOTHORAX W/O CC	4,053
96	BRONCHITIS & ASTHMA AGE >17 W CC	5,075
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	3,748
98	BRONCHITIS & ASTHMA AGE 0-17	4,053
99	RESPIRATORY SIGNS & SYMPTOMS W CC	4,940
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	3,736
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	5,948
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	3,881
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	130,254
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH	57,239
105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH	41,818

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
106	CORONARY BYPASS W PTCA	46,524
108	OTHER CARDIOTHORACIC PROCEDURES	39,731
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	26,281
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	17,178
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	22,540
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	12,102
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	9,469
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	11,521
119	VEIN LIGATION & STRIPPING	10,049
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	16,690
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	11,162
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	6,643
123	CIRCULATORY DISORDERS W AMI, EXPIRED	10,289
124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	9,735
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	7,270
126	ACUTE & SUBACUTE ENDOCARDITIS	18,402
127	HEART FAILURE & SHOCK	7,243
128	DEEP VEIN THROMBOPHLEBITIS	5,178
129	CARDIAC ARREST, UNEXPLAINED	6,986
130	PERIPHERAL VASCULAR DISORDERS W CC	6,705
131	PERIPHERAL VASCULAR DISORDERS W/O CC	3,973
132	ATHEROSCLEROSIS W CC	4,362
133	ATHEROSCLEROSIS W/O CC	3,793
134	HYPERTENSION	4,273
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	6,494
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	4,543
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	5,795
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	5,775
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	3,657
140	ANGINA PECTORIS	3,480
141	SYNCOPE & COLLAPSE W CC	5,271
142	SYNCOPE & COLLAPSE W/O CC	4,151

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
143	CHEST PAIN	3,893
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	9,239
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	4,029
146	RECTAL RESECTION W CC	18,939
147	RECTAL RESECTION W/O CC	10,442
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	9,912
150	PERITONEAL ADHESIOLYSIS W CC	19,242
151	PERITONEAL ADHESIOLYSIS W/O CC	8,880
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	13,021
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	7,583
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/ O CC	8,940
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17	5,968
157	ANAL & STOMAL PROCEDURES W CC	9,273
158	ANAL & STOMAL PROCEDURES W/O CC	4,541
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	9,885
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/ O CC	5,990
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	8,564
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	4,776
163	HERNIA PROCEDURES AGE 0-17	4,701
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	14,826
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	8,178
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	9,690
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	6,214
168	MOUTH PROCEDURES W CC	8,857
169	MOUTH PROCEDURES W/O CC	5,301
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	20,658
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	8,452
172	DIGESTIVE MALIGNANCY W CC	9,868
173	DIGESTIVE MALIGNANCY W/O CC	5,279
174	G.I. HEMORRHAGE W CC	7,109
175	G.I. HEMORRHAGE W/O CC	4,009
176	COMPLICATED PEPTIC ULCER	7,785
177	UNCOMPLICATED PEPTIC ULCER W CC	6,444
178	UNCOMPLICATED PEPTIC ULCER W/O CC	4,763

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
179	INFLAMMATORY BOWEL DISEASE	7,459
180	G.I. OBSTRUCTION W CC	6,856
181	G.I. OBSTRUCTION W/O CC	3,994
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	5,422
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	4,033
184	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	4,275
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17	6,135
186	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17	2,275
187	DENTAL EXTRACTIONS & RESTORATIONS	5,815
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	7,547
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	4,084
190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	4,385
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	27,192
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	11,558
193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	23,358
194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	10,963
195	CHOLECYSTECTOMY W C.D.E. W CC	21,059
196	CHOLECYSTECTOMY W C.D.E. W/O CC	10,641
197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	17,618
198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC	8,133
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	15,431
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	19,610
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	26,172
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	9,249
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	9,440
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	7,587
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	8,294
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	5,031
207	DISORDERS OF THE BILIARY TRACT W CC	8,174
208	DISORDERS OF THE BILIARY TRACT W/O CC	4,757

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	13,134
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	8,934
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	6,328
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS	14,619
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	12,941
217	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS	21,058
218	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC	11,774
219	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC	7,618
220	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17	4,134
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC	8,097
224	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC	5,919
225	FOOT PROCEDURES	8,820
226	SOFT TISSUE PROCEDURES W CC	11,282
227	SOFT TISSUE PROCEDURES W/O CC	5,950
228	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC	7,960
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	4,978
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	9,242
232	ARTHROSCOPY	6,719
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	13,141
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	8,675
235	FRACTURES OF FEMUR	5,679
236	FRACTURES OF HIP & PELVIS	5,308
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	4,538
238	OSTEOMYELITIS	9,735
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY	7,735
240	CONNECTIVE TISSUE DISORDERS W CC	9,533
241	CONNECTIVE TISSUE DISORDERS W/O CC	4,583
242	SEPTIC ARTHRITIS	7,626

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
243	MEDICAL BACK PROBLEMS	5,502
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	5,105
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	3,412
246	NON-SPECIFIC ARTHROPATHIES	4,357
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	4,097
248	TENDONITIS, MYOSITIS & BURSITIS	6,129
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	5,183
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC	4,992
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC	3,536
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17	1,795
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W CC	5,648
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC	3,438
255	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE 0-17	2,091
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	6,017
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	6,298
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	4,923
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	6,946
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	4,708
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION	6,583
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	6,643
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	14,658
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC	7,581
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC	11,703
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC	6,308
267	PERIANAL & PILONIDAL PROCEDURES	6,520
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	8,437
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	12,373
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	5,668
271	SKIN ULCERS	7,432

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
272	MAJOR SKIN DISORDERS W CC	7,151
273	MAJOR SKIN DISORDERS W/O CC	4,041
274	MALIGNANT BREAST DISORDERS W CC	7,812
275	MALIGNANT BREAST DISORDERS W/O CC	4,111
276	NON-MALIGNANT BREAST DISORDERS	5,130
277	CELLULITIS AGE >17 W CC	6,185
278	CELLULITIS AGE >17 W/O CC	3,901
279	CELLULITIS AGE 0-17	5,469
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	5,328
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	3,595
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	1,818
283	MINOR SKIN DISORDERS W CC	5,251
284	MINOR SKIN DISORDERS W/O CC	3,165
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS	15,033
286	ADRENAL & PITUITARY PROCEDURES	13,186
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS	13,469
288	O.R. PROCEDURES FOR OBESITY	13,208
289	PARATHYROID PROCEDURES	6,382
290	THYROID PROCEDURES	6,080
291	THYROGLOSSAL PROCEDURES	4,039
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	18,631
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	9,606
294	DIABETES AGE >35	5,433
295	DIABETES AGE 0-35	5,285
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	5,754
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	3,514
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17	3,972
299	INBORN ERRORS OF METABOLISM	7,243
300	ENDOCRINE DISORDERS W CC	7,728
301	ENDOCRINE DISORDERS W/O CC	4,287
302	KIDNEY TRANSPLANT	21,509
303	KIDNEY AND URETER PROCEDURES FOR NEOPLASM	13,654
304	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC	16,207

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
305	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC	7,954
306	PROSTATECTOMY W CC	9,245
307	PROSTATECTOMY W/O CC	4,426
308	MINOR BLADDER PROCEDURES W CC	10,076
309	MINOR BLADDER PROCEDURES W/O CC	6,229
310	TRANSURETHRAL PROCEDURES W CC	8,376
311	TRANSURETHRAL PROCEDURES W/O CC	4,524
312	URETHRAL PROCEDURES, AGE >17 W CC	8,124
313	URETHRAL PROCEDURES, AGE >17 W/O CC	5,154
314	URETHRAL PROCEDURES, AGE 0-17	3,505
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	14,618
316	RENAL FAILURE	8,701
317	ADMIT FOR RENAL DIALYSIS	5,570
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	8,544
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	4,201
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	6,055
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	4,000
322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	4,253
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	5,702
324	URINARY STONES W/O CC	3,487
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	4,767
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	3,137
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	1,457
328	URETHRAL STRICTURE AGE >17 W CC	5,036
329	URETHRAL STRICTURE AGE >17 W/O CC	3,589
330	URETHRAL STRICTURE AGE 0-17	2,256
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	7,568
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	4,319
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	7,022
334	MAJOR MALE PELVIC PROCEDURES W CC	9,806
335	MAJOR MALE PELVIC PROCEDURES W/O CC	7,715
336	TRANSURETHRAL PROSTATECTOMY W CC	5,920
337	TRANSURETHRAL PROSTATECTOMY W/O CC	4,058
338	TESTES PROCEDURES, FOR MALIGNANCY	9,526
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	8,667

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17	2,005
341	PENIS PROCEDURES	9,265
342	CIRCUMCISION AGE >17	5,595
343	CIRCUMCISION AGE 0-17	1,090
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY	8,371
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY	8,967
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	7,399
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	3,718
348	BENIGN PROSTATIC HYPERTROPHY W CC	5,129
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	3,187
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	5,350
351	STERILIZATION, MALE	1,672
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	5,399
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY	12,561
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	10,333
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	6,266
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5,227
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	15,362
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	7,884
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	5,560
360	VAGINA, CERVIX & VULVA PROCEDURES	6,083
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	7,336
362	ENDOSCOPIC TUBAL INTERRUPTION	2,138
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	7,615
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	6,169
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	14,159
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	8,607
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	4,049
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	8,076
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	4,555

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
370	CESAREAN SECTION W CC	6,215
371	CESAREAN SECTION W/O CC	4,533
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	3,908
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	2,701
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	4,491
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	7,769
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	4,246
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	8,601
378	ECTOPIC PREGNANCY	4,946
379	THREATENED ABORTION	2,857
380	ABORTION W/O D&C	3,059
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	4,881
382	FALSE LABOR	1,255
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	3,524
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	2,617
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	9,740
386	EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	32,119
387	PREMATURITY W MAJOR PROBLEMS	21,936
388	PREMATURITY W/O MAJOR PROBLEMS	13,236
389	FULL TERM NEONATE W MAJOR PROBLEMS	22,533
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	7,976
391	NORMAL NEWBORN	1,080
392	SPLENECTOMY AGE >17	20,852
393	SPLENECTOMY AGE 0-17	9,541
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS	13,325
395	RED BLOOD CELL DISORDERS AGE >17	5,519
396	RED BLOOD CELL DISORDERS AGE 0-17	4,594
397	COAGULATION DISORDERS	9,160
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	7,781
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	4,641
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	20,473
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	8,017
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	12,859

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	6,368
405	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	13,527
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC	18,781
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC	7,972
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC	14,949
409	RADIOTHERAPY	8,940
410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	7,531
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	2,542
412	HISTORY OF MALIGNANCY W ENDOSCOPY	5,909
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	9,215
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	5,300
417	SEPTICEMIA AGE 0-17	13,009
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	7,589
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	5,948
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	4,113
421	VIRAL ILLNESS AGE >17	5,349
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17	4,264
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	12,690
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	15,525
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	4,349
426	DEPRESSIVE NEUROSES	3,536
427	NEUROSES EXCEPT DEPRESSIVE	3,853
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	5,383
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	5,792
430	PSYCHOSES	5,013
431	CHILDHOOD MENTAL DISORDERS	4,647
432	OTHER MENTAL DISORDER DIAGNOSES	4,564
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	2,266
439	SKIN GRAFTS FOR INJURIES	13,167
440	WOUND DEBRIDEMENTS FOR INJURIES	13,319
441	HAND PROCEDURES FOR INJURIES	6,849
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	17,630
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	7,248

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
444	TRAUMATIC INJURY AGE >17 W CC	5,382
445	TRAUMATIC INJURY AGE >17 W/O CC	3,660
446	TRAUMATIC INJURY AGE 0-17	2,096
447	ALLERGIC REACTIONS AGE >17	3,962
448	ALLERGIC REACTIONS AGE 0-17	691
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	6,029
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	3,051
451	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	1,863
452	COMPLICATIONS OF TREATMENT W CC	7,378
453	COMPLICATIONS OF TREATMENT W/O CC	3,657
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	5,949
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	3,359
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	10,845
462	REHABILITATION	6,532
463	SIGNS & SYMPTOMS W CC	4,942
464	SIGNS & SYMPTOMS W/O CC	3,639
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	4,111
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	5,271
467	OTHER FACTORS INFLUENCING HEALTH STATUS	3,286
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	27,565
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	21,006
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	23,215
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	14,951
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	14,437
479	OTHER VASCULAR PROCEDURES W/O CC	9,943
480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT	64,967
481	BONE MARROW TRANSPLANT	44,139
482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES	23,124
484	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	35,190
485	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	24,198

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
486	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	33,380
487	OTHER MULTIPLE SIGNIFICANT TRAUMA	13,070
488	HIV W EXTENSIVE O.R. PROCEDURE	35,418
489	HIV W MAJOR RELATED CONDITION	12,373
490	HIV W OR W/O OTHER RELATED CONDITION	7,186
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	11,878
492	CHEMOTHERAPY W ACUTE LEUKEMIA OR W USE OF HI DOSE CHEMOAGENT	24,091
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	12,621
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC	7,125
495	LUNG TRANSPLANT	58,123
496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	44,038
497	SPINAL FUSION EXCEPT CERVICAL W CC	26,370
498	SPINAL FUSION EXCEPT CERVICAL W/O CC	20,641
499	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC	9,588
500	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	6,368
501	KNEE PROCEDURES W PDX OF INFECTION W CC	18,246
502	KNEE PROCEDURES W PDX OF INFECTION W/O CC	9,856
503	KNEE PROCEDURES W/O PDX OF INFECTION	8,596
504	EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT	77,691
505	EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/O SKIN GFT	18,180
506	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	26,137
507	FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA	13,345
508	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA	9,774
509	FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA	5,762
510	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA	8,614
511	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA	4,708
512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	43,213
513	PANCREAS TRANSPLANT	27,460
515	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	36,106
518	PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI	11,315

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
519	CERVICAL SPINAL FUSION W CC	17,564
520	CERVICAL SPINAL FUSION W/O CC	12,131
521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	5,067
522	ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC	4,137
523	ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC	2,898
524	TRANSIENT ISCHEMIA	5,090
525	OTHER HEART ASSIST SYSTEM IMPLANT	84,420
528	INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE	48,764
529	VENTRICULAR SHUNT PROCEDURES W CC	15,009
530	VENTRICULAR SHUNT PROCEDURES W/O CC	8,413
531	SPINAL PROCEDURES W CC	21,520
532	SPINAL PROCEDURES W/O CC	10,065
533	EXTRACRANIAL PROCEDURES W CC	10,677
534	EXTRACRANIAL PROCEDURES W/O CC	6,853
535	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	50,913
536	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK	45,599
537	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC	12,677
538	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC	7,100
539	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC	22,030
540	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC	8,119
541	ECMO OR TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	132,946
542	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	80,395
543	CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS	30,073
544	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	13,725
545	REVISION OF HIP OR KNEE REPLACEMENT	17,494
546	SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG	37,154
547	CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX	42,386
548	CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX	32,065
549	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX	34,693

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
550	CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX	24,790
551	PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR	20,965
552	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX	14,403
553	OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX	20,799
554	OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX	14,343
555	PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX	15,926
556	PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX	12,253
557	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W MAJOR CV DX	19,067
558	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG-ELUTING STENT W/O MAJ CV DX	14,370
559	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT	15,552
560	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	20,069
561	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	15,318
562	SEIZURE AGE > 17 W CC	7,309
563	SEIZURE AGE > 17 W/O CC	4,447
564	HEADACHES AGE >17	4,786
565	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS	36,200
566	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT < 96 HOURS	16,124
567	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE > 17 W CC W MAJOR GI DX	36,048
568	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES PROC AGE > 17 W CC W/O MAJOR GI DX	23,245
569	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W MAJOR GI DX	29,984
570	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX	18,639
571	MAJOR ESOPHAGEAL DISORDERS	7,669
572	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS	9,237
573	MAJOR BLADDER PROCEDURES	23,123
574	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	8,771

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

DRG	DRG Title	\$
575	SEPTICEMIA W MV96+ HOURS AGE >17	41,229
576	SEPTICEMIA W/O MV96+ HOURS AGE >17	11,044
577	CAROTID ARTERY STENT PROCEDURE	12,330
578	INFECTIOUS & PARASITIC DISEASES W OR PROCEDURE	33,589
579	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W OR PROCEDURE	19,614
	Standard Dollar Amount	6,904

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

SCHEDULE 2

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

IN-PATIENT TREATMENT PER DIEM RATES AND ROOM DIFFERENTIALS

PART A Residents' Per Diem Rates

1. The per diem rate for public accommodation is \$1,098.
2. The per diem rate for semi-private accommodation is \$1,313.
3. The per diem rate for private accommodation is \$1,575.
4. The per diem rate for long term care patients is \$423.
5. The per diem rate for newborn infants is \$469.
6. The per diem rate for hospice care is \$571.
7. The per diem rate for patients at the Mid-Atlantic Wellness Institute is \$711.

PART B Room Differentials for Residents

1. The room differential for semi-private accommodation is \$215.
2. The room differential for private accommodation is \$477.

PART C Room Differentials for Non-Residents

1. The room differential for semi-private accommodation is \$321.
2. The room differential for private accommodation is \$715.

PART D Non-Residents' Per Diem Rates

1. The per diem rate for public accommodation is \$1,648.
2. The per diem rate for semi-private accommodation is \$1,969.
3. The per diem rate for private accommodation is \$2,363.
4. The per diem rate for long term care patients is \$635.
5. The per diem rate for newborn infants is \$704.
6. The per diem rate for patients at the Mid-Atlantic Wellness Institute is \$1,067.

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

SCHEDULE 3

(Regulation 5)

BERMUDA HOSPITALS BOARD PHYSICIAN SERVICES

PHYSICIAN CATEGORY

ANESTHESIST

CARDIOLOGIST

GYNECOLOGIST

HOSPITALIST

INTENSIVIST

INTERVENTIONAL RADIOLOGY

OBSTETRICS

ONCOLOGIST

PALLIATIVE CARE

PROCEDURALIST

PHYSIATRIST

REMOTE CONSULTATION

ROBOTICS

VASCULAR SURGERY

CPT	PHYSICIAN SERVICES	\$
	ANESTHETIST FEE PER 15 MINUTE INTERVAL	
100	Anesth, salivary gland	113
102	Anesth, repair of cleft lip	135
103	Anesth, blepharoplasty	113
104	Anesth, electroshock	90
120	Anesth, ear surgery	113
124	Anesth, ear exam	90
126	Anesth, tympanotomy	90
140	Anesth, procedures on eye	113
142	Anesth, lens surgery	90
144	Anesth, corneal transplant	135
145	Anesth, vitreoretinal surg	135

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
147	Anesth, iridectomy	90
148	Anesth, eye exam	90
160	Anesth, nose/sinus surgery	113
162	Anesth, nose/sinus surgery	158
164	Anesth, biopsy of nose	90
170	Anesth, procedure on mouth	113
172	Anesth, cleft palate repair	135
174	Anesth, pharyngeal surgery	135
176	Anesth, pharyngeal surgery	158
190	Anesth, face/skull bone surg	113
192	Anesth, facial bone surgery	158
210	Anesth, open head surgery	248
212	Anesth, skull drainage	113
214	Anesth, skull drainage	203
215	Anesth, skull repair/fract	203
216	Anesth, head vessel surgery	338
218	Anesth, special head surgery	293
220	Anesth, intrcrn nerve	225
222	Anesth, head nerve surgery	135
300	Anesth, head/neck/ptrunk	113
320	Anesth, neck organ, 1 & over	135
322	Anesth, biopsy of thyroid	68
326	Anesth, larynx/trach, < 1 yr	158
350	Anesth, neck vessel surgery	225
352	Anesth, neck vessel surgery	113
400	Anesth, skin, ext/per/atruunk	68
402	Anesth, surgery of breast	113
404	Anesth, surgery of breast	113
406	Anesth, surgery of breast	293
410	Anesth, correct heart rhythm	90
450	Anesth, surgery of shoulder	113
452	Anesth, surgery of shoulder	135
454	Anesth, collar bone biopsy	68
470	Anesth, removal of rib	135
472	Anesth, chest wall repair	225
474	Anesth, surgery of rib(s)	293

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
500	Anesth, esophageal surgery	338
520	Anesth, chest procedure	135
522	Anesth, chest lining biopsy	90
524	Anesth, chest drainage	90
528	Anesth, chest partition view	181
529	Anesth, chest partition view	248
530	Anesth, pacemaker insertion	90
532	Anesth, vascular access	90
534	Anesth, cardioverter/defib	158
537	Anesth, cardiac electrophys	158
539	Anesth, trach-bronch reconst	406
540	Anesth, chest surgery	271
542	Anesth, release of lung	338
541	Anesth, one lung ventilation	271
546	Anesth, lung,chest wall surg	338
548	Anesth, trachea,bronchi surg	384
550	Anesth, sternal debridement	225
560	Anesth, heart surg w/o pump	338
561	Anesth, heart surg < age 1	564
562	Anesth, heart surg w/pump	451
563	Anesth, heart surg w/arrest	564
566	Anesth, cabg w/o pump	564
580	Anesth, heart/lung transplnt	451
600	Anesth, spine, cord surgery	225
604	Anesth, sitting procedure	293
620	Anesth, spine, cord surgery	225
622	Anesth, removal of nerves	293
625	Anes spine tranthor w/o vent	293
626	Anes, spine transthor w/vent	338
630	Anesth, spine, cord surgery	181
632	Anesth, removal of nerves	158
634	Anesth for chemonucleolysis	225
635	Anesth, lumbar puncture	90
640	Anesth, spine manipulation	68
670	Anesth, spine, cord surgery	293
700	Anesth, abdominal wall surg	90

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
702	Anesth, for liver biopsy	90
730	Anesth, abdominal wall surg	113
740	Anesth, upper gi visualize	113
750	Anesth, repair of hernia	90
752	Anesth, repair of hernia	135
754	Anesth, repair of hernia	158
756	Anesth, repair of hernia	158
770	Anesth, blood vessel repair	338
790	Anesth, surg upper abdomen	158
792	Anesth, hemorr/excise liver	293
794	Anesth, pancreas removal	181
796	Anesth, for liver transplant	677
797	Anesth, surgery for obesity	248
800	Anesth, abdominal wall surg	90
802	Anesth, fat layer removal	113
810	Anesth, low intestine scope	113
820	Anesth, abdominal wall surg	113
830	Anesth, repair of hernia	90
832	Anesth, repair of hernia	135
834	Anesth, hernia repair< 1 yr	113
836	Anesth hernia repair preemie	135
840	Anesth, surg lower abdomen	135
842	Anesth, amniocentesis	90
844	Anesth, pelvis surgery	158
846	Anesth, hysterectomy	181
848	Anesth, pelvic organ surg	181
851	Anesth, tubal ligation	135
860	Anesth, surgery of abdomen	135
862	Anesth, kidney/ureter surg	158
864	Anesth, removal of bladder	181
865	Anesth, removal of prostate	158
866	Anesth, removal of adrenal	225
868	Anesth, kidney transplant	225
870	Anesth, bladder stone surg	113
872	Anesth kidney stone destruct	158
873	Anesth kidney stone destruct	113

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
880	Anesth, abdomen vessel surg	338
882	Anesth, major vein ligation	225
902	Anesth, anorectal surgery	113
904	Anesth, perineal surgery	158
906	Anesth, removal of vulva	90
908	Anesth, removal of prostate	135
910	Anesth, bladder surgery	68
912	Anesth, bladder tumor surg	113
914	Anesth, removal of prostate	113
916	Anesth, bleeding control	113
918	Anesth, stone removal	113
920	Anesth, genitalia surgery	68
921	Anesth, vasectomy	68
922	Anesth, sperm duct surgery	135
924	Anesth, testis exploration	90
926	Anesth, removal of testis	90
928	Anesth, removal of testis	135
930	Anesth, testis suspension	90
932	Anesth, amputation of penis	90
934	Anesth, penis, nodes removal	135
936	Anesth, penis, nodes removal	181
938	Anesth, insert penis device	90
940	Anesth, vaginal procedures	68
942	Anesth, surg on vag/urethral	90
944	Anesth, vaginal hysterectomy	135
948	Anesth, repair of cervix	90
950	Anesth, vaginal endoscopy	113
952	Anesth, hysteroscope/graph	90
1112	Anesth, bone aspirate/bx	113
1120	Anesth, pelvis surgery	135
1130	Anesth, body cast procedure	68
1140	Anesth, amputation at pelvis	338
1150	Anesth, pelvic tumor surgery	225
1160	Anesth, pelvis procedure	90
1170	Anesth, pelvis surgery	181
1173	Anesth, fx repair, pelvis	271

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
1180	Anesth, pelvis nerve removal	68
1190	Anesth, pelvis nerve removal	90
1200	Anesth, hip joint procedure	90
1202	Anesth, arthroscopy of hip	90
1210	Anesth, hip joint surgery	135
1212	Anesth, hip disarticulation	225
1214	Anesth, hip arthroplasty	181
1215	Anesth, revise hip repair	225
1220	Anesth, procedure on femur	90
1230	Anesth, surgery of femur	135
1232	Anesth, amputation of femur	113
1234	Anesth, radical femur surg	181
1250	Anesth, upper leg surgery	90
1260	Anesth, upper leg veins surg	68
1270	Anesth, thigh arteries surg	181
1272	Anesth, femoral artery surg	90
1274	Anesth, femoral embolectomy	135
1320	Anesth, knee area surgery	90
1340	Anesth, knee area procedure	90
1360	Anesth, knee area surgery	113
1380	Anesth, knee joint procedure	68
1382	Anesth, dx knee arthroscopy	68
1390	Anesth, knee area procedure	68
1392	Anesth, knee area surgery	90
1400	Anesth, knee joint surgery	90
1402	Anesth, knee arthroplasty	158
1404	Anesth, amputation at knee	113
1420	Anesth, knee joint casting	68
1430	Anesth, knee veins surgery	68
1432	Anesth, knee vessel surg	135
1440	Anesth, knee arteries surg	181
1442	Anesth, knee artery surg	181
1444	Anesth, knee artery repair	181
1462	Anesth, lower leg procedure	68
1464	Anesth, ankle/ft arthroscopy	68
1470	Anesth, lower leg surgery	68

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
1472	Anesth, achilles tendon surg	113
1474	Anesth, lower leg surgery	113
1480	Anesth, lower leg bone surg	68
1482	Anesth, radical leg surgery	90
1484	Anesth, lower leg revision	90
1486	Anesth, ankle replacement	158
1490	Anesth, lower leg casting	68
1500	Anesth, leg arteries surg	181
1502	Anesth, lwr leg embolectomy	135
1520	Anesth, lower leg vein surg	68
1522	Anesth, lower leg vein surg	113
1610	Anesth, surgery of shoulder	113
1620	Anesth, shoulder procedure	90
1622	Anes dx shoulder arthroscopy	90
1630	Anesth, surgery of shoulder	113
1632	Anesth, surgery of shoulder	135
1634	Anesth, shoulder joint amput	203
1636	Anesth, forequarter amput	338
1638	Anesth, shoulder replacement	225
1650	Anesth, shoulder artery surg	135
1652	Anesth, shoulder vessel surg	225
1654	Anesth, shoulder vessel surg	181
1656	Anesth, arm-leg vessel surg	225
1670	Anesth, shoulder vein surg	90
1680	Anesth, shoulder casting	68
1682	Anesth, airplane cast	90
1710	Anesth, elbow area surgery	68
1712	Anesth, uppr arm tendon surg	113
1714	Anesth, uppr arm tendon surg	113
1716	Anesth, biceps tendon repair	113
1730	Anesth, uppr arm procedure	68
1732	Anesth, dx elbow arthroscopy	68
1740	Anesth, upper arm surgery	90
1742	Anesth, humerus surgery	113
1744	Anesth, humerus repair	113
1756	Anesth, radical humerus surg	135

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
1758	Anesth, humeral lesion surg	113
1760	Anesth, elbow replacement	158
1770	Anesth, uppr arm artery surg	135
1772	Anesth, uppr arm embolectomy	135
1780	Anesth, upper arm vein surg	68
1782	Anesth, uppr arm vein repair	90
1810	Anesth, lower arm surgery	68
1820	Anesth, lower arm procedure	68
1829	Anesth, dx wrist arthroscopy	68
1830	Anesth, lower arm surgery	68
1832	Anesth, wrist replacement	135
1840	Anesth, lwr arm artery surg	135
1842	Anesth, lwr arm embolectomy	135
1844	Anesth, vascular shunt surg	135
1850	Anesth, lower arm vein surg	68
1852	Anesth, lwr arm vein repair	90
1860	Anesth, lower arm casting	68
1916	Anesth, dx arteriography	113
1920	Anesth, catheterize heart	158
1922	Anesth, cat or MRI scan	158
1924	Anes, ther interven rad, art	113
1925	Anes, ther interven rad, car	158
1926	Anes, tx interv rad hrt/cran	181
1930	Anes, ther interven rad, vei	113
1931	Anes, ther interven rad, tip	158
1932	Anes, tx interv rad, th vein	135
1933	Anes, tx interv rad, cran v	158
1935	Anesth, perc img dx sp proc	113
1936	Anesth, perc img tx sp proc	113
1951	Anesth, burn, less 4 percent	68
1952	Anesth, burn, 4-9 percent	113
1953	Anesth, burn, each 9 percent	22
1958	Anesth, antepartum manipul	113
1960	Anesth, vaginal delivery	113
1961	Anesth, cs delivery	158
1962	Anesth, emer hysterectomy	181

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
1963	Anesth, cs hysterectomy	181
1964	Anesth, cs hysterectomy	90
1965	Anesth, inc/missed ab proc	90
1966	Anesth, induced ab procedure	90
1967	Anesth/analg, vag delivery	113
1968	Anes/analg cs deliver add-on	45
1969	Anesth/analg cs hyst add-on	113
1990	Support for organ donor	158
1991	Anesth, nerve block/inj	68
1992	Anesth, n block/inj, prone	113
1995	Anesth, n block/inj, prone	113
1996	Hosp manage cont drug admin	68
1999	Unlisted anesth procedure	135
20526	Ther injection, carp tunnel	214
20550	Inj tendon sheath/ligament	171
20551	Inj tendon origin/insertion	171
20552	Inj trigger point, 1/2 muscl	150
20553	Inject trigger points, =/> 3	171
20600	Drain/inject, joint/bursa	150
20605	Drain/inject, joint/bursa	154
20610	Drain/inject, joint/bursa	180
27096	Inject sacroiliac joint	319
31500	Insert emergency airway	530
36400	Bl draw < 3 yrs fem/jugular	86
36410	Non-routine bl draw > 3 yrs	41
36420	Vein access cutdown < 1 yr	229
36425	Vein access cutdown > 1 yr	173
36555	Insert non-tunnel cv cath	609
36556	Insert non-tunnel cv cath	568
36600	Withdrawal of arterial blood	73
36620	Insertion catheter, artery	262
36625	Insertion catheter, artery	480
36660	Insertion catheter, artery	319
62263	Epidural lysis mult sessions	1,458
62264	Epidural lysis on single day	1,005
62270	Spinal fluid tap, diagnostic	312

---

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
62272	Drain cerebro spinal fluid	307
62273	Inject epidural patch	489
62280	Treat spinal cord lesion	598
62281	Treat spinal cord lesion	605
62282	Treat spinal canal lesion	530
62310	Inject spine c/t	434
62311	Inject spine l/s (cd)	350
62318	Inject spine w/cath, c/t	464
62319	Inject spine w/cath l/s (cd)	425
62350	Implant spinal canal cath	1,828
62355	Remove spinal canal catheter	1,501
62360	Insert spine infusion device	836
62361	Implant spine infusion pump	1,498
62362	Implant spine infusion pump	1,951
62365	Remove spine infusion device	1,494
62367	Analyze spine infusion pump	110
62368	Analyze spine infusion pump	171
63650	Implant neuroelectrodes	1,721
63660	Revise/remove neuroelectrode	1,562
63685	Insrt/redo spine n generator	1,789
63688	Revise/remove neuroreceiver	1,388
64400	N block inj, trigeminal	253
64402	N block inj, facial	284
64405	N block inj, occipital	300
64408	N block inj, vagus	321
64410	N block inj, phrenic	325
64412	N block inj, spinal accessor	268
64413	N block inj, cervical plexus	319
64415	N block inj, brachial plexus	337
64416	N block cont infuse, b plex	876
64417	N block inj, axillary	328
64418	N block inj, suprascapular	300
64420	N block inj, intercost, sng	268
64421	N block inj, intercost, mlt	382
64425	N block inj, ilio-ing/hypogi	398
64430	N block inj, pudental	332

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
64435	N block inj, paracervical	330
64445	N block inj, sciatic, sng	337
64446	N blk inj, sciatic, cont inf	821
64447	N block inj fem, single	341
64448	N block inj fem, cont inf	764
64449	N block inj, lumbar plexus	737
64450	N block, other peripheral	289
64470	Inj paravertebral c/t	420
64472	Inj paravertebral c/t add-on	293
64475	Inj paravertebral l/s	321
64476	Inj paravertebral l/s add-on	223
64479	Inj foramen epidural c/t	500
64480	Inj foramen epidural add-on	350
64483	Inj foramen epidural l/s	432
64484	Inj foramen epidural add-on	302
64505	N block, sphenopalatine gangl	310
64508	N block, carotid sinus s/p	255
64510	N block, stellate ganglion	277
64517	N block inj, hypogas plxs	500
64520	N block, lumbar/thoracic	307
64530	N block inj, celiac pelus	359
64600	Injection treatment of nerve	787
64605	Injection treatment of nerve	1,278
64610	Injection treatment of nerve	1,630
64620	Injection treatment of nerve	651
64622	Destr paravertebrl nerve l/s	687
64623	Destr paravertebral n add-on	225
64626	Destr paravertebrl nerve c/t	869
64627	Destr paravertebral n add-on	264
64630	Injection treatment of nerve	687
64640	Injection treatment of nerve	632
64680	Injection treatment of nerve	600
64681	Injection treatment of nerve	860
72275	Epidurography	173
73542	X-ray exam, sacroiliac joint	134
76005	Fluoroscope exam, extensive	152

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
76937	Us guide, vascular access	68
77001	Fluoroguide for vein device	86
77002	Needle localization by xray	123
77003	Fluoroguide for spine inject	136
92950	Heart/lung resuscitation cpr	862
93312	Echo transesophageal	500
93313	Echo transesophageal	216
93314	Echo transesophageal	284
93315	Echo transesophageal	632
93316	Echo transesophageal	216
93317	Echo transesophageal	416
93318	Echo transesophageal intraop	500
93320	Doppler echo exam, heart	86
93321	Doppler echo exam, heart	35
93325	Doppler color flow add-on	16
93503	Insert/place heart catheter	662
94002	Vent mgmt inpat, init day	453
94003	Vent mgmt inpat, subq day	312
94010	Breathing capacity test	39
94060	Evaluation of wheezing	70
94150	Vital capacity test	16
94375	Respiratory flow volume loop	70
94400	CO2 breathing response curve	91
94450	Hypoxia response curve	91
94640	Airway inhalation treatment	173
94660	Pos airway pressure, CPAP	173
94662	Neg press ventilation, cnp	173
94680	Exhaled air analysis, o2	59
94681	Exhaled air analysis, o2/co2	46
94690	Exhaled air analysis	16
94750	Pulmonary compliance study	53
94770	Exhaled carbon dioxide test	35
95925	Somatosensory testing	123
95926	Somatosensory testing	123
95927	Somatosensory testing	123
95955	EEG during surgery	229

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
95970	Analyze neurostim, no prog	103
95971	Analyze neurostim, simple	178
95991	Spin/brain pump refill & main	176
99140	Anesthesia Complicated by Emergency	81
99183	Hyperbaric oxygen therapy	532
99201	Office/outpatient visit, new	103
99202	Office/outpatient visit, new	200
99203	Office/outpatient visit, new	305
99204	Office/outpatient visit, new	523
99205	Office/outpatient visit, new	682
99211	Office/outpatient visit, est	39
99212	Office/outpatient visit, est	103
99213	Office/outpatient visit, est	209
99214	Office/outpatient visit, est	323
99215	Office/outpatient visit, est	455
99221	Initial hospital care	427
99222	Initial hospital care	583
99223	Initial hospital care	860
99231	Subsequent hospital care	173
99232	Subsequent hospital care	316
99233	Subsequent hospital care	455
99238	Hospital discharge day	291
99239	Hospital discharge day	432
99241	Office consultation	145
99242	Office consultation	305
99243	Office consultation	427
99244	Office consultation	687
99245	Office consultation	858
99251	Inpatient consultation	227
99252	Inpatient consultation	341
99253	Inpatient consultation	517
99254	Inpatient consultation	748
99255	Inpatient consultation	909
99291	Critical care, first hour	1,023
99292	Critical care, add'l 30 min	512
99440	Newborn resuscitation	666

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
93314	Echo transesophageal CARDIOLOGIST	284 -
99201	Level I - Office Visit (New Patient)	139
99203	Level II - Office Visit (New Patient)	415
99205	Level III - Office Visit (New Patient)	931
99211	Level I - Office Visit (Est. Patient)	53
99213	Level II - Office Visit (Est. Patient)	285
99215	Level III - Office Visit (Est. Patient)	620
99221	Level I -Hospital Visit (New Pt.)	583
99222	Level II - Hospital Visit (New Pt.)	794
99223	Level III - Hospital Visit (New Pt.)	1,172
99231	Level I - Hospital Visit (Est. Pt.)	235
99232	Level II - Hospital Visit (Est. Pt.)	431
99233	Level III - Hospital Visit (Est. Pt.)	620
99231	Hospital Follow Up, Routine	235
99232	Hospital Follow, More Than Routine	431
99233	Hospital Follow Up, Complex Care ICU	620
99251	Hospital Consult, Self Limited/Minor	311
99252	Hospital Consult, Low Complexity	465
99253	Hospital Consult, Moderate Complexity	703
99254	Hospital Consult, High Complexity	1,020
99255	Hospital Consult, Critical	1,240
99291	Unusual Critical Care Detention, First 60 Minutes	1,396
99292	Unusual Critical Care Detention, Additional 30 Minutes	697
	GYNECOLOGIST	
57400	Dilation of vagina	517
57410	Pelvic examination	398
57415	Remove vaginal foreign body	555
57420	Exam of vagina w/scope	363
57421	Exam/biopsy of vag w/scope	500
57423	Repair paravag defect, lap	3,639
57425	Laparoscopy, surg, colpopexy	3,850
57452	Exam of cervix w/scope	341
57454	Bx/curett of cervix w/scope	530
57455	Biopsy of cervix w/scope	453
57456	Endocerv curettage w/scope	420

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
57460	Bx of cervix w/scope, leep	644
57461	Conz of cervix w/scope, leep	780
57500	Biopsy of cervix	273
57505	Endocervical curettage	264
57505	Endocervical curettage	264
57511	Cryocautery of cervix	436
57513	Laser surgery of cervix	436
57520	Conization of cervix	924
57522	Conization of cervix	823
57530	Removal of cervix	1,180
57531	Removal of cervix, radical	6,770
57540	Removal of residual cervix	2,999
57545	Remove cervix/repair pelvis	3,184
57550	Removal of residual cervix	1,419
57555	Remove cervix/repair vagina	2,238
57556	Remove cervix, repair bowel	2,106
57558	D&c of cervical stump	385
57700	Revision of cervix	959
57720	Revision of cervix	1,030
57800	Dilation of cervical canal	176
58100	Biopsy of uterus lining	348
58110	Bx done w/colposcopy add-on	176
58120	Dilation and curettage	805
58140	Myomectomy abdom method	3,568
58145	Myomectomy vag method	2,004
58146	Myomectomy abdom complex	4,603
58150	Total hysterectomy	3,914
58152	Total hysterectomy	4,941
58180	Partial hysterectomy	3,752
58200	Extensive hysterectomy	5,230
58210	Extensive hysterectomy	6,994
58240	Removal of pelvis contents	11,147
58260	Vaginal hysterectomy	3,188
58262	Vag hyst including t/o	3,595
58263	Vag hyst w/t/o & vag repair	3,888
58267	Vag hyst w/urinary repair	4,145

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
58270	Vag hyst w/enterocele repair	3,456
58275	Hysterectomy/revise vagina	3,843
58280	Hysterectomy/revise vagina	4,138
58285	Extensive hysterectomy	5,298
58290	Vag hyst complex	4,587
58291	Vag hyst incl t/o, complex	4,994
58292	Vag hyst t/o & repair, compl	5,287
58293	Vag hyst w/uro repair, compl	5,509
58294	Vag hyst w/enterocele, compl	4,878
58300	Insert intrauterine device	229
58301	Remove intrauterine device	289
58321	Artificial insemination	209
58322	Artificial insemination	250
58323	Sperm washing	53
58340	Catheter for hystero-graphy	200
58345	Reopen fallopian tube	1,062
58346	Insert heyman uteri capsule	1,701
58350	Reopen fallopian tube	234
58353	Endometr ablate, thermal	812
58356	Endometrial cryoablation	1,446
58400	Suspension of uterus	1,606
58410	Suspension of uterus	3,115
58520	Repair of ruptured uterus	3,043
58540	Revision of uterus	3,549
58541	Lsh, uterus 250 g or less	3,313
58542	Lsh w/t/o ut 250 g or less	3,736
58543	Lsh uterus above 250 g	3,806
58544	Lsh w/t/o uterus above 250 g	4,147
58545	Laparoscopic myomectomy	3,513
58546	Laparo-myomectomy, complex	4,512
58548	Lap radical hyst	7,152
58550	Laparo-asst vag hysterectomy	3,404
58552	Laparo-vag hyst incl t/o	3,815
58553	Laparo-vag hyst, complex	4,539
58554	Laparo-vag hyst w/t/o, compl	5,225
58555	Hysteroscopy, dx, sep proc	757

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
58558	Hysteroscopy, biopsy	1,078
58559	Hysteroscopy, lysis	1,401
58560	Hysteroscopy, resect septum	1,589
58561	Hysteroscopy, remove myoma	2,272
58562	Hysteroscopy, remove fb	1,182
58563	Hysteroscopy, ablation	1,401
58565	Hysteroscopy, sterilization	1,606
58570	Tlh, uterus 250 g or less	3,582
58571	Tlh w/t/o 250 g or less	3,993
58572	Tlh, uterus over 250 g	4,539
58573	Tlh w/t/o uterus over 250 g	5,225
58600	Division of fallopian tube	1,333
58605	Division of fallopian tube	1,194
58611	Ligate oviduct(s) add-on	330
58615	Occlude fallopian tube(s)	889
58660	Laparoscopy, lysis	2,624
58661	Laparoscopy, remove adnexa	2,570
58662	Laparoscopy, excise lesions	2,747
58670	Laparoscopy, tubal cautery	1,333
58671	Laparoscopy, tubal block	1,333
58672	Laparoscopy, fimbrioplasty	2,929
58673	Laparoscopy, salpingostomy	3,181
58700	Removal of fallopian tube	2,920
58720	Removal of ovary/tube(s)	2,747
58740	Revise fallopian tube(s)	3,364
58750	Repair oviduct	3,538
58752	Revise ovarian tube(s)	3,538
58760	Remove tubal obstruction	3,150
58770	Create new tubal opening	3,340
58800	Drainage of ovarian cyst(s)	1,032
58805	Drainage of ovarian cyst(s)	1,441
58820	Drain ovary abscess, open	1,051
58822	Drain ovary abscess, percut	2,662
58823	Drain pelvic abscess, percut	766
58825	Transposition, ovary(s)	2,660
58900	Biopsy of ovary(s)	1,480

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
58920	Partial removal of ovary(s)	2,699
58925	Removal of ovarian cyst(s)	2,803
58940	Removal of ovary(s)	1,846
58943	Removal of ovary(s)	4,416
58950	Resect ovarian malignancy	4,147
58951	Resect ovarian malignancy	5,491
58952	Resect ovarian malignancy	6,174
58953	Tah, rad dissect for debulk	7,725
58954	Tah rad debulk/lymph remove	8,407
58956	Bso, omentectomy w/tah	5,150
58957	Resect recurrent gyn mal	5,926
58958	Resect recur gyn mal w/lym	6,609
58960	Exploration of abdomen	3,566
58970	Retrieval of oocyte	801
58976	Transfer of embryo	869
99201	Office/outpatient visit, new	103
99203	Office/outpatient visit, new	305
99205	Office/outpatient visit, new	682
99211	Office/outpatient visit, est	39
99213	Office/outpatient visit, est	209
99215	Office/outpatient visit, est	455
99221	Initial hospital care	427
99222	Initial hospital care	583
99223	Initial hospital care	860
99231	Subsequent hospital care	173
99232	Subsequent hospital care	316
99233	Subsequent hospital care	455
99231	Subsequent hospital care	173
99232	Subsequent hospital care	316
99233	Subsequent hospital care	455
99251	Inpatient consultation	227
99252	Inpatient consultation	341
99253	Inpatient consultation	517
99254	Inpatient consultation	748
99255	Inpatient consultation	909
99291	Critical care, first hour	1,023

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
99292	Critical care, add'l 30 min	512
	HOSPITALIST	-
99221	Level I - Hospitalist Visit (New Pt.)	233
99222	Level II - Hospitalist Visit (New Pt.)	318
99223	Level III - Hospitalist Visit (New Pt.)	469
99231	Level I - Hospitalist Visit (Est. Pt.)	94
99232	Level II - Hospitalist Visit (Est. Pt.)	173
99233	Level III - Hospitalist Visit (Est. Pt.)	248
99251	Hospital Consult, Self Limited/Minor	124
99252	Hospital Consult, Low Complexity	186
99253	Hospital Consult, Moderate Complexity	281
99254	Hospital Consult, High Complexity	408
99255	Hospital Consult, Critical	496
99291	Unusual Critical Care Detention, First 60 Minutes	558
99292	Unusual Critical Care Detention, Additional 30 Minutes	279
	INTENSIVIST	-
99221	Level I - Intensivist Visit (New Pt.)	427
99222	Level II - Intensivist Visit (New Pt.)	583
99223	Level III - Intensivist Visit (New Pt.)	860
99231	Level I - Intensivist Visit (Est. Pt.)	173
99232	Level II - Intensivist Visit (Est. Pt.)	316
99233	Level III - Intensivist Visit (Est. Pt.)	455
	INTERVENTIONAL RADIOLOGY	
	PICC I Lines (7#### series = Secondary CPT/cpcHcpt code)	
36568	Picc lines < 5 years old insert picc cath	244
77001	Fluoroscopy guidance fluoroguide for vein device	244
36569	Picc lines 5 years old >insert picc cath	244
77001	Fluoroscopy guidance fluoroguide for vein device	244
	IVC Filters	
37620	Vc filters revision of major vein	609
75940	Ivc filters, x-ray placement X-RAY PLACEMENT, vein filter	609
	PORT-A-CATHS	
36560	Catheters with port < 5years old insert tunneled cv	487
77001	Fluoroscopy guidance fluoroguide for vein device	487
36561	Catheters with port, 5years old > insert tunneled cv	487
77001	Fluoroscopy guidance fluoroguide for vein device	487

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
	PERCUTANEOUS TRAN HEPATIC BILIARY DRAINAGES	
47530	Percutaneous tran hepatic biliary drainages	731
75980	Percutaneous tran hepatic biliary drainages, contrast	731
	PERIPHERAL ANGIOGRAMS/ CENTRAL/ PERIPHERAL VENOGRAM	
36245	Selective catheter placement first order lower extremity	609
75710	Radiological supervision of unilateral extremity artery	609
75716	Radiological supervision of bilateral extremity artery	609
36246	Selective catheter placement second order	609
75710	Radiological supervision of unilateral extremity angio	609
75716	Radiological supervision of bilateral extremity angio	609
36247	Selective catheter placement third + order lower	609
75710	Radiological supervision of unilateral extremity angio	609
75716	Radiological supervision of bilateral extremity angio	609
36248	Selective catheter placement each additional second +	609
75710	Radiological supervision of unilateral extremity angio	609
75716	Radiological supervision of bilateral extremity angio	609
36005	Peripheral venogram injection ext venography	609
75820	Radiological supervision of unilateral extremity	609
75822	Radiological supervision of bilateral extremity	609
36010	Vena cavogram place catheter in vein	609
75825	Radiological supervision	609
	ANGIOPLASTIES/ EMBOLISATIONS	
35470	Pta tibioperoneal of trunk or branches, each vessel	1,218
75962	Radiological supervision of first peripheral artery pta	1,218
75964	Radiological supervision of each additional peripheral	1,218
35473	Pta iliacrepair arterial blockage	1,218
75962	Radiological supervision of first peripheral artery pta	1,218
75964	Radiological supervision of each add perip artery pta	1,218
35474	Pta femoral popliteal repair arterial blockage	1,218
75962	Radiological supervision of first peripheral artery pta	1,218
75964	Radiological supervision of each additional perip artery	1,218
35475	Pta brachiocephalic trunk or branches, each vessel	1,218
75962	Radiological supervision of first peripheral artery pta	1,218
75964	Radiological supervision of each additional perip artery	1,218
35476	Pta vein repair venous blockage	1,218
75978	Radiological supervision venous pta repair blockage	1,218

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
37204	Peripheral embolization	1,218
75894	Radiological supervision embolization, transcath therapy	1,218
75898	Post embolization angiography, follow-up angiography	1,218
	UTERINE ARTERY EMBOLISATIONS	
37210	Uterine artery embolisations, uterine fibroid	1,218
	GASTROSTOMIES	
49440	Gastrostomies	609
	NEPHROSTOMIES	
50395	Nephrostomies	609
74475	Nephrostomies, x-ray control, cath insert	609
	VARICOSE VEIN LASER ABLATIONS	
36475	Varicose vein laser ablations, first vein - per leg	1,218
36476	Varicose vein laser ablations, each additional leg	1,218
	ABSCCESS DRAINAGE UNDER US AND CT	
49021	Abscess drainage under us and ct, peritoneum	305
75989	Guidance, any type	305
49040	Abscess drainage under us and ct, subdiaphragmatic/	305
75989	Guidance, any type	305
49061	Abscess drainage under us and ct, retroperitoneal	305
75989	Guidance, any type	305
47011	Abscess drainage under us and ct, liverpercut drain,	305
75989	Guidance, any type abscess drainage under x-ray	305
50021	Abscess drainage under us and ct, kidney/perinrenal	305
75989	Guidance, any type abscess drainage under x-ray	305
10160	Abscess drainage under us and ct, skin	305
77012	Ct guidance ct scan for needle biopsy	305
77021	Mri guidance mr guidance for needle place	305
76942	Ultrasound guidance echo guide for biopsy	305
	US/ CT GUIDED BODY NEEDLE BIOPSY	
20220	Us/ ct guided body needle biopsy, bone	365
77012	Ct guidance ct scan for needle biopsy	365
77002	Fluoroscopy guidance needle localization by x-ray	365
77021	Mri guidance mr guidance for needle place	365
76942	Ultrasound guidance echo guide for biopsy	365
47000	Us/ ct guided body needle biopsy, biopsy of liver	365
77012	Ct guidance ct scan for needle biopsy	365

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
77002	Fluoroscopy guidance needle localization by x-ray	365
77021	Mri guidance mr guidance for needle place	365
76942	Ultrasound guidance echo guide for biopsy	365
32405	Us/ ct guided body needle biopsy, lung biopsy,	365
77012	Ct guidance ct scan for needle biopsy	365
77002	Fluoroscopy guidance needle localization by x-ray	365
77021	Mri guidance mr guidance for needle place	365
76942	Ultrasound guidance echo guide for biopsy	365
38505	Us/ ct guided body needle biopsy, lymph node	365
77012	Ct guidance ct scan for needle biopsy	365
77002	Fluoroscopy guidance needle localization by x-ray	365
77021	Mri guidance mr guidance for needle place	365
76942	Ultrasound guidance echo guide for biopsy	365
20206	Us/ ct guided body needle biopsy, muscle biopsy	365
77012	Ct guidance ct scan for needle biopsy	365
77002	Fluoroscopy guidance needle localization by x-ray	365
77021	Mri guidance mr guidance for needle place	365
76942	Ultrasound guidance echo guide for biopsy	365
60100	Us/ ct guided body needle biopsy, thyroid biopsy	365
77012	Ct guidance ct scan for needle biopsy	365
77002	Fluoroscopy guidance needle localization by x-ray	365
77021	Mri guidance mr guidance for needle place	365
76942	Ultrasound guidance echo guide for biopsy	365
38221	Us/ ct guided body needle biopsy, bone marrow	365
	STEREOTACTIC BREAST BIOPSY	
19102	Stereotactic breast biopsybx breast percut w/image	183
77031	Stereotactic, each lesion stereotact guide for brst bx	183
	NEEDLE LOCALIZATION	
19290	Needle localization, first lesion place needle wire, breast	183
76942	Ultrasound guidance echo guide for biopsy	183
77031	Stereotactic, each lesion stereotact guide for brst bx	183
77032	Mammographic guidance, each breast lesion	183
19291	Needle localization, for each additional lesion	183
76942	Ultrasound guidance echo guide for biopsy	183
77031	Stereotactic, each lesion stereotact guide for brst bx	183
77032	Mammographic guidance, each lesion for needle breast	183

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
	US GUIDED BREAST BIOPSY	
19102	Stereotactic breast biopsy bx breast percut w/image	183
76942	Ultrasound guidance echo guide for biopsy	183
	US GUIDED BREAST CYST ASPIRATION	
19000	Us guided breast cyst aspiration, first cyst drainage	183
76942	Ultrasound guidance echo guide for biopsy	183
19001	Us guided breast cyst aspiration, each additional cyst	183
76942	Ultrasound guidance echo guide for biopsy	183
	MRI STEREOTACTIC BREAST BIOPSY	
19102	Stereotactic breast biopsy bx breast percut w/image	305
77021	Mri guidance mr guidance for needle place	305
	TUNNELED & NON-TUNNELED HEMODIALYSIS CATHETERS	
36555	Non-tunneled catheters, < 5 years old insert non-tunnel	487
77001	Fluoroscopy guidance fluoroguide for vein device	487
76942	Ultrasound guidance echo guide for biopsy	487
36556	Non-tunneled catheters, 5years old >	487
77001	Fluoroscopy guidance fluoroguide for vein device	487
76942	Ultrasound guidance echo guide for biopsy	487
36557	Tunneled catheters without port, < 5years old	487
77001	Fluoroscopy guidance fluoroguide for vein device	487
76942	Ultrasound guidance echo guide for biopsy	487
36558	Tunneled catheters without port, 5years old >	487
77001	Fluoroscopy guidance fluoroguide for vein device	487
76942	Ultrasound guidance echo guide for biopsy	487
36560	Catheters with port, < 5years old insert tunneled cv cath	487
77001	Fluoroscopy guidance fluoroguide for vein device	487
76942	Ultrasound guidance echo guide for biopsy	487
36561	Catheters with port, 5years old > insert tunneled cv cath	487
77001	Fluoroscopy guidance fluoroguide for vein device	487
76942	Ultrasound guidance echo guide for biopsy	487
36565	Catheters, 2 catheters-2 sites insert tunneled cv cath	487
77001	Fluoroscopy guidance fluoroguide for vein device	487
76942	Ultrasound guidance echo guide for biopsy	487
	FISTULOGRAM DIAGNOSTIC ONLY	
20501	Fistulogram diagnostic only inject sinus tract for x-ray	183
76080	Fistulogram diagnostic only, x-ray exam of fistula	183

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
	EPIDURAL & SACROILIAC JOINT INJECTIONS	
27096	Sacroiliac inject sacroiliac joint	305
77003	Fluoroscopy used fluoroguide for spine inject	305
62310	Cervical or thoracic injection, each level	305
62311	Lumbar or sacral injection, each level inject spine l/s (cd)	305
	INTERVENTIONAL CLINIC VISIT	
99251	Hospital consult, self limited minor inpatient consultation	183
99252	Hospital consult, low complexity inpat consult	183
99253	Hospital consult, moderate complexity	183
99254	Hospital consult, high complexity inpat consult	183
99255	Hospital consult, critical inpatient consultation	183
	ARTHROGRAMS	-
27096	Sacroiliac inject sacroiliac joint	-
73542	Radiological guidance x-ray exam, sacroiliac joint	305
23350	Arthrograms, shoulder injection for shoulder x-ray	305
73040	Radiological guidance contrast x-ray of shoulder	305
77002	Fluoroscopy guidance needle localization by x-ray	305
73201	Ct guidance with contrast ct upper extremity w/dye	305
73202	Ct guidance with/without contrast w/o&w/dye	305
73222	Mri guidance with contrast mri joint upr extrem w/dye	305
73223	Mri guidance with/without contrast mri joint	305
24220	Arthrograms, elbow injection for elbow x-ray	305
73085	Radiological guidance contrast x-ray of elbow	305
25246	Arthrograms, wrist injection for wrist x-ray	305
73115	Radiological guidance contrast x-ray of wrist	305
27093	Arthrograms, hip injection for hip x-ray	305
73525	Radiological guidance contrast x-ray of hip	305
27370	Arthrograms, knee injection for knee x-ray	305
73580	Radiological guidance contrast x-ray of knee joint	305
27648	Arthrograms, ankle injection for ankle x-ray	305
73615	Radiological guidance contrast x-ray of ankle	305
	CALL BACK FEE	
	Call back fee for interventional procedures only (< 3 hours)	508
	Call back fee for interventional procedures only (>3 hours)	1,015
	DI - CARDIAC CT	
0144t	Ct heart w/o contrast, ct heart wo dye; qual calc	290

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
0145t	Ct heart w contrast, ct heart w/wo dye funct	290
0146t	Ct heart w contrast,ccta w/wo dye	290
0147t	Ct heart w contrast, ccta w/wo, quan calcium	290
0148t	Ct heart w contrast,ccta w/wo, strxr	290
0149t	Ct heart w contrast, ccta w/wo, strxr quan calc	290
0150t	Ct heart w contrast ccta w/wo, disease strxr	290
0151t	Ct heart w contrast, ct heart funct add-on	290
	US TRANSRECTAL FOR PROSTATE	
76872	Ultrasound transrectal prostate	183
	OBSTETRICS	
59000	Amniocentesis, diagnostic	134
59001	Amniocentesis, therapeutic	311
59012	Fetal cord puncture,prenatal	355
59015	Chorion biopsy	227
59020	Fetal contract stress test	68
59020	Fetal contract stress test	68
59020	Fetal contract stress test	68
59025	Fetal non-stress test	55
59025	Fetal non-stress test	55
59025	Fetal non-stress test	55
59030	Fetal scalp blood sample	206
59050	Fetal monitor w/report	92
59051	Fetal monitor/interpret only	76
59070	Transabdom amnio infus w/us	542
59072	Umbilical cord occlud w/us	929
59074	Fetal fluid drainage w/us	542
59076	Fetal shunt placement, w/us	929
59100	Remove uterus lesion	1,370
59120	Treat ectopic pregnancy	1,298
59121	Treat ectopic pregnancy	1,306
59130	Treat ectopic pregnancy	1,548
59135	Treat ectopic pregnancy	1,532
59136	Treat ectopic pregnancy	1,463
59140	Treat ectopic pregnancy	606
59150	Treat ectopic pregnancy	1,260
59151	Treat ectopic pregnancy	1,241

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
59160	D & c after delivery	282
59200	Insert cervical dilator	81
59300	Episiotomy or vaginal repair	249
59320	Revision of cervix	257
59325	Revision of cervix	419
59350	Repair of uterus	511
59400	Obstetrical care	2,770
59409	Obstetrical care	1,394
59410	Obstetrical care	1,580
59412	Antepartum manipulation	177
59414	Deliver placenta	166
59425	Antepartum care only	642
59426	Antepartum care only	1,141
59430	Care after delivery	220
59510	Cesarean delivery	3,136
59514	Cesarean delivery only	1,648
59515	Cesarean delivery	1,888
59525	Remove uterus after cesarean	882
59610	Vbac delivery	2,916
59612	Vbac delivery only	1,555
59614	Vbac care after delivery	1,714
59618	Attempted vbac delivery	3,285
59620	Attempted vbac delivery only	1,809
59622	Attempted vbac after care	2,036
59812	Treatment of miscarriage	454
59820	Care of miscarriage	484
59821	Treatment of miscarriage	514
59830	Treat uterus infection	673
99217	Observation case discharge	132
99218	Initial observation case low complexity	132
99219	Initial observation case moderate complexity	221
99220	Initial observation high complexity	309
99223	Initial Hospital Care	391
99231	Subsequent Hospital Care	78
59515	Assistance in C- Section delivery	824
99251	Hospital Consult, Self Limited/Minor	104

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
99252	Hospital Consult, Low Complexity	155
99253	Hospital Consult, Moderate Complexity	234
99254	Hospital Consult, High Complexity	340
99255	Hospital Consult, Critical	413
99291	Unusual Critical Care Detention, First 60 Minutes	465
99292	Unusual Critical Care Detention, Additional 30 Minutes	233
	ONCOLOGIST	
99201	Level I - Office Visit (New Patient)	139
99203	Level II - Office Visit (New Patient)	415
99205	Level III - Office Visit (New Patient)	931
99211	Level I - Office Visit (Est. Patient)	53
99213	Level II - Office Visit (Est. Patient)	285
99215	Level III - Office Visit (Est. Patient)	620
99221	Level I -Hospital Visit (New Pt.)	583
99222	Level II - Hospital Visit (New Pt.)	794
99223	Level III - Hospital Visit (New Pt.)	1,172
99231	Level I - Hospital Visit (Est. Pt.)	235
99232	Level II - Hospital Visit (Est. Pt.)	431
99233	Level III - Hospital Visit (Est. Pt.)	620
99241	Chemo Orders	199
	PALLIATIVE CARE	
99251	Hospital Consult, Self Limited/Minor	145
99252	Hospital Consult, Low Complexity	217
99253	Hospital Consult, Moderate Complexity	329
99254	Hospital Consult, High Complexity	476
99255	Hospital Consult, Critical	579
99291	Unusual Critical Care Detention, First 60 Minutes	652
99292	Unusual Critical Care Detention, Additional 30 Minutes	326
99201	Level I - Office Visit (New Patient)	65
99203	Level II - Office Visit (New Patient)	194
99205	Level III - Office Visit (New Patient)	434
99211	Level I - Office Visit (Est. Patient)	24
99213	Level II - Office Visit (Est. Patient)	133
99215	Level III - Office Visit (Est. Patient)	289
99341	Level I - Home Visit (New Patient)	146
99342	Level II - Home Visit (New Patient)	220

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
99343	Level III - Home Visit (New Patient)	366
99344	Level IV- Home Visit (New Patient)	489
99345	Level V - Home Visit (New Patient)	592
99346	Level VI - Home Visit (New Patient)	592
99347	Level I - Home Visit (Established Patient)	145
99348	Level II - Home Visit (Established Patient)	225
99349	Level III - Home Visit (Established Patient)	337
99350	Level IV - Home Visit (Established Patient)	475
	PROCEDURALIST	
31500	Insert emergency airway	530
36481	Insertion of catheter, vein	1,587
36500	Insertion of catheter, vein	798
36510	Insertion of catheter, vein	248
36620	Insertion catheter, artery	262
36625	Insertion catheter, artery	480
36640	Insertion catheter, artery	477
36660	Insertion catheter, artery	319
93503	Insert/place heart catheter	662
93312	Echo transesophageal	500
93313	Echo transesophageal	216
93314	Echo transesophageal	284
93315	Echo transesophageal	632
93316	Echo transesophageal	216
93317	Echo transesophageal	416
93318	Echo transesophageal intraop	500
32421	Thoracentesis for aspiration	350
32422	Thoracentesis w/tube insert	498
49080	Puncture, peritoneal cavity	307
49081	Removal of abdominal fluid	286
62270	Spinal fluid tap, diagnostic	312
	PHYSIATRIST	
99201	Level I - Office Visit (New Patient)	234
99203	Level II - Office Visit (New Patient)	578
99205	Level III - Office Visit (New Patient)	1,124
99211	Level I - Office Visit (Est. Patient)	114
99213	Level II - Office Visit (Est. Patient)	389

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
99215	Level III - Office Visit (Est. Patient)	787
99221	Level I -Hospital Visit (New Pt.)	427
99222	Level II - Hospital Visit (New Pt.)	583
99223	Level III - Hospital Visit (New Pt.)	860
99231	Level I - Hospital Visit (Est. Pt.)	173
99232	Level II - Hospital Visit (Est. Pt.)	316
99233	Level III - Hospital Visit (Est. Pt.)	455
	REMOTE CONSULTATION	
99251	Remote Consultation Level 1	227
99252	Remote Consultation Level 2	341
99253	Remote Consultation Level 3	517
99254	Remote Consultation Level 4	748
99255	Remote Consultation Level 5	909
99251	Remote Consultation Level 6	269
99252	Remote Consultation Level 7	403
99253	Remote Consultation Level 8	610
99254	Remote Consultation Level 9	884
99255	Remote Consultation Level 10	1,075
99251	Remote Consultation Level 11	311
99252	Remote Consultation Level 12	465
99253	Remote Consultation Level 13	703
99254	Remote Consultation Level 14	1,020
99255	Remote Consultation Level 15	1,240
	ROBOTICS FEE	
99251	Robotics Fee	380
	VASCULAR SURGERY	
99201	Level I - Office Visit (New Patient)	74
99203	Level II - Office Visit (New Patient)	221
99205	Level III - Office Visit (New Patient)	496
99211	Level I - Office Visit (Est. Patient)	28
99213	Level II - Office Visit (Est. Patient)	152
99215	Level III - Office Visit (Est. Patient)	331
99221	Level I -Hospital Visit (New Pt.)	311
99222	Level II - Hospital Visit (New Pt.)	423
99223	Level III - Hospital Visit (New Pt.)	625
99231	Level I - Hospital Visit (Est. Pt.)	126

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
99232	Level II - Hospital Visit (Est. Pt.)	229
99233	Level III - Hospital Visit (Est. Pt.)	331
99231	Hospital Follow Up, Routine	126
99232	Hospital Follow, More Than Routine	229
99233	Hospital Follow Up, Complex Care ICU	331
99251	Hospital Consult, Self Limited/Minor	165
99252	Hospital Consult, Low Complexity	248
99253	Hospital Consult, Moderate Complexity	376
99254	Hospital Consult, High Complexity	544
99255	Hospital Consult, Critical	662
99291	Unusual Critical Care Detention, First 60 Minutes	744
99292	Unusual Critical Care Detention, Additional 30 Minutes	373
10180	Complex drainage, wound	438
27301	Drain thigh/knee lesion	1,287
27603	Drain lower leg lesion	988
27880	Amputation of lower leg	2,520
28002	Treatment of foot infection	1,115
28800	Amputation of midfoot	1,430
28805	Amputation thru metatarsal	2,076
28810	Amputation toe & metatarsal	1,078
28820	Amputation of toe	809
28825	Partial amputation of toe	613
33508	Endoscopic vein harvest	52
34201	Removal of artery clot	3,205
34802	Endovas aaa repr w/2-p part	3,921
35102	Repair defect of artery	6,015
35188	Repair blood vessel lesion	2,489
35207	Repair blood vessel lesion	1,795
35256	Repair blood vessel lesion	3,661
35301	Rechanneling of artery	3,230
35355	Rechanneling of artery	3,271
35371	Rechanneling of artery	2,519
35473	Repair arterial blockage	998
35476	Repair venous blockage	998
35492	Atherectomy, percutaneous	1,098
35556	Artery bypass graft	4,402

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
35572	Harvest femoropopliteal vein	1,127
35641	Artery bypass graft	5,535
35656	Artery bypass graft	3,372
35761	Exploration of artery/vein	966
35875	Removal of clot in graft	1,760
35876	Removal of clot in graft	2,933
36000	Place needle in vein	29
36002	Pseudoaneurysm injection trt	324
36005	Injection ext venography	157
36010	Place catheter in vein	469
36011	Place catheter in vein	520
36012	Place catheter in vein	581
36013	Place catheter in artery	417
36014	Place catheter in artery	499
36015	Place catheter in artery	581
36100	Establish access to artery	499
36120	Establish access to artery	333
36140	Establish access to artery	962
36145	Artery to vein shunt	952
36160	Establish access to aorta	417
36200	Place catheter in aorta	499
36215	Place catheter in artery	772
36216	Place catheter in artery	872
36217	Place catheter in artery	1,040
36218	Place catheter in artery	167
36245	Place catheter in artery	772
36246	Place catheter in artery	872
36247	Place catheter in artery	1,040
36248	Place catheter in artery	167
36260	Insertion of infusion pump	1,624
36261	Revision of infusion pump	918
36262	Removal of infusion pump	670
36468	Injection(s), spider veins	265
36469	Injection(s), spider veins	265
36470	Injection therapy of vein	181
36471	Injection therapy of veins	265

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
36475	Endovenous rf, 1st vein	1,111
36476	Endovenous rf, vein add-on	559
36478	Endovenous laser, 1st vein	1,111
36479	Endovenous laser vein addon	559
36481	Insertion of catheter, vein	1,154
36500	Insertion of catheter, vein	581
36510	Insertion of catheter, vein	181
36550	Photopheresis	276
36555	Insert non-tunnel cv cath	444
36556	Insert non-tunnel cv cath	493
36557	Insert tunneled cv cath	845
36558	Insert tunneled cv cath	1,675
36560	Insert tunneled cv cath	1,035
36561	Insert tunneled cv cath	994
36563	Insert tunneled cv cath	1,027
36565	Insert tunneled cv cath	1,987
36566	Insert tunneled cv cath	5,283
36568	Insert picc cath	318
36569	Insert picc cath	301
36570	Insert picvad cath	881
36571	Insert picvad cath	878
36575	Repair tunneled cv cath	111
36576	Repair tunneled cv cath	531
36578	Replace tunneled cv cath	982
36580	Replace cvad cath	216
36581	Replace tunneled cv cath	1,481
36582	Replace tunneled cv cath	2,063
36583	Replace tunneled cv cath	870
36584	Replace picc cath	199
36585	Replace picvad cath	796
36589	Removal tunneled cv cath	438
36590	Removal tunneled cv cath	640
36593	Declot vascular device	376
36595	Mech remov tunneled cv cath	594
36596	Mech remov tunneled cv cath	124
36597	Reposition venous catheter	253

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
36620	Insertion catheter, artery	190
36625	Insertion catheter, artery	349
36640	Insertion catheter, artery	347
36800	Insertion of cannula	402
36810	Insertion of cannula	655
36815	Insertion of cannula	433
36818	Av fuse, uppr arm, cephalic	2,278
36819	Av fuse, uppr arm, basalic	2,776
36820	Av fusion/forearm vein	2,776
36821	Av fusion direct any site	2,314
36821	Av fusion direct any site	1,513
36825	Artery-vein autograft	1,929
36830	Artery-vein nonautograft	2,314
36831	Open thrombect av fistula	1,545
36832	Av fistula revision, open	2,025
36833	Av fistula revision	2,305
36834	Repair A-V aneurysm	1,837
36835	Artery to vein shunt	1,229
36860	External cannula declotting	333
36861	Cannula declotting	417
36870	Percut thrombect av fistula	855
37184	Prim art mech thrombectomy	1,432
37185	Prim art m-thrombect add-on	542
37186	Sec art m-thrombect add-on	814
37187	Venous mech thrombectomy	1,328
37188	Venous m-thrombectomy add-on	944
37200	Transcatheter biopsy	752
37203	Transcatheter retrieval	830
37205	Transcath iv stent, percut	1,367
37250	Iv us first vessel add-on	347
37251	Iv us each add vessel add-on	265
37500	Endoscopy ligate perf veins	1,908
37607	Ligation of a-v fistula	1,195
37609	Temporal artery procedure	499
37620	Revision of major vein	1,900
37650	Revision of major vein	1,391

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
37700	Revise leg vein	622
37718	Ligate/strip short leg vein	1,166
37720	Ligate/strip short leg vein	1,166
37722	Ligate/strip long leg vein	1,337
37730	Ligate/strip long leg vein	1,337
37735	Removal of leg veins/lesion	1,787
37760	Ligation, leg veins, open	1,768
37765	Phleb veins extrem 10-20	1,262
37766	Phleb veins extrem 20+	1,584
37780	Revision of leg vein	640
37785	Ligate/divide/excise vein	640
37790	Penile venous occlusion	1,384
75650	Artery x-rays, head & neck	247
75710	Artery x-rays, arm/leg	220
75790	Visualize A-V shunt	355
75827	Vein x-ray, chest	220
75966	Repair arterial blockage	216
75978	Repair venous blockage	105
77001	Fluoroguide for vein device	74
	SURGERY	
38120	LAPAROSCOPIC SPLENECTOMY	2,368
38129	LAPAROSCOPE PROC, SPLEEN	2,368
38570	LAPAROSCOPY, LYMPH NODE BIOPSY	1,269
43279	LAPAROSCOPIC ESOPHAGOMYOTOMY	2,756
43280	LAPAROSCOPY, FUNDOPLASTY	2,454
43281	LAP REPAIR PARAESOPHAGEAL HERNIA	3,502
43282	LAP REP PARAESOPHAGUS HERNIA W MESH	3,943
43289	LAPAROSCOPE PROC, ESOPH	3,730
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	3,927
43645	LAP GASTR BYPASS INCL SMALL INTESTINE	4,198
43651	LAPAROSCOPY, VAGUS NERVE	1,459
43652	LAPAROSCOPY, VAGUS NERVE	1,709
43653	LAPAROSCOPY, GASTROSTOMY	1,261
43659	LAPAROSCOPE PROC, STOMACH	2,511
43770	LAP PLACE GASTRIC ADJUSTABLE DEVICE	2,509
43771	LAP REVISE GASTRIC ADJUSTABLE DEVICE	2,861

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
43772	LAP REMOVAL GASTRIC ADJUSTABLE DEVICE	2,157
43773	LAP REPLACE GASTRIC ADJUSTABLE DEVICE	2,862
43774	LAP REMOVE GASTRIC RESTRICTIVE DEVICE/PORT	2,157
43775	LAP GASTRIC PROCEDURE, LONG GASTRECTOMY	2,969
44180	LAP, ENTEROLYSIS	2,080
44186	LAP, JEJUNOSTOMY	1,473
44187	LAP, ILEO/JEJUNO-STOMY	2,479
44188	LAP, COLOSTOMY	2,746
44202	LAP, ENTERECTOMY	3,136
44203	LAP RESECT S/INTESTINE, ADDL	558
44204	LAP PARTIAL COLECTOMY	3,493
44205	LAP COLECTOMY PART W/ILEUM	3,044
44206	LAP PART COLECTOMY W/STOMA	3,978
44207	LAP COLECTOMY/COLOPROCTOSTOMY	4,159
44208	LAP COLECTOMY/COLOPROCTOSTOMY	4,518
44210	LAP TOTAL PROCTOCOLECTOMY	4,058
44211	LAP COLECTOMY W/PROCTECTOMY	5,031
44212	LAP TOTAL PROCTOCOLECTOMY	4,663
44213	LAP, MOBIL SPLENIC FL ADD-ON	437
44227	LAP, CLOSE ENTEROSTOMY	3,791
44238	LAP PROCEDURE, INTESTINE	3,474
44970	LAPAROSCOPY, APPENDECTOMY	1,338
45395	LAP, REMOVAL OF RECTUM	4,501
45397	LAP, REMOVE RECTUM W/POUCH	4,864
45400	LAPAROSCOPIC PROCEDURE	2,606
45402	LAP PROCTOPEXY W/SIG RESECT	3,474
45499	LAPAROSCOPE PROC, RECTUM	3,990
47379	LAPAROSCOPE PROCEDURE, LIVER	1,785
47562	LAPAROSCOPIC CHOLECYSTECTOMY	1,668
47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,948
47570	LAP CHOLECYSTOENTEROSTOMY	1,741
47579	LAPAROSCOPE PROC, BILIARY	1,785
49320	DIAGNOSTIC LAPAROSCOPY	740
49321	LAPAROSCOPY, BIOPSY	782
49322	LAPAROSCOPY, ASPIRATION	845
49323	LAP DRAIN LYMPHOCELE	1,448

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
49324	LAP INSERTION PERM INTRAPERITONEAL CATH	892
49325	LAP REVISION PERM INTRAPERITONEAL CATH	954
49326	LAP W/OMENTOPEXY ADD-ON	437
49329	LAPARO PROC, ABDOMEN/PERITONEUM/OMENTUM	944
49650	LAP HERNIA REPAIR INITIAL	947
49651	LAP HERNIA REPAIR RECURRENT	1,230
49652	LAP HERNIA REPAIR VENTRAL/UMBILICAL, REDUCIBLE	1,675
49653	LAP HERNIA REPAIR VENTRAL/UMBILICAL, INCARCERATED	2,132
49654	LAP HERNIA REPAIR INCISIONAL, REDUCIBLE	1,918
49655	LAP HERNIA REPAIR INCISIONAL, INCARCERATED	2,345
49656	LAP HERNIA REPAIR INCISIONAL, RECURRENT	1,918
49657	LAP HERNIA REPAIR INCISIONAL, RECURRENT/INCISIONAL	2,780
49659	LAP PROCECURE, HERNIA REPAIR	1,869
50546	LAPAROSCOPIC NEPHRECTOMY	2,980
50548	LAP NEHPRECTOMY W/URETER	3,371
58661	LAP, REMOVE ADNEXA	1,505
60650	LAPAROSCOPY ADRENALECTOMY	2,780
60659	LAP PROCECURE, ENDOCRINE	2,780
76998	US GUIDANCE, INTRAOPERATIVE	153
10060	DRAINAGE OF SKIN ABSCESS, SIMPLE	209
10061	DRAINAGE OF SKIN ABSCESS, COMPLICATED	367
10080	DRAINAGE OF PILONIDAL CYST, SIMPLE	219
10081	DRAINAGE OF PILONIDAL CYST, COMPLICATED	382
10120	REMOVE FOREIGN BODY, SIMPLE	206
10121	REMOVE FOREIGN BODY, COMPLICATED	415
10140	DRAINAGE OF HEMATOMA/FLUID	266
10160	PUNCTURE DRAINAGE OF LESION	216
10180	COMPLEX DRAINAGE, WOUND	397
11000	DEBRIDE INFECTED SKIN	71
11001	DEBRIDE INFECTED SKIN ADD-ON	36
11010	DEBRIDE SKIN, FX	637
11011	DEBRIDE SKIN/MUSCLE, FX	689
11012	DEBRIDE SKIN/MUSCLE/BONE, FX	987
11040	DEBRIDE SKIN, PARTIAL	61
11041	DEBRIDE SKIN, FULL	74
11042	DEBRIDE SKIN/TISSUE	102

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
11043	DEBRIDE TISSUE/MUSCLE	542
11044	DEBRIDE TISSUE/MUSCLE/BONE	750
11100	BIOPSY, SKIN LESION	115
11101	BIOPSY, SKIN ADD-ON	58
11200	REMOVAL OF SKIN TAGS	158
11201	REMOVE SKIN TAGS ADD-ON	39
11400	EXC BENIGN SKIN LESION, TRUNK, 0.5 < CM	173
11401	EXC BENIGN SKIN LESION, TRUNK, 0.6-1 CM	227
11402	EXC BENIGN SKIN LESION, TRUNK, 1.1-2 CM	251
11403	EXC BENIGN SKIN LESION, TRUNK, 2.1-3 CM	319
11404	EXC BENIGN SKIN LESION, TRUNK, 3.1-4 CM	354
11406	EXC BENIGN SKIN LESION, TRUNK, > 4.0 CM	536
11420	EXC BENIGN LESION SCALP/NECK/HAND/FOOT 0.5 < CM	183
11421	EXC BENIGN LESION SCALP/NECK/HAND/FOOT 0.6-1	247
11422	EXC BENIGN LESION SCALP/NECK/HAND/FOOT 1.1-2	297
11423	EXC BENIGN LESION SCALP/NECK/HAND/FOOT 2.1-3	348
11424	EXC BENIGN LESION SCALP/NECK/HAND/FOOT 3.1-4	401
11426	EXC BENIGN LESION SCALP/NECK/HAND/FOOT > 4 CM	611
11440	EXC BENIGN LESION FACE/EAR/NOSE/LIP 0.5 < CM	221
11441	EXC BENIGN LESION FACE/EAR/NOSE/LIP 0.6-1 CM	289
11442	EXC BENIGN LESION FACE/EAR/NOSE/LIP 1.1-2 CM	322
11443	EXC BENIGN LESION FACE/EAR/NOSE/LIP 2.1-3 CM	397
11444	EXC BENIGN LESION FACE/EAR/NOSE/LIP 3.1-4 CM	509
11446	EXC BENIGN LESION FACE/EAR/NOSE/LIP > 4 CM	724
11450	REMOVAL, SWEAT GLAND LESION, AXILLARY	538
11451	REMOVAL, SWEAT GLAND LESION, AXILLARY - COMPLEX	702
11462	REMOVAL, SWEAT GLAND LESION, INGUINAL	518
11463	REMOVAL, SWEAT GLAND LESION, INGUINAL - COMPLEX	715
11470	REMOVAL, SWEAT GLAND LESION, PERIANAL/PERINEAL	609
11471	REMOVAL, SWEAT GLAND LESION, PERIANAL/PERINEAL - COMPLEX	757
11600	EXC MALIGNANT LESION TRUNK/EXTREMITY 0.5 < CM	260
11601	EXC MALIGNANT LESION TRUNK/EXTREMITY 0.6-1 CM	334
11602	EXC MALIGNANT LESION TRUNK/EXTREMITY 1.1-2 CM	367
11603	EXC MALIGNANT LESION TRUNK/EXTREMITY 2.1-3 CM	437
11604	EXC MALIGNANT LESION TRUNK/EXTREMITY 3.1-4 CM	480
11606	EXC MALIGNANT LESION TRUNK/EXTREMITY > 4 CM	713

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
11620	EXC MALIGNANT LESION SCALP/NECK/HAND/FOOT 0.5 < CM	265
11621	EXC MALIGNANT LESION SCALP/NECK/HAND/FOOT 0.6-1	337
11622	EXC MALIGNANT LESION SCALP/NECK/HAND/FOOT 1.1-2	388
11623	EXC MALIGNANT LESION SCALP/NECK/HAND/FOOT 2.1-3	478
11624	EXC MALIGNANT LESION SCALP/NECK/HAND/FOOT 3.1-4	542
11626	EXC MALIGNANT LESION SCALP/NECK/HAND/FOOT > 4 CM	671
11640	EXC MALIGNANT LESION FACE/EAR/NOSE/LIP 0.5 <	276
11641	EXC MALIGNANT LESION FACE/EAR/NOSE/LIP 0.6-1	356
11642	EXC MALIGNANT LESION FACE/EAR/NOSE/LIP 1.1-2	421
11643	EXC MALIGNANT LESION FACE/EAR/NOSE/LIP 2.1-3	525
11644	EXC MALIGNANT LESION FACE/EAR/NOSE/LIP 3.1-4	652
11646	EXC MALIGNANT LESION FACE/EAR/NOSE/LIP > 4 CM	911
11720	DEBRIDE NAIL, 1-5	38
11721	DEBRIDE NAIL, 6 OR MORE	63
11730	REMOVAL OF NAIL PLATE	127
11732	REMOVE NAIL PLATE, ADD-ON	67
11740	DRAIN BLOOD FROM UNDER NAIL	71
11750	REMOVAL OF NAIL BED	394
11752	REMOVE NAIL BED/FINGER TIP	594
11755	BIOPSY, NAIL UNIT	189
11760	REPAIR OF NAIL BED	295
11762	RECONSTRUCTION OF NAIL BED	438
11765	EXCISION OF NAIL FOLD, TOE	152
11770	REMOVAL OF PILONIDAL LESION, SIMPLE	404
11771	REMOVAL OF PILONIDAL LESION, EXTENSIVE	947
11772	REMOVAL OF PILONIDAL LESION, COMPLICATED	1,234
11920	CORRECT SKIN COLOR DEFECTS	261
11960	INSERT TISSUE EXPANDER(S)	2,069
11970	REPLACE TISSUE EXPANDER	1,363
11971	REMOVE TISSUE EXPANDER(S)	696
11975	INSERT CONTRACEPTIVE CAP	223
11976	REMOVAL OF CONTRACEPTIVE CAP	223
11977	REMOVAL/REINSERT CONTRA CAP	335
11980	IMPLANT HORMONE PELLET(S)	189
12001	REPAIR SUPERFICIAL WOUND(S), SCALP/NECK/TRUNK/ EXTREMITIES <2.6 CM	239

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
12002	REPAIR SUPERFICIAL WOUND(S), SCALP/NECK/TRUNK/ EXTREMITIES 2.6-7.5 CM	264
12004	REPAIR SUPERFICIAL WOUND(S), SCALP/NECK/TRUNK/ EXTREMITIES 7.6-12.5 CM	310
12005	REPAIR SUPERFICIAL WOUND(S), SCALP/NECK/TRUNK/ EXTREMITIES 12.6-20.0 CM	384
12006	REPAIR SUPERFICIAL WOUND(S), SCALP/NECK/TRUNK/ EXTREMITIES 20.1-30 CM	484
12007	REPAIR SUPERFICIAL WOUND(S), SCALP/NECK/TRUNK/ EXTREMITIES >30.0 CM	547
12011	REPAIR SUPERFICIAL WOUND(S), FACE/EARS/NOSE/LIPS <2.6 CM	246
12013	REPAIR SUPERFICIAL WOUND(S), FACE/EARS/NOSE/LIPS 2.6-5.0 CM	280
12014	REPAIR SUPERFICIAL WOUND(S), FACE/EARS/NOSE/LIPS 5.1-7.5 CM	335
12015	REPAIR SUPERFICIAL WOUND(S), FACE/EARS/NOSE/LIPS 7.6-12.5 CM	420
12016	REPAIR SUPERFICIAL WOUND(S), FACE/EARS/NOSE/LIPS 12.6-20.0	510
12017	REPAIR SUPERFICIAL WOUND(S), FACE/EARS/NOSE/LIPS 20.1-30.0 CM	598
12018	REPAIR SUPERFICIAL WOUND(S), FACE/EARS/NOSE/LIPS >30.0 CM	723
12020	CLOSURE OF SUPERFICIAL DEHISCENCE, SIMPLE	422
12021	CLOSURE OF SUPERFICIAL DEHISCENCE WITH PACKING	307
12031	LAYER CLOSURE OF WOUND(S), SCALP/TRUNK/EXTREMITIES <2.6 CM	362
12032	LAYER CLOSURE OF WOUND(S), SCALP/TRUNK/EXTREMITIES 2.6-7.5 CM	443
12034	LAYER CLOSURE OF WOUND(S), SCALP/TRUNK/EXTREMITIES 7.6-12.5 CM	537
12035	LAYER CLOSURE OF WOUND(S), SCALP/TRUNK/EXTREMITIES 12.6-20.0 CM	584
12036	LAYER CLOSURE OF WOUND(S), SCALP/TRUNK/EXTREMITIES 20.1-30.0 CM	615
12037	LAYER CLOSURE OF WOUND(S), SCALP/TRUNK/EXTREMITIES >30.0 CM	715
12041	LAYER CLOSURE OF WOUND(S), NECK/HANDS/FEET <2.6 CM	387
12042	LAYER CLOSURE OF WOUND(S), NECK/HANDS/FEET 2.6-7.5 CM	452
12044	LAYER CLOSURE OF WOUND(S), NECK/HANDS/FEET 7.6-12.5 CM	483
12045	LAYER CLOSURE OF WOUND(S), NECK/HANDS/FEET 12.6-20.0 CM	554

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
12046	LAYER CLOSURE OF WOUND(S), NECK/HANDS/FEET 20.1-30.0 CM	669
12047	LAYER CLOSURE OF WOUND(S), NECK/HANDS/FEET >30.0 CM	735
12051	LAYER CLOSURE OF WOUND(S), FACE/EARS/NOSE/LIPS <2.6 CM	411
12052	LAYER CLOSURE OF WOUND(S), FACE/EARS/NOSE/LIPS 2.6-5.0 CM	490
12053	LAYER CLOSURE OF WOUND(S), FACE/EARS/NOSE/LIPS 5.1-7.5 CM	490
12054	LAYER CLOSURE OF WOUND(S), FACE/EARS/NOSE/LIPS 7.6-12.5 CM	519
12055	LAYER CLOSURE OF WOUND(S), FACE/EARS/NOSE/LIPS 12.6-20.0 CM	629
12056	LAYER CLOSURE OF WOUND(S), FACE/EARS/NOSE/LIPS 20.1-30.0 CM	726
12057	LAYER CLOSURE OF WOUND(S), FACE/EARS/NOSE/LIPS >30.0 CM	858
13100	REPAIR OF WOUND OR LESION, TRUNK 1.1-2.5 CM	533
13101	REPAIR OF WOUND OR LESION, TRUNK 2.6-7.5 CM	651
13102	REPAIR WOUND/LESION ADD-ON, TRUNK EACH ADD 5 CM	173
13120	REPAIR OF WOUND OR LESION, SCALP/ARM/LEG 1.1-2.5 CM	557
13121	REPAIR OF WOUND OR LESION, SCALP/ARM/LEG 2.6-7.5 CM	743
13122	REPAIR WOUND/LESION ADD-ON, SCALP/ARM/LEG EACH ADD 5 CM	197
13131	REPAIR OF WOUND OR LESION, FOREHEAD/CHEEK/NECK/HANDS/FEET 1.1-2.5 CM	629
13132	REPAIR OF WOUND OR LESION, FOREHEAD/CHEEK/NECK/HANDS/FEET 2.6-7.5 CM	1,073
13133	REPAIR WOUND/LESION ADD-ON, FOREHEAD/CHEEK/NECK/HANDS/FEET ADD 5 CM	307
13150	REPAIR OF WOUND OR LESION, EYELID/NOSE/EAR/LIP <1 CM	625
13151	REPAIR OF WOUND OR LESION, EYELID/NOSE/EAR/LIP 1.1-2.5 CM	728
13152	REPAIR OF WOUND OR LESION, EYELID/NOSE/EAR/LIP 2.6-7.5 CM	979
13153	REPAIR WOUND/LESION ADD-ON, EYELID/NOSE/EAR/LIP EACH ADD 5 CM	331
13160	LATE CLOSURE OF WOUND	1,834
14000	SKIN TISSUE REARRANGEMENT, TRUNK <10.1 SQ CM	1,141
14001	SKIN TISSUE REARRANGEMENT, TRUNK 10.1-30.0 SQ CM	1,505
14020	SKIN TISSUE REARRANGEMENT, SCALP/ARM/LEG <10.1 SQ CM	1,300
14021	SKIN TISSUE REARRANGEMENT, SCALP/ARM/LEG 10.1-30.0 SQ CM	1,670
14040	SKIN TISSUE REARRANGEMENT, FOREHEAD/CHEEK/NECK/HANDS/FEET <10.1 SQ CM	1,473
14041	SKIN TISSUE REARRANGEMENT, FOREHEAD/CHEEK/NECK/HANDS/FEET 10.1-30.0 SQ CM	1,817

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
14060	SKIN TISSUE REARRANGEMENT, EYELIDS/NOSE/EARS/LIPS <10.1 SQ CM	1,556
14061	SKIN TISSUE REARRANGEMENT, EYELIDS/NOSE/EARS/LIPS 10.1-30.0 SQ CM	1,942
14300	SKIN TISSUE REARRANGEMENT MORE THAN 30 SQ CM ANY AREA	2,212
14350	FILLETED FINGER OR TOE FLAP	1,680
15002	WOUND PREP, TRUNK/ARM/LEG 100 SQ CM	517
15003	WOUND PREP, ADDL 100 SQ CM	106
15004	WOUND PREP, FACE/NECK/HANDS/FEET 100 SQ CM	633
15005	WOUND PREP, ADDL 100 SQ CM	209
15050	SKIN PINCH GRAFT	1,000
15100	SKIN SPLT GRFT, TRNK/ARM/LEG	1,621
15101	SKIN SPLT GRFT TRUNK/ARM/LEG, ADD-ON	256
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	1,674
15111	EPIDRM AUTOGRFT TRUNK/ARM/LEG ADD-ON	246
15115	EPIDRM AUTOGRFT FACE/NECK/HANDS/FEET	1,717
15116	EPIDRM AUTOGRFT FACE/NECK/HANDS/FEET ADD-ON	346
15120	SKN SPLT AUTOGRFT FACE/NECK/HANDS/FEET	1,785
15121	SKN SPLT AUTOGRFT FACE/NECK/HANDS/FEET ADD-ON	392
15130	DERM AUTOGRAFT, TRUNK/ARM/LEG	1,267
15131	DERM AUTOGRAFT TRUNK/ARM/LEG ADD-ON	200
15135	DERM AUTOGRAFT FACE/NECK/HANDS/FEET	1,735
15136	DERM AUTOGRAFT, FACE/NECK/HANDS/FEET ADD-ON	182
15200	SKIN FULL GRAFT, TRUNK	1,499
15201	SKIN FULL GRAFT TRUNK ADD-ON	181
15220	SKIN FULL GRAFT SCALP/ARM/LEG	1,402
15221	SKIN FULL GRAFT SCALP/ARM/LEG ADD-ON	167
15240	SKIN FULL GRFT FACE/HANDS/FEET	1,810
15241	SKIN FULL GRAFT FACE/HANDS/FEET ADD-ON	262
15260	SKIN FULL GRAFT EYES/EARS/NOSE/LIPS	1,966
15261	SKIN FULL GRAFT EYES/EARS/NOSE/LIPS ADD-ON	331
15850	REMOVAL OF SUTURES, SAME SURGEON	107
15851	REMOVAL OF SUTURES, DIFF SURGEON	107
15920	REMOVAL OF TAIL BONE ULCER	1,340
15922	REMOVAL OF TAIL BONE ULCER WITH FLAP CLOSURE	1,659
15931	REMOVE SACRUM PRESSURE SORE	1,520

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
15933	REMOVE SACRUM PRESSURE SORE WITH OSTECTOMY	1,876
15934	REMOVE SACRUM PRESSURE SORE WITH SKIN FLAP	2,081
15935	REMOVE SACRUM PRESSURE SORE WITH SKIN FLAP AND OSTECTOMY	2,477
15936	REMOVE SACRUM PRESSURE SORE IN PREP CLOSURE	2,010
15937	REMOVE SACRUM PRESSURE SORE IN PREP CLOSURE WITH OSTECTOMY	2,346
15940	REMOVE HIP PRESSURE SORE	1,557
15941	REMOVE HIP PRESSURE SORE WITH OSTECTOMY	2,026
15944	REMOVE HIP PRESSURE SORE WITH SKIN FLAP	1,997
15945	REMOVE HIP PRESSURE SORE WITH SKIN FLAP AND OSTECTOMY	2,214
15946	REMOVE HIP PRESSURE SORE IN PREP CLOSURE	3,701
15950	REMOVE THIGH PRESSURE SORE	1,289
15951	REMOVE THIGH PRESSURE SORE WITH OSTECTOMY	1,825
15952	REMOVE THIGH PRESSURE SORE WITH SKIN FLAP	1,918
15953	REMOVE THIGH PRESSURE SORE WITH SKIN FLAP AND OSTECTOMY	2,179
15956	REMOVE THIGH PRESSURE SORE IN PREP CLOSURE	2,588
15958	REMOVE THIGH PRESSURE SORE IN PREP CLOSURE AND OSTECTOMY	2,640
15999	REMOVAL OF PRESSURE SORE, OTHER	2,066
16020	DRESS/DEBRID PARTIAL-THICK BURN, SMALL	129
16025	DRESS/DEBRID PARTIAL-THICK BURN, MEDIUM	264
16030	DRESS/DEBRID PARTIAL-THICK BURN, LARGE	300
16035	INCISION OF BURN SCAB, INITI	480
16036	ESCHAROTOMY; ADD'L INCISION	194
17000	DESTRUCT PREMALG LESION	125
17003	DESTRUCT PREMALG LES, 2-14	10
17004	DESTROY PREMLG LESIONS 15+	308
17106	DESTRUCTION OF SKIN LESIONS <10 SQ CM	630
17107	DESTRUCTION OF SKIN LESIONS 10.0-50.0 SQ CM	820
17108	DESTRUCTION OF SKIN LESIONS >50.0 SQ CM	1,188
17110	DESTRUCT BENIGN SKIN LESION, 1-14	154
17111	DESTRUCT BENIGN SKIN LESION, 15 OR MORE	192
17260	DESTRUCTION MALIGNANT SKIN LESIONS, TRUNK/ARM/LEG <0.6 CM	156
17261	DESTRUCTION MALIGNANT SKIN LESIONS, TRUNK/ARM/LEG 0.6-1.0 CM	209

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
17262	DESTRUCTION MALIGNANT SKIN LESIONS, TRUNK/ARM/LEG 1.1-2.0 CM	268
17263	DESTRUCTION MALIGNANT SKIN LESIONS, TRUNK/ARM/LEG 2.1-3.0 CM	295
17264	DESTRUCTION MALIGNANT SKIN LESIONS, TRUNK/ARM/LEG 3.1-4.0 CM	317
17266	DESTRUCTION MALIGNANT SKIN LESIONS, TRUNK/ARM/LEG >4.0 CM	369
17270	DESTRUCTION MALIGNANT SKIN LESIONS, SCALP/NECK/HANDS/FEET <0.6 CM	227
17271	DESTRUCTION MALIGNANT SKIN LESIONS, SCALP/NECK/HANDS/FEET 0.6-1.0 CM	254
17272	DESTRUCTION MALIGNANT SKIN LESIONS, SCALP/NECK/HANDS/FEET 1.1-2.0 CM	294
17273	DESTRUCTION MALIGNANT SKIN LESIONS, SCALP/NECK/HANDS/FEET 2.1-3.0 CM	333
17274	DESTRUCTION MALIGNANT SKIN LESIONS, SCALP/NECK/HANDS/FEET 3.1-4.0 CM	409
17276	DESTRUCTION MALIGNANT SKIN LESIONS, SCALP/NECK/HANDS/FEET >4.0 CM	490
17280	DESTRUCTION MALIGNANT SKIN LESIONS, FACE/EARS/NOSE/LIPS <0.6 CM	206
17281	DESTRUCTION MALIGNANT SKIN LESIONS, FACE/EARS/NOSE/LIPS 0.6-1.0 CM	287
17282	DESTRUCTION MALIGNANT SKIN LESIONS, FACE/EARS/NOSE/LIPS 1.1-2.0 CM	333
17283	DESTRUCTION MALIGNANT SKIN LESIONS, FACE/EARS/NOSE/LIPS 2.1-3.0 CM	416
17284	DESTRUCTION MALIGNANT SKIN LESIONS, FACE/EARS/NOSE/LIPS 3.1-4.0 CM	495
17286	DESTRUCTION MALIGNANT SKIN LESIONS, FACE/EARS/NOSE/LIPS >4.0 CM	665
17311	MOHS, 1 STAGE, HEAD/NECK/HANDS/FEET	888
17312	MOHS ADDL STAGE, HEAD/NECK/HANDS/FEET	472
17313	MOHS, 1 STAGE, TRUNK/ARMS/LEGS	797
17314	MOHS, ADDL STAGE TRUNK/ARMS/LEGS	437
17315	MOHS SURG, ADDL BLOCK	125
19000	DRAINAGE OF BREAST LESION	106
19001	DRAIN BREAST LESION ADD-ON	53

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
19020	INCISION OF BREAST LESION	655
19100	BX BREAST PERCUT W/O IMAGE	160
19101	BIOPSY OF BREAST, OPEN	490
19102	BX BREAST PERCUT W/IMAGE	248
19103	BX BREAST PERCUT W/DEVICE	459
19110	NIPPLE EXPLORATION	737
19112	EXCISE BREAST DUCT FISTULA	666
19120	REMOVAL OF BREAST LESION	901
19125	EXCISION, BREAST LESION WITH RADIOLOGICAL MARKER	1,003
19126	EXCISION, BREAST LESION WITH RADIOLOGICAL MARKER ADD-ON	369
19300	REMOVAL OF GYNECOMASTIA	879
19301	PARTIAL MASTECTOMY	1,427
19302	P-MASTECTOMY W LYMPHADENECTOMY	1,983
19303	MASTECTOMY, SIMPLE, COMPLETE	2,212
19304	MASTECTOMY, SUBQ	1,248
19305	MASTECTOMY, RADICAL	2,503
19306	MASTECTOMY, RADICAL, URBAN TYPE	2,629
19307	MASTECTOMY, MODIFIED RADICAL	2,637
19316	MASTOPEXY	1,749
19260	REMOVAL OF CHEST WALL LESION	2,739
19271	REMOVAL OF CHEST WALL LESION W PLASTIC RECONSTRUCTION	3,726
19272	REMOVAL OF CHEST WALL LESION W PLASTIC RECONSTRUCTION/ LYMPHADENECTOMY	4,128
19318	REDUCTION MAMMOPLASTY	2,535
19324	AUGMENTATION MAMMOPLASTY	1,088
19325	AUGMENTATION MAMMOPLASTY WITH IMPLANT	1,451
19328	REMOVAL OF BREAST IMPLANT	1,105
19330	REMOVAL OF IMPLANT MATERIAL	1,415
19340	IMMEDIATE BREAST PROSTHESIS	1,719
19342	DELAYED BREAST PROSTHESIS	2,083
19350	NIPPLE/AREOLA RECONSTRUCTION	1,523
19355	CORRECT INVERTED NIPPLE(S)	1,286
19357	BREAST RECONSTRUCTION WITH TISSUE EXPANDER	3,519
19361	BREAST RECONSTRUCTION W/LATISSIMUS FLAP	3,796
19364	BREAST RECONSTRUCTION W FREE FLAP	6,345
19366	BREAST RECONSTRUCTION W OTHER TECHNIQUE	3,143

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
19367	BREAST RECONSTRUCTION W TRAM	4,107
19368	BREAST RECONSTRUCTION W TRAM AND MICROVASCULAR ANASTOMOSIS	5,079
19369	BREAST RECONSTRUCTION W DOUBLE PEDICLE TRAM	4,678
19370	PERIPROSTHETIC CAPSULOTOMY	1,539
19371	REMOVAL OF BREAST CAPSULE	1,767
19380	REVISE BREAST RECONSTRUCTION	1,738
19396	DESIGN CUSTOM BREAST IMPLANT	305
20000	INCISION OF SOFT TISSUE ABSCESS	346
20005	INCISION OF SOFT TISSUE ABSCESS, DEEP	536
20100	EXPLORE WOUND, NECK	1,365
20101	EXPLORE WOUND, CHEST	461
20102	EXPLORE WOUND, ABDOMEN	570
20103	EXPLORE WOUND, EXTREMITY	797
20200	MUSCLE BIOPSY	212
20205	DEEP MUSCLE BIOPSY	344
20206	NEEDLE BIOPSY, MUSCLE	145
20520	REMOVAL OF FOREIGN BODY, SIMPLE	324
20525	REMOVAL OF FOREIGN BODY, COMPLICATED	560
21015	RESECTION OF FACIAL TUMOR	1,400
21029	CONTOUR OF FACE BONE LESION	1,446
21040	EXCISE MANDIBLE LESION	914
21501	DRAIN NECK/CHEST LESION	721
21550	BIOPSY OF SOFT TISSUE NECK/CHEST	360
21555	REMOVE SUBCUTANEOUS LESION, NECK/CHEST	705
21556	REMOVE SOFT TISSUE LESION, NECK/CHEST	1,133
21557	REMOVE TUMOR, NECK/CHEST	1,913
22900	REMOVE ABDOMINAL WALL LESION	1,155
23065	BIOPSY SHOULDER SOFT TISSUE, SUPERFICIAL	380
23066	BIOPSY SHOULDER SOFT TISSUE, DEEP	766
23075	REMOVAL OF SHOULDER LESION, SUBCUTANEOUS	599
23076	REMOVAL OF SHOULDER LESION, SUBFASCIAL	1,225
23930	DRAINAGE OF ARM LESION	487
23931	DRAINAGE OF ARM BURSA	351
23935	DRAIN ARM/ELBOW BONE LESION	1,108
24065	BIOPSY ARM/ELBOW SOFT TISSUE, SUPERFICIAL	378

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
24066	BIOPSY ARM/ELBOW SOFT TISSUE, DEEP	898
24075	REMOVE ARM/ELBOW LESION, SUBCUTANEOUS	725
24076	REMOVE ARM/ELBOW LESION, SUBFASCIAL	1,164
25028	DRAINAGE OF FOREARM LESION	1,143
25031	DRAINAGE OF FOREARM BURSA	832
25035	TREAT FOREARM BONE LESION	1,404
25065	BIOPSY FOREARM SOFT TISSUES, SUPERFICIAL	373
25066	BIOPSY FOREARM SOFT TISSUES, DEEP	829
25075	REMOVAL FOREARM LESION, SUBCUTANEOUS	740
25076	REMOVAL FOREARM LESION, SUBFASCIAL	1,142
25077	REMOVE TUMOR, FOREARM/WRIST	1,956
25111	REMOVE WRIST TENDON LESION	701
25112	REMOVE WRIST TENDON LESION, RECURRENT	855
26010	DRAINAGE OF FINGER ABSCESS, SIMPLE	297
26011	DRAINAGE OF FINGER ABSCESS, COMPLICATED	409
26034	TREAT HAND BONE LESION	1,183
26055	INCISE FINGER TENDON SHEATH	660
26115	REMOVAL HAND LESION, SUBCUTANEOUS	774
26116	REMOVAL HAND LESION, SUBFASCIAL	1,153
26117	REMOVE TUMOR, HAND/FINGER	1,595
26350	REPAIR FINGER/HAND TENDON	1,565
26352	REPAIR/GRAFT HAND TENDON, SECONDARY W GRAFT	1,789
26477	TENDON SHORTENING, EXTENSOR, HAND	1,274
26478	LENGTHENING OF HAND TENDON, FLEXOR	1,375
26479	SHORTENING OF HAND TENDON, FLEXOR	1,367
26990	DRAINAGE OF PELVIS LESION	1,383
26991	DRAINAGE OF PELVIS BURSA	1,166
26992	DRAINAGE OF PELVIS BONE LESION	2,166
27040	BIOPSY OF PELVIS SOFT TISSUES, SUPERFICIAL	459
27041	BIOPSY OF PELVIS SOFT TISSUES, DEEP	1,546
27047	REMOVE HIP/PELVIS LESION, SUBCUTANEOUS	917
27048	REMOVE HIP/PELVIS LESION, SUBFASCIAL	1,299
27049	REMOVE TUMOR, HIP/PELVIS	2,880
27323	BIOPSY, THIGH SOFT TISSUES, SUPERFICIAL	404
27324	BIOPSY, THIGH SOFT TISSUES, DEEP	863
27327	REMOVAL OF THIGH LESION, SUBCUTANEOUS	726

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
27328	REMOVAL OF THIGH LESION, SUBFASCIAL	1,260
27329	REMOVE TUMOR, THIGH/KNEE	2,365
27603	DRAIN LOWER LEG LESION	880
27604	DRAIN LOWER LEG BURSA	763
27613	BIOPSY LOWER LEG SOFT TISSUE, SUPERFICIAL	376
27614	BIOPSY LOWER LEG SOFT TISSUE, DEEP	931
27615	REMOVE TUMOR, LOWER LEG	2,270
27618	REMOVE LOWER LEG LESION, SUBCUTANEOUS	743
27619	REMOVE LOWER LEG LESION, SUBFASCIAL	1,166
28001	DRAINAGE OF BURSA OF FOOT	403
28005	TREAT FOOT BONE LESION	1,388
28043	EXCISION OF FOOT LESION, SUBCUTANEOUS	618
28045	EXCISION OF FOOT LESION, SUBFASCIAL	808
28046	RESECTION OF TUMOR, FOOT	1,706
28192	REMOVAL OF FOOT FOREIGN BODY, DEEP	735
28193	REMOVAL OF FOOT FOREIGN BODY, COMPLICATED	873
30310	REMOVE NASAL FOREIGN BODY UNDER GENERAL ANESTHESIA	459
30320	REMOVE NASAL FOREIGN BODY BY LATERAL RHINOTOMY	1,013
32000	DRAINAGE OF CHEST	186
32002	TREATMENT OF COLLAPSED LUNG	296
32020	INSERTION OF CHEST TUBE	414
32095	BIOPSY THROUGH CHEST WALL	1,498
32100	THORACOTOMY/EXPLORATION/BIOPSY OF CHEST	2,290
32110	THORACOTOMY/REPAIR CHEST/CONTROL HEMORRHAGE	3,467
32120	RE-EXPLORATION OF CHEST	2,082
32140	REMOVAL OF LUNG LESION(S)	2,366
32150	REMOVAL OF LUNG BULLAE	2,382
32200	DRAIN, OPEN, LUNG LESION	2,682
32201	DRAIN, PERCUT, LUNG LESION	495
32601	THORACOSCOPY, DIAGNOSTIC LUNG	745
32602	THORACOSCOPY, DIAGNOSTIC LUNG WITH BIOPSY	807
32603	THORACOSCOPY, DIAGNOSTIC PERICARDIAL SAC	1,055
32604	THORACOSCOPY, DIAGNOSTIC PERICARDIAL SAC WITH BIOPSY	1,174
32605	THORACOSCOPY, DIAGNOSTIC MEDIASTINAL SPACE	929
32606	THORACOSCOPY, DIAGNOSTIC MEDIASTINAL SPACE WITH BIOPSY	1,124
32650	THORACOSCOPY, SURGICAL WITH PLEURODESIS	1,601

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
32651	THORACOSCOPY, SURGICAL W PARTIAL PULMONARY DECORTICATION	2,591
32652	THORACOSCOPY, SURGICAL W TOTAL PULMONARY DECORTICATION	3,944
32653	THORACOSCOPY, SURGICAL W REMOVAL PLEURAL FOREIGN BODY	2,500
32654	THORACOSCOPY, SURGICAL W CONTROL HEMORRHAGE	2,797
32655	THORACOSCOPY, SURGICAL W EXCISION BULLAE	2,275
32656	THORACOSCOPY, SURGICAL W PARIETAL PLEURECTOMY	1,914
32657	THORACOSCOPY, SURGICAL W WEDGE RESECTION LUNG	1,886
32662	THORACOSCOPY, SURGICAL W EXCISION MEDIASTINAL MASS	2,160
32663	THORACOSCOPY, SURGICAL W LOBECTOMY	3,376
32664	THORACOSCOPY, SURGICAL W THORACIC SYMPATHECTOMY	2,034
32665	THORACOSCOPY, SURGICAL W ESOPHAGOMYOTOMY	2,955
33206	INSERTION OF HEART PACEMAKER, ATRIAL ELECTRODE	1,148
33207	INSERTION OF HEART PACEMAKER, VENTRICULAR ELECTRODE	1,224
33208	INSERTION OF HEART PACEMAKER, ATRIAL AND VENTRICULAR ELECTRODE	1,324
33210	INSERTION OF HEART ELECTRODE, TEMPORARY SINGLE	456
33211	INSERTION OF HEART ELECTRODE, TEMPORARY DUAL	460
33212	INSERTION OF PULSE GENERATOR, SINGLE CHAMBER	851
33213	INSERTION OF PULSE GENERATOR, DUAL CHAMBER	972
33216	INSERT LEAD PACE-DEFIB, ONE	952
33217	INSERT LEAD PACE-DEFIB, DUAL	944
33222	REVISE POCKET, PACEMAKER	866
33223	REVISE POCKET, PACING-DEFIB	1,046
33249	ELTRD/INSERT PACE-DEFIB	2,299
35207	REPAIR BLOOD VESSEL LESION	1,705
36560	INSERT TUNNELED CV CATH <5 YEARS	830
36563	INSERT TUNNELED CV CATH WITH PUMP	874
36575	REPAIR TUNNELED CV CATH WITHOUT PORT/PUMP	85
36576	REPAIR TUNNELED CV CATH WITH PORT/PUMP	465
36589	REMOVAL TUNNELED CV CATH WITHOUT PORT/PUMP	336
36590	REMOVAL TUNNELED CV CATH WITH PORT/PUMP	480
37785	LIGATE/DIVIDE/EXCISE VEIN	628
38100	REMOVAL OF SPLEEN, TOTAL	2,591
38101	REMOVAL OF SPLEEN, PARTIAL	2,606
38120	LAPAROSCOPY, SPLENECTOMY	2,368

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
38300	DRAINAGE, LYMPH NODE LESION, SIMPLE	414
38305	DRAINAGE, LYMPH NODE LESION, EXTENSIVE	1,048
38500	BIOPSY/REMOVAL, LYMPH NODES, SUPERFICIAL	567
38505	NEEDLE BIOPSY, LYMPH NODES	174
38510	BIOPSY/REMOVAL, LYMPH NODES, DEEP CERVICAL	961
38520	BIOPSY/REMOVAL, LYMPH NODES, DEEP CERVICAL WITH SCALENE FAT PAD	1,055
39000	MEDIASTINOTOMY WITH EXPLORATION/DRAINAGE, CERVICAL	1,163
39010	MEDIASTINOTOMY WITH EXPLORATION/DRAINAGE, TRANSTHORACIC	1,911
39400	MEDIASTINOSCOPY	1,204
40800	DRAINAGE OF MOUTH LESION, SIMPLE	288
40801	DRAINAGE OF MOUTH LESION, COMPLICATED	497
41000	DRAINAGE OF INTRAORAL LESION, LINGUAL	254
41005	DRAINAGE OF INTRAORAL LESION, SUBLINGUAL SUPERFICIAL	287
41006	DRAINAGE OF INTRAORAL LESION, SUBLINGUAL DEEP	585
41007	DRAINAGE OF INTRAORAL LESION, SUBMENTAL SPACE	568
41008	DRAINAGE OF INTRAORAL LESION, SUBMANDIBULAR SPACE	604
41009	DRAINAGE OF INTRAORAL LESION, MASTICATOR SPACE	658
41015	EXTRAORAL DRAINAGE OF LESION, SUBLINGUAL	760
41016	EXTRAORAL DRAINAGE OF LESION, SUBMENTAL	785
41017	EXTRAORAL DRAINAGE OF LESION, SUBMANDIBULAR	788
41018	EXTRAORAL DRAINAGE OF LESION, MASTICATOR SPACE	921
41130	PARTIAL REMOVAL OF TONGUE	2,967
41800	DRAINAGE OF GUM LESION	301
42000	DRAINAGE MOUTH ROOF LESION	235
42300	DRAINAGE OF PAROTID GLAND, SIMPLE	350
42305	DRAINAGE OF PAROTID GLAND, COMPLICATED	998
42310	DRAINAGE OF SUBMAXILLARY GLAND, INTRAORAL	285
42320	DRAINAGE OF SUBMAXILLARY GLAND, EXTERNAL	407
42410	EXCISE PAROTID GLAND/LESION	1,442
42415	EXCISE PAROTID GLAND/LESION WITH DISSECTION	2,599
42420	EXCISE PAROTID GLAND/LESION TOTAL WITH DISSECTION	2,977
42425	EXCISE PAROTID GLAND/LESION TOTAL WITH SACRIFICE OF FACIAL NERVE	1,962
42426	EXCISE PAROTID GLAND/LESION TOTAL WITH RADICAL NECK DISSECTION	3,181

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
42440	EXCISE SUBMAXILLARY GLAND	1,085
42450	EXCISE SUBLINGUAL GLAND	828
42700	DRAINAGE OF TONSIL ABSCESS	313
42720	DRAINAGE OF THROAT ABSCESS, INTRAORAL APPROACH	919
42725	DRAINAGE OF THROAT ABSCESS, EXTERNAL APPROACH	1,881
43107	REMOVAL OF ESOPHAGUS	5,992
43108	REMOVAL OF ESOPHAGUS WITH COLON INTERPOSITION	10,537
43112	REMOVAL OF ESOPHAGUS WITH THORACOTOMY	6,387
43113	REMOVAL OF ESOPHAGUS WITH THORACOTOMY AND COLON INTERPOSITION	10,433
43116	PARTIAL REMOVAL OF ESOPHAGUS WITH INTESTINAL GRAFT	11,775
43117	PARTIAL REMOVAL OF ESOPHAGUS WITH ESOPHAGOGASTROSTOMY/SEP ABD INC	5,850
43118	PARTIAL REMOVAL OF ESOPHAGUS WITH COLON INTERPOSITION/SEP ABD INC	8,612
43121	PARTIAL REMOVAL OF ESOPHAGUS WITH ESOPHAGOGASTROSTOMY	6,760
43122	PARTIAL REMOVAL OF ESOPHAGUS WITH ESOPHAGOGASTROSTOMY, ABD APPROACH	5,930
43123	PARTIAL REMOVAL OF ESOPHAGUS W ESOPHAGOGASTROSTOMY/ COLON ABD APP	10,609
43124	REMOVAL OF ESOPHAGUS WITH ESOPHAGOSTOMY	8,987
43500	SURGICAL OPENING OF STOMACH	1,768
43520	INCISION OF PYLORIC MUSCLE	1,589
43620	TOTAL GASTRECTOMY WITH ESOPHAGOENTEROSTOMY	4,477
43621	TOTAL GASTRECTOMY WITH ROUX-EN-Y	5,137
43622	TOTAL GASTRECTOMY WITH INTESTINAL POUCH	5,202
43631	PARTIAL GASTRECTOMY WITH GASTRODUODENOSTOMY	3,278
43632	PARTIAL GASTRECTOMY WITH GASTROJEJUNOSTOMY	4,558
43633	PARTIAL GASTRECTOMY WITH ROUX-EN-Y	4,318
43634	PARTIAL GASTRECTOMY WITH INTESTINAL POUCH	4,775
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL GASTRECTOMY, ADD-ON	260
43640	VAGOTOMY & PYLORUS REPAIR	2,650
43750	PLACE GASTROSTOMY TUBE	1,751
43752	NASAL/OROGASTRIC W/STENT	99
43760	CHANGE GASTROSTOMY TUBE	119

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
43800	PYLOROPLASTY	2,099
43820	GASTROJEJUNOSTOMY	2,993
43830	GASTROJEJUNOSTOMY WITH VAGOTOMY	1,560
43831	PLACE GASTROSTOMY TUBE	1,309
43832	OPEN GASTROSTOMY W CONSTRUCTION OF GASTRIC TUBE	2,387
43843	GASTRIC RESTRICTIVE PROCEDURE (WITHOUT BYPASS) FOR MORBID OBESITY	2,854
43860	REVISE GASTROJEJUNOSTOMY	3,704
43880	REPAIR STOMACH-BOWEL FISTULA	3,612
44010	INCISION OF DUODENUM	1,948
44020	EXPLORE SMALL INTESTINE	2,187
44025	INCISION OF LARGE BOWEL	2,226
44005	FREEING OF BOWEL ADHESION	2,471
44010	DUODENOTOMY FOR EXPLORATION, BIOPSY OR REMOVAL FOREIGN BODY	1,948
44015	INSERT NEEDLE CATH BOWEL, ADD-ON	331
44020	ENTEROTOMY FOR EXPLORATION, BIOPSY OR FOREIGN BODY REMOVAL	2,187
44021	DECOMPRESS SMALL BOWEL	2,212
44025	COLOTOMY FOR EXPLORATION, BIOPSY OR FOREIGN BODY REMOVAL	2,226
44050	REDUCE BOWEL OBSTRUCTION	2,106
44055	CORRECT MALROTATION OF BOWEL	3,379
44100	BIOPSY OF BOWEL	271
44110	EXCISE INTESTINE LESION(S), SINGLE ENTEROTOMY	1,912
44111	EXCISION OF BOWEL LESION(S), MULTIPLE ENTEROTOMIES	2,225
44120	REMOVAL OF SMALL INTESTINE, SINGLE RESECTION	2,760
44121	REMOVAL OF SMALL INTESTINE, EACH ADDITIONAL RESECTION	558
44125	REMOVAL OF SMALL INTESTINE WITH ENTEROSTOMY	2,668
44126	ENTERECTOMY FOR CONGENITAL ATRESIA	5,545
44127	ENTERECTOMY FOR CONGENITAL ATRESIA WITH TAPERING	6,430
44128	ENTERECTOMY FOR CONGENITAL ATRESIA, ADD-ON	560
44130	BOWEL TO BOWEL FUSION	2,932
44132	ENTERECTOMY, CADAVER DONOR	1,912
44133	ENTERECTOMY, LIVE DONOR	1,912
44140	PARTIAL COLECTOMY WITH ANASTOMOSIS	3,031
44141	PARTIAL COLECTOMY WITH COLOSTOMY	4,073

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
44143	PARTIAL COLECTOMY WITH END COLOSTOMY	3,756
44147	PARTIAL COLECTOMY WITH ABD AND TRANSANAL APPROACH	4,350
44150	TOTAL COLECTOMY	4,188
44151	TOTAL COLECTOMY WITH CONTINENT ILEOSTOMY	4,800
44155	TOTAL COLECTOMY/PROCTECTOMY WITH ILEOSTOMY	4,672
44202	LAP, ENTERECTOMY	3,136
44203	LAP RESECT S/INTESTINE, ADDL	558
44204	LAPARO PARTIAL COLECTOMY	3,493
44205	LAP COLECTOMY PART W/ILEUM	3,044
44345	REVISION OF COLOSTOMY	2,365
44363	SMALL BOWEL ENDOSCOPY WITH REMOVAL FOREIGN BODY	487
44390	COLONOSCOPY THRU STOMA FOR FOREIGN BODY	525
44626	ENTEROSTOMY CLOSURE	3,650
44640	REPAIR BOWEL-SKIN FISTULA	3,183
44650	REPAIR BOWEL FISTULA	3,305
44660	REPAIR BOWEL-BLADDER FISTULA	3,156
44900	DRAIN APPENDICEAL ABSCESS, OPEN	1,731
44901	DRAIN APPENDICEAL ABSCESS, PERCUTANEOUS	418
44950	APPENDECTOMY	1,448
44955	APPENDECTOMY ADD-ON	194
44960	APPENDECTOMY FOR RUPTURED APPENDIX	1,963
44970	LAPAROSCOPY, APPENDECTOMY	1,338
45000	DRAINAGE OF PELVIC ABSCESS	938
45005	DRAINAGE OF RECTAL ABSCESS, SUBMUCOSAL	344
45020	DRAINAGE OF RECTAL ABSCESS, DEEP	1,246
45307	PROCTOSIGMOIDOSCOPY FB	228
45355	SURGICAL COLONOSCOPY	476
45540	CORRECT RECTAL PROLAPSE	2,394
45800	REPAIR RECTAL/BLADDER FISTULA	2,777
45805	REPAIR RECTAL/BLADDER FISTULA W/COLOSTOMY	3,247
45905	DILATION OF ANAL SPHINCTER	376
45915	REMOVE RECTAL OBSTRUCTION	497
46040	INCISION OF RECTAL ABSCESS	893
46045	INCISION OF RECTAL ABSCESS WITH ANESTHESIA	930
46050	INCISION OF ANAL ABSCESS, SUPERFICIAL	209
46060	INCISION OF RECTAL ABSCESS WITH FISTULECTOMY	1,019

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
46083	INCISE EXTERNAL HEMORRHOID	239
46200	REMOVAL OF ANAL FISSURE	680
46221	LIGATION OF HEMORRHOID(S)	411
46230	REMOVAL OF ANAL TAGS	383
46250	HEMORRHOIDECTOMY, EXTERNAL 2 OR MORE COLUMNS	681
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL SINGLE COLUMN	772
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL WITH FISSURECTOMY	907
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL WITH FISTULECTOMY	1,008
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL 2 OR MORE COLUMNS	1,028
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL WITH FISSURECTOMY	1,153
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL WITH FISTULECTOMY	1,202
46270	REMOVAL OF ANAL FISTULA, SUBCUTANEOUS	831
46275	REMOVAL OF ANAL FISTULA, INTERSPHINCTERIC	884
46280	REMOVAL OF ANAL FISTULA, TRANSSPHINCTERIC	1,006
46285	REMOVAL OF ANAL FISTULA, SECOND STAGE	877
46288	REPAIR ANAL FISTULA	1,188
46500	INJECTION INTO HEMORRHOID(S)	279
46600	DIAGNOSTIC ANOSCOPY	87
46604	ANOSCOPY AND DILATION	149
46608	ANOSCOPY, REMOVE FOREIGN BODY	182
46910	DESTRUCTION ANAL LESION(S), ELECTRODESSICATION	297
46917	LASER SURGERY, ANAL LESIONS	296
46922	EXCISION OF ANAL LESION(S)	297
46924	DESTRUCTION, ANAL LESION(S), EXTENSIVE	413
46934	DESTRUCTION OF HEMORRHOIDS	320
46935	DESTRUCTION OF HEMORRHOIDS	320
46936	DESTRUCTION OF HEMORRHOIDS	320
46945	LIGATION OF HEMORRHOIDS, INTERNAL SINGLE COLUMN	476
46946	LIGATION OF HEMORRHOIDS, INTERNAL 2 OR MORE COLUMNS	491
47001	NEEDLE BIOPSY, LIVER ADD-ON	239
47010	OPEN DRAINAGE, LIVER LESION	2,707
47011	PERCUT DRAIN, LIVER LESION	460

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
47015	LAPAROTOMY WITH INJECT/ASPIRATE LIVER CYST	2,585
47100	WEDGE BIOPSY OF LIVER	1,877
47120	HEPATECTOMY, PARTIAL LOBECTOMY	5,258
47122	HEPATECTOMY, TRISEGMENTECTOMY	7,799
47125	HEPATECTOMY, TOTAL LEFT LOBECTOMY	6,981
47130	HEPATECTOMY, TOTAL RIGHT LOBECTOMY	7,501
47133	REMOVAL OF DONOR LIVER	6,981
47140	PARTIAL REMOVAL, DONOR LIVER	8,017
47370	LAPAROSCOPY WITH ABLATE LIVER TUMOR, RADIOFREQUENCY	2,801
47371	LAPAROSCOPY WITH ABLATE LIVER TUMOR, CRYOSURGERY	2,855
47379	LAPAROSCOPE PROCEDURE, LIVER	1,785
47510	INSERT CATHETER, BILE DUCT	1,161
47511	INSERT BILE DUCT DRAIN	1,446
47525	CHANGE BILE DUCT CATHETER	247
47560	LAPAROSCOPY W/CHOLANGIOGRAPHY	618
47561	LAPAROSCOPY W/CHOLANGIOGRAPHY AND BIOPSY	673
47562	LAPAROSCOPIC CHOLECYSTECTOMY	1,668
47563	LAPAROSCOPIC CHOLECYSTECTOMY AND CHOLANGIOGRAPHY	1,696
47564	LAPAROSCOPIC CHOLECYSTECTOMY WITH EXPLORATION COMMON DUCT	1,948
47570	LAPAROSCOPIC CHOLECYSTOENTEROSTOMY	1,741
47600	CHOLECYSTECTOMY	2,411
47605	CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	2,205
47610	CHOLECYSTECTOMY WITH EXPLORATION COMMON DUCT	2,827
47612	CHOLECYSTECTOMY WITH EXPLORATION COMMON DUCT/ CHOLEDOCHOENTEROSTOMY	2,857
47620	CHOLECYSTECTOMY WITH EXPLORATION COMMON DUCT/ SPHINCTEROTOMY	3,097
47630	REMOVE BILE DUCT STONE	1,338
47720	CHOLECYSTOENTEROSTOMY	2,563
47721	CHOLECYSTOENTEROSTOMY WITH GASTROENTEROSTOMY	3,022
47740	CHOLECYSTOENTEROSTOMY BY ROUX-EN-Y	2,923
47741	CHOLECYSTOENTEROSTOMY BY ROUX-EN-Y WITH GASTROENTEROSTOMY	3,302
48100	BIOPSY OF PANCREAS, OPEN	1,991
48102	NEEDLE BIOPSY, PANCREAS	606
48120	REMOVAL OF PANCREAS LESION	2,492

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
48150	PARTIAL REMOVAL OF PANCREAS	7,030
49000	EXPLORATORY LAPAROTOMY	1,743
49002	REOPENING OF LAPAROTOMY	2,340
49010	EXPLORATION RETROPERITONEUM	2,165
49020	DRAIN ABDOMINAL ABSCESS OPEN	3,593
49021	DRAIN ABDOMINAL ABSCESS, PERCUTANEOUS	419
49040	DRAIN SUBDIAPHRAGMATIC ABSCESS, OPEN	2,257
49041	DRAIN SUBDIAPHRAGMATIC ABSCESS, PERCUTANEOUS	495
49060	DRAIN RETROPERITONEAL ABSCESS, OPEN	2,515
49061	DRAIN RETROPERITONEAL ABSCESS, PERCUTANEOUS	458
49080	ABDOMINAL PARACENTESIS, INITIAL	168
49081	ABDOMINAL PARACENTESIS, SUBSEQUENT	160
49402	REMOVAL FOREIGN BODY PERITONEUM	2,100
49200	REMOVAL OF ABDOMINAL LESION, SIMPLE	2,492
49201	REMOVE ABDOM LESION, COMPLEX	2,492
49420	INSERT INTRAPERITONEAL CATHETER, TEMPORARY	318
49421	INSERT INTRAPERITONEAL CATHETER, PERMANENT	873
49422	REMOVE PERMANENT CANNULA/CATHETER	877
49491	REPAIR INGUINAL HERNIA PREEMIE REDUCIBLE	1,761
49492	REPAIR INGUINAL HERNIA PREEMIE INCARCERATED	2,100
49495	REPAIR INGUINAL HERNIA UP TO 6 MONTHS AGE, REDUCIBLE	894
49496	REPAIR INGUINAL HERNIA UP TO 6 MONTHS AGE, INCARCERATED	1,368
49500	REPAIR INGUINAL HERNIA 6 MONTHS-5 YEARS, INITIAL, REDUCIBLE	892
49501	REPAIR INGUINAL HERNIA 6 MONTHS-5 YEARS, INITIAL, INCARCERATED	1,343
49505	REPAIR INGUINAL HERNIA 5+ YEARS OLD, INITIAL, REDUCIBLE	1,156
49507	REPAIR INGUINAL HERNIA 5+ YEARS OLD, INITIAL, INCARCERATED	1,423
49520	REPAIR INGUINAL HERNIA, ANY AGE, RECURRENT, REDUCIBLE	1,412
49521	REPAIR INGUINAL HERNIA, ANY AGE, RECURRENT, INCARCERATED	1,718
49525	REPAIR INGUINAL HERNIA, ANY AGE, SLIDING	1,277
49540	REPAIR LUMBAR HERNIA	1,510
49550	REPAIR FEMORAL HERNIA, ANY AGE, INITIAL, REDUCIBLE	1,284
49553	REPAIR FEMORAL HERNIA, ANY AGE, INITIAL, INCARCERATED	1,407
49555	REPAIR FEMORAL HERNIA, ANY AGE, RECURRENT, REDUCIBLE	1,338
49557	REPAIR FEMORAL HERNIA, ANY AGE, RECURRENT, INCARCERATED	1,624
49560	REPAIR VENTRAL/INCISIONAL HERNIA, INITIAL, REDUCIBLE	1,656

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

CPT	PHYSICIAN SERVICES	\$
49561	REPAIR VENTRAL/INCISIONAL HERNIA, INITIAL, INCARCERATED	2,092
49565	REPAIR VENTRAL/INCISIONAL HERNIA, RECURRENT, REDUCIBLE	1,721
49566	REPAIR VENTRAL/INCISIONAL HERNIA, RECURRENT, INCARCERATED	2,113
49568	IMPLANTATION OF MESH FOR INCISIONAL OR VENTRAL HERNIA REPAIR, ADD-ON	615
49570	REPAIR EPIGASTRIC HERNIA, REDUCIBLE	916
49572	REPAIR EPIGASTRIC HERNIA, INCARCERATED	1,139
49580	REPAIR UMBILICAL HERNIA, REDUCIBLE < 5 YR	742
49582	REPAIR UMBILICAL HERNIA, INCACERATED < 5 YR	1,059
49585	REPAIR UMBILICAL HERNIA, REDUCIBLE > 5 YR	982
49587	REPAIR UMBILICAL HERNIA, INCARCERATED > 5 YR	1,164
49650	LAP HERNIA REPAIR INITIAL	947
49651	LAP HERNIA REPAIR RECURRENT	1,230
49659	LAP PROCEDURE, HERNIA REPAIR	1,869
60210	PARTIAL THYROID EXCISION	1,608
60212	PARTIAL THYROID EXCISION WITH CONTRALATERAL LOBECTOMY	2,301
60220	PARTIAL REMOVAL OF THYROID	1,758
60225	PARTIAL REMOVAL OF THYROID WITH CONTRALATERAL LOBECTOMY	2,115
60240	REMOVAL OF THYROID	2,229
60252	REMOVAL OF THYROID FOR MALIGNANCY	3,024
60254	EXTENSIVE THYROID SURGERY	3,884
60280	REMOVE THYROID DUCT LESION	1,010
60281	REMOVE THYROID DUCT LESION, RECURRENT	1,347
64776	REMOVE DIGIT NERVE LESION	881
64782	REMOVE LIMB NERVE LESION	1,035
64783	LIMB NERVE SURGERY ADD-ON	501
64784	REMOVE NERVE LESION	1,644
64788	REMOVE SKIN NERVE LESION	880
64790	REMOVAL NEUROFIBROMA MAJOR PERIPHERAL NERVE	1,868
64792	REMOVAL NEUROFIBROMA, EXTENSIVE	2,567
64831	REPAIR OF DIGIT NERVE	1,525
64832	REPAIR NERVE ADD-ON	785
69000	DRAIN EXTERNAL EAR LESION	267
69005	DRAIN EXTERNAL EAR LESION	360
69020	DRAIN OUTER EAR CANAL LESION	324

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

SCHEDULE 4

(Regulation 9)

OUT-PATIENT TREATMENT

OUT-PATIENT TREATMENT	\$
RADIOLOGY	
Catheterization for x-ray	85
INTERVENTIONAL RADIOLOGY	
XRS -ANGIOGRAPHY EXTERNAL CAROTID	620
XRS -ANGIOGRAPHY CAROTID CERVICAL UNILATERAL	620
XRS -ANGIOGRAPHY CAROTID CERVICAL BILATERAL	620
XRS -ANGIOGRAPHY VERTEBRAL CERVICAL	620
XRS -ANGIOGRAPHY SPINAL SELECTIVE	620
XRS -ANGIOGRAPHY EXTREMITY UNILATERAL	620
XRS -ANGIOGRAPHY EXTREMITY BILATERAL	620
XRS -ANGIOGRAPHY RENAL UNILATERAL	620
XRS -ANGIOGRAPHY RENAL BILATERAL	620
XRS -ANGIOGRAPHY VISCERAL SELECTIVE	620
XRS -ANGIOGRAPHY PELVIC SELECTIVE	620
XRS -ANGIOGRAPHY PULMONARY UNILATERAL	620
XRS -ANGIOGRAPHY PULMONARY BILATERAL	620
XRS -ANGIOGRAPHY SELECTIVE EACH ADDITIONAL VESSEL	620
XRS -ANGIOGRAPHY ARTERIOVENOUS SHUNT	620
XRS -ANGIOPLASTY TRANSLUMINAL BALLOON PERIFERAL ARTERY	1,327
XRS -ANGIOPLASTY TRANSLUMINAL BALLOON EACH ADDITIONAL PERIFERAL ARTERY	1,327
XRS -ANGIOPLASTY TRANSLUMINAL BALLOON RENAL OR OTHER VISCERAL ARTERY	1,327
XRS -ANGIOPLASTY TRANSLUMINAL BALLOON EACH ADDITIONAL VISCERAL ARTERY	1,327
XRS -TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT	3,708
XRS -PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM	398
XRS -PERCUTANEOUS TRANSHEPATIC BILIARY DRAIN	1,373
XRS -PERCUTANEOUS PLACEMENT BILIARY STENT	3,598
XRS -PERCUTANEOUS PLACEMENT IVC FILTER	2,050

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
XRS -INTRODUCTION URETERAL STENT	3,250
XRS -VENOGRAM EXTERNAL UNILATERAL SUPERVISION & INTERPRETATION	465
XRS -VENOGRAM EXTERNAL BILATERAL SUPERVISION & INTERPRETATION	465
XRS -UROGRAPHY, RETROGRADE	476
XRS -UROGRAPHY, ANTEGRADE	477
XRS -MYELOGRM CERVICAL SUPERVISION & INTERPRETATION	531
XRS -MYELOGRM THORACIC SUPERVISION & INTERPRETATION	531
XRS -MYELOGRM LUMBAR SUPERVISION & INTERPRETATION	501
XRS -MYELOGRM SPINAL TWO/MORE REGIONS	531
XRS -CYSTOGRAM SUPERVISION & INTERPRETATION	398
XRS-URETHROCYSTOGRAM VOIDING	398
XRS -DILATION NEPHROSTOMY/URETERS/URETHRA	859
XRS - HYSTEROSALPINGOGRAM	435
XRS -SIALOGRAM SUPERVISION & INTERPRETATION	465
XRS -SINOGRAM OR FISTULOGRAM	549
XRS -ARTHROGRAM SHOULDER	518
XRS -ARTHROGRAM KNEE	518
XRS -ARTHROGRAM HIP	518
XRS -ARTHROGRAM ANKLE	518
XRS -ARTHROGRAM ELBOW	518
XRS -ARTHROGRAM WRIST	518
XRS -NEPHROSTOGRAM	859
PICC LINES < 5 YEARS OLD INSERT PICC CATH	705
FLUOROSCOPY GUIDANCE FLUOROGUIDE FOR VEIN DEVICE	700
PICC LINES 5 YEARS OLD >INSERT PICC CATH	630
VC FILTERS REVISION OF MAJOR VEIN	2,755
IVC FILTERS, X-RAY PLACEMENT, VEIN FILTER	2,121
CATHETERS WITH PORT < 5YEARS OLD INSERT TUNNELED CV	1,867
CATHETERS WITH PORT, 5YEARS OLD > INSERT TUNNELED CV	1,867
PERCUTANEOUS TRAN HEPATIC BILIARY DRAINAGES	993
PERCUTANEOUS TRAN HEPATIC BILIARY DRAINAGES, CONTRAST	985
SELECTIVE CATHETER PLACEMENT FIRST ORDER LOWER EXTREMITY	2,111
RADIOLOGICAL SUPERVISION OF UNILATERAL EXTREMITY ARTERY	1,867
RADIOLOGICAL SUPERVISION OF BILATERAL EXTREMITY ARTERY	1,867
SELECTIVE CATHETER PLACEMENT SECOND ORDER	2,454
SELECTIVE CATHETER PLACEMENT THIRD + ORDER LOWER	3,612

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
SELECTIVE CATHETER PLACEMENT EACH ADDITIONAL SECOND +	818
PERIPHERAL VENOGRAM INJECTION EXT VENOGRAPHY	749
RADIOLOGICAL SUPERVISION OF VEIN UNILATERAL EXTREMITY	605
RADIOLOGICAL SUPERVISION OF VEIN BILATERAL EXTREMITY	605
VENA CAVOGRAM PLACE CATHETER IN VEIN	3,339
RADIOLOGICAL SUPERVISION VEIN X-RAY, TRUNK	1,867
PTA TIBIOPERONEAL OF TRUNK OR BRANCHES, EACH VESSEL	2,934
RADIOLOGICAL SUPERVISION OF FIRST PERIPHERAL ARTERY PTA	2,934
RADIOLOGICAL SUPERVISION OF EACH ADDITIONAL PERIPHERAL	1,949
PTA ILIAC REPAIR ARTERIAL BLOCKAGE	2,934
PTA FEMORAL POPLITEAL REPAIR ARTERIAL BLOCKAGE	2,934
PTA BRACHIOCEPHALIC TRUNK OR BRANCHES, EACH VESSEL	2,934
PTA VEIN REPAIR VENOUS BLOCKAGE	2,934
RADIOLOGICAL SUPERVISION VENOUS PTA REPAIR BLOCKAGE	2,934
PERIPHERAL EMBOLIZATION TRANSCATHETER OCCLUSION	5,658
RADIOLOGICAL SUPERVISION EMBOLIZATION, TRANSCATH THERAPY	3,762
POST EMBOLIZATION ANGIOGRAPHY, FOLLOW-UP ANGIOGRAPHY	174
UTERINE ARTERY EMBOLISATIONS, UTERINE FIBROID	5,724
PLACE GASTROSTOMY TUBE PERC	550
NEPHROSTOMIES, CREATE PASSAGE TO KIDNEY	1,160
NEPHROSTOMIES, X-RAY CONTROL, CATH INSERT	347
VARICOSE VEIN LASER ABLATIONS, FIRST VEIN - PER LEG	2,755
VARICOSE VEIN LASER ABLATIONS, EACH ADDITIONAL LEG	1,671
ABSCESS DRAINAGE UNDER US AND CT, PERITONEUM	878
ABSCESS DRAINAGE UNDER US AND CT, SUBDIAPHRAGMATIC/	878
ABSCESS DRAINAGE UNDER US AND CT, RETROPERITONEAL	878
ABSCESS DRAINAGE UNDER US AND CT, LIVER PERCUT DRAIN,	878
ABSCESS DRAINAGE UNDER US AND CT, KIDNEY/PERINEAL	878
ABSCESS DRAINAGE UNDER US AND CT, SKIN	91
CT GUIDANCE CT SCAN FOR NEEDLE BIOPSY	1,540
MRI GUIDANCE MR GUIDANCE FOR NEEDLE PLACE	1,104
ULTRASOUND GUIDANCE ECHO GUIDE FOR BIOPSY	371
US/ CT GUIDED BODY NEEDLE BIOPSY, BONE	561
FLUOROSCOPY GUIDANCE NEEDLE LOCALIZATION BY X-RAY	523
US/ CT GUIDED BODY NEEDLE BIOPSY, BIOPSY OF LIVER	671
US/ CT GUIDED BODY NEEDLE BIOPSY, LUNG BIOPSY	604

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
US/ CT GUIDED BODY NEEDLE BIOPSY, LYMPH NODE	460
US/ CT GUIDED BODY NEEDLE BIOPSY, MUSCLE BIOPSY	460
US/ CT GUIDED BODY NEEDLE BIOPSY, THYROID BIOPSY	280
US/ CT GUIDED BODY NEEDLE BIOPSY, BONE MARROW	411
STEREOTACTIC BREAST BIOPSY BX BREAST PERCUT W/IMAGE	460
STEREOTACTIC, EACH LESION STEREOTACT GUIDE FOR BRST BX	600
NEEDLE LOCALIZATION, FIRST LESION PLACE NEEDLE WIRE, BREAST	649
NEEDLE LOCALIZATION, FOR EACH ADDITIONAL LESION	371
MAMMOGRAPHIC GUIDANCE, EACH LESION FOR NEEDLE BREAST	481
US GUIDED BREAST CYST ASPIRATION, FIRST CYST DRAINAGE	371
US GUIDED BREAST CYST ASPIRATION, EACH ADDITIONAL CYST	72
NON-TUNNELED CATHETERS, < 5YEARS OLD INSERT NON-TUNNEL	705
NON-TUNNELED CATHETERS, 5YEARS OLD >	705
TUNNELED CATHETERS WITHOUT PORT, < 5YEARS OLD	1,558
TUNNELED CATHETERS WITHOUT PORT, 5YEARS OLD >	1,558
CATHETERS WITH PORT, < 5YEARS OLD INSERT TUNNELED CV CATH	1,867
CATHETERS WITH PORT, 5YEARS OLD > INSERT TUNNELED CV CATH	1,867
CATHETERS, 2 CATHETERS-2 SITES INSERT TUNNELED CV CATH	1,867
FISTULOGRAM DIAGNOSTIC ONLY INJECT SINUS TRACT FOR X-RAY	1,588
FISTULOGRAM DIAGNOSTIC ONLY, X-RAY EXAM OF FISTULA	174
INJECT SACROILIAC JOINT	456
CERVICAL OR THORACIC INJECTION, EACH LEVEL	456
LUMBAR OR SACRAL INJECTION, EACH LEVEL INJECT SPINE L/S (CD)	456
FLUOROSCOPY USED FLUOROGUIDE FOR SPINE INJECT	421
HOSPITAL CONSULT, SELF LIMITED MINOR INPATIENT CONSULTATION	311
HOSPITAL CONSULT, LOW COMPLEXITY INPAT CONSULT	465
HOSPITAL CONSULT, MODERATE COMPLEXITY	703
HOSPITAL CONSULT, HIGH COMPLEXITY INPAT CONSULT	1,020
HOSPITAL CONSULT, CRITICAL INPATIENT CONSULTATION	1,240
CALL BACK FEE FOR INTERVENTIONAL PROCEDURES ONLY (< 3 HOURS)	508
CALL BACK FEE FOR INTERVENTIONAL PROCEDURES ONLY (>3 HOURS)	1,015
ARTHROGRAM SACROILIAC JOINT	231
RADIOLOGICAL GUIDANCE X-RAY EXAM, SACROILIAC JOINT	259
ARTHROGRAMS, SHOULDER INJECTION FOR SHOULDER X-RAY	231
RADIOLOGICAL GUIDANCE CONTRAST X-RAY OF SHOULDER	259
CT GUIDANCE WITH CONTRAST CT UPPER EXTREMITY W/DYE	523

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
CT GUIDANCE WITH/WITHOUT CONTRAST W/O&W/DYE	523
MRI GUIDANCE WITH CONTRAST MRI JOINT UPR EXTREM W/DYE	523
MRI GUIDANCE WITH/WITHOUT CONTRAST MRI JOINT	523
ARTHROGRAMS, ELBOW INJECTION FOR ELBOW X-RAY	231
RADIOLOGICAL GUIDANCE CONTRAST X-RAY OF ELBOW	259
ARTHROGRAMS, WRIST INJECTION FOR WRIST X-RAY	201
RADIOLOGICAL GUIDANCE CONTRAST X-RAY OF WRIST	259
ARTHROGRAMS, HIP INJECTION FOR HIP X-RAY	249
RADIOLOGICAL GUIDANCE CONTRAST X-RAY OF HIP	259
ARTHROGRAMS, KNEE INJECTION FOR KNEE X-RAY	232
RADIOLOGICAL GUIDANCE CONTRAST X-RAY OF KNEE JOINT	259
ARTHROGRAMS, ANKLE INJECTION FOR ANKLE X-RAY	231
RADIOLOGICAL GUIDANCE CONTRAST X-RAY OF ANKLE	259
X-RAY	
XR -FACIAL BONES	224
XR -MANDIBLE	224
XR -MASTOIDS	288
XR -NASAL BONES	224
XR -SINUSES MIN 3 VIEWS	224
XR -SKULL <4VIEWS WITH OR WITHOUT STEREO	232
XR -TEMPOROMANDIBULAR JOINT	193
XR -INTRAVENOUS PYELOGRAM	476
XR -CHEST STANDARD 1 VIEW	200
XR -CHEST POSTERIOR, ANTERIOR & LATERAL WITH FLUOROSCOPY 2 VIEWS	323
XR -ABDOMEN ERECT SUPINE	244
XR -ABDOMEN ANTERIOR AND POSTERIOR	216
XR -SINGLE CONTRAST BARIUM ENEMA	382
XR -DOUBLE CONTRAST BARIUM ENEMA	469
XR -BARIUM MEAL	324
XR -BARIUM MEAL FOLLOW THRU	447
XR -BARIUM SWALLOW	324
XR -SMALL BOWEL FOLLLOW THRU	287
XR -ANKLE UNILAT 3 VIEWS	215
XR -ELBOW UNILAT 2 VIEWS	206
XR -FEMUR UNILAT 2 VIEWS	229
XR -FINGER(S) 2+ VIEWS	215

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
XR -FOOT UNILAT 3 VIEWS	216
XR -FOREARM UNILAT 2 VIEWS	215
XR -HAND UNILAT 3 VIEWS	215
XR -HIP UNILAT	231
XR -HUMERUS UNILAT 2 VIEWS	233
XR -KNEE UNLAT 2 VIEWS	228
XR -SHOULDER UNILAT 2 VIEWS	233
XR -TIBIA & FIBULA UNILAT 2 VIEWS	231
XR -TOES 2 VIEWS	215
XR -BONE AGE STUDIES	215
XR -SPINE CERVICAL 4 VIEWS	242
XR -SPINE LUMBAR 2 - 3 VIEWS	243
XR -PELVIS ONLY 1 - 2 VIEWS	240
XR -PELVIC & HIP	255
XR -RIBS UNILAT 2 VIEWS	244
XR -SACRO ILIAC JOINTS <3 VIEWS	242
XR -SACRUM & COCCYX MINIMUM 2 VIEWS	242
XR -IMAGE INTENSIFIER SCREEN IN OPERATING ROOM <=1HR	297
XR -SPINE SCOLIOSIS	278
XR -SKELETAL SURVEY IN X-RAY	330
XR -STERNUM 2 VIEWS	246
XR -SPINE THORACIC 2 VIEWS	244
XR -REPRODUCTION ORIGINAL	40
XR -POST NASAL SPACE	234
XR -SOFT TISSUE NECK	233
XR -IMAGE INTENSIFIER SCREEN IN OR >1HR	388
XR -STERNOCLAVICULAR JOINTS 3 VIEWS	233
XR -SALIVARY GLAND CALCULUS	224
XR -SUBTALAR JOINTS	258
XR -PELVIS ACETABULAR 3+ VIEWS	306
XR -KNEE AMK 2 VIEWS	440
XR -HIP AML SERIES	337
XR -BONE DENSITY FOREARM	247
XR -ORBITS	224
XR -CHEST PORTABLE 1 VIEW	200
XR -CHEST POSTERIOR, ANTERIOR & LATERAL 2 VIEWS	267

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
XR -CHEST COMPLETE 4 VIEWS	333
XR -CHEST SPECIAL VIEW	200
XR -RIBS BILATERAL 3 VIEWS	244
XR -SPINE CERVICAL TRAUMA	242
XR -SPINE CERVICAL COMPLETE INCLUDING OBLIQUE & FLEXION & OR EXTENSION	242
XR -SPINE THORACOLUMBAR 2 VIEWS	244
XR -SPINE LUMBAR WITH OBLIQUE	243
XR -SPINE LUMBAR WITH BENDING	243
XR -CLAVICLE	233
XR -SCAPULA	233
XR -SHOULDER BILAT 2 VIEWS	233
XR -ACROMIOCLAVICULAR JOINTS BILATERAL	233
XR -HUMERUS BILAT 2 VIEWS	233
XR -ELBOW BILAT 2 VIEWS	206
XR -FOREARM BILAT 2 VIEWS	215
XR -WRIST FRACTURE CLINIC 2 VIEWS	215
XR -SCAPHOID 3 VIEWS	215
XR -WRIST UNILAT 3 VIEWS	215
XR -WRIST & SCAPHOID 3 VIEWS	215
XR -WRIST BILAT 3 VIEWS	215
XR -HAND BILAT 3 VIEWS	215
XR -HIP BILAT ANTERIOR, POSTERIOR & PELVIC	232
XR -FEMUR BILAT 2 VIEWS	228
XR -KNEE UNILAT WITH PATELLA 3 VIEWS	227
XR -KNEES BILAT 2 VIEWS	227
XR -KNEES STANDING	227
XR -TIBIA & FIBULA BILAT 2 VIEWS	232
XR -ANKLE FRACTURE CLINIC 2 VIEWS	215
XR -ANKLE BILAT 3 VIEWS	215
XR -FOOT BILAT 3 VIEWS	216
XR -HEEL UNILAT 2 VIEWS	216
XR -HEEL BILAT 2 VIEWS	216
XR -ABDOMEN ERECT & SUPINE WITH CHEST	311
XR -SCANOGRAM BONE LENGTH	330
XR -THORACIC INLET	233

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
XR -BONE DENSITY AXIAL SKELETON	246
XR -MODIFIED BARIUM SWALLOW	486
XR -ADDITIONAL CHARGES AFTER HRS	140
(extra views done within 24 hours \$29 per view)	
(after 24 hours will be charged as per part being x-rayed)	
NUCLEAR MEDICINE	
RI -IODINE 131 DIAGNOSTIC SCAN WHOLE BODY	1,432
RI -ADD-ON SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY	437
RI -RENAL SCAN OF CORTEX	918
RI -LUNG CLEARANCE	910
RI -RENAL SCAN WITH DIURETIC	918
RI -BONE SCAN WHOLE BODY	1,020
RI -BRAIN SCAN COMPLETE WITH VASCULAR FLOW	1,062
RI -STRONTIUM 89 INJECTION	2,995
RI -LIVER & SPLEEN SCAN	909
RI -THYROID SCAN	941
RI -IODINE 131 THERAPY DOSE	215
RI -PERFUSION ONLY LUNG SCAN	973
RI -TESTICULAR SCAN	941
RI -GASTRIC EMPTYING SCAN	957
RI -BONE SCAN STATIC VIEW	968
RI -BONE SCAN 3 PHASE	968
RI -WHOLE BODY INDIUM LABEL	1,026
RI -CARDIAC MULTIPLE GATED ACQUISITION (MUGA)	973
RI -CARDIAC TEST STRESS	1,274
RI -CARDIAC TEST RESTING	977
RI -RENAL SCAN WITH CAPTOPR	918
RI -GALLIUM SCAN LIMITED AREA	1,304
RI -GI BLEEDING SCAN	977
RI -HEPATO-BILIARY SCAN	957
RI -VENTILATION/PERFUSION STUDY	1,031
RI -INTESTINAL IMAGING (MECKLES LOCALIZATION)	957
RI -PARATHYROID SCAN	1,155
RI -RENAL SCAN WITHOUT DRUG INTERVENTION	981
RI -SALIVARY GLAND SCAN	957
RI -WHOLE BODY SCAN WITH IODINE I131	1,432

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
RI -VOIDING CYSTOURETHROGRAM	622
RI -CARDIAC TEST RESTING & STRESS	1,094
RI -ASSESSMENT ACUTE MYOCARDIAL INFARCTION	982
RI -THYROID UPTAKE MULTIPLE DETERMINATIONS	1,306
RI -RADIOISOTOPE IODINE 131 1MCI	206
RI -RADIOISOTOPE IODINE 131 3MCI	138
RI -RADIOISOTOPE IODINE 131 10MCI	270
RI -RADIOISOTOPE IODINE 131 15MCI	176
RI -RADIOISOTOPE IODINE 131 20MCI	218
RI -RADIOISOTOPE IODINE 131 25MCI	230
RI -RADIOISOTOPE IODINE 131 30MCI	233
RI -RADIOISOTOPE THALLIUM 201 2MCI	301
RI -RADIOISOTOPE THALLIUM 201 3MCI	378
RI -RADIOISOTOPE THALLIUM 201 5MCI	455
RI -RADIOISOTOPE SESTAM 5 UNIT (PHARMACEUTICAL)	2,293
RI -RADIOISOTOPE GALLIUM CITRATE 3MCI	383
R-- RADIOISOTOPE GALLIUM CITRATE 5MCI	588
RI -MIBG DIAGNOSTIC DOSE 1MCI	478
RI -MIBG DIAGNOSTIC DOSE 1.5MCI	718
RI -METASTRON (89SR) 4MCI	2,799
RI -RADIOISOTOPE STRONTIUM 89 4MCI	2,799
RI -GALLIUM WHOLE BODY SCAN	1,378
RI -GASTRO ESOPHAGEAL REFLUX STUDY	490
RI -SCINTIMAMMOGRAPHY	1,019
RI -STUDY OUTSIDE NORMAL HR	198
CT SCAN	
CT -BIOPSY SUPERVISION & INTERPRETATION	1,132
CT -DRAINAGE SUPERVISION & INTERPRETATION	1,135
CT -SPECIAL RECONSTRUCTION	276
CT -HEAD LIMITED WITHOUT CONTRAST	1,055
CT -HEAD WITHOUT CONTRAST	1,055
CT -HEAD WITH CONTRAST	1,399
CT -HEAD WITH & WITHOUT CONTRAST	2,628
CT -HEAD / INTERNAL AUDITORY MEATUS WITHOUT CONTRAST	1,055
CT -HEAD / INTERNAL AUDITORY MEATUS WITH CONTRAST	1,486
CT -HEAD / INTERNAL AUDITORY MEATUS WITH & WITHOUT CONTRAST	2,628

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
CT -MASTOIDS WITHOUT CONTRAST	1,055
CT -MASTOIDS WITH CONTRAST	1,486
CT -MASTOIDS WITH & WITHOUT CONTRAST	2,628
CT -ORBITS WITHOUT CONTRAST	1,055
CT -ORBITS WITH CONTRAST	1,486
CT -ORBITS WITH & WITHOUT CONTRAST	2,628
CT -PITUITARY WITHOUT CONTRAST	1,055
CT -PITUITARY WITH CONTRAST	1,486
CT -PITUITARY WITH & WITHOUT CONTRAST	2,628
CT -FACIAL BONES WITHOUT CONTRAST	1,055
CT -FACIAL BONES WITH CONTRAST	1,399
CT -FACIAL BONES WITH & WITHOUT CONTRAST	2,628
CT -SINUSES WITHOUT CONTRAST	1,055
CT -ANGIO HEAD WITH & WITHOUT CONTRAST	2,628
CT -NECK WITHOUT CONTRAST	1,154
CT -NECK WITH CONTRAST	1,498
CT -NECK WITH & WITHOUT CONTRAST	2,779
CT -CHEST LIMITED WITHOUT CONTRAST	1,154
CT -CHEST HI-RESOLUTION WITHOUT CONTRAST	1,154
CT -CHEST WITHOUT CONTRAST	1,154
CT -CHEST WITH CONTRAST	1,498
CT -CHEST WITH & WITHOUT CONTRAST	2,779
CT -ANGIO CHEST WITH & WITHOUT CONTRAST	2,779
CT -SPINE CERVICAL P MYELOGRAM WITHOUT CONTRAST	1,154
CT -SPINE CERVICAL WITHOUT CONTRAST	1,154
CT -SPINE CERVICAL WITH CONTRAST	1,498
CT -SPINE CERVICAL WITH & WITHOUT CONTRAST	2,779
CT -SPINE THORACIC P MYELOGRAM WITHOUT CONTRAST	1,154
CT -SPINE THORACIC WITHOUT CONTRAST	1,154
CT -SPINE THORACIC WITH CONTRAST	1,498
CT -SPINE THORACIC WITH & WITHOUT CONTRAST	2,779
CT -SPINE LUMBAR P MYELOGRAM WITHOUT CONTRAST	1,154
CT -SPINE LUMBAR WITHOUT CONTRAST	1,154
CT -SPINE LUMBAR WITH CONTRAST	1,498
CT -SPINE LUMBAR WITH & WITHOUT CONTRAST	2,779
CT -PELVIS LIMITED WITHOUT CONTRAST	1,154

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
CT -PELVIS WITHOUT CONTRAST	1,154
CT -PELVIS WITH CONTRAST	1,498
CT -PELVIS WITH & WITHOUT CONTRAST	2,779
CT -ABDOMEN LIMITED WITHOUT CONTRAST	1,154
CT -ABDOMEN WITHOUT CONTRAST	1,154
CT -ABDOMEN WITH CONTRAST	1,498
CT -ABDOMEN WITH & WITHOUT CONTRAST	2,779
CT -UP EXTREMITY WITHOUT CONTRAST	1,154
CT -UP EXTREMITY WITH CONTRAST	1,498
CT -UP EXTREMITY WITH & WITHOUT CONTRAST	2,779
CT -LOW EXTREMITY WITHOUT CONTRAST	1,154
CT -LOW EXTREMITY WITH CONTRAST	1,498
CT -LOW EXTREMITY WITH & WITHOUT CONTRAST	2,779
CT -ANGIO ABDOMEN WITH & WITHOUT CONTRAST	737
CT -ANGIO CHEST WITH & WITHOUT CONTRAST	737
CT -ANGIO UPPER EXTREMITY WITH & WITHOUT CONTRAST	737
CT -ANGIO LOWER EXTREMITY WITH & WITHOUT CONTRAST	737
CT -ANGIO HEAD WITH & WITHOUT CONTRAST	737
CT -ANGIO NECK WITH & WITHOUT CONTRAST	737
CT -ANGIO PELVIS WITH & WITHOUT CONTRAST	737
CT -ANGIO ABDOMINAL AORTA BILATERAL	737
CT -LEG LENGTHS	233
CT -SCANOGRAM	233
CT- COPY	41
CT -STUDY OUTSIDE NORMAL HRS	494
CT -REPRODUCE ORIGINAL FILM	91
CT HEART W/O CONTRAST, CT HEART WO DYE; QUAL CALC	1,847
CT HEART W CONTRAST, CT HEART W/WO DYE FUNCT	1,847
CT HEART W CONTRAST,CCTA W/WO DYE	1,847
CT HEART W CONTRAST, CCTA W/WO, QUAN CALCIUM	1,847
CT HEART W CONTRAST,CCTA W/WO, STRXR	1,847
CT HEART W CONTRAST, CCTA W/WO, STRXR QUAN CALC	1,847
CT HEART W CONTRAST CCTA W/WO, DISEASE STRXR	1,847
CT HEART W CONTRAST, CT HEART FUNCT ADD-ON	1,959
ULTRASOUND	
US -ABDOMEN	369

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
US -PELVIS	369
US -LIVER	369
US -RENAL	369
US -PANCREAS	369
US -THYROID	369
US -TESTICLES	369
US -OBSTETRICS 1ST TRIMESTER	369
US -BIOPSY SUPERVISION & INTERPRETATION	381
US -AORTA	369
US -HIPS INFANT	369
US -TENDONS	369
US -SHOULDER	369
US -SOFT TISSUE NECK (LUMP)	369
US -VEINS LOWER EXTREMITY UNILATERAL	381
US -DRAINAGE SUPERVISION & INTERPRETATION	381
US -VEINS UPPER EXTREMITY UNILATERAL	404
US -LEG ARTERIES UNILATERAL	481
US -SONO HYSTEROGRAM	381
US -FERTILITY, TRANSVAGINAL	369
US -PELVIC INTRACAVITY	387
US -UPPER EXTREMITY ARTERIAL BYPASS GRAFT	404
US -BREAST UNILATERAL	369
US -BLADDER	369
US -HEAD	369
US -REPEAT EXAM	186
US -CAROTIDS	630
US -BREAST BILATERAL	370
US -SPLEEN	370
US -RENAL TRANSPLANT	370
US -OBSTETRICS 2ND TRIMESTER	370
US -OBSTETRICS 3RD TRIMESTER	370
US -FETAL BIOPHYSICAL PROFILE	370
US --TWINS (OB2/OB3) EACH ADDITIONAL GESTATION	370
US FERTILITY FOLLOW-UP LIMITED STUDY	370
US -PROSTATE	370
US -SOFT TISSUE (LUMP)	370

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
US -LEG ARTERIES BILATERAL	481
US -VEINS LOWER EXTREMTY BILATERAL	380
US -VEINS UPPER EXTREMITY BILATERAL	404
US -BREAST BIOPSY SUPERVISION & INTERPRETATION	380
US -AMNIOCENTESIS SUPERVISION & INTERPRETATION	380
US --BREAST CYST ASPIRATION	380
US -UPPER EXTREMITY ARTERIAL BYPASS GRAFT	404
US -BREAST WIRE LOCALIZATION	380
US -GUIDED NEEDLE PLACEMENT	380
US -STUDY OUTSIDE NORMAL HRS	293
US -ULTRASOUND PROSTATE, TRANSRECTAL	868
Biopsy and Amniocentesis (does not include standard b scan charge)	376
MRI	
MR -CINERADIOGRPHY WITH EXAM	91
MR -TEMPOROMANDIBULAR JOINT(S)	1,578
MR-ORBIT FACE NECK WITHOUT CONTRAST	1,578
MR -ORBIT FACE NECK WITH CONTRAST	1,578
MR -ORBIT FACE NCK WITH & WITHOUT CONTRAST	1,578
MR -BRAIN WITHOUT CONTRAST	1,578
MR -BRAIN WITH CONTRAST	1,578
MR -BRAIN WITH & WITHOUT CONTRAST	1,578
MR -CHEST WITHOUT CONTRAST	1,578
MR -CHEST WITH CONTRAST	1,578
MR -CHEST WITH & WITHOUT CONTRAST	1,578
MR -SPINE CERVICAL WITHOUT CONTRAST	1,578
MR -SPINE CERVICAL WITH CONTRAST	1,578
MR -SPINE CERVICAL WITH & WITHOUT CONTRAST	1,578
MR -SPINE THORACIC WITHOUT CONTRAST	1,578
MR -SPINE THORACIC WITH CONTRAST	1,578
MR -SPINE THORACIC WITH & WITHOUT CONTRAST	1,578
MR -SPINE LUMBAR WITHOUT CONTRAST	1,578
MR -SPINE LUMBAR WITH CONTRAST	1,578
MR -SPINE LUMBAR WITH & WITHOUT CONTRAST	1,578
MR -PELVIS WITHOUT CONTRAST	1,578

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
MR -PELVIS WITH CONTRAST	1,578
MR -PELVIS WITH & WITHOUT CONTRAST	1,578
MR -UPPER EXTREMITY NON-JOINT WITHOUT CONTRAST	1,578
MR -UPPER EXTREMITY NON-JOINT WITH CONTRAST	1,578
MR -UPPER EXTREMITY NON-JOINT WITH & WITHOUT CONTRAST	1,578
MR -UPPER EXTREMITY JOINT WITHOUT CONTRAST	1,578
MR -UPPER EXTREMITY JOINT WITH CONTRAST	1,578
MR -UPPER EXTREMITY JOINT WITH & WITHOUT CONTRAST	1,578
MR -LOWER EXTREMITY NON-JOINT WITHOUT CONTRAST	1,578
MR -LOWER EXTREMITY NON-JOINT WITH CONTRAST	1,578
MR -LOWER EXTREMITY NON-JOINT WITH & WITHOUT CONTRAST	1,578
MR -LOWER EXTREMITY JOINT WITHOUT CONTRAST	1,578
MR -LOWER EXTREMITY JOINT WITH CONTRAST	1,578
MR -LOWER EXTREMITY JOINT WITH & WITHOUT CONTRAST	1,578
MR -ABDOMEN WITHOUT CONTRAST	1,578
MR -ABDOMEN WITH CONTRAST	1,578
MR -ABDOMEN WITH & WITHOUT CONTRAST	1,578
MR -CARDIAC WITHOUT CONTRAST	1,578
MR -CARDIAC WITH CONTRAST	1,578
MR -CARDIAC FUNCTION COMPLETE	1,578
MR -CARDIAC FUNCTION LIMITED	1,578
MR -BREAST UNILATERAL WITHOUT CONTRAST	1,578
MR -BREAST UNILATERAL WITH CONTRAST	1,578
MR -BREAST UNILATERAL WITH & WITHOUT CONTRAST	1,578
MR -BREAST BILATERAL WITHOUT CONTRAST	1,578
MR -BREAST BILATERAL WITH CONTRAST	1,578
MR -BREAST BILATERAL WITH & WITHOUT CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH & WITHOUT CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH & WITHOUT CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY CHEST WITH & WITHOUT CONTRAST	1,578

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
MR -MAGNETIC RESONANCE ANGIOGRAPHY SPINAL WITH & WITHOUT CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY PELVIS WITH & WITHOUT CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY UPPER EXTREMITY WITH & WITHOUT CONT	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY WITH & WITHOUT CONT	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN WITH & WITHOUT CONTRAST	1,578
MR -MAGNETIC RESONANCE ANGIOGRAPHY GUIDED NEEDLE PLACEMENT	1,578
MAMMOGRAPHY	
MAMMO -GUIDED NEEDLE LOCALIZATION SUPERVISION & INTERPRETATION	503
MAMMO -DUCTOGRAM SINGLE	503
MAMMO -X RAY OF SPECIMEN	188
MAMMO -CYST ASPIRATION	503
MAMMO -DIAGNOSTIC UNILATERAL	188
MAMMO -DIAGNOSTIC BILATERAL	315
MAMMO -SCREENING UNILATERAL	188
MAMMO -SCREENING BILATERAL	315
MAMMO-STEREOTACTIC BREAST BIOPSY, PER LESION	1,843
MAMMO -FINE NEEDLE BIOPSY	502
MAMMO -ADDITIONAL CHARGE OUTSIDE NORMAL HOURS	293
CARDIAC	
CARDIOLOGY AND EEG	
CR -ELECTROCARDIOGRAM	111
CR -ELECTROENCEPHALOGRAPHY ORDINARY	369
CR -HOLTER MONITORING WITH ANALYSIS	401
CR -STRESS TEST ONLY	411
CR -ECHOCARIOGRAPHY COMPLETE 2D ADULT	1,321
CR -ECHOCARDIOGRAPHY COMPLETE 2D PAEDIATRIC	1,587
CR --PHYSICIAN ATTENDANCE AT ECHOCARDIOGRAPHY	131
CR -SIGNAL-AVERAGE ELECTROCARDIOGRAPHY (SAECG) WITH & WITHOUT ECG	123
CR -SLEEP APNEA STUDY	625
CR --ATTENDING PHYSICIAN FEE - PEDIATRIC	238
CR - STRESS ECHOCARDIOGRAPHY	1,733

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
CR -ELECTRONIC ANALYSIS DUAL CHAMBER PACEMAKER WITHOUT REPROGRAMMING	170
CR -ELECTRONIC ANALYSIS DUAL CHAMBER PACEMAKER WITH REPROGRAMMING	170
CR -ELECTRONIC ANALYSIS SINGLE CHAMBER PACEMAKER WITHOUT REPROGRAMMING	170
CR -ELECTRONIC ANALYSIS SINGLE CHAMBER PACEMAKER WITH REPROGRAMMING	170
CR -SEDATION FOR CHILDREN - ECHO	84
CR- AMBULATORY BLOOD PRESSURE MONITORING, FOR 24 HRS OR >; INCL. RECORDING, SCANNING AND REPORT	139
CARDIAC CARE	
CC -HEART LINE PROGRAM	790
PATHOLOGY DEPARTMENT	
Hematology / Coagulation	
LAB -BLEEDING TIME	77
LAB -BODY FLUID (PLEURAL, JOINT, CEREBROSPINAL)	69
LAB -BONE MARROW EXAM WITH ASPIRATION	378
LAB -COMPLETE BLOOD COUNT	60
LAB -ERYTHROCYTE SEDIMENT	81
LAB -FIBRINOGEN	93
LAB -FIBRINOGEN DEGRADATION (SPLIT) PRODUCTS SCREEN	60
LAB-FILM EXAM FOR PARASITES	108
LAB -HAEMOGLOBIN FOETAL CHEMICAL	179
LAB -HAEMOGLOBIN ELECTROPHORESIS	120
LAB -PROTEIN ELECTROPHORESIS, SERUM	106
LAB -PROTEIN ELECTROPHORESIS, OTHER FLUIDS (EG, URINE, CSF)	106
LAB -THROMBOPLASTIN TIME, PARTIAL (PTT)	60
LAB -LEUKOCYTE PHAGOCYTOSIS SCREEN	104
LAB -INFECTIOUS MONONUCLEOSIS SCREEN	60
LAB -PROTHROMBIN TIME	95
LAB -RETICULOCYTE COUNT	76
LAB -RUBELLA ANTIBODIES	76
LAB -SICKLE CELL PREP	53
LAB -SCREENING TEST RHEUMATOID ARTHRITIS	81
LAB -RHEUMATOID FACTOR, QUANTITATIVE	126
LAB -HAEMOGLOBIN GLYCATATE	95

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
LAB -BLOOD DRAWN/SEND AWAY	41
LAB -HEPATITIS C ANTIBODY	122
LAB -HEP FACTOR VIII CLOTTING	95
LAB -FACTOR IX ACT	95
LAB -FIBRINOGEN DEGREDEATION (SPLIT) PRODUCTS QUANTITATIVE	89
LAB -FETAL FIBRONECTIN TEST	239
LAB -D-DIMER TEST	30
LAB -COAGULATION SCREEN	114
LAB -SPERM COUNT	155
LAB- PROTEIN C, ANTIGEN	119
LAB- PROTEIN C, ACTIVITY	119
LAB- PROTEIN S, TOTAL	102
LAB- PROTEIN S, FREE	102
LAB- ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	122
LAB- ANTITHROMBIN III, ACTIVITY	148
LAB- ANTITHROMBIN III, ANTIGEN ASSAY	148
LAB- LUPUS ANTICOAGULANT SCREENING (THROMBOPLASTIN INHIBITION, TISSUE)	144
LAB- THROMBIN TIME; PLASMA	181
LAB- THROMBIN TIME; TITER	181
LAB- HEPARIN ASSAY (ANTI-XA ASSAY)	132
BLOOD TRANSFUSION	
LAB -ANTIBODY IDENTIFICATION	140
LAB -ANTIBODY SCREEN EACH TECHNIQUE	113
LAB -ANTIHUMAN GLOBULIN INDIRECT TITER	150
LAB -COLD AGGLUTININS TITER	270
LAB -ANTIHUMAN GLOBULIN DIRECT	76
LAB -PREGNANCY TEST (HCG QL)	86
LAB -RH PHENOTYPE COMPLETE	108
LAB -RHOGAM CROSSMATCH	260
LAB -HIV 1 & 2 ANTIBODY	140
LAB -SYPHILIS TEST, QUALITATIVE	59
LAB -HEMOGLOBIN OR RED BLOOD CELLS, FETAL, FOR FETAL MATERNAL HEMORRHAGE	109
LAB -RED BLOOD CELL ANTIGENS, OTHER	18
LAB -ANTIGEN SCREEN FOR COMPATIBLE BLOOD UNIT	21

---

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
LAB -ANTIGEN PROFILE	270
LAB -BETA GONADOTROPIN, CHORIONIC (hGC) QUANTITATIVE	130
LAB -GAMMAGLOBULIN IGE	130
MICROBIOLOGY	
LAB -CULTURE, BACTERIAL, BLOOD	224
LAB - CULTURE, BACTERIAL, BODY FLUID	158
LAB -DARK FIELD EXAMINATION	283
LAB -EAR SWAB-ROUTINE CULTURE	113
LAB -EYE SWAB ROUTINE CULTURE	113
LAB -URINALYSIS	63
LAB -CULTURE CEREBROSPINAL FLUID	221
LAB -SPUTUM OR TISSUE FOR BACTERIA, FUNGI, PARASITES, VIRUSES OR CELL TYPES	197
LAB -CULTURE STOOL PROFILE	148
LAB -CULTURE THROAT	113
LAB -CULTURE URINE COLONY COUNT	113
LAB -GENITAL CULTURE (VAGINAL)	148
LAB -CULTURE WOUND	221
LAB -CRYSTAL IDENTIFICATION KNEE FLUID	131
LAB -OVA & PARASITE	93
LAB -CULTURE ACID FAST BACILLI WITH CONCENTRATION	356
LAB -CATHETER TIP CULTURE	158
LAB -CULTURE FUNGI (SKIN, HAIR, NAILS)	136
LAB -FLUORESCENT TREPONEM	95
LAB -GRAM STAIN	12
LAB -INDIA INK PREP	12
LAB -CULTURE RESPIRATORY	158
LAB -SYPHILIS CONFIRMATION	96
LAB -CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	100
LAB -ROTAVIRUS	171
LAB -ANTINUCLEAR ANTIBODIES (ANA)	100
LAB -CHLAMYDIA TRACHOMATIS, IMMUNOFLUORESCENT TECHNIQUE	100
LAB -CRYPTOSPORIDIUM STAIN	100
LAB -LEGIONELLA CULTURE	202
LAB -FAECAL FAT STAIN	53
LAB -MRSA SCREEN	113

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
LAB -SEMEN FOR CULTURE	134
LAB -ACID FAST BACILLI (AFB) CULTURE	323
LAB -CULTURE TISSUE	240
LAB -GENITAL CULTURE (CERVICAL)	148
LAB -RESPIRATORY SYNCYTIAL VIRUS (RSV)	143
LAB -CULTURE VRE	114
LAB -CLOSTRIDIUM DIFFICILE TOXIN	91
LAB -HELICOBACTER PYLORI	67
LAB -HERPES CULTURE	109
LAB -SEMEN ANALYSIS	156
LAB- SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR FEWER AGENTS) (VITEK)	17
LAB- SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION, EACH MULTI-ANTIMICROBIAL, PER PLATE	17
HISTOLOGY / CYTOLOGY	
LAB -GYNAECOLOGICAL CYTOLOGY (PAP)	81
LAB -FROZEN SECTION	351
LAB -CYTOPATHOLOGY SMEARS	153
LAB -IMMUNOPEROXIDASE	170
LAB -PAP PEROXIDASE TECHNIQUE	134
LAB -SEX CHROMATIN IDENTIFICATION (BARR BODY COUNT)	81
LAB -BONE MARROW BIOPSY	399
LAB -CYTOPATHOLOGY HORMONAL EVALUATION	81
LAB -FINE NEEDLE ASPIRATION	399
LAB -CYTOCHEMICAL STAIN	108
LAB -CYTOPATHOLOGY CERVICAL OR VAGINAL THIN LAYER PREPARATION	90
LAB -ESTROGEN RECEPTOR ASSAY	653
LAB -SPECIAL STAIN MICRO-ORGANISMS	108
LAB -SPECIAL STAIN OTHER	170
LAB -SINGLE TISSUE SPECIMEN FOR EXAMINATION	196
LAB -TWO TISSUE SPECIMENS FOR EXAMINATION	244
LAB -THREE TISSUE SPECIMENS FOR EXAMINATION	293
LAB -FOUR TISSUE SPECIMENS FOR EXAMINATION	481
LAB -FIVE TISSUE SPECIMENS FOR EXAMINATION	577
LAB -SIX TISSUE SPECIMENS FOR EXAMINATION	684
LAB -SEVEN TISSUE SPECIMENS FOR EXAMINATION	782

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
LAB - ADDITIONAL SET SLIDES DOC REQUEST	66
LAB -RESIN SECTION	130
LAB -COLPOSCOPY BIOPSY	196
LAB -TISSUE SECTION FOR MACRO EXAM	96
LAB -TISSUE SECTION SINGLE	196
LAB -SURGICAL PATHOLOGY LEVEL 1	196
LAB -SURGICAL PATHOLOGY LEVEL 2	244
LAB -SURGICAL PATHOLOGY LEVEL 3	293
LAB -SURGICAL PATHOLOGY LEVEL 4	481
LAB -SURGICAL PATHOLOGY LEVEL 5	577
LAB -SURGICAL PATHOLOGY LEVEL 6	684
Where the examination covers more than one organ, each additional organ will be charged at half price.	
IMMUNOASSAY	
LAB -HEPATITIS B SURFACE ANTIGEN (HBsAg)	87
LAB -DIGOXIN	113
LAB -FERRITIN	113
LAB -THYROID STIMULATING HORMONE (TSH)	113
LAB-FOLATE	98
LAB-THYROXINE FREE (T4 FREE)	179
LAB -CARCINOEMBRYONIC ANTIGEN (CEA)	100
LAB-TRIIODOTHYRONINE FREE (T3 FREE)	113
LAB-THYROXINE TOTAL (T4 TOTAL)	179
LAB -HEPATITIS B ANTIBODY	113
LAB -THYROID PROFILE	400
LAB -PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL	100
LAB -CREATINE KINASE (CK) MB FRACTION ONLY	100
LAB -HEPATITIS B CORE ANTIBODY (HBcAb)	113
LAB -IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE CA 125	100
LAB -CYCLOSPORINE	130
LAB -ESTRADIOL	130
LAB -FOLLICLE STIMULATING HORMONE (FSH)	130
LAB -LUTEINIZING HORMONE (LH)	130
LAB -PROLACTIN	130
LAB -PROGESTERONE	130

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
LAB -TESTOSTERONE	130
LAB -B 12	100
LAB -PROSTATE SPECIFIC ANTIGEN (PSA) FREE	130
LAB -TROPONIN	130
LAB -HOMOCYSTINE	130
LAB -ACID PHOSPATASE (PAP)	84
BIOCHEMISTRY	
LAB -GLUCOSE CHALLENGE	87
LAB -GASES, BLOOD, COMBINATION	118
LAB -ALBUMIN ONLY	57
LAB -ALCOHOL,ETHANOL (ANY SPECIMEN EXCEPT BREATH)	60
LAB -ALKALINE PHOSPHATASE	57
LAB -AMYLASE	57
LAB -BENCE JONES PROTEIN	77
LAB -BILIRUBIN DIRECT	57
LAB -BILIRUBIN TOTAL	57
LAB -GLUCOSE QUANTITATIVE	57
LAB -CALCIUM	57
LAB -LYTES GLUCOSE BUN	87
LAB -TEGRETOL	77
LAB -PROTEIN TOTAL CEREBROSPINAL FLUID (CSF)	59
LAB -GLUCOSE CEREBROSPINAL FLUID	57
LAB -CHLORIDE CEREBROSPINAL FLUID	57
LAB -CHLORIDE (CL)	57
LAB -CHOLESTEROL	57
LAB -CREATININE; BLOOD	57
LAB -CREATININE; CLEARANCE	118
LAB -CREATINE KINASE (CK)	57
LAB -ELECTROLYTE PROFILE	87
LAB -TRANSFERASE ASPARATE AMINO (AST) (SGOT)	57
LAB -TRANSFERASE ALANINE AMINO (ALT) (SGPT)	57
LAB -5-HYDRXYINDOLACETIC ACID (HIAA)	76
LAB -LIPID PROFILE	76
LAB -LITHIUM	66
LAB -LIVER PROFILE	158
LAB -PHOSPHORUS INORGANIC (PHOSPHATE)	57

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
LAB -PORPHYRINS, URINE, QUALITATIVE	69
LAB -POTASSIUM (K)	57
LAB -PROTEIN TOTAL FLUID	59
LAB -PROTEINS (INCLUDING ALBUMIN & GLOBULIN)	69
LAB -PROTEIN ELECTROPHORETIC FRACTIONATION AND QUANTITATION	100
LAB -SODIUM (NA)	57
LAB -TRIGLYCERIDES	57
LAB -UREA NITROGEN (BUN)	57
LAB -URIC ACID	57
LAB -URINE FOR BILE PIGMENTS	69
LAB -URINE-BILE PRODUCTS (UROBILINOGEN)	69
LAB -PROTEIN TOTAL URINE	60
LAB -URINE FOR PROPHYRINS	60
LAB -GLUCOSE RANDOM URINE	60
LAB -CARBAMAZEPINE/TEGRETOL	77
LAB -PHENYTOIN, TOTAL	81
LAB -VALPROIC ACID	77
LAB -LACTATE DEHYDROGENASE (LDH)	57
LAB -URIC ACID RANDOM URINE	60
LAB -CALCIUM RANDOM URINE	60
LAB -ACETOMINOPHEN	81
LAB -GENTAMICIN	77
LAB -PHENOBARBITOL	77
LAB -PRIMIDONE	72
LAB -THEOPHYLLINE ASSAY	77
LAB -LIPOPROTEIN HIGH DENSITY CHOLESTEROL HDL	57
LAB -QUINIDINE	72
LAB -VANCOMYCIN PEAK	77
LAB -VANCOMYCIN TROUGH	77
LAB -VANCOMYCIN RANDOM	77
LAB -GLUTAMYLTRANSFERASE, GAMMA (GGT)	57
LAB -ETHOSUXIMIDE	72
LAB -SALICYLATE	50
LAB -STOOL/URINE REDUCING	35
LAB -BLOOD SUGAR (1-6HR POST GLUCOSE DOSE)	77
LAB -AMYLASE FLUID	60

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
LAB -POST DIALYSIS BMP PROFILE	148
LAB -PRE DIALYSIS PROFILE	429
LAB -EMERGENCY DEPARTMENT PROFILE	116
LAB -COMPREHENSIVE METABOLIC PROFILE	599
LAB -CLINIC PROFILE	148
LAB -CARDIAC RISK PROFILE	111
LAB- IRON PROFILE	130
LAB -MAGNESIUM	55
LAB -DRUGS ABUSE-EACH DRUG CLASS	81
LAB -UREA & ELECTROLYTES	87
LAB -POST GLUCOSE DOSE	78
LAB-GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS	132
LAB-GLUCOSE OLERANCE TEST (GTT) >3 SPECIMENS	153
LAB -CALCIUM 24HR URINE	81
LAB -CHLORIDE 24HR URINE	81
LAB -CREATININE 24HR URINE	81
LAB -GLUCOSE 24HR URINE	81
LAB -POTASSIUM 24HR URINE	81
LAB -MAGNESIUM 24HR URINE	81
LAB -SODIUM 24HR URINE	81
LAB -PHOSPHORUS 24HR URINE	81
LAB -PROTEIN TOTAL 24HR URINE	81
LAB -URIC ACID 24HR URINE	81
LAB -UREA NITROGEN 24HR URINE	81
LAB -BILIRUBIN FLUID	61
LAB -CHLORIDE FLUID	61
LAB -CREATININE FLUID	61
LAB -GLUCOSE FLUID	61
LAB -POTASSIUM FLUID	61
LAB -ALBUMIN FLUID	61
LAB -LACTATE DEHYDROGENASE (LDH) FLUID	61
LAB -SODIUM FLUID	61
LAB -AMYLASE RANDOM URINE	61
LAB -CHLORIDE RANDOM URINE	61
LAB -CREATININE RANDOM URINE	61
LAB -POTASSIUM RANDOM URINE	61

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
LAB -SODIUM RANDOM URINE	61
LAB -PHOSPHORUS RANDOM URINE	61
LAB -UREA NITROGEN RANDOM URINE	81
LAB -IRON BINDING CAPACITY	130
LAB -CARDIAC ENZYMES (SGOT & LDH) CPK	123
LAB -2HR GTT	110
LAB -3HR GTT	132
LAB -4HR GTT	153
LAB -5HR GTT	181
LAB -6HR GTT	202
LAB -B12	100
LAB -LOW DENSITY LIPOPROTEIN	56
LAB -GLUCOSE DRINK	11
LAB- COMPLEMENT 3, ANTIGEN	110
LAB- COMPLEMENT 4, ANTIGEN	110
LAB- MICROALBUMIN, URINE, QUANTITATIVE	145
LAB- MICROALBUMIN, URINE, SEMIQUANTITATIVE	145
LAB- IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3	194
LAB- IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	244
LAB- NATIURETIC PEPTIDE (NT-PRO BNP)	124
LAB- C-REACTIVE PROTEIN (CRP)	53
LAB- HIGH SENSITIVITY C-REACTIVE PROTEIN (hsCRP)	61
LAB- CALCIUM; IONIZED	50
LAB- GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES (IgG1, 2, 3 OR 4), EACH (IMMUNOGLOBULIN A)	82
LAB- OSMOLALITY; BLOOD	285
LAB- OSMOLALITY; URINE	285
<p>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.</p>	
OR	
OR GENERAL	
REMOVAL OF-JAW WIRES	716
REMOVAL OF-K WIRES	716

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
REMOVAL OF-NAILS OR PINS	716
REMOVAL OF-NECK GLANDS	716
REMOVAL OF-NODES	716
REMOVAL OF-PAPILLOMAS	716
REMOVAL OF-SCREWS & PLATES	973
REVISION OF SCARS	716
FAILED PROCEDURES	606
REMOVAL OF-SUTURES	716
OR -ORCHIOPEXY ABDOMINAL APPROACH	739
REMOVAL OF-ORTHOFIXATOR	716
OR -BIOPSY LIVER NEEDLE PERCUTANEOUS	688
OR -AMPUTATION METACARPAL WITH FINGER OR THUMB	749
OR -AMPUTATION FINGER DIRECT CLOSURE	749
OR -AMPUTATION FINGER LOCAL ADVANCEMENT	749
OR -AMPUTATION FOOT TRANSMETATARSAL	749
OR -AMPUTATION METATARSAL TOE SINGLE	749
OR -AMPUTATION TOE METATARSOPHALANGEAL JOINT	749
OR -AMPUTATION TOE INTERPHALANGEAL JOINT	749
OR -ANOSCOPY WITH DILATION	688
OR -DILATION ANAL SPHINCTER UNDER ANESTHESIA	688
OR -CLOSURE ANAL FISTULA WITH FLAP	688
OR -BRONCHOSCOPY, DIAGNOSTIC	927
OR -BRONCHOSCOPY WITH BRUSHING	927
OR -BRONCHOSCOPY WITH ALVEOLAR LAVAGE	927
OR -BRONCHOSCOPY BIOPSY	927
OR -BRONCHOSCOPY LUNG BIOPSY	927
OR -BRONCHOSCOPY NEEDLE ASPIRATION BIOPSSY	927
OR -BRONCHOSCOPY WITH TRACHEAL/BRONCHIAL DILATION OR FRACTURE	927
OR -BRONCHOSCOPY WITH PLACEMENT OF TRACHEAL STENT	927
OR -BRONCHOSCOPY WITH REMOVAL OF FOREIGN BODY	927
OR -BRONCHOSCOPY WITH RADIOELEMENT APPLICATION	927
OR -BRONCHOSCOPY WITH THERAPEUTIC ASPIRATION, INITIAL	927
OR -BRONCHOSCOPY WITH THERAPEUTIC ASPIRATION, SUBSEQUENT	927
OR -REMOVAL OF IMPLANTED VENOUS ACCESS DEVISE	716
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), DIAGNOSTIC	1,042

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), BIOPSY	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH SPHINCTEROTOMY OR PAPILOTOMY	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH PRESSURE MEASUREMENT OF SPHINCTER	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH REMOVAL OF CALCULUS	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH DESTRUCTION, LITHOTRIPSY OF CALCULUS	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH INSERTION OF DRAINAGE TUBE	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH INSERTION OF STENT	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH REMOVAL OF FOREIGN BODY OR CHANGE OF STENT	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH BALLOON DILATION	1,042
OR -ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH ABLATION OF TUMOURS, POLYPS OR OTHER LESIONS	1,042
OR -CIRCUMCISION EXCISION NEWBORN	847
OR -CIRCUMCISION EXCISION NOT NEWBORN	847
OR -CIRCUMCISION WITH CLAMP NEWBORN	847
OR -CIRCUMCISION WITH CLAMP NOT NEWBORN	847
OR -DEBRIDEMENT SKIN UP TO 10% OF BODY SURFACE	688
OR -DEBRIDEMENT OF FRACTURE AND/OR DISLOCATION SKIN, SUBCUTANEOUS TISSUE, FASCIA, MUSCLE	688
OR -DEBRIDEMENT OF FRACTURE AND/OR DISLOCATION SKIN AND SUBCUTANEOUS TISSUE	688
OR -DEBRIDEMENT OF FRACTURE DISLOCATION SKIN, SUBCUTANEOUS TISSUE, FASCIA, MUSCLE, BONE	688
OR -DEBRIDEMENT SKIN PARTIAL THICKNESS	688
OR -DEBRIDEMENT SKIN FULL THICKNESS	688
OR -DEBRIDEMENT SKIN AND SUBCUTANEOUS TISSUE	688
OR -DEBRIDEMENT SKIN, SUBCUTANEOUS TISSUE, MUSCLE	688
OR -DEBRIDEMENT SKIN, SUBCUTANEOUS TISSUE, MUSCLE, BONE	688
OR -DECLOT VENOUS ACCESS DEVICE	749
OR -REVISION OPEN ARTERIOVENOUS FISTULA WITHOUT THROMBECTOMY	749
OR -DECLOT EXTERNAL CANNULA WITHOUT BALLOON CATHETER	749

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -DECLOT EXTERNAL CANNULA WITH BALLOON CATHETER	749
OR -REVISION OPEN ARTERIOVENOUS FISTULA WITH THROMBECTOMY	716
OR -EXCISION BREAST LESION, OPEN, 1 OR MORE LESIONS	927
OR -EXCISION BREAST LESION WITH RADIOLOGICAL MARKER, 1ST LESION	927
OR -EXCISION BREAST LESION WITH RADIOLOGICAL MARKER, EACH ADDITIONAL LESION	927
OR -EXCISION GANGLION, WRIST, PRIMARY	726
OR -EXCISION GANGLION, WRIST, RECURRENT	726
OR -MASTECTOMY FOR GYNECOMASTIA UNILATERAL NON-COSMETIC	766
OR -MASTECTOMY FOR GYNECOMASTIA BILATERAL NON-COSMETIC	766
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 0 - 0.5 CM	688
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 0.6 - 1.0 CM	688
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 1.1 - 2.0 CM	688
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 2.1 - 3.0 CM	688
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS 3.1 - 4.0 CM	688
OR -EXCISION MALIGNANT LESION TRUNK, ARMS, LEGS OVER 4.0 CM	688
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 0 - 0.5 CM	688
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 0.6 - 1.0 CM	688
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 1.1 - 2.0 CM	688
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 2.1 - 3.0 CM	688
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA 3.1 - 4.0 CM	688
OR -EXCISION MALIGNANT LESION SCALP, NECK, HANDS, FEET, GENITALIA OVER 4.0 CM	688
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 0 - 0.5 CM	688
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 0.6 - 1.0 CM	688
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 1.1 - 2.0 CM	688
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 2.1 - 3.0 CM	688
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS 3.1 - 4.0 CM	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -EXCISION MALIGNANT LESION FACE, EARS, EYELIDS, NOSE, LIPS OVER 4.0 CM	688
OR -EXCISION LESION EYE	1,098
OR -BIOPSY SOFT TISSUE UPPER ARM OR ELBOW, SUPERFICIAL	688
OR -RADICAL RESECTION OF TUMOR, SOFT TISSUE FACE OR SCALP	688
OR -BIOPSY SOFT TISSUE NECK OR THORAX	688
OR -EXCISION TUMOR NECK OR THORAX DEEP SUBFASCIAL INTRAMUSCULAR	688
OR -RESECTION OF TUMOR SOFT TISSUE NECK OR THORAX	688
OR -BIOPSY, MUSCLE, NEEDLE	688
OR -BIOPSY SOFT TISSUE UPPER ARM OR ELBOW, DEEP	688
OR -EXCISION TUMOR SOFT TISSUE UPPER ARM ELBOW, SUBCUTANEOUS	688
OR -EXCISION TUMOR UPPER ARM ELBOW DEEP, SUBFASCIAL OR INTRAMUSCULAR	688
OR -BIOPSY SOFT TISSUE FOREARM AND OR WRIST SUPERFICIAL	688
OR -BIOPSY SOFT TISSUE FOREARM AND OR WRIST DEEP	688
OR -EXCISION TUMOR SOFT TISSUE FOREARM AND OR WRIST SUBCUTANEOUS	688
OR -EXCISION TUMOR SOFT TISSUE FOREARM AND OR WRIST DEEP	688
OR -RADICAL RESECTION TUMOR SOFT TISSUE FOREARM AND OR WRIST	688
OR -EXCISION TUMOR SOFT TISSUE HAND OR FINGER SUBCUTANEOUS	688
OR -EXCISION TUMOR SOFT TISSUE HAND OR FINGER DEEP	688
OR -RADICAL RESECTION TUMOR SOFT TISSUE HAND OR FINGER	688
OR -BIOPSY SOFT TISSUE PELVIS AND HIP AREA SUPERFICIAL	688
OR -BIOPSY SOFT TISSUE PELVIS & HIP AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	688
OR -EXCISION TUMOR PELVIS AND HIP AREA SUBCUTANEOUS	688
OR -EXCISION TUMOR PELVIS AND HIP AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	688
OR -RADICAL RESECTION TUMOR SOFT TISSUE PELVIS AND HIP AREA	688
OR -BIOPSY SOFT TISSUE THIGH OR KNEE AREA SUPERFICIAL	688
OR -BIOPSY SOFT TISSUE THIGH OR KNEE AREA DEEP	688
OR -EXCISION TUMOR THIGH OR KNEE AREA SUBCUTANEOUS	688
OR -EXCISION TUMOR THIGH OR KNEE AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	688
OR -RADICAL RESECTION TUMOR SOFT TISSUE THIGH OR KNEE AREA	688
OR -BIOPSY SOFT TISSUE LEG OR ANKLE AREA SUPERFICIAL	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -BIOPSY SOFT TISSUE LEG OR ANKLE AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	688
OR -RADICAL RESECTION TUMOR SOFT TISSUE LEG OR ANKLE AREA	688
OR -EXCISION TUMOR LEG OR ANKLE AREA SUBCUTANEOUS TISSUE	688
OR -EXCISION TUMOR LEG OR ANKLE AREA DEEP, SUBFASCIAL OR INTRAMUSCULAR	688
OR -EXCISION TUMOR FOOT SUBCUTANEOUS TISSUE	688
OR -EXCISION TUMOR FOOT DEEP, SUBFASCIAL OR INTRAMUSCULAR	688
OR -RADICAL RESECTION TUMOR SOFT TISSUE FOOT	688
OR -EXCISION LESION INTRA-ABDOMINAL TUMOR	688
OR -EXCISION LESION INTRA-ABDOMINAL TUMOR EXTENSIVE	688
OR -EXCISION BENIGN TUMOR OF MANDIBLE BY CURRETTAGE	688
OR -BIOPSY SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE SINGLE LESION	688
OR -BIOPSY SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE EA ADD'L LESION	688
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 0 - 0.5 CM	688
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 0.6 - 1.0 CM	688
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 1.1 - 2.0 CM	688
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 2.1 - 3.0 CM	688
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS 3.1 - 4.0 CM	688
OR -EXCISION BENIGN LESION TRUNK, ARMS, LEGS OVER 4.0 CM	688
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 0 - 0.5 CM	688
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 0.6 - 1.0 CM	688
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 1.1 - 2.0 CM	688
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 2.1 - 3.0 CM	688
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA 3.1 - 4.0 CM	688
OR -EXCISION BENIGN LESION SCALP, NECK, HANDS, FEET, GENITALIA OVER 4.0 CM	688
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 0 - 0.5 CM	688
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 0.6 - 1.0 CM	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 1.1 - 2.0 CM	688
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 2.1 - 3.0 CM	688
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE 3.1 - 4.0 CM	688
OR -EXCISION BENIGN LESION FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE OVER 4.0 CM	688
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY, SIMPLE	688
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY, COMPLEX	688
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL, SIMPLE	688
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL, COMPLEX	688
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, UMBILICAL, SIMPLE	688
OR -EXCISION SKIN & SUBCUTANEOUS TISSUE FOR HIDRADENITIS PERIANAL, PERINEAL, UMBILICAL COMPLEX	688
OR -EXCISION NEUROMA HAND OR FOOT, EXCEPT DIGITAL NERVE	688
OR -EXCISION NEUROMA HAND OR FOOT, EACH ADDITIONAL NERVE EXCEPT SAME DIGIT	688
OR -EXCISION NEUROMA MAJOR PERIPHERAL NERVE EXCEPT SCIATIC	688
OR -EXCISION NEUROFIBROMA OR NEUROLEMMOMA, CUTANEOUS NERVE	688
OR -EXCISION NEUROFIBROMA OR NEUROLEMMOMA, MAJOR PERIPHERAL NERVE	688
OR -EXCISION NEUROFIBROMA OR NEUROLEMMOMA, EXTENSIVE	688
OR -EXCISION NEUROMA, DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	688
OR -ESOPHAGOSCOPY DIAGNOSTIC	688
OR -ESOPHAGOSCOPY WITH BIOPSY	688
OR -ESOPHAGOSCOPY WITH INJECTION SCLEROSIS	688
OR -ESOPHAGOSCOPY WITH BAND LIGATION	688
OR -ESOPHAGOSCOPY WITH REMOVAL OF LESION BY CAUTERY	688
OR -ESOPHAGOSCOPY WITH REMOVAL OF LESION BY SNARE TECHNIQUE	688
OR -ESOPHAGOSCOPY WITH INSERTION OF STENT	688
OR -ESOPHAGOSCOPY WITH BALLOON DILATION	688
OR -ESOPHAGOSCOPY WITH INSERTION OFGUIDE WIRE	688
OR -ESOPHAGOSCOPY WITH CONTROL OF BLEEDING	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -ESOPHAGOSCOPY WITH ABLATION OF LESIONS	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY SIMPLE PRIMARY EXAMINATION	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY DIAGNOSTIC	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH BIOPSY, SINGLE OR MULTIPLE	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH TRANSMURAL DRAINAGE OF PSEUDOCYST	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH INTRALUMINAL TUBE PLACEMENT	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY ULTRASOUND-GUIDED INTRAMURAL OR TRANSMURAL ASPIRATION	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH INJECTION SCLEROSIS	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH BAND LIGATION	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH DIATION OF GASTRIC OUTLET	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH PLACEMENT OF GASTROSTOMY TUBE	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH INSERTION OF GUIDE WIRE	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH BALLOON DILATION	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH REMOVAL OF LESION BY CAUTERY	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH REMOVAL OF LESION BY SNARE	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH CONTROL OF BLEEDING	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH STENT PLACEMENT	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH ABLATION OF LESION	688
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAM	688
OR -INSERTION OF CANNULA FOR HEMODIALYSIS VEIN TO VEIN	716
OR -INSERTION OF CANNULA FOR HEMODIALYSIS ARTERIOVENOUS EXTERNAL	716
OR -INSERTION OF CANNULA FOR HEMODIALYSIS ARTERIOVENOUS EXTERNAL REVISION	716
OR -HEMORRHOIDECTOMY SIMPLE LIGATURE	749
OR -EXCISION EXTERNAL HEMORRHOID TAGS	749
OR -HEMORRHOIDECTOMY EXTERNAL COMPLETE	749
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL SIMPLE	749

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL SIMPLE WITH FISSURECTOMY	749
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL SIMPLE WITH FISTULECTOMY	749
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL COMPLEX	749
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL COMPLEX WITH FISSURECTOMY	749
OR -HEMORRHOIDECTOMY INTERNAL OR EXTERNAL COMPLEX WITH FISTULECTOMY	749
OR -INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	749
OR -INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	749
OR -DESTRUCTION OF HEMORRHOIDS, INTERNAL	749
OR -DESTRUCTION OF HEMORRHOIDS, EXTERNAL	749
OR -DESTRUCTION OF HEMORRHOIDS, INTERNAL & EXTERNAL	749
OR -LIGATION OF INTERNAL HEMORRHOIDS, SINGLE PROCEDURE	749
OR -LIGATION OF INTERNAL HEMORRHOIDS, MULTIPLE PROCEDURES	749
OR -DRAINAGE OF PERTONEAL ABSCESS OPEN	688
OR -DRAINAGE OF SUBDIAPHRAGMATIC ABSCESS OPEN	688
OR -DRAINAGE OF PERITONEAL ABSCESS PERCUTANEOUS	688
OR -DRAINAGE OF SUBDIAPHRAGMATIC ABSCESS PERCUTANEOUS	688
OR -DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	688
OR -DRAINAGE OF RETROPERITONEAL ABSCESS PERCUTANEOUS	688
OR -INCISION & DRAINAGE ISCHIORECTAL AND/OR PERIRECTAL ABSCESS	688
OR -INCISION & DRAINAGE INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANAESTHESIA	688
OR -INCISION & DRAINAGE PERIANUL ABSCESS SUPERFICIAL	688
OR -INCISION & DRAINAGE ISCHIORECTAL OR INTRAMURAL ABSCESS WITH FISTULECTOMY OR FISTULOTOMY SUBMUSCULAR	688
OR -INCISION & DRAINAGE APPENDICEAL ABSCESS OPEN	688
OR -INCISION & DRAINAGE APPENDICEAL ABSCESS PERCUTANEOUS	688
OR -INCISION & DRAINAGE LEG OR ANKLE DEEP ABSCESS OR HEMATOMA	688
OR -INCISION & DRAINAGE LEG OR ANKLE INFECTED BURSA	688
OR -INCISION & DRAINAGE FOREARM AND/OR WRIST DEEP ABSCESS OR HEMATOMA	688
OR -INCISION & DRAINAGE FOREARM AND/OR WRIST BURSA	688
OR -INCISION DEEP BONE CORTEX FOREARM AND/OR WRIST	688
OR -INCISION & DRAINAGE UPPER ARM OR ELBOW AREA DEEP ABSCESS OR HEMATOMA	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -INCISION & DRAINAGE UPPER ARM OR ELBOW AREA BURSA	688
OR -INCISION DEEP HUMERUS OR ELBOW WITH OPENING OF BONE CORTEX	688
OR -DRAINAGE EXTERNAL EAR ABSCESS OR HEMATOMA SIMPLE	688
OR -DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	688
OR -DRAINAGE EXTERNAL EAR ABSCESS OR HEMATOMA COMPLEX	688
OR -INCISION & DRAINAGE VULVA OR PERINEAL ABSCESS	688
OR -INCISION & DRAINAGE BARTHOLIN'S GLAND ABSCESS	688
OR -COLPOTOMY WITH DRAINAGE OF PELVIC ABSCESS	688
OR -DRAINAGE PERIVESICAL OR PREVESICAL SPACE ABSCESS	688
OR -CRANIECTOMY OR CRANIOTOMY WITH DRAINAGE OF INTRACRANIAL ABSCESS SUPRATENTORIAL	688
OR -CRANIECTOMY OR CRANIOTOMY WITH DRAINAGE OF INTRACRANIAL ABSCESS INFRATENTORIAL	688
OR -MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS DEEP	688
OR -INCISION & DRAINAGE OF EPIDIDYMIS, TESTES AND/OR SCROTAL SPACE	688
OR -BLEPHAROTOMY DRAINAGE OF ABSCESS EYELID UNILATERAL	688
OR -DRAINAGE FINGER ABSCESS COMPLICATED	688
OR -DRAINAGE FINGER ABSCESS SIMPLE	688
OR -INCISION BONE CORTEX HAND OR FINGER	688
OR -DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	688
OR -INCISION & DRAINAGE PELVIS OR HIP JOINT AREA DEEP ABSCESS OR HEMATOMA	688
OR -INCISION & DRAINAGE PELVIS OR HIP JOINT AREA INFECTED BURSA	688
OR -INCISION BONE CORTEX PELVIS AND/OR HIP JOINT	688
OR -DRAINAGE PERIRENAL OR RENAL ABSCESS OPEN	688
OR -DRAINAGE PERIRENAL OR RENAL ABSCESS PERCUTANEOUS	688
OR -HEPATOTOMY OPEN DRAINAGE OF ABSCESS OR CYST 1-2 STAGES	688
OR -HEPATOTOMY PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST 1-2 STAGES	688
OR -PNEUMONOSTOMY WITH OPEN DRAINAGE ABSCESS OR CYST	688
OR -PNEUMONOSTOMY WITH PERCUTANEOUS DRAINAGE ABSCESS OR CYST	688
OR -DRAINAGE LYMPH NODE ABSCESS OR LYMPHADENITIS SIMPLE	688
OR -DRAINAGE LYMPH NODE ABSCESS OR LYMPHADENITIS EXTENSIVE	688
OR -DRAINAGE ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH, SIMPLE	688
OR -DRAINAGE ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH, COMPLICATED	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF TONGUE OR FLOOR OF MOUTH, LINGUAL	688
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF TONGUE OR FLOOR OF MOUTH, SUBLINGUAL SUPERFICIAL	688
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF TONGUE OR FLOOR OF MOUTH, SUBLINGUAL DEEP SUPRAMYLOHYOID	688
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF TONGUE OR FLOOR OF MOUTH, SUBMENTAL SPACE	688
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF TONGUE OR FLOOR OF MOUTH, SUBMANDIBULAR SPACE	688
OR -INTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF TONGUE OR FLOOR OF MOUTH, MASTICATOR SPACE	688
OR -EXTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF FLOOR OF MOUTH, SUBLINGUAL	688
OR -EXTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF FLOOR OF MOUTH, SUBMENTAL	688
OR -EXTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF FLOOR OF MOUTH, SUBMANDIBULAR	688
OR -EXTRAORAL INCISION & DRAINAGE ABSCESS, CYST, HEMATOMA, OF FLOOR OF MOUTH, MASTICATOR SPACE	688
OR -DRAINAGE ABSCESS OR HEMATOMA NASAL INTERNAL APPROACH	688
OR -DRAINAGE ABSCESS OR HEMATOMA NASAL SEPTUM	688
OR -INCISION & DRAINAGE ABSCESS OR HEMATOMA SOFT TISSUE OF NECK OR THORAX	688
OR -DRAINAGE ABSCESS OF PALATE, UVULA	952
OR -DRAINAGE SKENE'S GLAND ABSCESS OR CYST	652
OR -DRAINAGE ABSCESS PAROTID SIMPLE	688
OR -DRAINAGE ABSCESS SUBMAXILLARY OR SUBLINGUAL INTRAORAL	688
OR -DRAINAGE ABSCESS SUBMAXILLARY EXTERNAL	688
OR -TRANSRECTAL DRAINAGE PELVIC ABSCESS	749
OR -INCISION & DRAINAGE SUBMUCOSAL ABSCESS RECTUM	688
OR -INCISION & DRAINAGE DEEP SUPRALEVATOR, PELVIRECTAL OR RETRORECTAL ABSCESS	688
OR -DRAINAGE SCROTAL WALL ABSCESS	688
OR -INCISION & DRAINAGE ABSCESS SIMPLE OR SINGLE	688
OR -INCISION & DRAINAGE ABSCESS COMPLICATED OR MULTIPLE	688
OR -INCISION & DRAINAGE ABSCESS PERITONSILLAR	688
OR -INCISION & DRAINAGE ABSCESS RETROPHARANGEAL OR PARAPHARANGEAL INTRAORAL APPROACH	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -INCISION & DRAINAGE ABSCESS RETROPHARANGEAL OR PARAPHARANGEAL EXTRAORAL APPROACH	688
OR -INCISION & DRAINAGE BURSA FOOT	688
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 0 - 2.5 CM	787
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 2.6 - 7.5 CM	787
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 7.6 - 12.5 CM	787
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 12.6 - 20.0 CM	787
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES 20.1 - 30.0 CM	787
OR -SIMPLE REPAIR SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES OVER 30.0 CM	787
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 0 - 2.5 CM	787
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 2.6 - 5.0 CM	787
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 5.1 - 7.5 CM	787
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 7.6 - 12.5 CM	787
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 12.6 - 20.0 CM	787
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES 20.1 - 30.0 CM	787
OR -SIMPLE REPAIR FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES OVER 30.0 CM	787
OR -COMPLEX REPAIR TRUNK 1.1 - 2.5 CM	787
OR -COMPLEX REPAIR TRUNK 2.6 - 7.5 CM	787
OR --+COMPLEX REPAIR TRUNK EACH ADDITIONAL 5 CM OR LESS	787
OR -COMPLEX REPAIR SCALP, ARMS AND/OR LEGS 1.1 - 2.5 CM	787
OR -COMPLEX REPAIR SCALP, ARMS AND/OR LEGS 2.6 - 7.5 CM	787
OR -COMPLEX REPAIR SCALP, ARMS AND/OR LEGS EACH ADDITIONAL 5 CM OR LESS	787
OR -COMPLEX REPAIR FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET 1.1 - 2.5 CM	787
OR -COMPLEX REPAIR FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET 2.6 - 7.5 CM	787

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -COMPLEX REPAIR FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET EACH ADDITIONAL 5 CM OR LESS	787
OR -COMPLEX REPAIR EYELIDS, NOSE, EARS AND/OR LIPS 0 - 1.0 CM	787
OR -COMPLEX REPAIR EYELIDS, NOSE, EARS AND/OR LIPS 1.1 - 2.5 CM	787
OR -COMPLEX REPAIR EYELIDS, NOSE, EARS AND/OR LIPS 2.6 - 7.5 CM	787
OR -COMPLEX REPAIR EYELIDS, NOSE, EARS AND/OR LIPS EACH ADDITIONAL 5 CM OR LESS	787
OR -ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK 10 SQ CM OR LESS	716
OR -ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS 10 SQ CM OR LESS	716
OR -ADJACENT TISSUE TRANSFER OR REARRANGE, F/HEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS &/OR FEET <10 SQ CM	716
OR -ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS 10 SQ CM OR LESS	716
OR -AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE, SINGLE	714
OR -AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE, EACH ADDITIONAL NAIL PLATE	714
OR -EVACUATION OF SUBUNGUAL HEMATOMA	714
OR -EXCISION NAIL AND NAIL MATRIX PARTIAL OR COMPLETE PERMANENT REMOVAL	688
OR -EXCISION NAIL AND NAIL MATRIX PARTIAL OR COMPLETE PERMANENT REMOVAL WITH AMPUTATION OF TUFT OF DISTAL PHALANX	688
OR -BIOPSY NAIL UNIT	688
OR -REPAIR NAIL BED	714
OR -RECONSTRUCTION NAIL BED WITH GRAFT	714
OR -WEDGE EXCISION SKIN OF NAIL FOLD	714
OR -ARTHROCENTESIS ASPIRATION AND/OR INJECTION SMALL JOINT OR BURSA	688
OR -ARTHROCENTESIS ASPIRATION AND/OR INJECTION INTERMEDIATE JOINT OR BURSA	688
OR -ARTHROCENTESIS ASPIRATION AND/OR INJECTION MAJOR JOINT OR BURSA	688
OR -ARTHROTOMY GLENOHUMERAL JOINT WITH JOINT EXPLORATION	688
OR -REMOVAL FOREIGN BODY DEEP THIGH REGION OR KNEE AREA	974
OR -ARTHROTOMY ANKLE INCLUDING EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	974
OR -REMOVAL FOREIGN BODY FOOT DEEP	974
OR -REMOVAL FOREIGN BODY FOOT COMPLICATED	974

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -REMOVAL FOREIGN BODY INTRANASAL UNDER ANESTHESIA	974
OR -REMOVAL FOREIGN BODY INTRANASAL BY LATERAL RHINOTOMY	974
OR -GASTROTOMY WITH EXPLORATION OR FOREIGN BODY REMOVAL	792
OR -PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC WITH REMOVAL OF FOREIGN BODY	663
OR -REMOVAL FECAL IMPACTATION OR FOREIGN BODY UNDER ANESTHESIA	663
OR -CYSTOURETHROSCOPY WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT COMPLICATED	1,081
OR -REMOVAL FOREIGN BODY DEEP PENILE TISSUE	974
OR -REMOVAL FOREIGN BODY INTRAOCULAR POSTERIOR SEGMENT MAGNETIC EXTRACTION	974
OR -ORBITOTOMY WITHOUT BONE FLAP WITH REMOVAL OF FOREIGN BODY	974
OR -ORBITOTOMY WITH BONE FLAP LATERAL APPROACH WITH REMOVAL OF FOREIGN BODY	974
OR -REMOVAL EMBEDDED FOREIGN BODY EYELID	974
OR -REMOVAL FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	974
OR -REMOVAL BY CONTOURING BENIGN TUMOR FACIAL BONE	716
OR -EXCISION ABDOMINAL WALL TUMOR SUBFASCIAL	688
OR -BIOPSY SOFT TISSUE SHOULDER AREA SUPERFICIAL	688
OR -BIOPSY SOFT TISSUE SHOULDER AREA DEEP	688
OR -EXCISION SOFT TISSUE TUMOR SHOULDER AREA SUBCUTANEOUS	688
OR -EXCISION SOFT TISSUE TUMOR SHOULDER DEEP SUBFASCIAL OR INTRAMUSCULAR	688
OR -RADICAL RESECTION TUMOR SOFT TISSUE SHOULDER AREA	688
OR -RADICAL RESECTION TUMOR SOFT TISSUE UPPER ARM OR ELBOW AREA	688
OR -SIGMOIDOSCOPY FLEXIBLE DIAGNOSTIC	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH BIOSPHY SINGLE OR MULTIPLE	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF FOREIGN BODY	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF LESION(S) BY CAUTERY	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH CONTROL OF BLEEDING	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH DECOMPRESSION OF VOLVULUS	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF LESION(S) BY SNARE TECHNIQUE	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH ABLATION OF LESION(S)	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH ENDOSCOPIC ULTRASOUND EXAMINATION	663
OR -SIGMOIDOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY	663

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -SIGMOIDOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC STENT PLACEMENT	663
OR -LIGATION INTERNAL JUGULAR VEIN	716
OR -DESTRUCTION FLAT WARTS <=14	688
OR -DESTRUCTION FLAT WARTS >15	688
OR -DESTRUCTION ANAL LESION SIMPLE ELECTRODESICCATION	652
OR -DESTRUCTION ANAL LESION SIMPLE LASER SURGERY	652
OR -DESTRUCTION ANAL LESION SIMPLE SURGICAL EXCISION	652
OR -DESTRUCTION ANAL LESION EXTENSIVE	652
OR -COLONOSCOPY TRANSABDOMINAL SINGLE OR MULTIPLE	847
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE, DIAGNOSTIC	847
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH REMOVAL OF FOREIGN BODY	847
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH BIOPSY SINGLE OR MULTIPLE	847
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH CONTROL OF BLEEDING	847
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH ABLATION OF LESIONS	847
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH REMOVAL OF LESIONS BY CAUTERY	847
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH REMOVAL OF LESIONS BY SNARE TECHNIQUE	847
OR -COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE WITH TRANSENDOSCOPIC STENT PLACEMENT	847
OR -LAPAROSCOPY SURGICAL ORCHIECTOMY	739
OR -ORCHIECTOMY PARTIAL	739
OR -ORCHIECTOMY RADICAL FOR TUMOR ABDOMINAL EXPLORATION	739
OR -ORCHIECTOMY RADICAL FOR TUMOR INGUINAL APPROACH	739
OR -ORCHIECTOMY SIMPLE SCROTAL OR INGUINAL APPROACH	739
OR -REMOVAL SUTURES UNDER ANESTHESIA SAME PHYSICIAN	920
OR -REMOVAL SUTURES UNDER ANESTHESIA OTHER PHYSICIAN	920
OR -REPAIR INITIAL INGUINAL HERNIA PRETERM INFANT PERFORMED UP TO 50 WEEKS POST CONCEPTION, REDUCIBLE	787
OR -REPAIR INITIAL INGUINAL HERNIA PRETERM INFANT PERFORMED UP TO 50 WEEKS POST CONCEPTION, INCARCERATED OR STRANGULATED	787
OR -REPAIR INITIAL INGUINAL HERNIA INFANT UNDER 6 MONTHS, REDUCIBLE	787

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -REPAIR INITIAL INGUINAL HERNIA INFANT UNDER 6 MONTHS, INCARCERATED OR STRANGULATED	787
OR -REPAIR INITIAL INGUINAL HERNIA AGE 6 MONTHS TO 5 YEARS, REDUCIBLE	787
OR -REPAIR INITIAL INGUINAL HERNIA AGE 6 MONTHS TO 5 YEARS, INCARCERATED OR STRANGULATED	787
OR -REPAIR INITIAL INGUINAL HERNIA AGE 5 YEARS OR OVER, REDUCIBLE	787
OR -REPAIR INITIAL INGUINAL HERNIA AGE 5 YEARS OR OVER, INCARCERATED OR STRANGULATED	787
OR -REPAIR RECURRENT INGUINAL HERNIA, ANY AGE, REDUCIBLE	787
OR -REPAIR RECURRENT INGUINAL HERNIA, ANY AGE, INCARCERATED OR STRANGULATED	787
OR -REPAIR SLIDING INGUINAL HERNIA, ANY AGE	787
OR -REPAIR LUMBAR HERNIA	787
OR -REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE	787
OR -REPAIR INITIAL FEMORAL HERNIA, ANY AGE, INCARCERATED OR STRANGULATED	787
OR -REPAIR RECURRENT FEMORAL HERNIA REDUCIBLE	787
OR -REPAIR RECURRENT FEMORAL HERNIA, INCARCERATED OR STRANGULATED	787
OR -REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA, REDUCIBLE	787
OR -REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA, INCARCERATED OR STRANGULATED	787
OR -REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA, REDUCIBLE	787
OR -REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA, INCARCERATED OR STRANGULATED	787
OR -IMPLANTATION OF MESH FOR INCISIONAL OR VENTRAL HERNIA REPAIR	787
OR -REPAIR EPIGASTRIC HERNIA, REDUCIBLE	787
OR -REPAIR EPIGASTRIC HERNIA, INCARCERATED OR STRANGULATED	787
OR -REPAIR UMBILICAL HERNIA, UNDER AGE 5, REDUCIBLE	787
OR -REPAIR UMBILICAL HERNIA, UNDER AGE 5, INCARCERATED OR STRANGULATED	787
OR -REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER, REDUCIBLE	787
OR -REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER, INCARCERATED OR STRANGULATED	787
OR -LAPAROSCOPY SURGICAL REPAIR INITIAL INGUINAL HERNIA	787
OR -LAPAROSCOPY SURGICAL REPAIR RECURRENT INGUINAL HERNIA	787
OR -UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	787

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CLOSURE OF INTESTINAL CUTANEOUS FISTULA	792
OR -CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	792
OR -CLOSURE ENTERVESICAL FISTUAL WITHOUT INTESTINAL OR BLADDER RESECTION	792
OR -CLOSURE GASTROCOLIC FISTULA	792
OR -CLOSURE LACRIMAL FISTULA	952
OR -MAMMOPLASTY AUGMENTATION WITHOUT PROSTHETIC IMPLANT, UNILATERAL, NON-COSMETIC	927
OR -MAMMOPLASTY AUGMENTATION WITHOUT PROSTHETIC IMPLANT, BILATERAL, NON-COSMETIC	927
OR -BIOPSY PROSTATE NEEDLE	688
OR -BIOPSY PROSTATE INCISIONAL	688
OR -PROSTATOTOMY EXTERNAL DRAINAGE PROSTATIC ABSCESS SIMPLE	688
OR -PROSTATOTOMY EXTERNAL DRAINAGE PROSTATIC ABSCESS COMPLICATED	688
OR -PROSTATECTOMY PERINEAL SUBTOTAL	688
OR -PROSTATECTOMY PERINEAL RADICAL	688
OR -PROSTATECTOMY PERINEAL RADICAL WITH LYMPH NODE BIOPSY	688
OR -PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1-2 STAGES	688
OR -PROSTATECTOMY RETROPUBIC SUBTOTAL	688
OR -PROSTATECTOMY RETROPUBIC RADICAL	688
OR -LUMBAR PUNCTURE DIAGNOSTIC	799
OR -ORCHIOPEXY INGUINAL APPROACH	739
OR -LAPAROSCOPY SURGICAL ORCHIOPEXY INTRA-ABDOMINAL TESTIS	739
OR -EXCISION PILONIDAL CYST SIMPLE	688
OR -EXCISION PILONIDAL CYST EXTENSIVE	688
OR -EXCISION PILONIDAL CYST COMPLICATED	688
OR -INCISION & DRAINAGE PILONIDAL CYST SIMPLE	688
OR -INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	688
OR-BIOPSY LIVER NEEDLE AT TIME OF OTHER MAJOR PROCEDURE	688
OR -LAPAROTOMY WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC CYST OR ABSCESS	688
OR -BIOPSY LIVER WEDGE	688
OR -HEPATECTOMY RESECTION LIVER PARTIAL LOBECTOMY	688
OR -HEPATECTOMY RESECTION LIVER TRISEGMENTECTOMY	688
OR -HEPATECTOMY RESECTION LIVER TOTAL LEFT LOBECTOMY	688
OR -HEPATECTOMY RESECTION LIVER TOTAL RIGHT LOBECTOMY	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS, AUTOGENOUS GRAFT	716
OR -CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS, NONAUTOGENOUS GRAFT	716
OR -PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST	885
OR -EXPLORATION FOR UNDESCENDED TESTIS INGUINAL OR SCROTAL AREA	739
OR -EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	739
OR -REDUCTION OF TORSION OF TESTIS	739
OR -BIOPSY EPIDIDYMIS NEEDLE	688
OR -INJECTION SINGLE OR MULTIPLE TRIGGER POINTS 1-2 MUSCLES	801
OR -INJECTION SINGLE OR MULTIPLE TRIGGER POINTS 3 OR MORE MUSCLES	801
OR -MASTECTOMY PARTIAL	885
OR -BIOPSY BREAST PERCUTANEOUS NEEDLE CORE NOT USING IMAGING GUIDANCE	885
OR -BIOPSY BREAST OPEN INCISIONAL	885
OR -BIOPSY BREAST PERCUTANEOUS NEEDLE CORE USING IMAGING GUIDANCE	885
OR -BIOPSY BREAST PERCUTANEOUS AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEVICE, USING IMAGING GUIDANCE	885
OR -REPAIR FLEXOR TENDON PRIMARY WITHOUT FREE GRAFT, EACH TENDON	787
OR -SHORTENING TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	787
OR -LENGTHENING TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	787
OR -SHORTENING TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	787
OR -LAPAROSCOPY SURGICAL SPLENECTOMY	838
OR -BIOPSY OR EXCISION LYMPH NODE OPEN SUPERFICIAL	688
OR -BIOPSY OR EXCISION LYMPH NODE NEEDLE SUPERFICIAL	688
OR -PYLOROMYOTOMY	792
OR -GASTRECTOMY TOTAL WITH ESOPHAGOENTEROSTOMY	792
OR -GASTRECTOMY TOTAL WITH ROUX-EN-Y RECONSTRUCTION	792
OR -GASTRECTOMY TOTAL WITH FORMATION OF INTESTINAL POUCH	792
OR -GASTRECTOMY PARTIAL DISTAL WITH GASTRODUODENOSTOMY	792
OR -GASTRECTOMY PARTIAL DISTAL WITH GASTROJEJUNOSTOMY	792
OR -GASTRECTOMY PARTIAL WITH ROUX-EN-Y RECONSTRUCTION	792
OR -GASTRECTOMY PARTIAL WITH FORMATION OF INTESTINAL POUCH	792
OR -GASTRECTOMY PARTIAL WITH VAGOTOMY	792

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -GASTRECTOMY PARTIAL WITH PYLOROPLASTY	792
OR -VAGOTOMY INCLUDING PYLOROPLASTY TRUNCAL OR SELECTIVE	792
OR -LAPAROSCOPY SURGICAL TRANSECTION OF VAGUS NERVES TRUNCAL	838
OR -LAPAROSCOPY SURGICAL TRANSECTION OF VAGUS NERVES SELECTIVE	838
OR -PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	792
OR -NASO- OR ORO-GASTRIC TUBE PLACEMENT	792
OR -CHANGE GASTROSTOMY TUBE	792
OR -PYLOROPLASTY	792
OR -GASTROJEJUNOSTOMY WITHOUT VAGOTOMY	792
OR -GASTROSTOMY OPEN WITHOUT GASTRIC TUBE	792
OR -GASTROSTOMY OPEN NEONATAL	792
OR -GASTROSTOMY OPEN WITH GASTRIC TUBE	792
OR -GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY VERTICAL BANDING GASTROPLASTY	792
OR -REVISION OF GASTROJEJUNAL ANASTOMOSIS	792
OR -LAPAROSCOPY SURGICAL APPENDECTOMY	894
OR -FISSURECTOMY	652
OR -SURGICAL TREATMENT ANAL FISTULA SUBCUTANEOUS	652
OR -SURGICAL TREATMENT ANAL FISTULA SUBMUSCULAR	652
OR -SURGICAL TREATMENT ANAL FISTULA COMPLEX OR MULTIPLE	652
OR -ANOSCOPY DIAGNOSTIC	652
OR -ANOSCOPY WITH REMOVAL FOREIGN BODY	974
OR -LAPAROSCOPY SURGICAL WITH VAGINAL HYSTERECTOMY	838
DILATION FEMALE URETHRA SUBSEQUENT	688
DILATION FEMALE URETHRA INITIAL	688
DILATION MALE URETHRAL STRICTURE WITH SOUND INITIAL	688
DILATION MALE URETHRAL STRICTURE WITH SOUND SUBSEQUENT	688
DILATION MALE URETHRAL STRICTURE WITH FILIFORM INITIAL	688
DILATION MALE URETHRAL STRICTURE WITH FILIFORM SUBSEQUENT	688
REPAIR ANAL FISTULA WITH FIBRIN GLUE	688
BRONCHOSCOPY WITH TRANSBRONCHIAL NEEDLE ASPIRATION LUNG BIOPSY EACH ADDITIONAL LOBE	927
BRONCHOSCOPY WITH TRANSBRONCHIAL LUNG BIOPSY EACH ADDITIONAL LOBE	927
BRONCHOSCOPY LUNG EACH ADDITIONAL MAJOR BRONCHUS STENTED	927
BRONCHOSCOPY LUNG REVISION OF PREVIOUSLY INSERTED STENT	927

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
BRONCHOSCOPY LUNG WITH INJECTION CONTRAST MATERIAL FOR SEGMENTAL BRONCHOGRAPHY	927
BRONCHOSCOPY LUNG PLACEMENT STENT INITIAL BRONCHUS	927
URETERAL ENDOSCOPY WITH CATHETERIZATION	652
REVISION AND/OR REINSERTION TRANSHEPATIC TUBE	652
REPLACEMENT OR IRRIGATION VENTRICULAR CATHETHER	652
REPLACEMENT OR IRRIGATION SUBARACHNOID OR SUBDURAL CATHETHER	652
REPLACEMENT PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC)	652
REPLACEMENT CENTRALLY INSERTED CENTRAL VENOUS CATHETER	652
VENTRICULAR PUNCTURE THRU PREVIOUS BURR HOLE	652
INJECTION FOR PYELOGRAPHY	652
DILATION & CATHETERIZATION SALIVARY DUCT	652
CYSTOURETHROSCOPY WITH EJACULATORY DUCT CATHETERIZATION	652
INTRODUCTION OF NEEDLE OR INTRACATHETER ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS	652
REPAIR INCOMPLETE CIRCUMCISION	847
ELEVATION DEPRESSED SKULL FRACTURE WITH REPAIR DURA	688
STERNAL DEBRIDEMENT	688
DEBRIDEMENT OF NAILS, 6 OR MORE	688
DEBRIDEMENT OF NAILS, 1-5	688
DEBRIDEMENT OF INFECTED SKIN EACH ADDITIONAL 10% OF BODY SURFACE	688
SELECTIVE DEBRIDEMENT OF SURFACE AREA GREATER THAN 20 SQ CM WITHOUT ANESTHESIA	688
EXCISION VAGINAL CYST OR TUMOR	726
EXCISION CYST OR ADENOMA OF THYROID	726
EXCISION BENIGN TUMOR OR CYST OF MAXILLA	726
EXCISION BENIGN TUMOR OR CYST OF MANDIBLE	726
EXCISION DERMOID CYST NOSE COMPLEX	726
EXCISION DERMOID CYST NOSE SIMPLE	726
EXCISION PERINEPHRIC CYST	726
EXCISION URACHAL CYST OR SINUS	726
EXCISION MEDIASTINAL TUMOR	726
EXCISION BENIGN TUMOR OR CYST OF MAXILLA WITH PARTIAL MAXILLECTOMY	726

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
DERMAL AUTOGRAFT FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET &/OR MULTIPLE DIGITS EA ADD'L 100 SQ CM	726
EXCISION LESION TENDON SHEATH FOREARM AND/OR WRIST	688
EXCISION PENILE PLAQUE (PEYRONIE DISEASE)	688
RESECTION/EXCISION LES'N BASE OF POST'R CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM OR C1-C3 VERTEBRAL BODIES, INTRADURAL	688
RESECTION/EXCISION LES'N BASE OF POST'R CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM OR C1-C3 VERTEBRAL BODIES, EXTRADURAL	688
RADICAL EXCISION BURSA, SYNOVIA OF WRIST OR FOREARM TENDON SHEATHS, EXTENSORS	688
LARYNGOSCOPY WITH SUBMUCOSAL REMOVAL OF LESION OF VOCAL CORD, RECONSTRUCTION WITH LOCAL TISSUE FLAP	652
EXCISION CHALAZION MULTIPLE SAME LID	688
EXCISION CHALAZION SINGLE	688
EXCISION LESION SCLERA	688
EXCISION LESION EPIDIDYMIS	688
EXCISION AURAL POLYP	688
EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	688
EXCISION CAROTID BODY TUMOR WITH EXCISION OF CAROTID ARTERY	688
EXCISION CAROTID BODY TUMOR WITHOUT EXCISION OF CAROTID ARTERY	688
EXCISION LESION TOES, EACH	688
CRANIECTOMY WITH EXCISION TUMOR OR LESION OF SKULL	688
ANORECTAL MYOMECTOMY	688
LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, CERVICAL	688
LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, THORACIC	688
LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, LUMBAR	688
LAMINECTOMY EXCISION INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, SACRAL	688
LAMINECTOMY EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL, CERVICAL	688
EXCISION LESION SMALL OR LARGE INTESTINE SINGLE ENTEROTOMY	688
ENDOSCOPY UPPER GASTROINTESTINAL TO TREAT GASTROESOPHAGEAL REFLUX DISEASE	792
ENDOSCOPY UPPER GASTROINTESTINAL WITH DIRECTED SUBMUCOSAL INJECTIONS	792

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
ENDOSCOPY UPPER GASTROINTESTINAL WITH FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS	792
ENDOSCOPY UPPER GASTROINTESTINAL WITH ENDOSCOPIC ULTRASOUND EXAMINATION OF ESOPHAGUS	792
INCISION & REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE COMPLICATED	688
INCISION & REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE SIMPLE	688
PUNCTURE ASPIRATION ABSCESS OR CYST	688
FASCIOTOMY HIP OR THIGH	688
INCISION & DRAINAGE HEMATOMA, SEROMA OR FLUID COLLECTION	688
PLACEMENT DRAINS PERIPANCREATIC	688
INCISION & DRAINAGE DEEP ABSCESS OR HEMATOMA SOFT TISSUES OF NECK OR THORAX WITH PARTIAL RIB OSTECTOMY	688
INCISION & DRAINAGE COMPLEX POSTOPERATIVE WOUND INFECTION	688
APPLICATION HALO TYPE BODY CAST	688
PLACEMENT NEEDLE OR INTRACATHETER IN VEIN	688
REMOVAL INTERNALLY DWELLING URETRAL STENT PERCUTANEOUS APPROACH	716
REMOVAL & REPLACEMENT INTERNALLY DWELLING URETRAL STENT PERCUTANEOUS APPROACH	716
EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, 1ST 100 SQ CM	716
INJECTION ANESTHETIC AGENT SPHENOPALATINE GANGLION	688
COLONOSCOPY WITH DIRECT SUBMUCOSAL INJECTION	847
COLONOSCOPY THRU STOMA WITH ABLATION OF TUMORS, POLYPS OR LESIONS	847
COLONOSCOPY THRU STOMA WITH BIOPSY, SINGLE OR MULTIPLE	847
COLONOSCOPY THRU STOMA WITH REMOVAL OF TUMORS, POLYPS OR LESIONS BY CAUTERY	847
COLONOSCOPY THRU STOMA WITH REMOVAL OF TUMORS, POLYPS OR LESIONS BY SNARE TECHNIQUE	847
COLONOSCOPY WITH ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY	847
COLONOSCOPY WITH ENDOSCOPIC ULTRASOUND EXAMINATION	847
COLONOSCOPY THRU STOMA WITH CONTROL OF BLEEDING	847
COLONOSCOPY WITH BALLOON DILATION 1 OR MORE STRICTURES	847
COLONOSCOPY THRU STOMA WITH TRANSENDOSCOPIC STENT PLACEMENT	847
COLONOSCOPY THRU STOMA DIAGNOSTIC	847
REPAIR SPIGELIAN HERNIA	787

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
REPAIR PARAESOPHAGEAL HIATUS HERNIA	787
REPAIR DIAPHRAGMATIC HERNIA CHRONIC	787
REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC	787
REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC COMBINED THORACOABDOMINAL	787
REPAIR DIAPHRAGMATIC HERNIA TRANSTHORACIC COMBINED THORACOABDOMINAL WITH DILATION OF STRICTURE	787
REPAIR NEONATAL DIAPHRAGMATIC HERNIA	787
REPAIR LACERATION OF DIAPHRAGM	787
EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	688
EXCISION TUMOR SOFT TISSUE BACK OR FLANK	688
UNLISTED PROCEDURE FEMALE GENITAL SYSTEM, NONOBSTETRICAL	652
PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	652
TUBOUTERINE IMPLANTATION	1,007
DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, 1 OR MORE SESSIONS, CRYOTHERAPY, DIATHERMY	688
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	952
PROBE NASOLACRIMAL DUCT	952
REINSERTION OCULAR IMPLANT	1,701
REINSERTION OCULAR IMPLANT WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT	952
UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	652
OTOPLASTY, PROTRUDING EAR, UNILATERAL, NON-COSMETIC	755
OTOPLASTY, PROTRUDING EAR, BILATERAL, NON-COSMETIC	755
CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE	714
LARYNGOSCOPY WITH SUBMUCOSAL REMOVAL OF LESION OF VOCAL CORD, RECONSTRUCTION WITH GRAFT	652
LARYNGOSCOPY WITH ARYTENOIDECTOMY	652
LARYNGOSCOPY WITH INSERTION OF OBTURATOR	652
MYRINGOTOMY WITH ASPIRATION AND/OR EUSTATION TUBE INFLATION	989
TYMPANOPLASTY WITH TUBE	989
VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	652
TRACHEOBRONCHOSCOPY THRU ESTABLISHED TRACHEOSTOMY INCISION	688
CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT	688
NASOPHARYNGOSCOPY WITH ENDOSCOPE	1,098

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	1,304
RHINOPLASTY SECONDARY MAJOR REVISION, NON-COSMETIC	653
TYMpanoplasty WITH MASTOIDECTOMY WITH INTACT OR RECONSTRUCTED CANAL WALL WITH OSSICULAR CHAIN RECONSTRUCTION	1,081
TYMpanoplasty WITH MASTOIDECTOMY WITH INTACT OR RECONSTRUCTED CANAL WALL WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,081
CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL	611
INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, CERVICAL OR THORACIC, SINGLE LEVEL	801
COLPOSCOPY OF VULVA WITH BIOPSY	292
COLPOSCOPY VAGINA WITH CERVIX	292
COLPOSCOPY OF VULVA	292
COLPOSCOPY VAGINA WITH CERVIX WITH BIOPSY OF VAGINA OR CERVIX	292
COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT VAGINA WITH BIOPSY OF CERVIX	292
COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT VAGINA WITH ENDOCERVICAL CURETTAGE	292
BIOPSY ENDOMETRIAL SAMPLING IN CONJUNCTION WITH COLPOSCOPY	292
COLPOSCOPY CERVIX INCLUDING UPPER/ADJACENT VAGINA WITH LOOP ELECTRODE CONIZATION OF CERVIX	292
ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSPECTED TRAUMA	292
CLOSED TREATMENT OF PATELLAR FRACTURE WITHOUT MANIPULATION	1,008
REMOVAL & REPLACEMENT EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETRAL STENT	716
OR -EX/RPR LID TO 1/4 MRG	1,021
OR -EX/RPR LID >1/4 MRG	1,021
OR -SUCTION ASSISTED LIPECTOMY HEAD & NECK, NON-COSMETIC	749
OR -SUCTION ASSISTED LIPECTOMY TRUNK, NON-COSMETIC	749
OR -SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY, NON-COSMETIC	749
OR -SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY, NON-COSMETIC	749
OR -OPEN TREATMENT NASAL FRACTURE, COMPLICATED	1,067
OR -OPEN TREATMENT NASOETHMOID FRACTURE, WITH EXTERNAL FIXATION	1,067
OR -OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	1,067
OR -OPEN TREATMENT OF COMPLICATED FRONTAL SINUS FRACTURE	1,067
OR -OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE	1,067

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -OPEN TREATMENT OF DEPRESSED MALAR FRACTURE INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	749
OR -OPEN TREATMENT OF COMPLICATED FRACTURES OF MALAR AREA INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD WITH INTERNAL FIXATION	749
OR -OPEN TREATMENT ORBITAL FLOOR BLOWOUT FRACTURE TRANSANTRAL APPROACH	1,067
OR -OPEN TREATMENT ORBITAL FLOOR BLOWOUT FRACTURE PERIORBITAL APPROACH	1,067
OR -OPEN TREATMENT ORBITAL FLOOR BLOWOUT FRACTURE COMBINED APPROACH	1,067
OR -OPEN TREATMENT OF FRACTURE OF ORBIT EXCEPT BLOWOUT WITHOUT IMPLANT	1,067
OR -OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE	1,067
OR -OPEN TREATMENT OF CRANIOFACIAL SEPARATION WITH WIRING AND/OR INTERNAL FIXATION	1,067
OR -OPEN TREATMENT OF CRANIOFACIAL SEPARATION, COMPLICATED, MULTIPLE SURGICAL APPROACHES	1,067
OR -OPEN TREATMENT OF CRANIOFACIAL SEPARATION, COMPLICATED WITH INTERNAL OR EXTERNAL FIXATION	1,067
OR -OPEN TREATMENT OF FRACTURE OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE	1,067
OR -OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	1,067
OR -OPEN TREATMENT OF MANDIBULAR FRACTURE WITHOUT INTERDENTAL FIXATION	1,067
OR -OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	1,067
OR -OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	1,067
OR -OPEN TREATMENT OF MANDIBULAR FRACTURE COMPLICATED, MULTIPLE SURGICAL APPROACHES	1,067
OR -OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	1,067
OR -OPEN TREATMENT OF HYOID FRACTURE	1,067
OR -REPAIR OF SYNDACTYLY EACH WEB SPACE WITH SKIN FLAPS	787
OR -RHYTIDECTOMY FOREHEAD, NON-COSMETIC	2,579
OR -RHYTIDECTOMY NECK TIGHTENING, NON-COSMETIC	2,579
OR -RHYTIDECTOMY GLABELLAR FROWN LINE, NON-COSMETIC	2,579
OR -RHYTIDECTOMY CHEEK CHIN & NECK, NON-COSMETIC	2,579
OR -RHYTIDECTOMY SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM FLAP, NON-COSMETIC	2,579

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -NEUROPLASTY DIGITAL, ONE OR BOTH, SAME DIGIT	688
OR -NEUROPLASTY NERVE HAND OR FOOT	688
OR -THROMBECTOMY OPEN ARTERIOVENOUS FISTULA WITHOUT REVISION	716
OR -PLASTIC REPAIR ARTERIOVENOUS ANEURYSM	716
OR -REPAIR CONGENITAL ARTERIOVENOUS FISTULA FOREARM	787
OR -REPAIR CONGENITAL ARTERIOVENOUS FISTULA LEG	787
OR -ANGIOGRAPHY EXTREMITY UNILATERAL	1,048
OR -ANGIOGRAPHY EXTREMITY BILATERAL	1,048
OR -EPIDURAL THERAPY, CERVICAL OR THORACIC	801
OR -EPIDURAL THERAPY, LUMBAR	801
OR -GUANETHIDINE BLOCK	688
OR -INJECTION, ANESTHETIC AGENT, INTERCOSTAL NERVE, SINGLE	688
OR -INJECTION, ANESTHETIC AGENT, INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	688
OR- REMOVAL OF SKIN TAGS, MULTI, ANY AREA; 15 LESIONS OR LESS	688
OR- REMOVAL OF SKIN TAGS, MULTI, ANY AREA; EACH ADD'L 10 LESIONS	688
OR- ADJACENT TISSUE TRANSFER, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	716
OR- SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; 1ST 100 SQ CM OR LESS, OR 1% OF BODY AREA IN INFANTS & CHILDREN	726
OR- SPLIT-THICKNESS AUTOGRAFT, FACE/SCALP/EYELIDS/MOUTH/NECK EARS/ORBITS/GENITALIA/HANDS/FEET/MULT DIGITS; 1ST 100 SQ CM	726
OR- FULL THICKNESS GRAFT, FREE, INCL DIRECT CLOSURE DONOR SITE, NOSE/EARS/EYELIDS/LIPS; 20 SQ CM OR LESS	726
OR- INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S) INDIVIDUALLY PRICED	0
OR- IMPLANTATION OF PATIENT ACTIVATED CARDIAC EVENT RECORDER INDIVIDUALLY PRICED	0
OR- INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, W/O SUBCUTANEOUS PORT; 5 YRS OR OLDER	652
OR- INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, W SUBCUTANEOUS PORT; YOUNGER THAN 5 YRS	652
OR- INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, W/O SUBCUTANEOUS PORT OR PUMP; 5 YRS OR OLDER	652
OR- REPLACEMENT, COMPLETE, TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, W/O PORT/PUMP, SAME VENOUS ACCESS	652
OR- REPLACEMENT, COMPLETE, TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH PUMP, SAME VENOUS ACCESS	652

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR- REPLACEMENT, COMPLETE, PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH PORT, SAME VENOUS ACCESS	652
OR- REMOVAL TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH PORT/ PUMP, CENTRAL OR PERIPHERAL INSERTION	716
OR- STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	749
OR- ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE	716
OR- INCISION OF LINGUAL FRENUM (FRENOTOMY)	688
OR- LAPAROSCOPY, ABDOMEN, PERITONEUM & OMENTUM, DIAGNOSTIC, BY BRUSHING OR WASHING	838
OR- SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)	799
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, PARAVERTEBRAL FACET JOINT/FACET JOINT NERVE; CERVICAL OR THORACIC, SINGLE LEVEL	801
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, PARAVERTEBRAL FACET JOINT/FACET JOINT NERVE; CERVICAL OR THORACIC, EA ADD'L LEVEL	801
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, PARAVERTEBRAL FACET JOINT/FACET JOINT NERVE; LUMBAR OR SACRAL, SINGLE LEVEL	801
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, PARAVERTEBRAL FACET JOINT/FACET JOINT NERVE; LUMBAR OR SACRAL, EA ADD'L LEVEL	801
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, EA ADD'L LEVEL	801
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, SINGLE LEVEL	801
OR- INJ, ANAESTHETIC AGENT &/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, EA ADD'L LEVEL	801
OR- NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; ULNAR NERVE AT ELBOW	749
OR- REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	740
OR- REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	740
OR- REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	740
OR- REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	740
OR- SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	740
OR- VARICOSE VEIN TIES	749
OR- LUMBAR PUNCTURE	799
OR- THERAPEUTIC EPIDURAL/BLOOD PATCH	825
OR- BREAST AUGMENTATION COSMETIC	0

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR- BREAST REDUCTION	0
OR- TRANSCATHETER IV STENT, PERCUTANEOUS	11,448
OR- ATHERECTOMY, PERCUTANEOUS	11,315
OR- INSERT TUNNELED CV CATHETER	10,570
OR- REPAIR VENOUS BLOCKAGE	5,868
OR- REPAIR ARTERIAL BLOCKAGE	5,868
OR- ENDOVENOUS RF, 1ST VEIN	5,509
OR- ENDOSCOPY LIGATE PERFORATED VEINS	5,509
OR- PERCUTANEOUS THROMBECTOMY AV FISTULA	5,232
OR- AV FUSE, UPPER ARM, BASILIC	5,012
OR- AV FUSION/FOREARM VEIN	5,012
OR- AV FUSE, UPPER ARM, CEPHALIC	5,012
OR- PRIMARY ARTERY MECHANICAL THROMBECTOMY	5,012
OR- SECONDARY ARTERY MECHANICAL THROMBECTOMY, ADD-ON	5,012
OR- REMOVAL OF CLOT IN GRAFT WITH REVISION	5,012
OR- REMOVAL OF CLOT IN GRAFT	5,012
OR- PRIMARY ARTERY MECHANICAL THROMBECTOMY, ADD-ON	5,012
OR- VENOUS MECHANICAL THROMBECTOMY	5,012
OR- VENOUS MECHANICAL THROMBECTOMY, ADD-ON	5,012
OR- PENILE VENOUS OCCLUSION	4,387
OR- EXPLORATION OF ARTER/VEIN	3,840
OR- ARTERY TO VEIN SHUNT	3,840
OR- TRANSCATHETER RETRIEVAL	3,733
OR- REPLACE TUNNELED CV CATH	3,733
OR- TRANSCATHETER BIOPSY	3,733
OR- INSERTION OF INFUSION PUMP	3,733
OR- INSERTION CATHETER, ARTERY	3,733
OR- PHLEBOTOMY VEINS EXTREMITY 20+	3,341
OR- ENDOVENOUS LASER, 1ST VEIN	3,341
OR- ENDOVENOUS LASER VEIN, ADD-ON	3,341
OR- ENDOVENOUS RADIOFREQUENCY, VEIN ADD-ON	3,341
OR- REVISION OF LEG VEIN	3,341
OR- INSERT PICVAD CATHETER, AGE 5+	3,117
OR- MECHANICAL REMOVAL TUNNELED CV CATHETER	3,117
OR- REPLACE TUNNELED CV CATHETER	3,117
OR- INSERT TUNNELED CV CATHETER	3,117

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR- INSERT PICVAD CATHETER, UP TO AGE 5	3,117
OR- REMOVAL OF INFUSION PUMP	3,101
OR- REVISION OF INFUSION PUMP	3,101
OR- INSERT NON-TUNNELED CV CATHETER, AGE 5+	1,411
OR- INSERT PICC CATHETER	1,411
OR- MECHANICAL REMOVAL TUNNELED CV CATHETER	1,411
OR- REPOSITION VENOUS CATHETER	1,411
OR- INSERT NON-TUNNELED CV CATHETER, UP TO AGE 5	1,411
OR- BONE MARROW BIOPSY	401
OR- DECLOT VASCULAR DEVICE	321
OR- PSEUDOANEURYSM INJECTION TREATMENT	308
OR- INJECTION THERAPY OF VEIN	103
OR- INJECTION THERAPY OF VEINS	103
OR- INJECTION(S), SPIDER VEINS	103
OR- INJECTION(S), SPIDER VEINS	103
OR- PLACE CATHETER IN ARTERY	6,188
OR- PLACE CATHETER IN ARTERY	4,305
OR- PLACE CATHETER IN VEIN	4,660
OR- PLACE CATHETER IN ARTERY	2,838
OR- PLACE CATHETER IN AORTA	2,772
OR- PLACE CATHETER IN ARTERY	2,688
OR- ESTABLISH ACCESS TO ARTERY	1,419
OR- INSERTION OF CATHETER, VEIN	6,300
OR- PLACE CATHETER IN ARTERY	1,048
OR- INTRAVASCULAR ULTRASOUND FIRST VESSEL ADD-ON	3,012
OR- INTRAVASCULAR ULTRASOUND EACH ADD VESSEL ADD-ON	1,510
OR- INJECTION EXTREMITY VENOGRAPHY	665
OR- PLACE CATHETER IN ARTERY	656
OR- PLACE CATHETER IN VEIN	980
OR- ESTABLISH ACCESS TO ARTERY	609
OR- PLACE CATHETER IN VEIN	609
OR- PLACE CATHETER IN ARTERY	459
OR- ESTABLISH ACCESS TO AORTA	2,252
OR- PLACE CATHETER IN ARTERY	393
OR- INSERTION CATHETER, ARTERY	320
OR- INSERTION OF CATHETER, VEIN	756

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR- PLACE CATHETER IN ARTERY	670
OR- INSERTION OF CATHETER, VEIN	634
OR- PLACE CATHETER IN ARTERY	447
OR- HARVEST FEMOROPOPLITEAL VEIN	1,558
OR- INSERTION CATHETER, ARTERY	671
OR- PLACE CATHETER IN ARTERY	1,411
OR- ESTABLISH ACCESS TO ARTERY	1,411
OR- INSERTION CATHETER, ARTERY	308
OR- LAPAROSCOPIC SPLENECTOMY	6,212
OR- LAPAROSCOPE PROC, SPLEEN	5,081
OR- LAPAROSCOPY, LYMPH NODE BIOPSY	6,212
OR- LAPAROSCOPIC ESOPHAGOMYOTOMY	9,377
OR- LAPAROSCOPY, FUNDOPLASTY	9,377
OR- LAP REPAIR PARAESOPHAGEAL HERNIA	9,377
OR- LAP REP PARAESOPHAGUS HERNIA W MESH	9,377
OR- LAPAROSCOPE PROC, ESOPH	5,081
OR- LAP GASTRIC BYPASS/ROUX-EN-Y	9,377
OR- LAP GASTR BYPASS INCL SMALL INTESTINE	9,377
OR- LAPAROSCOPY, VAGUS NERVE	9,377
OR- LAPAROSCOPY, VAGUS NERVE	9,377
OR- LAPAROSCOPY, GASTROSTOMY	6,212
OR- LAPAROSCOPE PROC, STOMACH	5,081
OR- LAP PLACE GASTRIC ADJUSTABLE DEVICE	6,212
OR- LAP REVISE GASTRIC ADJUSTABLE DEVICE	9,377
OR- LAP REMOVAL GASTRIC ADJUSTABLE DEVICE	5,081
OR- LAP REPLACE GASTRIC ADJUSTABLE DEVICE	9,377
OR- LAP REMOVE GASTRIC RESTRICTIVE DEVICE/PORT	5,081
OR- LAP GASTRIC PROCEDURE, LONG GASTRECTOMY	9,377
OR- LAP, ENTEROLYSIS	6,212
OR- LAP, JEJUNOSTOMY	6,212
OR- LAP, ILEO/JEJUNO-STOMY	6,212
OR- LAP, COLOSTOMY	9,377
OR- LAP, ENTERECTOMY	9,377
OR- LAP RESECT S/INTESTINE, ADDL	5,081
OR- LAP PARTIAL COLECTOMY	9,377
OR- LAP COLECTOMY PART W/ILEUM	9,377

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR- LAP PART COLECTOMY W/STOMA	9,377
OR- LAP COLECTOMY/COLOPROCTOSTOMY	9,377
OR- LAP COLECTOMY/COLOPROCTOSTOMY	9,377
OR- LAP TOTAL PROCTOCOLECTOMY	9,377
OR- LAP COLECTOMY W/PROCTECTOMY	9,377
OR- LAP TOTAL PROCTOCOLECTOMY	9,377
OR- LAP, MOBIL SPLENIC FL ADD-ON	5,081
OR- LAP, CLOSE ENTEROSTOMY	5,081
OR- LAP PROCEDURE, INTESTINE	5,081
OR- LAPAROSCOPY, APPENDECTOMY	6,212
OR- LAP, REMOVAL OF RECTUM	9,377
OR- LAP, REMOVE RECTUM W/POUCH	9,377
OR- LAPAROSCOPIC PROCEDURE	5,081
OR- LAP PROCTOPEXY W/SIG RESECT	9,377
OR- LAPAROSCOPE PROC, RECTUM	5,081
OR- LAPAROSCOPE PROCEDURE, LIVER	5,081
OR- LAPAROSCOPIC CHOLECYSTECTOMY	6,212
OR- LAPARO CHOLECYSTECTOMY/EXPLR	6,212
OR- LAP CHOLECYSTOENTEROSTOMY	6,212
OR- LAPAROSCOPE PROC, BILIARY	5,081
OR- DIAGNOSTIC LAPAROSCOPY	5,081
OR- LAPAROSCOPY, BIOPSY	5,081
OR- LAPAROSCOPY, ASPIRATION	5,081
OR- LAP DRAIN LYMPHOCELE	5,081
OR- LAP INSERTION PERM INTRAPERITONEAL CATH	5,081
OR- LAP REVISION PERM INTRAPERITONEAL CATH	5,081
OR- LAP W/OMENTOPEXY ADD-ON	5,081
OR- LAPARO PROC, ABDOMEN/PERITONEUM/OMENTUM	5,081
OR- LAP HERNIA REPAIR INITIAL	6,212
OR- LAP HERNIA REPAIR RECURRENT	6,212
OR- LAP HERNIA REPAIR VENTRAL/UMBILICAL, REDUCIBLE	5,081
OR- LAP HERNIA REPAIR VENTRAL/UMBILICAL, INCARCERATED	5,081
OR- LAP HERNIA REPAIR INCISIONAL, REDUCIBLE	5,081
OR- LAP HERNIA REPAIR INCISIONAL, INCARCERATED	5,081
OR- LAP HERNIA REPAIR INCISIONAL, RECURRENT	5,081
OR- LAP HERNIA REPAIR INCISIONAL, RECURRENT/INCISIONAL	5,081

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR- LAP PROCECURE, HERNIA REPAIR	5,081
OR- LAPAROSCOPIC NEPHRECTOMY	12,424
OR- LAP NEHPRECTOMY W/URETER	12,424
OR- LAP, REMOVE ADNEXA	6,212
OR- LAPAROSCOPY ADRENALECTOMY	5,081
OR- LAP PROCECURE, ENDOCRINE	5,081
OR- US GUIDANCE, INTRAOPERATIVE	487
OR ORTHOPEDICS	
OR -REMOVAL FOREIGN BODY, SHOULDER, SUBCUTANEOUS	1,043
OR -ARTHROSCOPY ELBOW SURGICAL WITH REMOVAL FOREIGN BODY	1,043
OR -ARTHROSCOPY HIP SURGICAL WITH REMOVAL FOREIGN BODY	1,043
OR -ARTHROSCOPY KNEE SURGICAL WITH REMOVAL FOREIGN BODY	1,043
OR -ARTHROSCOPY ANKLE SURGICAL WITH REMOVAL FOREIGN BODY	1,043
OR -ARTHROSCOPY SHOULDER SYNOVECTOMY PARTIAL	1,043
OR -ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	1,043
OR -ARTHROSCOPY WRIST SYNOVECTOMY PARTIAL	1,043
OR -ARTHROSCOPY KNEE SYNOVECTOMY LIMITED	1,043
OR -ARTHROSCOPY KNEE SYNOVECTOMY MAJOR	1,043
OR -ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	1,043
OR -ARTHROSCOPY SHOULDER SYNOVECTOMY COMPLETE	1,043
OR -ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	1,043
OR -ARTHROSCOPY WRIST SYNOVECTOMY COMPLETE	1,043
OR -ARTHROSCOPY HIP WITH DEBRIDEMENT OF ARTICULAR CARTILAGE, ABRASION ARTHROPLASTY AND/OR RESECTION OF LABRUM	1,043
OR -ARTHROSCOPY KNEE ABRASION ARTHROPLASTY OR MULTIPLE DRILLING OR MICROFRACTURE	1,043
OR -ARTHROSCOPY KNEE WITH MENISCECTOMY MEDIAL & LATERAL	1,043
OR -ARTHROSCOPY KNEE WITH MENISCECTOMY MEDIAL OR LATERAL	1,043
OR -ARTHROSCOPY KNEE WITH MENISCUS REPAIR MEDIAL OR LATERAL	1,043
OR -ARTHROSCOPY KNEE WITH MENISCUS REPAIR MEDIAL AND LATERAL	1,043
OR -NEUROPLASTY AND/OR TRANSPOSITION MEDIAN NERVE AT CARPAL TUNNEL	749
OR -ENDOSCOPY WRIST WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	749
OR -CLOSED TREATMENT OF CLAVICULAR FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION WITH MANIPULATION	1,008

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT OF SCAPULAR FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF PROXIMAL HUMERAL FRACTURE WITH MANIPULATION	1,008
OR-CLOSED TREATMENT SHOULDER DISLOCATION WITH MANIPULATION UNDER ANESTHESIA	1,008
OR-CLOSED TREATMENT SHOULDER DISLOCATION WITH FRACTURE OF GREATER HUMERAL TUBEROSITY WITH MANIPULATION	1,008
OR-CLOSED TREATMENT SHOULDER DISLOCATION WITH SURGICAL OR ANATOMICAL NECK FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE WITHOUT MANIPULATION	1,008
OR -TREATMENT OF CLOSED ELBOW DISLOCATION WITHOUT ANESTHESIA	1,008
OR -CLOSED TREATMENT OF FRACTURE DISLOCATION AT ELBOW WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF ULNAR SHAFT FRACTURE WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT RADIAL SHAFT FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF ULNAR FRACTURE WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT OF DISTAL RADIAL FRACTURE WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT OF CARPAL SCAPHOID FRACTURE WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT OF CARPAL BONE FRACTURE, WITHOUT MANIPULATION, EACH BONE	1,008
OR -CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, 1 OR MORE BONES, WITH MANIPULATION	1,008

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CLOSED TREATMENT DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION WITH MANIPULATION	1,008
OR -CLOSED TREATMENT LUNATE DISLOCATION WITH MANIPULATION	1,008
OR -CLOSED TREATMENT METACARPAL FRACTURE SINGLE WITHOUT MANIPULATION EACH BONE	1,008
OR -CLOSED TREATMENT METACARPAL FRACTURE WITH MANIPULATION WITH EXTERNAL FIXATION EACH BONE	1,008
OR -CLOSED TREATMENT CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	1,008
OR -CLOSED TREATMENT CARPOMETACARPAL FRACTURE DISLOCATION THUMB, WITH MANIPULATION	1,008
OR -CLOSED TREATMENT CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT, WITH ANESTHESIA	1,008
OR -CLOSED TREATMENT METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION, WITH ANESTHESIA	1,008
OR -CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OF THUMB, WITH MANIPULATION EACH	1,008
OR -CLOSED TREATMENT ARTICULAR FRACTURE INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT WITH MANIPULATION, EACH	1,008
OR -CLOSED TREATMENT DISTAL PHALANGEAL FRACTURE, WITH MANIPULATION, EACH	1,008
OR -CLOSED TREATMENT INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPUALTION WITH ANESTHESIA	1,008
OR -CLOSED TREATMENT ACETABULUM FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT FEMORAL FRACTURE DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	1,008
OR -CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE, WITH MANIPULATION	1,008
OR -CLOSED TREATMENT HIP DISLOCATION, TRAUMATIC, WITH ANESTHESIA	1,008
OR -MANIPULATION HIP JOINT UNDER ANESTHESIA	652
OR -TREATMENT OF SPONTANEOUS HIP DISLOCATION BY ABDUCTION, SPLINT OR TRACTION, WITH MANIPULATION WITH ANESTHESIA	1,008
OR -CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION REQUIRING REGIONAL OR GENERAL ANESTHESIA	1,008
OR -CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE WITH MANIPULATION	1,008

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CLOSED TREATMENT SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT FEMORAL SHAFT FRACTURE DISLOCATION WITH MANIPULATION	1,008
OR -CLOSED TREATMENT TIBIAL FRACTURE, PROXIMAL WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT INTERCONDYLAR SPINE AND/OR TUBEROSITY FRACTURE OF KNEE	1,008
OR -CLOSED TREATMENT KNEE DISLOCATION WITH ANESTHESIA	1,008
OR -CLOSED TREATMENT PATELLAR DISLOCATION WITH ANESTHESIA	1,008
OR -MANIPULATION KNEE JOINT UNDER ANESTHESIA	1,067
OR -CLOSED TREATMENT TIBIAL SHAFT FRACTURE WITHOUT MANIPULATION	1,008
OR -CLOSED TREATMENT MEDIAL MALLEOLUS FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT PROXIMAL FIBULA OR SHAFT FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT DISTAL FIBULAR FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT BIMALLEOLAR ANKLE FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT TRIMALLEOLAR ANKLE FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT TIBIAL SHAFT FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT PROXIMAL TIBIOFIBULAR JOINT DISLOCATION WITH ANESTHESIA	1,008
OR -CLOSED TREATMENT ANKLE DISLOCATION WITH ANESTHESIA	1,008
OR -MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA	1,008
OR -CLOSED TREATMENT OF CALCANEAL FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT TALUS FRACTURE WITH MANIPULATION	1,008
OR -TREATMENT TARSAL BONE FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT METATARSAL FRACTURE WITH MANIPULATION, EACH	1,008
OR -CLOSED TREATMENT GREAT TOE FRACTURE WITH MANIPULATION	1,008
OR -CLOSED TREATMENT FRACTURE OF PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH MANIPULATION	1,008
OR -CLOSED TREATMENT TARSAL BONE DISLOCATION, UNDER ANESTHESIA	1,008
OR -CLOSED TREATMENT TALOTARSAL JOINT DISLOCATION, UNDER ANESTHESIA	1,008
OR -CLOSED TREATMENT TARSOMETATARSAL JOINT DISLOCATION, UNDER ANESTHESIA	1,008

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CLOSED TREATMENT METATARSOPHALANGEAL JOINT DISLOCATION, UNDER ANESTHESIA	1,008
OR -CLOSED TREATMENT INTERPHALANGEAL JOINT DISLOCATION UNDER, ANESTHESIA	1,008
OR -EXCISION LESION MENISCUS OR CAPSULE KNEE	688
OR -EXCISION LESION OF TENDON SHEATH OR JOINT CAPSULE, HAND OR FINGER	688
OR -EXCISION LESION, TENDON, TENDON SHEATH OR CAPSULE, FOOT	688
OR -EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE	726
OR -EXCISION OLECRANON BURSA	688
OR -EXCISION TROCHANTERIC BURSA OR CALCIFICATION	688
OR -EXCISION ISCHIAL BURSA	688
OR -EXCISION PREPATELLAR BURSA	688
OR -RADICAL EXCISION BURSA SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS, FLEXORS	688
OR -EXCISION NEUROMA DIGITAL NERVE, 1 OR BOTH, SAME DIGIT	688
OR -EXCISION NEUROMA DIGITAL NERVE, EACH ADDITIONAL DIGIT	688
OR -PARTIAL EXCISION POSTERIOR VERTEBRAL COMPONENT, SINGLE VERTEBRAL SEGMENT, CERVICAL	688
OR -PARTIAL EXCISION POSTERIOR VERTEBRAL COMPONENT, SINGLE VERTEBRAL SEGMENT, THORACIC	688
OR -PARTIAL EXCISION POSTERIOR VERTEBRAL COMPONENT, SINGLE VERTEBRAL SEGMENT, LUMBAR	688
OR -PARTIAL EXCISION POSTERIOR VERTEBRAL COMPONENT, SINGLE VERTEBRAL SEGMENT, EACH ADDITIONAL SEGMENT	688
OR -PARTIAL EXCISION VERTEBRAL BODY, SINGLE VERTEBRAL SEGMENT, THORACIC	688
OR -PARTIAL EXCISION VERTEBRAL BODY, SINGLE VERTEBRAL SEGMENT, LUMBAR	688
OR -PARTIAL EXCISION VERTEBRAL BODY, SINGLE VERTEBRAL SEGMENT, EACH ADDITIONAL VERTEBRAL SEGMENT	688
OR -MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	688
OR -EXCISION BENIGN TUMOR FEMUR	688
OR -EXCISION BENIGN TUMOR TALUS OR CALCANEUS	688
OR -EXCISION BENIGN TUMOR TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS	688
OR -EXCISION BENIGN TUMOR PHALANGES OF FOOT	688
OR -RADICAL RESECTION TUMOR, BONE, TARSAL	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
OR -RADICAL RESECTION TUMOR, BONE, METATARSAL	688
OR -RADICAL RESECTION TUMOR, BONE, PHALANX OF TOE	688
OR -EXCISION NEUROMA CUTANEOUS NERVE SURGICALLY IDENTIFIABLE	688
OR -EXCISION NEUROMA SCIATIC NERVE	688
OR -CORRECTION, HAMMERTOES	688
OR -CORRECTION, COCK-UP 5TH TOE	688
OR -OSTECTOMY PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSAL HEAD	688
OR -CORRECTION, HALLUS RIGIDUS, WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF 1ST METATARSOPHALANGEAL JOINT	688
OR -CORRECTION, HALLUS VALGUS SIMPLE EXOSTECTOMY	688
OR -CORRECTION, HALLUS VALGUS, KELLER, McBRIDE OR MAYO TYPE PROCEDURE	688
OR -CORRECTION, HALLUS VALGUS, RESECTION OF JOINT WITH IMPLANT	688
OR -CORRECTION, HALLUS VALGUS, WITH TENDON TRANSPLANTS	688
OR -CORRECTION, HALLUS VALGUS, WITH METATARSAL OSTEOTOMY	688
OR -CORRECTION, HALLUS VALGUS, LAPIDUS-TYPE PROCEDURE	688
OR -CORRECTION, HALLUS VALGUS, BY PHALANX OSTEOTOMY	688
OR -CORRECTION, HALLUS VALGUS, BY DOUBLE OSTEOTOMY	688
OR -INCISION & DRAINAGE DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	688
OR -INCISION DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE	688
OR-INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL	716
OR -REMOVAL OF IMPLANT, SUPERFICIAL	716
OR -REMOVAL OF IMPLANT, DEEP	716
OR -REPAIR EXTENSOR TENDON, DISTAL INSERTION	652
OR -OPEN TREAT &/OR REDUCT ODONTOID FRACT AND/OR DISL'N, ANT APPROACH INCLUDING PLACEMENT OF INTERNAL FIXATION, W/O GRAFTING	1,067
OR -OPEN TREAT &/OR REDUCT VERTEBRAL FRACT &/OR DISL'N, POST'R APPROACH, 1 FRACTURED VERTEBRAE OR DISLOCATED SEG, LUMBAR	1,067
OR -OPEN TREAT &/OR REDUCT VERTEBRAL FRACT &/OR DISL'N, POST'R APPROACH, 1 FRACTURED VERTEBRAE OR DISLOCATED SEG, CERVICAL	1,067
OR -OPEN TREAT &/OR REDUCT VERTEBRAL FRACT &/OR DISL'N, POST'R APPROACH, 1 FRACTURED VERTEBRAE OR DISLOCATED SEG, THORACIC	1,067
OR -OPEN TREAT &/OR REDUCT VERTEBRAL FRACT &/OR DISL'N, POST'R APPROACH, 1 FRACTURED VERTEBRAE OR DISLOCATED SEG, EA ADD'L	1,067
OR -OPEN TREATMENT OF CLAVICULAR FRACTURE	1,067

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -OPEN TREATMENT STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC	1,067
OR -OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC	1,067
OR -OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC, WITH FASCIAL GRAFT	1,067
OR -OPEN TREATMENT SCAPULAR FRACTURE	1,067
OR -OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	1,067
OR -OPEN TREATMENT PROXIMAL HUMERAL FRACTURE, WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT	1,067
OR -OPEN TREATMENT GREATER HUMERAL TUBEROSITY FRACTURE	1,067
OR -OPEN TREATMENT ACUTE SHOULDER DISLOCATION	1,067
OR -OPEN TREATMENT SHOULDER DISLOCATION WITH FRACTURE OF GREATER HUMERAL TUBEROSITY	1,067
OR -OPEN TREATMENT SHOULDER DISLOCATION AND NECK FRACTURE	1,067
OR -CLOSED TREATMENT HUMERAL SHAFT FRACTURE WITH MANIPULATION	1,067
OR -OPEN TREATMENT HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS	1,067
OR -OPEN TREATMENT HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION	1,067
OR -OPEN TREATMENT HUMERAL EPICONDYLAR FRACTURE	1,067
OR -OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	1,067
OR -OPEN TREATMENT PERIARTICULAR FRACTURE AND/OR DISLOCATION OF ELBOW	1,067
OR -OPEN TREATMENT ACUTE OR CHRONIC ELBOW DISLOCATION	1,067
OR -OPEN TREATMENT MONTEGGIA TYPE FRACTURE DISLOCATION OF ELBOW	1,067
OR -OPEN TREATMENT RADIAL HEAD OR NECK FRACTURE	1,067
OR -OPEN TREATMENT RADIAL HEAD OR NECK FRACTURE WITH RADIAL HEAD PROSTHETIC REPLACEMENT	1,067
OR -OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	1,067
OR -OPEN TREATMENT RADIAL SHAFT FRACTURE	1,067
OR -OPEN TREAT RADIAL SHAFT FRACT WITH INT'L &/OR EXT'L FIXATION & CLOSED TREAT OF DISLOCATION OF DISTAL RADIOULNAR JOINT	1,067
OR -OPEN TREAT RADIAL SHAFT FRACT WITH INT'L &/OR EXT'L FIXATION & OPEN TREAT OF DISLOCATION OF DISTAL RADIOULNAR JOINT	1,067
OR -OPEN TREATMENT ULNAR SHAFT FRACTURE	1,067
OR -OPEN TREATMENT RADIAL AND ULNAR SHAFT FRACTURES WITH INTERNAL OR EXTERNAL FIXATION OF RADIUS OR ULNA	1,067

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -OPEN TREATMENT RADIAL AND ULNAR SHAFT FRACTURES WITH INTERNAL OR EXTERNAL FIXATION OF RADIUS AND ULNA	1,067
OR -OPEN TREATMENT DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION	1,067
OR -OPEN TREATMENT CARPAL SCAPHOID FRACTURE	1,067
OR -OPEN TREATMENT CARPAL BONE FRACTURE, OTHER THAN SCAPHOID, EACH BONE	1,067
OR -OPEN TREATMENT ULNAR STYLOID FRACTURE	1,067
OR -OPEN TREATMENT RADIOCARPAL OR INTERCARPAL DISLOCATION	1,067
OR -OPEN TREATMENT DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	1,067
OR -OPEN TREATMENT TRANS-SCAPHOPERILUNAR TYPE FRACTURE DISLOCATION	1,067
OR -OPEN TREATMENT LUNATE DISLOCATION	1,067
OR -OPEN TREATMENT METACARPAL FRACTURE, SINGLE, EACH BONE	1,067
OR -OPEN TREATMENT CARPOMETACARPAL FRACTURE DISLOCATION, THUMB	1,067
OR -OPEN TREATMENT CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, EACH JOINT	1,067
OR -OPEN TREATMENT METACARPALPHALANGEAL DISLOCATION, SINGLE	1,067
OR -OPEN TREATMENT PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, EACH	1,067
OR -OPEN TREATMENT DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	1,067
OR -OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION, SINGLE	1,067
OR -OPEN TREATMENT COCCYGEAL FRACTURE	1,067
OR -OPEN TREATMENT ILIAC SPINE, TUBEROSITY AVULSION OR ILIAC WING FRACTURE, WITH INTERNAL FIXATION	1,067
OR-OPEN TREATMENT ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION	1,067
OR-OPEN TREATMENT POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION	1,067
OR -OPEN TREATMENT POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE WITH INTERNAL FIXATION	1,067
OR -OPEN TREATMENT ACETABULAR FRACTURE INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN WITH INTERNAL FIXATION	1,067
OR -OPEN TREATMENT ACETABULAR FRACTURE INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMN WITH INTERNAL FIXATION	1,067

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -OPEN TREATMENT OF FEMUR FRACTURE PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT	1,067
OR -TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE WITH PLATE/SCREW TYPE IMPLANT	1,067
OR -TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE WITH INTRAMEDULLARY IMPLANT	1,067
OR -OPEN TREATMENT GREATER TROCHATERIC FRACTURE	1,067
OR -OPEN TREATMENT HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	1,067
OR -OPEN TREATMENT HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE	1,067
OR -OPEN TREATMENT SPONTANEOUS HIP DISLOCATION, REPLACEMENT FEMORAL HEAD IN ACETABULUM	1,067
OR -OPEN TREATMENT SPONTANEOUS HIP DISLOCATION, REPLACEMENT FEMORAL HEAD IN ACETABULUM, WITH FEMORAL SHAFT SHORTENING	1,067
OR -OPEN TREATMENT FEMORAL SHAFT FRACTURE WITH INSERTION OF INTRAMEDULLARY IMPLANT	1,067
OR -OPEN TREATMENT FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS	1,067
OR -OPEN TREATMENT FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION	1,067
OR -OPEN TREATMENT FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION	1,067
OR -OPEN TREATMENT FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE	1,067
OR -OPEN TREATMENT PATELLAR FRACTURE WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR	1,067
OR -OPEN TREATMENT TIBIAL FRACTURE, PROXIMAL, UNICONDYLAR	1,067
OR -OPEN TREATMENT TIBIAL FRACTURE, PROXIMAL, BICONDYLAR	1,067
OR -OPEN TREATMENT INTERCONDYLAR SPINE AND/OR TUBEROSITY FRACTURE OF THE KNEE	1,067
OR -OPEN TREATMENT KNEE DISLOCATION WITHOUT PRIMARY LIGAMENOUS REPAIR OR AUGMENTATION/RECONSTRUCTION	1,067
OR -OPEN TREATMENT KNEE DISLOCATION WITH PRIMARY LIGAMENOUS REPAIR	1,067
OR -OPEN TREATMENT KNEE DISLOCATION WITH PRIMARY LIGAMENOUS REPAIR WITH AUGMENTATION/RECONSTRUCTION	1,067
OR -OPEN TREATMENT PATELLAR DISLOCATION	1,067
OR -OPEN TREATMENT TIBIAL SHAFT FRACTURE WITH PLATE/SCREWS	1,067
OR -TREATMENT TIBIAL SHAFT FRACTURE BY INTRAMEDULLARY IMPLANT	1,067

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -OPEN TREATMENT MEDIAL MALLUS FRACTURE	1,067
OR -OPEN TREATMENT PROXIMAL FIBULA OR SHAFT FRACTURE	1,067
OR -OPEN TREATMENT DISTAL FIBULAR FRACTURE	1,067
OR -OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	1,067
OR -OPEN TREATMENT TRIMALLEOLAR ANKLE FRACTURE, MEDIAL AND/OR LATERAL MALLEOUS, WITHOUT FIXATION OF POSTERIOR LIP	1,067
OR -OPEN TREATMENT TRIMALLEOLAR ANKLE FRACTURE, MEDIAL AND/OR LATERAL MALLEOUS, WITH FIXATION OF POSTERIOR LIP	1,067
OR-OPEN TREAT OF FRACT WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA, WITH INT'L OR EXT'L FIXATION OF FIBULA ONLY	1,067
OR-OPEN TREAT OF FRACT WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA, WITH INT'L OR EXT'L FIXATION OF TIBIA ONLY	1,067
OR-OPEN TREAT OF FRACT WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA, WITH INT'L OR EXT'L FIXATION OF TIBIA & FIBULA	1,067
OR -OPEN TREATMENT DISTAL TIBIOFIBULAR JOINT DISRUPTION	1,067
OR -OPEN TREATMENT PROXIMAL TIBIOFIBULAR JOINT DISRUPTION	1,067
OR -OPEN TREATMENT ANKLE DISLOCATION WITHOUT REPAIR OR INTERNAL FIXATION	1,067
OR -OPEN TREATMENT ANKLE DISLOCATION WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION	1,067
OR -OPEN TREATMENT CALCANEAL FRACTURE	1,067
OR -OPEN TREATMENT CALCANEAL FRACTURE WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT	1,067
OR -OPEN TREATMENT TALUS FRACTURE	1,067
OR -OPEN TREATMENT TARSAL BONE FRACTURE	1,067
OR -OPEN TREATMENT METATARSAL FRACTURE	1,067
OR -OPEN TREATMENT FRACTURE OF GREAT TOE, PHALANX OR PHALANGES	1,067
OR -OPEN TREATMENT FRACTURE PHALANX OR PHALANGES, OTHER THAN GREAT TOE, EACH	1,067
OR -OPEN TREATMENT SESAMOID FRACTURE	1,067
OR -OPEN TREATMENT TARSAL BONE DISLOCATION	1,067
OR -OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	1,067
OR -OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	1,067
OR -OPEN TREATMENT OF METATARSALPHALANGEAL JOINT DISLOCATION	1,067
OR -OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	1,067
OR -REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH, DEEP OR COMPLICATED	974
OR -REMOVAL OF FOREIGN BODY SHOULDER, DEEP	974

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
OR -REMOVAL OF FOREIGN BODY SHOULDER, COMPLICATED	974
OR -REMOVAL OF FOREIGN BODY UPPER ARM OR ELBOW AREA, DEEP	974
OR -EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	974
OR -REMOVAL FOREIGN BODY PELVIS OR HIP, DEEP	974
OR -ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC	1,043
OR -ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	1,043
OR -ARTHROSCOPY, SHOULDER, DIAGNOSTIC	1,043
OR -ARTHROSCOPY, WRIST, DIAGNOSTIC	1,043
OR -ARTHROSCOPY, WRIST, SURGICAL, FOR INFECTION, LAVAGE AND DRAINAGE	1,043
OR -ARTHROSCOPY HIP, DIAGNOSTIC	1,043
OR -ARTHROSCOPY KNEE, DIAGNOSTIC	1,043
OR -ARTHROSCOPY KNEE, SURGICAL, FOR INFECTION, LAVAGE AND DRAINAGE	1,043
OR -ARTHROSCOPY METACARPOPHALANGEAL JOINT, DIAGNOSTIC	1,043
OR -INJECT METHYLPR AC 20 MG (PHARMACEUTICAL)	1,043
OR -INJECT METHYLPR AC 40 MG (PHARMACEUTICAL)	1,043
OR -INJECT METHYLPR AC 80 MG (PHARMACEUTICAL)	1,043
OR -ARTHROPLASTY GLENOHUMERAL JOINT, HEMIARTHROPLASTY	889
OR -ARTHROPLASTY GLENOHUMERAL JOINT, TOTAL SHOULDER	889
OR -ARTHROPLASTY INTERPHALANGEAL JOINT, EACH JOINT	889
OR -ARTHROPLASTY INTERPHALANGEAL JOINT, WITH PROSTHETIC IMPLANT, EACH JOINT	889
OR -ARTHROPLASTY METACARPOPHALANGEAL JOINT, EACH JOINT	889
OR -ARTHROPLASTY METACARPOPHALANGEAL JOINT, WITH PROSTHETIC IMPLANT, EACH JOINT	889
OR -PARTIAL EXCISION, BONE, RADIAL HEAD OR NECK	688
OR -PARTIAL EXCISION, BONE, OLECRANON PROCESS	688
OR -EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL	688
OR -EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER	688
OR -PARTIAL EXCISION, BONE, METACARPAL	688
OR -KNEE ORTHOSIS ELASTIC STAYS	103
OR -KNEE ORTHOSIS ELASTIC WITH JOINTS	103
OR -KNEE ORTHOSIS ELASTIC WITH CONDYLAR PADS	103

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -KNEE ORTHOSIS ELASTIC WITH CONDYLAR PADS & JOINTS	103
OR -KNEE ORTHOSIS ELASTIC KNEE CAP	103
OR -KNEE ORTHOSIS WITH IMMOBILIZER CANVAS LONGITUDINAL	103
OR -KNEE ORTHOSIS ADJUSTABLE KNEE JOINTS POSITIONAL OR RIGID SUPPORT	103
OR -KNEE ORTHOSIS WITHOUT KNEE JOINT RIGID	103
OR -KNEE ORTHOSIS DEROTATION MEDIAL-LATERAL ANTERIOR CRUCIATE LIGAMENT	103
OR -KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, PREFAB	103
OR -KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, CUSTOM	103
OR -KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, PREFAB	103
OR -KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, CUSTOM	103
OR -KNEE ORTHOSIS DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBERS, PREFAB	103
OR -KNEE ORTHOSIS SWEDISH TYPE PREFAB	103
OR -KNEE ORTHOSIS MOLDED PLASTIC, THIGH & CALF SECTIONS, WITH DOUBLE UPRIGHT KNEE JOINTS	103
OR -KNEE ORTHOSIS MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS PNEUMATIC KNEE PADS	103
OR -KNEE ORTHOSIS MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET	103
OR -KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF LACERS WITH KNEE JOINTS	103
OR -KNEE ORTHOSIS DOUBLE UPRIGHT NONMOLDED THIGH AND CALF CUFFS/LACERS WITH KNEE JOINTS	103
OR -KNEE ORTHOSIS SINGLE OR DOUBLE RESIST	103
OR -ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA	716
OR -REMOVAL OF EXTERNAL FIXATION SYSTEM UNDER ANESTHESIA	716
OR -BONE GRAFT, ANY DONOR AREA, MINOR OR SMALL	716
OR- CLOSED TREATMENT MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	1,067
OR- INCISION, EXTENSOR TENDON SHEATH, WRIST	688
OR- CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	1,008

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR- CLOSED TREATMENT DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION; WITH MANIPULATION	1,008
OR- TENDON SHEATH INCISION (TRIGGER FINGER)	688
OR- FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCL PROX INTERPHALANGEAL JOINT	688
OR- REPAIR EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	787
OR- ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	1,067
OR- ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	1,043
OR- ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	1,043
OR- DISTAL CLAVICULECTOMY INCL DISTAL ARTICULAR SURFACE	1,043
OR- ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY	1,043
OR- ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	1,043
OR UROLOGY	
OR -CYSTOURETHROSCOPY	652
OR -CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	846
OR -CYSTOURETHROSCOPY WITH URETERAL CATHETERIZATION	716
OR -CYSTOURETHROSCOPY WITH BIOPSY	652
OR -CYSTOURETHROSCOPY WITH FULGURATION OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA, URETHRA OR PERIURETHRAL GLANDS	1,081
OR -CYSTOURETHROSCOPY WITH FULGURATION OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESIONS	716
OR -CYSTOURETHROSCOPY WITH FULGURATION AND/OR RESECTION OF SMALL BLADDER TUMORS (0.5 UP TO 2.0 CM)	846
OR -CYSTOURETHROSCOPY WITH FULGURATION AND/OR RESECTION OF MEDIUM BLADDER TUMORS (2.1 UP TO 5.0 CM)	716
OR -CYSTOURETHROSCOPY WITH FULGURATION AND/OR RESECTION OF LARGE BLADDER TUMORS (GREATER THAN 5.0 CM)	716
OR -CYSTOURETHROSCOPY WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS, GENERAL OR CONDUCTION ANESTHESIA	716
OR -CYSTOURETHROSCOPY WITH INTERNAL URETHROTOMY, FEMALE	1,081
OR -CYSTOURETHROSCOPY WITH INTERNAL URETHROTOMY, MALE	1,081
OR -CYSTOURETHROSCOPY WITH RESECTION OF EXTERNAL SPHINCTER	652
OR -CYSTOURETHROSCOPY WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CYSTOURETHROSCOPY FOR TREATMENT OF FEMALE URETHRAL SYNDROME	1,081
OR -CYSTOURETHROSCOPY WITH URETERAL MEATOTOMY	1,081
OR -CYSTOURETHROSCOPY WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE	1,081
OR -CYSTOURETHROSCOPY WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE	1,081
OR -CYSTOURETHROSCOPY WITH REMOVAL OF FOREIGN BODY, CALCULUS OR URETERAL STENT FROM URETHRA OR BLADDER, SIMPLE	974
OR -CYSTOMETROGRAM SIMPLE	846
OR -UROFLOWMETRY SIMPLE	716
OR -BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	688
OR -VASECTOMY UNILATERAL OR BILATERAL	766
OR -EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, SEPARATE PROCEDURE	766
OR -EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, ABDOMINAL APPROACH	766
OR -EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, WITH HERNIA REPAIR	766
OR -CYSTOURETHROSCOPY WITH INSERTION OF URETHRAL STENT	1,081
OR -UROGRAPHY RETROGRADE, WITH OR WITHOUT KUB	846
OR -CYSTOURETHROSCOPY WITH REMOVAL OF URETERAL CALCULUS	1,081
OR -CYSTOURETHROSCOPY WITH FRAGMENTATION OF URETERAL CALCULUS	1,081
OR -CYSTOURETHROSCOPY WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS	1,081
OR -CYSTOURETHROSCOPY WITH INSERTION OF INDWELLING URETERAL STENT	1,081
OR -CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THRU KIDNEY, RETROGRADE	1,081
OR -CYSTOURETHROSCOPY WITH TREATMENT OF URETERAL STRICTURE	1,081
OR -CYSTOURETHROSCOPY WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE	1,081
OR -CYSTOURETHROSCOPY WITH TREATMENT OF INTRA-RENAL STRICTURE	1,081
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF URETERAL STRICTURE	1,081
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE	1,081

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF INTRA-RENAL STRICTURE	1,081
OR -CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	1,081
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY, DIAGNOSTIC	1,081
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH REMOVAL OR MANIPULATION OF CALCULUS	1,081
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH LITHOTRIPSY	1,081
OR -CYSTOURETHROSCOPY WITH URETEROSCOPY &/OR PYELOSCOPY, WITH BIOPSY &/OR FULGURATION OF URETERAL OR RENAL PELVIC LES'N	1,081
OR -URETHRAL PRESSURE PROFILE STUDIES	716
OR -BIOPSY TESTIS NEEDLE	688
OR -BIOPSY TESTIS INCISIONAL	688
OR -EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	688
OR -SLITTING OF PREPUCE, DORSAL OR LATERAL, NEWBORN	652
OR -SLITTING OF PREPUCE, DORSAL OR LATERAL, EXCEPT NEWBORN	652
OR -CYSTECTOMY PARTIAL, SIMPLE	716
OR -CYSTECTOMY PARTIAL, WITH REIMPLANTATION OF URETER INTO BLADDER	716
OR -CYSTECTOMY COMPLETE	716
OR -SCROTAL EXPLORATION	688
OR -EXCISION HYDROCELE, UNILATERAL	726
OR -EXCISION HYDROCELE, BILATERAL	726
OR -MEATOTOMY, CUTTING OF MEATUS, EXCEPT INFANT	652
OR -MEATOTOMY, CUTTING OF MEATUS, INFANT	652
OR -LAPAROSCOPY, SURGICAL, PYELOPLASTY	838
OR - INSERTION OF TESTICULAR PROSTHESIS	688
OR -REMOVAL OF FOREIGN BODY IN SCROTUM	974
OR -SCROTOPLASTY SIMPLE	688
OR -LAPAROSCOPY, SURGICAL, ABLATION OF RENAL CYSTS	838
OR -LAPAROSCOPY, SURGICAL, RADICAL NEPHRECTOMY	838
OR -LAPAROSCOPY, SURGICAL, NEPHRECTOMY INCLUDING PARTIAL URETERECTOMY	838
OR -LAPAROSCOPY, SURGICAL, NEPHRECTOMY WITH TOTAL URETERECTOMY	838
OR -URETHROPLASTY 1ST STAGE, FOR FISTULA, DIVERTICULUM OR STRICTURE	652

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -URETHROPLASTY 2ND STAGE, INCLUDING URINARY DIVERSION	652
OR -URETHROPLASTY ONE STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	652
OR -EXCISION URETHRAL CARUNCLE	652
OR -VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	766
OR -MARSUPIALIZATION OF URETHRAL DIVERTICULUM	652
OR -EPIDIDYMECTOMY UNILATERAL	688
OR -EPIDIDYMECTOMY BILATERAL	688
OR -RENAL ENDOSCOPY THRU NEPHROTOMY OR PYELOTOMY, WITH REMOVAL OF FOREIGN BODY OR CALCULUS	974
OR -URETERAL ENDOSCOPY THRU ESTABLISHED URETEROSTOMY, WITH REMOVAL OF FOREIGN BODY OR CALCULUS	974
OR -URETERAL ENDOSCOPY THRU URETEROSTOMY, WITH REMOVAL OF FOREIGN BODY OR CALCULUS	974
OR -SPHINCTEROTOMY ANAL	652
OR -TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY	652
OR -DILATION OR URETERAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, INITIAL	652
OR -DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION ANESTHESIA	652
OR -CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS	846
OR- FRENULOTOMY OF PENIS	847
OR GYNEACOLOGY	
OR -CAUTERY OF CERVIX, ELECTRO OR THERMAL	652
OR -CAUTERY OF CERVIX, LASER ABLATION	652
OR -EXCISION BARTHOLIN'S GLAND OR CYST	652
OR -MARSUPIALIZATION BARTHOLIN'S GLAND CYST	652
OR -DILATION & CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC	675
OR -HYMENOTOMY, SIMPLE INCISION	652
OR -HYSTEROSCOPY, DIAGNOSTIC	688
OR -HYSTEROSCOPY, SURGICAL, WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY	688
OR -HYSTEROSCOPY, SURGICAL, WITH LYSIS OF INTRAUTERINE ADHESIONS	688
OR -HYSTEROSCOPY, WITH REMOVAL OF IMPACTED FOREIGN BODY	688
OR -HYSTEROSCOPY WITH ENDOMETRIAL ABLATION	688
OR -HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION & INTERPRETATION	456

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CATH'N & INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY OR HYSTEOSALPINGOGRAPHY	456
OR -INSERTION OF INTRAUTERINE DEVICE	652
OR -UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	838
OR -LAPAROSCOPY, SURGICAL, WITH OCCLUSION OF OVIDUCTS BY DEVICE	838
OR -PERINEOPLASTY,REPAIR PERINEUM, NON-OBSTETRICAL	822
OR -FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	652
OR -TUBOTUBAL ANASTOMOSIS, REVERSE LIGATION	1,007
OR -LYSIS OF LABIAL ADHESIONS	652
OR -BIOPSY OF VULVA OR PERINEUM, 1 LESION	652
OR -BIOPSY OF VULVA OR PERINEUM, EACH ADDITIONAL LESION	652
OR -REMOVAL OF INTRAUTERINE DEVICE	652
OR -LAPAROSCOPY, SURGICAL, WITH FIMBRIOPLASTY	838
OR -LAPAROSCOPY, SURGICAL, WITH SALPINGOSTOMY	838
OR -INCISION & DRAINAGE VAGINAL HEMATOMA, NON-OBSTETRICAL	688
OR -PELVIC EXAMINATION UNDER ANESTHESIA	920
OR -COLPOTOMY, WITH EXPLORATION	675
OR -LAPAROSCOPY, SURGICAL, WITH LYSIS OF ADHESIONS	838
OR -LAPAROSCOPY, SURGICAL, WITH REMOVAL OF ADNEXAL STRUCTURES	838
OR -LAPAROSCOPY, SURGICAL, WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA OR PERITONEAL SURFACE	838
OR -LAPAROSCOPY, SURGICAL, WITH FULGURATION OF OVIDUCTS	838
OR -OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	716
OR -CERCLAGE OF UTERINE CERVIX, NON-OBSTETRICAL	688
OR -CERCLAGE OF CERVIX DURING PREGNANCY, VAGINAL	688
OR -CERCLAGE OF CERVIX DURING PREGNANCY, ABDOMINAL	688
OR -REMOVE CERCLAGE SUTURE UNDER ANESTHESIA	688
OR -COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA	292
OR -COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA, WITH BIOPSY OF THE CERVIX AND ENDOCERVICAL CURETTAGE	292
OR -COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA, WITH LOOP/LEEP BIOPSY OF THE CERVIX	292
OR -DESTRUCTION OF LESIONS OF THE VULVA, SIMPLE	292
OR -DESTRUCTION OF LESIONS OF THE VULVA, EXTENSIVE	292
OR -BIOPSY OF VAGINAL MUCOSA, SIMPLE	688
OR -BIOPSY OF VAGINAL MUCOSA, EXTENSIVE, REQUIRING SUTURE	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	675
OR -TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY, 1ST TRIMESTER	675
OR -TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY, 2ND TRIMESTER	675
OR -TERMINATION OF PREGNANCY(INDUCED ABORTION), BY DILATION AND EVACUATION	675
OR -INSERTION OF IMPLANTABLE CONTRACEPTIVE CAPSULES	652
OR -REMOVAL OF IMPLANTABLE CONTRACEPTIVE CAPSULES	652
OR -REMOVAL WITH REINSERTION OF IMPLANTABLE CONTRACEPTIVE CAPSULES	652
OR -SUBCUTANEOUS HORMONE PELLET IMPLANTATION	652
OR -REMOVAL OF IMPACTED VAGINAL FOREIGN BODY UNDER ANESTHESIA	974
OR -LAPAROSCOPY, SURGICAL, UTERINE SUS	972
OR- TRANSCERVICAL INTRO OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD)	456
OR- CHROMOTUBATION OF OVIDUCT, INCL MATERIALS	456
OR- HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	688
OR- INDUCED ABORTION; BY DILATION AND CURETTAGE	675
OR EYE	
OR -REPAIR OF RETINAL DETACHMENT, PHOTOCOAGULATION	688
OR -REPAIR OF RETINAL DETACHMENT, SCLERAL BUCKLING	688
OR -REPAIR OF RETINAL DETACHMENT, WITH VITRECTOMY	688
OR -EXCISION OF LESION, CORNEA, KERATECTOMY, LAMELLAR, PARTIAL, EXCEPT PTERYGIUM	1,098
OR -CONJUNCTIVAL FLAP, BRIDGE OR PARTIAL	982
OR -CONJUNCTIVAL FLAP, TOTAL	982
OR -EXCISION OF LESION, CONJUNCTIVA, UP TO 1.0 CM	952
OR -EXCISION OF LESION, CONJUNCTIVA, OVER 1.0 CM	952
OR -EXCISION OF LESION, CONJUNCTIVA, WITH ADJACENT SCLERA	952
OR -REPAIR OF ECTROPION, SUTURE	1,021
OR -REPAIR OF ECTROPION, EXCISION TARSAL WEDGE	1,021
OR -REPAIR OF ECTROPION, EXTENSIVE	1,021
OR -UNLISTED PROCEDURE POSTERIOR SEGMENT	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -EXCISION CHALAZION, UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE	952
OR -PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, REQUIRING GENERAL ANESTHESIA	952
OR -PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, WITH INSERTION OF TUBE OR STENT	952
OR -PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	952
OR -EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT	952
OR -EXCISION OR TRANSPOSITION OF PTERYGIUM WITH GRAFT	952
OR -REPAIR OF BLEPHAROPTOSIS, FRONTALIS MUSCLE TECHNIQUE WITH SUTURE	1,021
OR -REPAIR OF BLEPHAROPTOSIS, FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING	1,021
OR -REPAIR OF BLEPHAROPTOSIS, (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	1,021
OR -REPAIR OF BLEPHAROPTOSIS, (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	1,021
OR -REPAIR OF BLEPHAROPTOSIS, SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	1,021
OR -REPAIR OF BLEPHAROPTOSIS, CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION	1,021
OR -REMOVAL OF FOREIGN BODY, INTRAOCULAR, FROM ANTERIOR CHAMBER OF EYE OR LENS	946
OR -REMOVAL OF FOREIGN BODY, INTRAOCULAR, FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	946
OR -REMOVAL OF FOREIGN BODY, INTRAOCULAR, FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION	946
OR -REMOVAL OF EXTRACAPSULAR CATARACT WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, COMPLEX	1,471
OR -REMOVAL OF EXTRACAPSULAR CATARACT WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, SIMPLE	1,471
OR -INSERTION OF INTRAOCULAR LENS PROSTHESIS	1,701
OR -EXCHANGE OF INTRAOCULAR LENS	1,098
OR -EXT INTRACP CATRCT	2,147
OR -KERATOPLASTY (CORNEAL TRANSPLANT), LAMELLAR	1,098
OR -KERATOPLASTY (CORNEAL TRANSPLANT), PENETRATING (EXCEPT IN APHAKIA)	1,098
OR -KERATOPLASTY (CORNEAL TRANSPLANT), PENETRATING (IN APHAKIA)	1,098

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -KERATOPLASTY (CORNEAL TRANSPLANT), PENETRATING (IN PSEUDOPHAKIA)	1,098
OR -REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS, CRYOTHERAPY OR DIATHERMY	688
OR -PROPHYLAXIS OF RETINAL DETACHMENT, WITHOUT DRAINAGE, ONE OR MORE SESSIONS, CRYOTHERAPY OR DIATHERMY	688
OR -DESTRUCTION LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	1,098
OR -DESTRUCTION LESION OF CONJUNCTIVA	952
OR -STRABISMUS SURGERY, RECESSIO OR RESECTION PRODECURE, 1 HORIZONTAL MUSCLE	1,050
OR -STRABISMUS SURGERY, RECESSIO OR RESECTION PRODECURE, 2 HORIZONTAL MUSCLES	1,050
OR -STRABISMUS SURGERY, RECESSIO OR RESECTION PRODECURE, 1 VERTICAL MUSCLE	1,050
OR -STRABISMUS SURGERY, RECESSIO OR RESECTION PRODECURE, 2 OR MORE VERTICAL MUSCLES	1,050
OR -STRABISMUS SURGERY, SUPERIOR OBLIQUE MUSCLE	1,050
OR -TRANSPOSITION EXTRAOCULAR MUSCLE	1,050
OR -STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	1,050
OR -STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES OR RESTRICTIVE MYOPATHY	1,050
OR -STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE	1,050
OR -STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLES	1,050
OR -TARSORRHAPHY	1,050
OR -TEMPORARY CLOSURE OF EYELIDS BY SUTURE	1,050
OR -CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY OR CANTHORRHAPHY	1,050
OR -TRABECULOTOMY AB EXTERNO	1,098
OR -FISTULIZATION OF SCLERA FOR GLAUCOMA, TRABECULOTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY	1,098
OR -FISTULIZATION OF SCLERA FOR GLAUCOMA, TRABECULOTOMY AB EXTERNO IWITH SCARRING FROM PREVIOUS OCULAR SURGERY/TRAUMA	1,098
OR -REMOVAL OF VITREOUS, ANTERIOR APPROACH, PARTIAL REMOVAL	1,098
OR -REMOVAL OF VITREOUS, ANTERIOR APPROACH, SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY	1,098

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH	1,098
OR -IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM	1,098
OR -VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	1,098
OR -VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, WITH EPIRETINAL MEMBRANE STRIPPING	1,098
OR -VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, WITH FOCAL ENDOLASER PHOTOCOAGULATION	1,098
OR -VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, WITH ENDOLASER PANRETINAL PHOTOCOAGULATION	1,098
OR -REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS REQUIRING AN INCISION	952
OR -RETROBULBAR INJECTION, ALCOHOL	652
OR -RETROBULBAR INJECTION, MEDICATION	652
OR -REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	974
OR -RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE	688
OR -BIOPSY OF EYELID	688
OR -FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	688
OR -CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	952
OR -CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCOAGULATION, LIGATION OR LASER SURGERY	952
OR -CONJUNCTIVOPLASTY, WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	982
OR -CONJUNCTIVOPLASTY, WITH BUCCAL MUCOUS MEMBRANE GRAFT	982
OR -CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	982
OR -CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC, WITH BUCCAL MUCOUS MEMBRANE GRAFT	982
OR -REMOVAL OF SECONDARY MEMBRANOUS CATARACT WITH CORNEO-SCLERAL SECTION	1,098
OR -REMOVAL OF LENS MATERIAL, ASPIRATION TECHNIQUE, ONE OR MORE STAGES	1,098
OR -REMOVAL OF LENS MATERIAL, PHACOFRAGMENTATION TECHNIQUE WITH ASPIRATION	1,098
OR -REMOVAL OF LENS MATERIAL, PARS PLANA APPROACH	1,098
OR -REMOVAL OF LENS MATERIAL, INTRACAPSULAR	1,098
OR -REMOVAL OF LENS MATERIAL, INTRACAPSULAR, FOR DISLOCATED LENS	1,098
OR -REMOVAL OF LENS MATERIAL, EXTRACAPSULAR	1,098

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -BIOPSY OF CONJUNCTIVA	652
OR -INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	652
OR -REPAIR RETINAL DETACHMENT BY SCLERAL BUCKLING/VITRECTOMY ON PATIENT HAVING PREV IPSILATERAL RETINAL DETACHMENT REPAIR	688
OR -PROPHYLAXIS OF RETINAL DETACHMENT WITHOUT DRAINAGE, ONE OR MORE SESSIONS, PHOTOCOAGULATION	688
OR -PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH DIAGNOSTIC ASPIRATION OF AQUEOUS	1,098
OR -PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH THERAPEUTIC RELEASE OF AQUEOUS	1,098
OR -PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE	1,098
OR -PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH REMOVAL OF BLOOD	1,098
OR -INJECTION, ANTERIOR CHAMBER OF EYE, AIR OR LIQUID	1,098
OR -INJECTION, ANTERIOR CHAMBER OF EYE, MEDICATION	1,098
OR -BLEPHAROPLASTY, LOWER EYELID, WITH EXTENSIVE HERNIATED FAT PAD, UNILATERAL, NON-COSMETIC	1,021
OR -BLEPHAROPLASTY, LOWER EYELID, WITH EXTENSIVE HERNIATED FAT PAD, BILATERAL, NON-COSMETIC	1,021
OR -BLEPHAROPLASTY, UPPER EYELID, UNILATERAL, NON-COSMETIC	1,021
OR -BLEPHAROPLASTY, UPPER EYELID, BILATERAL, NON-COSMETIC	1,021
OR -BLEPHAROPLASTY, UPPER EYELID, WITH EXCESSIVE SKIN WEIGHING DOWN LID, UNILATERAL, NON-COSMETIC	1,021
OR -BLEPHAROPLASTY, UPPER EYELID, WITH EXCESSIVE SKIN WEIGHING DOWN LID, BILATERAL, NON-COSMETIC	1,021
OR -BLEPHAROPLASTY, LOWER EYELID, UNILATERAL, NON-COSMETIC	1,021
OR -BLEPHAROPLASTY, LOWER EYELID, BILATERAL, NON-COSMETIC	1,021
REMOVAL OF EYE SUTURES	919
LATERAL MUSCLE RESECTION	989
OR -EXAMINATION UNDER ANAESTHESIA	947
OR EAR, NOSE & THROAT	
OR -LAVAGE BY CANNULATION, MAXILLARY SINUS	675
OR -BRONCHOSCOPY WITH EXCISION OF TUMOR	927
OR -CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX, ANY METHOD	714
OR -CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD, INITIAL	714

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD, SUBSEQUENT	714
OR -CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, SUPERFICIAL	652
OR -LARNGOSCOPY DIRECT, FOR ASPIRATION	652
OR -LARNGOSCOPY DIRECT, DIAGNOSTIC, NEWBORN	652
OR -LARNGOSCOPY DIRECT, DIAGNOSTIC, EXCEPT NEWBORN	652
OR -LARNGOSCOPY DIRECT, DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE	652
OR -LARNGOSCOPY DIRECT, DIAGNOSTIC, WITH DILATION, INITIAL	652
OR -LARNGOSCOPY DIRECT, DIAGNOSTIC, WITH DILATION, SUBSEQUENT	652
OR -LARNGOSCOPY DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL	652
OR -LARNGOSCOPY DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL, WITH OPERATING MICROSCOPE OR TELESCOPE	652
OR -LARNGOSCOPY DIRECT, OPERATIVE, WITH BIOPSY, WITH OPERATING MICROSCOPE OR TELESCOPE	652
OR -LARNGOSCOPY DIRECT, OPERATIVE, WITH BIOPSY	652
OR -LARNGOSCOPY DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTIS	652
OR -LARNGOSCOPY DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTIS, WITH MICROSCOPE	652
OR -LARNGOSCOPY DIRECT, WITH INJECTION INTO VOCAL CORD, THERAPEUTIC	652
OR -LARNGOSCOPY DIRECT, WITH INJECTION INTO VOCAL CORD, WITH OPERATING MICROSCOPE OR TELESCOPE	652
OR -TYMPANOSTOMY REQUIRING INSERTION OF VENTILATING TUBE/ GROMMETS, GENERAL ANESTHESIA	989
OR -MYRINGOPLASTY	749
OR -MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	652
OR -VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA (OTHER PHYSICIAN)	920
OR -NASAL/SINUS ENDOSCOPY, SURGICAL, WITH BIOPSY	688
OR -ESOPHAGOSCOPY, WITH REMOVAL OF FOREIGN BODY	974
OR -CLOSED TREATMENT NASAL BONE FRACTURE WITHOUT MANIPULATION	688
OR -CLOSED TREATMENT NASAL BONE FRACTURE WITHOUT STABILIZATION	688
OR -CLOSED TREATMENT NASAL BONE FRACTURE WITH STABILIZATION	688
OR -OPEN TREATMENT NASAL FRACTURE, UNCOMPLICATED	688
OR -OPEN TREATMENT NASAL SEPTAL FRACTURE	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -CLOSED TREATMENT NASAL SEPTAL FRACTURE	688
OR -OPEN TREATMENT NASOETHMOID FRACTURE, WITHOUT EXTERNAL FIXATION	688
OR -EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	688
OR -RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION, WITHOUT NECK DISSECTION	688
OR -DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	688
OR -DILATION OF ESOPHAGUS, OVER GUIDE WIRE	688
OR -DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE	688
OR -DILATION OF ESOPHAGUS, WITH BALLOON FOR ACHALASIA	688
OR -EXCISION OF LINGUAL FRENUM	952
OR -EXTRACT SINGLE TOOTH	740
OR -EXTRACT EACH ADDITIONAL TOOTH	740
OR -INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	740
OR -ATTICOTOMY	749
OR -TYMpanoplasty WITHOUT MASTOIDECTOMY, INITIAL OR REVISION, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,081
OR -TYMpanoplasty WITHOUT MASTOIDECTOMY, INITIAL OR REVISION, WITH OSSICULAR CHAIN RECONSTRUCTION	1,081
OR -TYMpanoplasty WITHOUT MASTOIDECTOMY, INITIAL OR REVISION, WITH OSSICULAR CHAIN RECONSTRUCTION & SYNTHETIC PROSTHESIS	1,081
OR -TYMpanoplasty WITH ANTROTOMY OR MASTOIDECTOMY, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,081
OR -TYMpanoplasty WITH ANTROTOMY OR MASTOIDECTOMY, WITH OSSICULAR CHAIN RECONSTRUCTION	1,081
OR -TYMpanoplasty WITH ANTROTOMY OR MASTOIDECTOMY, WITH OSSICULAR CHAIN RECONSTRUCTION & SYNTHETIC PROSTHESIS	1,081
OR -TYMpanoplasty WITH MASTOIDECTOMY, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,081
OR -TYMpanoplasty WITH MASTOIDECTOMY, WITH OSSICULAR CHAIN RECONSTRUCTION	1,081
OR -TYMpanoplasty WITH MASTOIDECTOMY, RADICAL OR COMPLETE, WITHOUT OSSICULAR CHAIN RECONSTRUCTION	1,081
OR -TYMpanoplasty WITH MASTOIDECTOMY, RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION	1,081
OR -OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	768
OR -RHINOPLASTY, PRIMARY, COMPLETE, NON-COSMETIC	653

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -RHINOPLASTY, PRIMARY, INCLUDING MAJOR SEPTAL REPAIR, NON-COSMETIC	653
OR -RHINOPLASTY, SECONDARY, MINOR REVISION, NON-COSMETIC	653
OR -RHINOPLASTY, SECONDARY, INTERMEDIATE REVISION, NON-COSMETIC	653
OR -RHINOPLASTY NASAL DEFORMITY 2ND TO CONGENITAL CLEFT LIP A&OR PALATE, INCL COLUM LENGTH, TIP ONLY, NON-COSMETIC	653
OR -RHINOPLASTY NASAL DEFORM 2ND TO CONG CLEFT LIP &/OR PALATE, INCL COLUM LENGTH, TIP, SEPTUM, OSTEOTOMIES, NON-COSMETIC	653
OR -BIOPSY OROPHARYNX	952
OR -BIOPSY OF PALATE, UVULA	952
OR -BIOPSY OF TONGUE, ANTERIOR TWO THIRDS	952
OR -BIOPSY OF TONGUE, POSTERIOR ONE THIRD	952
OR -BIOPSY LIP	952
OR -BIOPSY, VESTIBULE OF MOUTH	952
OR -REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES, SOFT TISSUES	974
OR -REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES, BONE	974
OR -UPPER GASTROINTESTINAL ENDOSCOPY WITH REMOVAL OF FOREIGN BODY	974
OR -EXPLORATION OF ORBIT WITH REMOVAL OF FOREIGN BODY	974
OR -STAPEDECTOMY	749
OR -CLOSURE POSTAURICULAR FISTULA, MASTOID	749
OR -EXCISION BENIGN TUMOR, FACIAL BONE (MAXILLA OR ZYGOMA)	688
OR -EXCISION MALIGNANT TUMOR, FACIAL BONE (MAXILLA OR ZYGOMA)	688
OR -EXCISION BENIGN TUMOR, MANDIBLE	688
OR -EXCISION MALIGNANT TUMOR, MANDIBLE	688
OR -EXCISION MALIGNANT TUMOR, MANDIBLE, RADICAL RESECTION	688
OR -EXPLORATION PAROTID	726
OR -REMOVAL OF FOREIGN BODY FROM PHARYNX	974
OR -BIOPSY OF FLOOR OF MOUTH	952
OR -REMOVAL OF EMBEDDED FOREIGN BODY FROM VESTIBULE OF MOUTH, COMPLICATED	974
OR -DESTRUCTION OF LESION OR SCAR OF VISTIBULE OF MOUTH BY PHYSICAL METHODS (LASER, THERMAL, CRYO, CHEMICAL)	688
OR -LARYNGOSCOPY, INDIRECT, DIAGNOSTIC	952
OR -LARYNGOSCOPY, INDIRECT, WITH BIOPSY	952
OR -LARYNGOSCOPY, INDIRECT, WITH REMOVAL OF FOREIGN BODY	974

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR -LARYNGOSCOPY, INDIRECT, WITH REMOVAL OF LESION	952
OR -LARYNGOSCOPY, INDIRECT, WITH VOCAL CORD INJECTION	952
OR -LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, DIAGNOSTIC	952
OR -LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH BIOPSY	952
OR -LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH REMOVAL OF FOREIGN BODY	974
OR -LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH REMOVAL OF LESION	952
OR -LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	952
OR -BIOPSY EXTERNAL EAR	755
OR -RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY)	755
OR -EXCISION OF LIP WITH MUCOSAL ADVANCEMENT	688
OR -EXCISION OF LIP, V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	688
OR -EXCISION OF LIP, TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	688
OR -EXCISION OF LIP, FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	688
OR -RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	688
OR -EXCISION, LESION OF PALATE, UVULA, WITH SIMPLE PRIMARY CLOSURE	952
OR -PALATOPHARYNGOPLASTY	952
OR -REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL, UNDER ANESTHESIA	974
OR -CAUTERY AND/OR ABLATION, MUCOSA OR INFERIOR TURBINATES	652
OR -UNLISTED PROCEDURE, EXTERNAL EAR	755
OR -EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	952
OR -EXCISION OF LESION, PALATE, UVULA WITHOUT CLOSURE	952
OR- DENTAL-30 MINS MINIMUM	741
OR- DENTAL-EXTRACT OVER 30 MIN	972
OR- INSERTION OF VASPORT	1,913
OR- NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL	688
OR- NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	688
OR- NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)	688
OR- NASAL.SINUS ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	688
OR- NASAL.SINUS ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	688

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
OR- NASAL/SINUS ENDOSCOPY, SURGICAL; WITH FRONTAL SINUS EXPL, WITH/WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS	688
OR- NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	688
OR- NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM SPHENOID SINUS	688
REHAB	
ALLIED HEALTH SERVICES	
AH -AIDS TO DAILY LIVING, EACH 15M	81
AH -APHASIA ASSESSMENT PER HR	139
AH -APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR (TENS)	80
AH -ASSESSMENT FEE	139
AH -CANCELLATIONS	81
AH -CERVICAL TRACTION	80
AH -CERVICAL TRACTION KIT	68
AH -CHEST PHYSIO INITIAL	81
AH -CHEST PHYSIO SUBSEQUENT	81
AH -COGNITIVE RETRAINING, EACH 15M	81
AH -COGNITIVE SKILL DEVELOPMENT, EACH 15M	51
AH -COMMUNITY OR WORK REINTEGRATION, EACH 15M	81
AH -CONTRAST BATHS, EACH 15M	92
AH -DIATHERMY	80
AH -ELECTRICAL STIMULATION, EACH 15M	80
AH -EVALUATION OF SPEECH AND OR HEARING	139
AH -EVALUATION OF SWALLOWING	139
AH -EVALUATION OF SWALLOWING WITH OPAQUE	139
AH -GAIT TRAINING, EACH 15M	80
AH -HOT PACKS	81
AH -HUBBARD TANK, EACH 15M	93
AH -ICE PACKS	81
AH -JOBST COMPRESSION	80
AH -LASER TREATMENT, EACH 15M	93
AH -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ OR MUCOUS MEMBRANES, 12.6 - 20.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/ OR MUCOUS MEMBRANES, 2.5 CM OR LESS	92

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
AH -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.6 - 5.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 20.1 - 30.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 5.1 - 7.5 CM	92
AH -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 7.6 - 12.5 CM	92
AH -LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, OVER 30.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 12.6 - 20.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 2.5 CM OR LESS	92
AH -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 2.6 - 7.5 CM	92
AH -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 20.1 - 30.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, 7.6 - 12.5 CM	92
AH -LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA, OVER 30.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 12.6 - 20.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 2.5 CM OR LESS	92
AH -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 2.6 - 7.5 CM	92
AH -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 20.1 - 30.0 CM	92
AH -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, 7.6 - 12.5 CM	92
AH -LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES, OVER 30.0 CM	92
AH -LUNG FUNCTION TEST	80
AH -MANUAL THERAPY, EACH 15M	92
AH -MASSAGE, EACH 15M	92
AH- MUSCLE TESTING MANUAL	92
AH -NEUROMUSCULAR RE-EDUCATION, EACH 15M	81
AH -NO SHOW	81

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
AH -ORTHOTIC FIT AND/OR TRAIN, EACH 15M	92
AH -OT INITIAL EVALUATION, COMPLEX	81
AH -OT INITIAL EVALUATION, MODERATE	81
AH -OT INITIAL EVALUATION, SIMPLE	81
AH -OT RE-EVALUATION, COMPLEX	81
AH -OT RE-EVALUATION, MODERATE	81
AH -OT RE-EVALUATION, SIMPLE	81
AH -OT UNLISTED MODALITIES. EACH 15M	81
AH -PATIENT EDUCATION, EACH 15M	81
AH -PEAK FLOW	80
AH -PRE OR POST LUNG FUNCTION TEST	80
AH -PROSTHETIC FIT AND/OR TRAIN, EACH 15M	92
AH -PT INITIAL EVALUATION, COMPLEX	92
AH -PT INITIAL EVALUATION, MODERATE	92
AH -PT INITIAL EVALUATION, SIMPLE	92
AH -PT RE-EVALUATION, COMPLEX	92
AH -PT RE-EVALUATION, MODERATE	92
AH -PT RE-EVALUATION, SIMPLE	92
AH -RANGE OF MOTION, EACH EXTREMITY	92
AH -RELATIVE INSTRUCTION, EACH 15M	93
AH- REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS, 1.0 CM OR LESS	92
AH -REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS, 1.1 - 2.5 CM	92
AH -REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS, 2.6 - 7.5 CM	92
AH -REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS, EACH ADDITIONAL 5.0 CM OR LESS	92
AH -REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET, 1.1 - 2.5 CM	92
AH -REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET, 2.6 - 7.5 CM	92
AH -REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET, EACH ADDITIONAL 5. 0 CM OR LESS	92
AH -REPAIR, COMPLEX, SCALP, ARMS AND/OR LEGS, 1.1 - 2.5 CM	92
AH -REPAIR, COMPLEX, SCALP, ARMS AND/OR LEGS, 2.6 - 7.5 CM	92
AH -REPAIR, COMPLEX, SCALP, ARMS AND/OR LEGS, EACH ADDITIONAL 5.0 CM OR LESS	92
AH -REPAIR, COMPLEX, TRUNK, 1.1 - 2.5 CM	92
AH -REPAIR, COMPLEX, TRUNK, 2.6 - 7.5 CM	92

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
AH -REPAIR, COMPLEX, TRUNK, EACH ADDITIONAL 5 CM OR LESS	92
AH -REVIEW ORTHOTIC/PROSTHETIC USE, EACH 15M	92
AH -SECONDARY CLOSURE OF SURGICAL WOUNDS OR DEHISCENCE, EXTENSIVE OR COMPLICATED	92
AH -SENSORY INTEGRATION, EACH 15M	81
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 12.6 - 20.0 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.5 CM OR LESS	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 2.6 - 5.0 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 20.1 - 30.0 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 5.1 - 7.5 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, 7.6 - 12.5 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES, OVER 30.0 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 12.6 - 20.0 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 2.5 CM OR LESS	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 2.6 - 7.5 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 20.1 - 30.0 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, 7.6 - 12.5 CM	92
AH -SIMPLE REPAIR SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES, OVER 30.0 CM	92
AH -SPEECH PATHOLOGY TREATMENT FOR LANGUAGE	51
AH -SPEECH PATHOLOGY TREATMENT FOR SPEECH	51
AH -SPEECH THERAPY ADULT	51
AH -SPEECH THERAPY PAEDIATRIC	51
AH- SPLINT FABRICATION, EACH 15M	81
AH -STRAPPING ANKLE	92
AH -STRAPPING ELBOW OR WRIST	92
AH -STRAPPING HIP	92

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
AH -STRAPPING KNEE	92
AH -STRAPPING LOWER BACK	92
AH -STRAPPING SHOULDER	92
AH -STRAPPING TOES	92
AH -STRAPPING HAND OR FINGER	92
AH -SUPPLY ANKLE AIR STIRRUP	96
AH -SUPPLY CANES	46
AH -SUPPLY CRUTCHES	175
AH -SUPPLY ELBOW CRUTCHES	275
AH -SUPPLY HAND OR WRST SPLINT	343
AH -THERAPEUTIC EXERCISE, EACH 15M	81
AH -THERAPY ACTIVITY, EACH 15M	81
AH -TRACTION MECHANICAL	80
AH -TRAINING WITH SPEECH-GENERATING DEVICE	51
AH -TREATMENT OF SUPERFICIAL WOUND DEHISCENCE, SIMPLE CLOSURE	92
AH -TREATMENT OF SUPERFICIAL WOUND DEHISCENCE, WITH PACKING	92
AH -TREATMENT OF SWALLOWING DISFUNCTION	51
AH -ULTRASOUND, EACH 15M	80
AH -VOCATIONAL TRAINING, FOLLOW-UP, EACH ADDITIONAL HOUR	81
AH -VOCATIONAL TRAINING, INITIAL 2HR	81
AH -WAX BATH	81
AH -WHEELCHAIR TRAINING. EACH 15M	81
AH -WHIRLPOOL BATH	81
EMERGENCY	
ER -LEVEL 1 VISIT	270
ER -LEVEL 4 VISIT	676
ER -SUPPLY CRUTCHES	175
ER -SUPPLY CANE	46
ER -SUPPLY SPLINT CLAVICLE	35
ER -SUPPLY SPLINT ARM OR LEG, ALUMINUM	67
ER -SUPPLY CERVICAL COLLAR	24
ER -SUPPLY SHOULDER IMMOBILIZER	35
ER -SUPPLY KNEE IMMOBILIZER	103
ER -LEVEL 2 VISIT	384
ER -LEVEL 3 VISIT	520
ER -LEVEL 5 VISIT	832

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
ER -SUPPLY VELPEAU SLING	35
ER -SUPPLY THUMB SPLNT	46
ER -SUPPLY STAX FINGER SPLNT	27
ER -SUP THIMBLE FINGER	22
ER -RECOMPRESSION CHAMBER (HYPERBARIC)	1,824
ER -LUMBAR PUNCTURE	799
ER -CARDIOVERSION	611
ER -URINE PREG TEST	0
ER -URINALYSIS DIPSTCK	0
ER -URINE DRUG SCRNM	0
ER -STOOL FOR OCCULT BLD	0
ER -GLUCOSE ONE TOUCH	0
ER -VENIPUNCTURE	0
ER -HEP A VAC ADLT DSE	0
ER -HEP A VAC PED 2 DSE	0
ER -HEP A VAC PED 3 DSE	0
ER -HEP A&HEP B VAC ADULT	0
ER -RABIES INTRAMUSC VAC	0
ER -RABIES INTRADERM VAC	0
ER -TETANUS INJ	0
ER -TETANUS&DIPHT INJ	0
ER -HEP B VAC DIAL 3 DSE	0
ER -HEP B VAC ADLT 2 DSE	0
ER -HEP B VAC PEDS 3 DSE	0
ER -HEP B VACCINE ADULT	0
ER -HEP B VAC DIAL 4 DSE	0
ER -BLD TRANSFUSN / DAY	0
ER -IV INFUSION FIRST HR	0
ER -IV INF EA ADD	0
ER -APP CAST FIGURE--8	0
ER -APP CAST SHLDR SPICA	0
ER -APP CAST LONG ARM	0
ER -APP CAST SHORT ARM	0
ER -APP CAST HND&FOREARM	0
ER -APP CAST FINGER	0
ER -APP HIP SPICA 1 LEG	0

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT		\$
ER -APP HIP SPICA >1LEG		0
ER -APP LONG LEG CAST		0
ER -APP LNG LEG CAST WLK		0
ER -APP LNG LEG CAST BRCE		0
ER -APP CYLINDER CAST		0
ER -APP SHORT LEG CAST		0
ER -APP SHRT LEG CAST WLK		0
ER -APP PTB CAST.		0
ER -APP CLUBFOOT CAST		0
ER -APP LONG ARM SPLINT		0
ER -APP SHORT ARM SPLINT		0
ER -APP FINGER SPLINT		0
ER -APP LONG LEG SPLINT		0
ER -APP SHORT LEG SPLINT		0
ER -STRAPPING UNNA BOOT		0
ER -MISC CASTING/STRAPPG		0
ER -MISC OP DRUG/MED		0
ER -IV Infusion Hydration <1HR		0
ER -IV INF HYD EA ADD 2 HR		0
ER -LWBS AFTER TRIAGE		0
ER -LWBS BEFORE TRIAGE		0
Patients subsequently admitted from the Emergency Department will be charged for an emergency visit in addition to the inpatient room charge. This will be charged out as a Level 5 Visit.		
AMBULANCE		
AL -AMBULANCE TO OR FROM AIRPORT		240
AL -AMBULANCE NON-EMERGENCY		212
AL -AMBULANCE EMERGENCY		212
AL - NURSE ESCORT		376
GERIATRICS		
GR -GERIATRC HOLIDAY CARE PER DAY		145
GR -GERIATRIC DAY CARE		84
ORTHOPEDIC UNIT		
FC -ESTABLISHED PATIENT LEVEL 1 VISIT		126

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
FC -ESTABLISHED PATIENT LEVEL 2 VISIT	126
FC -ESTABLISHED PATIENT LEVEL 3 VISIT	126
FC -ESTABLISHED PATIENT LEVEL 4 VISIT	126
FC -ESTABLISHED PATIENT LEVEL 5 VISIT	126
FC -MISSED APPOINTMENT	81
DIABETIC COUNSELING	
DB -DIABETIC EDUCATION PROGRAM	934
DB -DIETARY DIABETIC COUNSELING, EACH 15M	69
DB -DIABETIC FOLLOW UP	71
DB -DIABETES EDUCATION (1:1), EACH 30M	71
DB -URINALYSIS, DIPSTICK	23
DB -GLUCOSE TESTING	23
DB -CONTINUOUS GLUCOSE MONITORING UP TO 72 HOURS	431
DIETETIC COUNSELING	
DB -DIETETIC COUNSELING, INITIAL VISIT, 15M	149
DB -DIETETIC COUNSELING, FOLLOW UP, 15M	81
DB -DIETETIC GROUP THERAPY, 30M	46
DIALYSIS	
ESRD -HEMODIALYSIS SESSION - RESIDENT	1,265
ESRD -HEMODIALYSIS SESSION - NON-RESIDENT	1,265
ESRD - HEMODIALYSIS CAPD (PER MONTH)	15,186
CHEMOTHERAPY	
ONC -PATIENT EDUCATION OR COUNSELING WITH FAMILY, EACH 15M	36
ONC -PATIENT EDUCATION OR COUNSELING WITHOUT FAMILY, EACH 15M	36
ONC -TRANSFUSION	91
ONC -IV FLUSHING ONLY	198
ONC -CHEMO IV PUSH	91
ONC -CHEMO INFUSION < 1 HR	91
ONC -CHEMO INFUSION 1-8 HRS	91
ONC -CHEMO INFUSION >8 HRS	787
ONC-PERIPHERAL BLOOD DRAWS	199
AUDIOMETRY/HEARING TEST	
PURE TONE AUDIOMETRY AIR	166
SPEECH AUDIOMETRY THRESHOLD	166
SPEECH AUDIOMETRY THRESHOLD, WITH SPEECH RECOGNITION	166

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION & SPEECH RECOGNITION	166
REVISION OF STAPEDECTOMY OR STAPEDOTOMY	166
EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	166
VESTIBULAR TESTING	
CALORIC TESTING - COLD	96
CALORIC TESTING - HOT AND COLD	166
POSTURAL TESTING	92
IV THERAPY	
IV -KOGENATE 1 VIAL	663
IV -BLOOD TRANSFUSION / DAY	253
IV -INFUSION FIRST HR	91
IV-IMMUNOGLOBULIN MONTHLY	868
IV -PENTAMIDINE AEROSOL	224
IV -INTRAMUSCULAR INJECTION, ANTIBIOTIC	198
IV -FLUSHING OR DRESSING ONLY	198
IV -VENOUS ACCESS DEVICE BLOOD COLLECTION ONLY	118
IV -VENOUS ACCESS DEVICE DRESSING CHANGE	118
IV -INFUSION EACH ADDITIONAL HR	108
IV -REMICADE 100 MG	687
OUTPATIENT INFUSION CLINIC	
INFUSION INITIAL HOUR	176
INFUSION EACH ADDITIONAL HOUR	108
KOGENATE 1 VIAL	663
IMMUNOGLOBULIN	868
REMICADE 100MG	687
MATERNITY OUTPATIENT	
OB- EXTERNAL CEPHALIC VERSION	161
OB -FETAL NON-STRESS TEST	91
OB -FETAL MONITORING WITH REPORT	166
OB -REMOVAL OF CERCLAGE SUTURE	219
OB -INTRAMUSCULAR INJECTIONS	239
COLPOSCOPY CLINIC	
CO -COLPOSCOPY ONLY	292
CO -COLPOSCOPY WITH BIOPSY OF CERVIX AND ENDOCERVICAL CURETTAGE	292

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	S
CO -COLPOSCOPY WITH LOOP/LEEP ELECTRODE BIOPSY OF CERVIX	292
CO -EXAMINATION WITH OR WITHOUT PAP	292
CO -SEXUAL ASSAULT EXAMS	268
CO -DESTRUCTION OF LESION, ANUS, SIMPLE	292
CO -DESTRUCTION OF LESION, VULVA, SIMPLE	292
CO -DESTRUCTION OF LESION, VULVA, EXTENSIVE	292
CO -DESTRUCTION OF LESION, VAGINAL, SIMPLE	292
CO -DESTRUCTION OF LESION, VAGINAL, EXTENSIVE	292
CO -EXCISION OF LESION OF CERVIX	292
CO -BIOPSY OF VULVA OR PERINEUM, 1 LESION	292
ALCOHOLISM SERVICES	
TP -INDIVIDUAL COUNSELING, 20-30M	50
TP -FAMILY THERAPY WITH PATIENT	95
TP -ANGER MANAGEMENT PROGRAM	716
TP -OUTPATIENT DETOX	264
TP -GROUP THERAPY PROGRAM	716
TP -FAMILY THERAPY WITHOUT PATIENT	288
TP -MULTIPLE-FAMILY GROUP	716
TP -INITIAL COUNSELING 45-50M	143
TP -INDIVIDUAL COUNSELING 45-50M	201
TP -METHADONE MAINTENANCE	263
HOSPICE	
DAY LONG CARE WITH IV INFUSION / TRANSFUSION (6 HRS)	255
DAY CARE	91
RESPITE CARE	146
PSYCHIATRIC OUTPATIENTS	
CMH -RE REFERAL COUNSELING 45-50M	199
CMH -NEW PATIENT COUNSELING 45-50M	199
CMH -INDIVIDUAL COUNSELING 20-30M	149
CMH -INDIVIDUAL COUNSELING 45-50M	149
CHILD & ADOLESCENT SERVICES	
CAS -DIAGNOSTIC INTERVIEW EXAMINATION	199
CAS -MEDICAL MANAGEMENT	77
CAS -INTERACTIVE DIAGNOSTIC INTERVIEW EXAMINATION	167
CAS -INDIVIDUAL THERAPY OUTPATIENT 45-50M	51

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
CAS -INDIVIDUAL THERAPY OUTPATIENT 75-80M	167
CAS -OUTPATIENT INDIVIDUAL TREATMENT WITH MEDICAL EVALUATION & MANAGEMENT 45-50M	51
CAS -OUTPATIENT INDIVIDUAL TREATMENT WITH MEDICAL EVALUATION & MANAGEMENT 75-80M	167
CAS -INTERACTIVE THERAPY 45-50M	51
CAS -INTERACTIVE THERAPY 75-80M	167
CAS -OUTPATIENT INTERACTIVE TREATMENT WITH MEDICAL EVALUATION AND MANAGEMENT 45-50M	51
CAS -OUTPATIENT INTERACTIVE TREATMENT WITH MEDICAL EVALUATION AND MANAGEMENT 75-80M	167
CAS -FAMILY THERAPY WITHOUT PATIENT	167
CAS -FAMILY THERAPY WITH PATIENT	167
CAS -GROUP THERAPY	167
HOME HEALTH CARE	
HC-ULCER OR WOUND CARE COMPLEX	215
HC -OSTOMY CARE	120
HC -TPN ADMINISTRATION < 2 HR	234
HC -LAB CHARGE	284
HC -INTRAMUSCULAR OR SUBCUTANEOUS INJECTION	77
HC -ASSIST WITH AIDS TO DAILY LIVING AND/OR PERSONAL CARE	77
HC -ULCER OR WOUND CARE SIMPLE	161
HC -CATHETER CARE	78
HC -FECAL EMPACTION OR MANAGEMENT	78
HC -HYDRATION THERAPY < 2 HR	78
HC- INFUSION < 2 HR	78
HC -URINE CATHETER FOR SPECIMEN	78
HC -SKILLED HOME HEALTH NURSE EACH 15 MIN	51
HC-VACUUM ASSISTED CLOSURE TREATMENT	269
ASTHMA CLINIC	
AM -ASSESSMENT ASTHMA EACH 15 MIN	201
AM -REASSESSMENT ASTHMA EACH 15 MIN	51
AM -ASTHMA INTERVENTION FAMILY EACH 15 MIN	51
AM -ASTHMA INTERVENTION INDIVIDUAL EACH 15 MIN	51
AUTISM CLINIC	
Autism initial assessment	305

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

OUT-PATIENT TREATMENT	\$
Autism reassessment/followup - per hour	152
HYPERBARIC & WOUND CARE	
HPB -HYPERBARIC TREATMENT EACH 30 MIN	275
HPB -WOUND/BURN CARE MEDIUM	219
HPB -WOUND/BURN CARE LARGE	219
HPB -DEBRIDEMENT SELECTIVE	289
HPB -DEBRIDEMENT NONSELECTIVE	289
HPB -WOUND/BURN CARE SMALL	124
HPB- ANKLE BRACHIAL INDICES, SINGLE LEVEL, BILATERAL	42
HPB- TRANSCUTANEOUS OXYGEN MONITORING, SINGLE LEVEL, BILATERAL	545
HPB- TRANSCUTANEOUS OXYGEN MONITORING, MULTIPLE LEVELS OR W PROVOCATIVE FUNCTIONAL MANEUVERS, COMPLETE BILAT STUDY	545
HPB- GLUCOSE MONITORING	21
HPB- WOUND CARE ASSESSMENT FEE	147
BREASTFEEDING CLASSES	
BF -LACTATION SESSION, INDIVIDUAL EACH 15 MINUTES	64
PRENATAL CLASSES	
PRENATAL CLASS /PROGRAM	252
REHABILITATION UNIT/DAY HOSPITAL	
RUDH-DAY HOSPITAL TREATMENT	327
RUDH-DAY HOSPITAL PHYSIOTHERAPY EACH 15 MINUTES	68
RUDH-DAY HOSPITAL SPEECH & LANGUAGE EACH 15 MINUTES	27
RUDH-DAY HOSPITAL DIATETIC COUNSELING	27
URGENT CARE CENTER	
LEVEL I	244
LEVEL II	343
LEVEL III	520
UCE - SUP CERVICAL COLLAR	48
UCE - SUP KNEE IMMOBILIZER	108
UCE - SUP VELPEAU SLING	35
UCE - SUPPLY CRUTCHES	180
UCE - SUPPLY CANE	48
UCE - LWBS AFTER TRIAGE	0
UCE - LWBS BEFORE TRIAGE	0

BERMUDA HOSPITALS BOARD (HOSPITAL FEES) REGULATIONS 2011

---

Made this        day of                    2011

Chairman  
Bermuda Hospitals Board

Approved this        day of                    2011

Minister of Health