

Daman Published Rates

Non-Network Services Price List
Effective from 1st January 2016



Daman Published Rates as applicable for covered Health Services in
Non-Network Providers

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Welcome

Daman Published Rates (Price List) is an integral part and shall be read and interpreted along with the Letter of Acceptance and the Schedule of Benefits detailing the prices as applicable for covered Health Services availed in Non-Network Providers. Content of this document shall be read and interpreted in conjunction with the applicable Policy terms and conditions.

How to read the Price List?

Following are the listed fields used across the Price List, alongwith their description for your easy reference:

Field	Description
Type	Code type: SERVICE = Service Codes (used for Consultations, Room and Boarding) CPT = Current Procedural Terminology (used for Inpatient and Outpatient Procedures) HCPCS = Healthcare Common Procedure Coding System
Code	Unique Alpha-numeric or Numeric code
Code Description	Short description of the code
Price	Maximum amount in AED (Dirhams) for listed services

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Specific Conditions

- Pharmaceuticals: These benefits will be payable on Actuals, as per the Policy terms and conditions.
- All benefits and services with an undefined price list will be examined on case to case basis, according to Policy terms and conditions.
- Whereever Co-insurance/Deductible applies to Non-Network Benefits; the amount of Co-insurance/Deductible will be deducted from the amount reimbursable to the Eligible Person.
- For covered health services in Non-Network Providers, Daman will pay the lower of Claimed Amount or Benefit Payable under the terms of the Policy.

This has been illustrated below, for a case where 50% co-insurance applies for all covered services in Non-Network Provider:

	Original Amount	After applying co-insurance	Maximum Benefit Payable
Daman Published Rates: for tonsillectomy services	AED 1000	AED 500	AED 500
Scenario 1:			
Claimed Amount	AED 1428	AED 714	AED 500
Scenario 2 :			
Claimed Amount	AED 285	AED 142	AED 142

- Prices contained herein are subject to change by Daman. Any change to the Price List will be issued as an amendment and/or endorsement and will be communicated to the Policyholder. The Policyholder shall ensure that such amendments are communicated to the Daman members under the Policyholder's Policy. No agent has the authority to change the Policy or waive any of its provisions.

How to obtain non-network benefits?

In case of Health Services that have been availed at Non-Network Provider, you will have to pay for the services provided. However, if such services are covered in your plan, you can apply for reimbursement.

All reimbursement claims, for Health Services availed at any Non-Network Provider within and/or outside the UAE, should be reported to Daman within 120 days from the date of service taken, and should be submitted with the following required documents:

- Original itemised invoices with dates
- Medical Report/Discharge Summary signed and stamped by the treating doctor (for inpatient services only)
- Original drug prescription with a detailed pharmacy bill (itemised)
- Diagnostic (lab/radiology) investigation reports and invoices (if any), report of the results only if single investigation cost is more than AED 1,000
- Copy of Daman card

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Reimbursement claims submission can be applied online through Daman's web portal (www.damanhealth.ae) or through Daman's interfaces, either in branches or service points. Reimbursement forms are available on Daman's website.

Reimbursement of claims shall be subject to submission of all required documents, and will be settled as per Daman Published Rates and Policy terms and conditions within 15 working days from the date of receipt of the claim, and a cheque will be issued in the Policyholder's/Principal's name along with a detailed settlement report.

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Price List for Service Codes

TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
SERVICE	1	Perdiem - Ward or Shared Room - Daily Rate (Day 1 to 3)	1,300
SERVICE	2	Perdiem - Ward or Shared Room - Daily Rate (Day 4 to 8)	1,000
SERVICE	3	Perdiem - Ward or Shared Room - Daily Rate (Day 8 and more)	800
SERVICE	4	Perdiem - ICU/CCU - Daily Rate (Day 1 to 7)	2,100
SERVICE	5	Perdiem - NICU - Daily Rate (Day 1 to 7)	4,000
SERVICE	6	Perdiem - NICU - Daily Rate (Day 8 to 14)	3,600
SERVICE	7	Perdiem - NICU - Daily Rate (Day 15 to 21)	3,200
SERVICE	8	Perdiem - NICU - Daily Rate (Day 22 and more)	2,800
SERVICE	19	Perdiem - SCBU - Daily Rate (Day 1 to 3)	1,375
SERVICE	20	Operating Room Services - General Classification	2,050
SERVICE	14-01	Perdiem - Haemodialysis (HD)	1,500
SERVICE	17-01	Room and Board: Suite	1,200
SERVICE	17-02	Room and Board: VIP Room	1,000
SERVICE	17-03	Room and Board: First Class Room	750
SERVICE	17-04	Room and Board: Shared Room	550
SERVICE	17-05	Room and Board: Ward	450
SERVICE	17-06	Room and Board: Royal Suite	2,000
SERVICE	17-07	Perdiem - PICU - Daily Rate (Day 1 to 7)	2,500
SERVICE	17-07-01	Perdiem - PICU - Daily Rate (Day 8 to 14)	2,250
SERVICE	17-07-02	Perdiem - PICU - Daily Rate (Day 15 to 21)	2,000
SERVICE	17-07-03	Perdiem - PICU - Daily Rate (Day 22 and more)	1,800
SERVICE	17-10	Room and Board: Isolation Room	700
SERVICE	17-11	Perdiem - Non- Medical Escort accommodation - Daily Rate	100
SERVICE	17-12	Perdiem - New-born Nursery - Daily Rate (Day 1 to 3)	550
SERVICE	17-12-01	Perdiem - New-born Nursery - Daily Rate (Day 4 to 8)	500
SERVICE	17-12-02	Perdiem - New-born Nursery - Daily Rate (Day 9 and more)	450
SERVICE	17-13	Perdiem - Long Term Stay - Daily Rate - Simple Cases	750
SERVICE	17-14	Perdiem - Long Term Stay - Daily Rate - Intermediate Cases	1,000
SERVICE	17-15	Perdiem - Long Term Stay - Daily Rate - Intensive Cases	1,250
SERVICE	17-16	Perdiem - Long Term Stay - Daily Rate - Severe Cases	3,300
SERVICE	17-21	Emergency Room - Hourly Rate	35
SERVICE	17-22	Short Stay Room - Hourly Rate	50
SERVICE	17-23	Recovery Room - Hourly Rate	150
SERVICE	17-24	Short Stay Room - Daily Rate	200
SERVICE	17-25	Day Stay (Day care) Room - Daily Rate	300
SERVICE	18	Perdiem - SCU - Daily Rate (Day 1 to 3)	1,400
SERVICE	18-01	Perdiem - SCU - Daily Rate (Day 4 to 8)	1,250
SERVICE	18-02	Perdiem - SCU - Daily Rate (Day 9 and more)	1,100
SERVICE	19-01	Perdiem - SCBU - Daily Rate (Day 4 to 8)	990
SERVICE	19-02	Perdiem - SCBU - Daily Rate (Day 9 and more)	1,200
SERVICE	20-01	Operating Room Services - Minor Surgery	500
SERVICE	20-02	Operating Room Services - First Hour	1,600
SERVICE	20-03	Operating Room Services - Every Additional 1/2 hr.	450
SERVICE	20-04	Catheterization Lab	1,600
SERVICE	20-05	Delivery Room	1,300
SERVICE	24	Perdiem - Short Stay	375
SERVICE	25-01	Perdiem - Day Stay (Day care) Medical Case - Inclusive.	578
SERVICE	25-02	Perdiem - Day Stay (Day care) Surgical Case - Inclusive.	1,700

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Daman Published Rates – Non Network Services Price List

TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
SERVICE	26	Perdiem - Companion Accommodation	100
SERVICE	27	Intensive Care Unit (ICU)	1,200
SERVICE	27-01	Coronary Care Unit (CCU)	1,200
SERVICE	28	Neonatal Intensive Care Unit (NICU)	2,500
SERVICE	29	Special Care Unit (SCU) or Adult Special-Care Unit (ASCU)	800
SERVICE	30	Special Care Baby Unit (SCBU)	900
SERVICE	3-01	Room Rate difference - Daily Rate (Day 1 and more) - Suite	700
SERVICE	3-02	Room Rate difference - Daily Rate (Day 1 and more) - VIP Room	500
SERVICE	3-03	Room Rate difference - Daily Rate (Day 1 and more) - First Class Room	250
SERVICE	3-06	Room Rate difference - Daily Rate (Day 1 and more) - Royal Suite	1,500
SERVICE	31	Paediatric intensive care Unit (PICU)	1,500
SERVICE	3-10	Room Rate difference - Daily Rate (Day 1 and more) - Isolation Room	200
SERVICE	32	Nursery - General Classification	150
SERVICE	4-01	Perdiem - ICU/CCU - Daily Rate (Day 8 to 14)	1,900
SERVICE	4-02	Perdiem - ICU/CCU - Daily Rate (Day 15 to 21)	1,700
SERVICE	4-03	Perdiem - ICU/CCU - Daily Rate (Day 22 and more)	1,500
SERVICE	50-01	Comprehensive screening evaluation and management by clinician of an individual, including an age and gender appropriate history, questionnaire filling, examination, and ordering of laboratory/diagnostic procedures, new or established patient; 30-40 minutes.	120
SERVICE	50-02	Comprehensive screening by a non-physician clinician of an individual, including vital signs, an age and gender appropriate history, coordination for ordering of laboratory/diagnostic procedures and questionnaire filling, new or established patient; 30-40 minutes	66
SERVICE	50-03	Educational services rendered by Clinician (Physician or Non-Physician) to patient opting out of the Comprehensive Screening, new or established patient; 10-15 minutes.	23
SERVICE	51-01	Non-surgical cleansing of a wound without debridement, with or without local anesthesia, with or without the application of a surgical dressing: 16 sq inches / 100 sq centimeters or less.	25
SERVICE	51-02	Non-surgical cleansing of a wound without debridement, with or without local anesthesia, with or without the application of a surgical dressing: between 16 sq inches / 100 sq centimeters and 48 sq inches / 300 sq centimeters.	35
SERVICE	51-03	Non-surgical cleansing of a wound without debridement, with or without local anesthesia, with or without the application of a surgical dressing: more than 48 sq inches / 300 sq centimeters.	50
SERVICE	1	Perdiem - Ward or Shared Room - Daily Rate (Day 1 to 3)	1,300
SERVICE	2	Perdiem - Ward or Shared Room - Daily Rate (Day 4 to 8)	1,000
SERVICE	3	Perdiem - Ward or Shared Room - Daily Rate (Day 8 and more)	800
SERVICE	4	Perdiem - ICU/CCU - Daily Rate (Day 1 to 7)	2,100

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Price List for Current Procedural Terminology

TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	00100	Anesthesia for procedures on salivary glands, including biopsy	330
CPT	00102	Anesthesia for procedures involving plastic repair of cleft lip	396
CPT	00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	330
CPT	00104	Anesthesia for electroconvulsive therapy	264
CPT	00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	330
CPT	00124	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy	264
CPT	00126	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy	264
CPT	00140	Anesthesia for procedures on eye; not otherwise specified	330
CPT	00142	Anesthesia for procedures on eye; lens surgery	264
CPT	00144	Anesthesia for procedures on eye; corneal transplant	396
CPT	00145	Anesthesia for procedures on eye; vitreoretinal surgery	396
CPT	00147	Anesthesia for procedures on eye; iridectomy	264
CPT	00148	Anesthesia for procedures on eye; ophthalmoscopy	264
CPT	00160	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified	330
CPT	00162	Anesthesia for procedures on nose and accessory sinuses; radical surgery	462
CPT	00164	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue	264
CPT	00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	330
CPT	00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	396
CPT	00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	396
CPT	00176	Anesthesia for intraoral procedures, including biopsy; radical surgery	462
CPT	00190	Anesthesia for procedures on facial bones or skull; not otherwise specified	330
CPT	00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	462
CPT	0019T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy	385
CPT	00210	Anesthesia for intracranial procedures; not otherwise specified	726
CPT	00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	660
CPT	00212	Anesthesia for intracranial procedures; subdural taps	330
CPT	00214	Anesthesia for intracranial procedures; burr holes, including ventriculography	594
CPT	00215	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)	594
CPT	00216	Anesthesia for intracranial procedures; vascular procedures	990
CPT	00218	Anesthesia for intracranial procedures; procedures in sitting position	858
CPT	00220	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures	660

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve	396
CPT	00300	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified	330
CPT	00320	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	396
CPT	00322	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid	198
CPT	00326	Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age	462
CPT	00350	Anesthesia for procedures on major vessels of neck; not otherwise specified	660
CPT	00352	Anesthesia for procedures on major vessels of neck; simple ligation	330
CPT	00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	198
CPT	00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)	330
CPT	00404	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast	330
CPT	00406	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection	858
CPT	00410	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias	264
CPT	00450	Anesthesia for procedures on clavicle and scapula; not otherwise specified	330
CPT	00452	Anesthesia for procedures on clavicle and scapula; radical surgery	396
CPT	00454	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle	198
CPT	00470	Anesthesia for partial rib resection; not otherwise specified	396
CPT	00472	Anesthesia for partial rib resection; thoracoplasty (any type)	660
CPT	00474	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)	858
CPT	00500	Anesthesia for all procedures on esophagus	990
CPT	00520	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	396
CPT	00522	Anesthesia for closed chest procedures; needle biopsy of pleura	264
CPT	00524	Anesthesia for closed chest procedures; pneumocentesis	264
CPT	00528	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation	528
CPT	00529	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation	726

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	00530	Anesthesia for permanent transvenous pacemaker insertion	264
CPT	00532	Anesthesia for access to central venous circulation	264
CPT	00534	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	462
CPT	00537	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation	462
CPT	00539	Anesthesia for tracheobronchial reconstruction	1,188
CPT	00540	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	792
CPT	00541	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation	990
CPT	00542	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication	990
CPT	00546	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty	990
CPT	00548	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi	1,122
CPT	00550	Anesthesia for sternal debridement	660
CPT	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	1,725
CPT	00560	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator	990
CPT	00561	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age	1,650
CPT	00562	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all non-coronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation	1,320
CPT	00563	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest	1,650
CPT	00566	Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	1,650
CPT	00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	1,188
CPT	00580	Anesthesia for heart transplant or heart/lung transplant	1,320
CPT	00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified	660
CPT	00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	858
CPT	00620	Anesthesia for procedures on thoracic spine and cord; not otherwise specified	660
CPT	00622	Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy	858
CPT	00625	Anesthesia for procedures on the thoracic spine and cord,	858

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		via an anterior transthoracic approach; not utilizing 1 lung ventilation	
CPT	00626	Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation	990
CPT	00630	Anesthesia for procedures in lumbar region; not otherwise specified	528
CPT	00632	Anesthesia for procedures in lumbar region; lumbar sympathectomy	462
CPT	00634	Anesthesia for procedures in lumbar region; chemonucleolysis	660
CPT	00635	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture	264
CPT	00640	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	198
CPT	00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	858
CPT	00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	264
CPT	00702	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy	264
CPT	00730	Anesthesia for procedures on upper posterior abdominal wall	330
CPT	0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	1,692
CPT	00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	330
CPT	00750	Anesthesia for hernia repairs in upper abdomen; not otherwise specified	264
CPT	00752	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence	396
CPT	00754	Anesthesia for hernia repairs in upper abdomen; omphalocele	462
CPT	00756	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia	462
CPT	00770	Anesthesia for all procedures on major abdominal blood vessels	990
CPT	00790	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified	462
CPT	00792	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)	858
CPT	00794	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)	528
CPT	00796	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	1,980
CPT	00797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	726
CPT	00800	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified	264
CPT	00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	330

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	330
CPT	00820	Anesthesia for procedures on lower posterior abdominal wall	330
CPT	00830	Anesthesia for hernia repairs in lower abdomen; not otherwise specified	264
CPT	00832	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias	396
CPT	00834	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age	330
CPT	00836	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery	396
CPT	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	396
CPT	00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis	264
CPT	00844	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection	462
CPT	00846	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	528
CPT	00848	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration	528
CPT	00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection	396
CPT	00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified	396
CPT	00862	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy	462
CPT	00864	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy	528
CPT	00865	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)	462
CPT	00866	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy	660
CPT	00868	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	660
CPT	00870	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy	330
CPT	00872	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath	462
CPT	00873	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath	330
CPT	00880	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	990
CPT	00882	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation	660
CPT	00902	Anesthesia for; anorectal procedure	330
CPT	00904	Anesthesia for; radical perineal procedure	462
CPT	00906	Anesthesia for; vulvectomy	264
CPT	00908	Anesthesia for; perineal prostatectomy	396

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified	198
CPT	00912	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)	330
CPT	00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate	330
CPT	00916	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding	330
CPT	00918	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus	330
CPT	00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	198
CPT	00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	198
CPT	00922	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	396
CPT	00924	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral	264
CPT	00926	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal	264
CPT	00928	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal	396
CPT	00930	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral	264
CPT	00932	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis	264
CPT	00934	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy	396
CPT	00936	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	528
CPT	00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)	264
CPT	00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	198
CPT	00942	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures	264
CPT	00944	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy	396
CPT	00948	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage	264
CPT	00950	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy	330
CPT	00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	264
CPT	01112	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	330
CPT	01120	Anesthesia for procedures on bony pelvis	396

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	01130	Anesthesia for body cast application or revision	198
CPT	01140	Anesthesia for interpelviabdominal (hindquarter) amputation	990
CPT	01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	660
CPT	01160	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	264
CPT	01170	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	528
CPT	01173	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	792
CPT	01180	Anesthesia for obturator neurectomy; extrapelvic	198
CPT	01190	Anesthesia for obturator neurectomy; intrapelvic	264
CPT	01200	Anesthesia for all closed procedures involving hip joint	264
CPT	01202	Anesthesia for arthroscopic procedures of hip joint	264
CPT	01210	Anesthesia for open procedures involving hip joint; not otherwise specified	396
CPT	01212	Anesthesia for open procedures involving hip joint; hip disarticulation	660
CPT	01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty	528
CPT	01215	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty	660
CPT	01220	Anesthesia for all closed procedures involving upper two-thirds of femur	264
CPT	01230	Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified	396
CPT	01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation	330
CPT	01234	Anesthesia for open procedures involving upper two-thirds of femur; radical resection	528
CPT	01250	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	264
CPT	01260	Anesthesia for all procedures involving veins of upper leg, including exploration	198
CPT	01270	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	528
CPT	01272	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation	264
CPT	01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy	396
CPT	01320	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area	264
CPT	01340	Anesthesia for all closed procedures on lower one-third of femur	264
CPT	01360	Anesthesia for all open procedures on lower one-third of femur	330
CPT	01380	Anesthesia for all closed procedures on knee joint	198
CPT	01382	Anesthesia for diagnostic arthroscopic procedures of knee joint	198
CPT	01390	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella	198
CPT	01392	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella	264
CPT	01400	Anesthesia for open or surgical arthroscopic procedures on	264

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	01402	knee joint; not otherwise specified	462
CPT	01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty	330
CPT	01420	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	198
CPT	01430	Anesthesia for all cast applications, removal, or repair involving knee joint	198
CPT	01432	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified	396
CPT	01440	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	528
CPT	01442	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	528
CPT	01444	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft	528
CPT	01462	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm	198
CPT	01464	Anesthesia for all closed procedures on lower leg, ankle, and foot	198
CPT	01470	Anesthesia for arthroscopic procedures of ankle and/or foot	198
CPT	01472	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified	330
CPT	01474	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft	330
CPT	01480	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)	198
CPT	01482	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified	264
CPT	01484	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)	264
CPT	01486	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula	462
CPT	01490	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement	198
CPT	01500	Anesthesia for lower leg cast application, removal, or repair	528
CPT	01502	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	396
CPT	01520	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter	198
CPT	01522	Anesthesia for procedures on veins of lower leg; not otherwise specified	330
CPT	01610	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter	330
CPT	01620	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla	264
CPT	01622	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint	264
CPT	01622	Anesthesia for diagnostic arthroscopic procedures of	264

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	01630	shoulder joint Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified	330
CPT	01634	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	594
CPT	01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation	990
CPT	01638	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement	660
CPT	01650	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified	396
CPT	01652	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm	660
CPT	01654	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft	528
CPT	01656	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft	660
CPT	01670	Anesthesia for all procedures on veins of shoulder and axilla	264
CPT	01680	Anesthesia for shoulder cast application, removal or repair; not otherwise specified	198
CPT	01682	Anesthesia for shoulder cast application, removal or repair; shoulder spica	264
CPT	01710	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified	198
CPT	01712	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open	330
CPT	01714	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder	330
CPT	01716	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps	330
CPT	01730	Anesthesia for all closed procedures on humerus and elbow	198
CPT	01732	Anesthesia for diagnostic arthroscopic procedures of elbow joint	198
CPT	01740	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified	264
CPT	01742	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus	330
CPT	01744	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus	330
CPT	01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures	396
CPT	01758	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus	330
CPT	01760	Anesthesia for open or surgical arthroscopic procedures of	462

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		the elbow; total elbow replacement	
CPT	01770	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified	396
CPT	01772	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy	396
CPT	01780	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified	198
CPT	01782	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy	264
CPT	01810	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	198
CPT	01820	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	198
CPT	01829	Anesthesia for diagnostic arthroscopic procedures on the wrist	198
CPT	01830	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified	198
CPT	01832	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement	396
CPT	01840	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified	396
CPT	01842	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy	396
CPT	01844	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)	396
CPT	01850	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified	198
CPT	01852	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy	264
CPT	01860	Anesthesia for forearm, wrist, or hand cast application, removal, or repair	198
CPT	01916	Anesthesia for diagnostic arteriography/venography	330
CPT	01920	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	462
CPT	01922	Anesthesia for non-invasive imaging or radiation therapy	462
CPT	01924	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	330
CPT	01925	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary	462
CPT	01926	Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	528
CPT	01930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	330
CPT	01931	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])	462

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	01932	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular	396
CPT	01933	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	462
CPT	01935	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic	330
CPT	01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	330
CPT	01951	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area	198
CPT	01952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area	330
CPT	01953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)	66
CPT	01958	Anesthesia for external cephalic version procedure	330
CPT	01960	Anesthesia for vaginal delivery only	330
CPT	01961	Anesthesia for cesarean delivery only	462
CPT	01962	Anesthesia for urgent hysterectomy following delivery	528
CPT	01963	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	528
CPT	01965	Anesthesia for incomplete or missed abortion procedures	264
CPT	01966	Anesthesia for induced abortion procedures	264
CPT	01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)	330
CPT	01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	132
CPT	01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	330
CPT	01990	Physiological support for harvesting of organ(s) from brain-dead patient	462
CPT	01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position	198
CPT	01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position	330
CPT	01996	Daily hospital management of epidural or subarachnoid continuous drug administration	198
CPT	10021	Fine needle aspiration; without imaging guidance	312
CPT	10022	Fine needle aspiration; with imaging guidance	308

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	325
CPT	10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	341
CPT	10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	582
CPT	10080	Incision and drainage of pilonidal cyst; simple	365
CPT	10081	Incision and drainage of pilonidal cyst; complicated	619
CPT	10120	Incision and removal of foreign body, subcutaneous tissues; simple	334
CPT	10121	Incision and removal of foreign body, subcutaneous tissues; complicated	671
CPT	10140	Incision and drainage of hematoma, seroma or fluid collection	423
CPT	10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	342
CPT	10180	Incision and drainage, complex, postoperative wound infection	642
CPT	11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	122
CPT	11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	52
CPT	11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	2,118
CPT	11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	2,864
CPT	11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	2,589
CPT	11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	1,005
CPT	11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	1,027
CPT	11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	1,121
CPT	11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	1,564
CPT	11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	184
CPT	11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	605

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	826
CPT	11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	65
CPT	11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	136
CPT	11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	238
CPT	11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	111
CPT	11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	137
CPT	11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	165
CPT	11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	239
CPT	11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	93
CPT	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	261
CPT	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	62
CPT	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	152
CPT	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	211
CPT	11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	251
CPT	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	294
CPT	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	159
CPT	11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	219
CPT	11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	256
CPT	11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	286
CPT	11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	189
CPT	11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	241

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	280
CPT	11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	365
CPT	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	284
CPT	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	375
CPT	11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	413
CPT	11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	530
CPT	11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	585
CPT	11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	887
CPT	11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	294
CPT	11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	402
CPT	11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	490
CPT	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	570
CPT	11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	650
CPT	11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	994
CPT	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	368
CPT	11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	475
CPT	11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	529
CPT	11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	649
CPT	11444	Excision, other benign lesion including margins, except skin	831

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	11446	tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	1,192
CPT	11450	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	900
CPT	11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	1,156
CPT	11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	861
CPT	11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	1,172
CPT	11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	1,017
CPT	11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	1,253
CPT	11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	435
CPT	11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	547
CPT	11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	603
CPT	11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	720
CPT	11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	792
CPT	11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	1,177
CPT	11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	442
CPT	11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	552
CPT	11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	635
CPT	11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	786
CPT	11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	888
CPT	11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	1,090
CPT	11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	458
CPT	11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	579
CPT	11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	682
CPT	11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	856
CPT	11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	1,061
CPT	11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	1,475
CPT	11719	Trimming of nondystrophic nails, any number	43
CPT	11720	Debridement of nail(s) by any method(s); 1 to 5	73

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	11721	Debridement of nail(s) by any method(s); 6 or more	102
CPT	11730	Avulsion of nail plate, partial or complete, simple; single	226
CPT	11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	104
CPT	11740	Evacuation of subungual hematoma	114
CPT	11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	620
CPT	11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx	939
CPT	11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	307
CPT	11760	Repair of nail bed	477
CPT	11762	Reconstruction of nail bed with graft	666
CPT	11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	305
CPT	11770	Excision of pilonidal cyst or sinus; simple	661
CPT	11771	Excision of pilonidal cyst or sinus; extensive	1,557
CPT	11772	Excision of pilonidal cyst or sinus; complicated	2,024
CPT	11900	Injection, intralesional; up to and including 7 lesions	128
CPT	11901	Injection, intralesional; more than 7 lesions	183
CPT	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	426
CPT	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	504
CPT	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	130
CPT	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	173
CPT	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	264
CPT	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	333
CPT	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	436
CPT	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	3,206
CPT	11970	Replacement of tissue expander with permanent prosthesis	2,264
CPT	11971	Removal of tissue expander(s) without insertion of prosthesis	1,145
CPT	11975	Insertion, implantable contraceptive capsules	281
CPT	11976	Removal, implantable contraceptive capsules	354
CPT	11977	Removal with reinsertion, implantable contraceptive capsules	608
CPT	11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	297
CPT	11981	Insertion, non-biodegradable drug delivery implant	308
CPT	11982	Removal, non-biodegradable drug delivery implant	349
CPT	11983	Removal with reinsertion, non-biodegradable drug delivery implant	609

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	253
CPT	12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	336
CPT	12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	400
CPT	12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	499
CPT	12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	624
CPT	12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	699
CPT	12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	317
CPT	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	353
CPT	12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	440
CPT	12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	554
CPT	12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	659
CPT	12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	591
CPT	12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	713
CPT	12020	Treatment of superficial wound dehiscence; simple closure	676
CPT	12021	Treatment of superficial wound dehiscence; with packing	503
CPT	12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	603
CPT	12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	715
CPT	12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	753
CPT	12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	862
CPT	12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	988
CPT	12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	1,142
CPT	12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	639
CPT	12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	737
CPT	12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	781
CPT	12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	879
CPT	12046	Repair, intermediate, wounds of neck, hands, feet and/or	1,045

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		external genitalia; 20.1 cm to 30.0 cm	
CPT	12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	1,108
CPT	12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	674
CPT	12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	808
CPT	12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	798
CPT	12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	834
CPT	12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	995
CPT	12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	1,315
CPT	12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	1,404
CPT	13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	856
CPT	13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	1,047
CPT	13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	280
CPT	13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	901
CPT	13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	1,206
CPT	13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	320
CPT	13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	1,013
CPT	13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	1,734
CPT	13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	495
CPT	13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	1,011
CPT	13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	1,168
CPT	13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	1,568
CPT	13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	533
CPT	13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	2,956
CPT	14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	1,854
CPT	14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	2,425
CPT	14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	2,102
CPT	14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	2,674
CPT	14040	Adjacent tissue transfer or rearrangement, forehead,	2,359

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	
CPT	14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	2,904
CPT	14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	2,505
CPT	14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	3,100
CPT	14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	3,293
CPT	14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	1,294
CPT	14350	Filletted finger or toe flap, including preparation of recipient site	2,591
CPT	15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	839
CPT	15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	168
CPT	15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	1,002
CPT	15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	336
CPT	15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	544
CPT	15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	1,652
CPT	15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	2,632
CPT	15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	407
CPT	15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	2,704

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	381
CPT	15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	2,797
CPT	15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	583
CPT	15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	2,920
CPT	15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	631
CPT	15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	2,072
CPT	15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	352
CPT	15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	2,823
CPT	15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	317
CPT	15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	2,274
CPT	15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	465
CPT	15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	501
CPT	15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	2,002
CPT	15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	553
CPT	15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or	501

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
CPT	15170	Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1,381
CPT	15171	Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	325
CPT	15175	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	1,650
CPT	15176	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	499
CPT	15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	2,481
CPT	15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	311
CPT	15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	2,281
CPT	15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	295
CPT	15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	2,967
CPT	15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	424
CPT	15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	3,196
CPT	15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	532
CPT	15300	Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1,079
CPT	15301	Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	208
CPT	15320	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	1,127
CPT	15321	Allograft skin for temporary wound closure, face, scalp,	318

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
CPT	15330	Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	988
CPT	15331	Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	218
CPT	15335	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	948
CPT	15336	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	312
CPT	15340	Tissue cultured allogeneic skin substitute; first 25 sq cm or less	962
CPT	15341	Tissue cultured allogeneic skin substitute; each additional 25 sq cm, or part thereof (List separately in addition to code for primary procedure)	106
CPT	15360	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1,090
CPT	15361	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	206
CPT	15365	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	1,049
CPT	15366	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	261
CPT	15400	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1,298
CPT	15401	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	211
CPT	15420	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	1,392
CPT	15421	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia,	319

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
CPT	15430	Acellular xenograft implant; first 100 sq cm or less, or 1% of body area of infants and children	1,894
CPT	15431	Acellular xenograft implant; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	755
CPT	15570	Formation of direct or tubed pedicle, with or without transfer; trunk	2,669
CPT	15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	2,745
CPT	15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	2,845
CPT	15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	2,502
CPT	15600	Delay of flap or sectioning of flap (division and inset); at trunk	749
CPT	15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	877
CPT	15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	1,188
CPT	15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	1,276
CPT	15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	1,413
CPT	15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	3,797
CPT	15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	4,985
CPT	15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	4,955
CPT	15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	4,295
CPT	15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	4,633
CPT	15740	Flap; island pedicle	3,208
CPT	15750	Flap; neurovascular pedicle	3,376
CPT	15756	Free muscle or myocutaneous flap with microvascular anastomosis	8,793
CPT	15757	Free skin flap with microvascular anastomosis	8,698
CPT	15758	Free fascial flap with microvascular anastomosis	8,645
CPT	15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	2,643
CPT	15770	Graft; derma-fat-fascia	2,481
CPT	15775	Punch graft for hair transplant; 1 to 15 punch grafts	759
CPT	15776	Punch graft for hair transplant; more than 15 punch grafts	1,129
CPT	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	2,256
CPT	15781	Dermabrasion; segmental, face	1,577
CPT	15782	Dermabrasion; regional, other than face	1,393
CPT	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	1,380

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	15786	Abrasion; single lesion (eg, keratosis, scar)	533
CPT	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	99
CPT	15788	Chemical peel, facial; epidermal	1,028
CPT	15789	Chemical peel, facial; dermal	1,547
CPT	15792	Chemical peel, nonfacial; epidermal	966
CPT	15793	Chemical peel, nonfacial; dermal	1,341
CPT	15819	Cervicoplasty	2,476
CPT	15820	Blepharoplasty, lower eyelid;	1,887
CPT	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	2,015
CPT	15822	Blepharoplasty, upper eyelid;	1,429
CPT	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	2,013
CPT	15824	Rhytidectomy; forehead	3,441
CPT	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	3,871
CPT	15826	Rhytidectomy; glabellar frown lines	2,795
CPT	15828	Rhytidectomy; cheek, chin, and neck	7,312
CPT	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	8,172
CPT	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	4,332
CPT	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	3,488
CPT	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	3,261
CPT	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	3,325
CPT	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	3,514
CPT	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	2,581
CPT	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	2,626
CPT	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	2,128
CPT	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	2,670
CPT	15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	3,800
CPT	15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	6,352
CPT	15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	9,203
CPT	15845	Graft for facial nerve paralysis; regional muscle transfer	3,694
CPT	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	1,506
CPT	15850	Removal of sutures under anesthesia (other than local), same surgeon	179
CPT	15851	Removal of sutures under anesthesia (other than local), other surgeon	198
CPT	15852	Dressing change (for other than burns) under anesthesia	172

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		(other than local)	
CPT	15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	393
CPT	15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	2,216
CPT	15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	2,913
CPT	15931	Excision, sacral pressure ulcer, with primary suture;	2,458
CPT	15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	3,054
CPT	15934	Excision, sacral pressure ulcer, with skin flap closure;	3,407
CPT	15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	4,006
CPT	15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	3,280
CPT	15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	3,842
CPT	15940	Excision, ischial pressure ulcer, with primary suture;	2,546
CPT	15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischietomy)	3,284
CPT	15944	Excision, ischial pressure ulcer, with skin flap closure;	3,297
CPT	15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	3,661
CPT	15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	6,066
CPT	15950	Excision, trochanteric pressure ulcer, with primary suture;	2,071
CPT	15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	3,275
CPT	15952	Excision, trochanteric pressure ulcer, with skin flap closure;	2,979
CPT	15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	3,251
CPT	15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	4,272
CPT	15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	4,359
CPT	16000	Initial treatment, first degree burn, when no more than local treatment is required	171
CPT	16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	211
CPT	16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	425
CPT	16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	484
CPT	16035	Escharotomy; initial incision	723
CPT	16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	297
CPT	17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); first lesion	203
CPT	17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions	16

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	17004	(eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	484
CPT	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	1,004
CPT	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	1,480
CPT	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	1,994
CPT	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	251
CPT	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	311
CPT	17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	165
CPT	17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	250
CPT	17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	339
CPT	17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	432
CPT	17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	479
CPT	17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	510
CPT	17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	597
CPT	17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	369
CPT	17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	413
CPT	17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion	476

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	17273	diameter 1.1 to 2.0 cm Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	538
CPT	17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	654
CPT	17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	786
CPT	17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	336
CPT	17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	464
CPT	17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	537
CPT	17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	670
CPT	17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	793
CPT	17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	1,061
CPT	17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	1,511
CPT	17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	909
CPT	17313	Mohs micrographic technique, including removal of all gross	1,380

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	17314	tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	841
CPT	17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	199
CPT	17340	Cryotherapy (CO2 slush, liquid N2) for acne	178
CPT	17360	Chemical exfoliation for acne (eg, acne paste, acid)	373
CPT	17380	Electrolysis epilation, each 30 minutes	245
CPT	19000	Puncture aspiration of cyst of breast;	240
CPT	19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	77
CPT	19020	Mastotomy with exploration or drainage of abscess, deep	1,085
CPT	19030	Injection procedure only for mammary ductogram or galactogram	377
CPT	19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	309
CPT	19101	Biopsy of breast; open, incisional	793
CPT	19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	494
CPT	19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	1,050
CPT	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	1,067
CPT	19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	1,224
CPT	19112	Excision of lactiferous duct fistula	1,110
CPT	19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	1,477
CPT	19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	1,644
CPT	19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	588
CPT	19260	Excision of chest wall tumor including ribs	4,371
CPT	19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	5,862

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	6,472
CPT	19290	Preoperative placement of needle localization wire, breast;	351
CPT	19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	159
CPT	19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)	298
CPT	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	1,172
CPT	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	343
CPT	19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	1,798
CPT	19300	Mastectomy for gynecomastia	1,458
CPT	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	2,350
CPT	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	3,202
CPT	19303	Mastectomy, simple, complete	3,641
CPT	19304	Mastectomy, subcutaneous	2,062
CPT	19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	4,077
CPT	19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	4,314
CPT	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	4,302
CPT	19316	Mastopexy	2,856
CPT	19318	Reduction mammoplasty	4,145
CPT	19324	Mammoplasty, augmentation; without prosthetic implant	1,754
CPT	19325	Mammoplasty, augmentation; with prosthetic implant	2,404
CPT	19328	Removal of intact mammary implant	1,836
CPT	19330	Removal of mammary implant material	2,346
CPT	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	1,875
CPT	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	3,447
CPT	19350	Nipple/areola reconstruction	2,505
CPT	19355	Correction of inverted nipples	2,050
CPT	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	5,580
CPT	19361	Breast reconstruction with latissimus dorsi flap, without	6,369

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		prosthetic implant	
CPT	19364	Breast reconstruction with free flap	10,383
CPT	19366	Breast reconstruction with other technique	5,111
CPT	19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	6,731
CPT	19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	8,353
CPT	19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	7,746
CPT	19370	Open periprosthetic capsulotomy, breast	2,554
CPT	19371	Periprosthetic capsulectomy, breast	2,926
CPT	19380	Revision of reconstructed breast	2,876
CPT	19396	Preparation of moulage for custom breast implant	617
CPT	20005	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)	831
CPT	20100	Exploration of penetrating wound (separate procedure); neck	2,201
CPT	20101	Exploration of penetrating wound (separate procedure); chest	904
CPT	20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	1,003
CPT	20103	Exploration of penetrating wound (separate procedure); extremity	1,274
CPT	20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	3,680
CPT	20200	Biopsy, muscle; superficial	421
CPT	20205	Biopsy, muscle; deep	573
CPT	20206	Biopsy, muscle, percutaneous needle	323
CPT	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	358
CPT	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	608
CPT	20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	809
CPT	20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	2,302
CPT	20250	Biopsy, vertebral body, open; thoracic	1,385
CPT	20251	Biopsy, vertebral body, open; lumbar or cervical	1,498
CPT	20500	Injection of sinus tract; therapeutic (separate procedure)	305
CPT	20501	Injection of sinus tract; diagnostic (sinogram)	208
CPT	20520	Removal of foreign body in muscle or tendon sheath; simple	523
CPT	20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	980
CPT	20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	207
CPT	20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	150
CPT	20551	Injection(s); single tendon origin/insertion	155
CPT	20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	138
CPT	20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	155
CPT	20555	Placement of needles or catheters into muscle and/or soft	1,178

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	
CPT	20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	140
CPT	20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	147
CPT	20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	181
CPT	20612	Aspiration and/or injection of ganglion cyst(s) any location	151
CPT	20615	Aspiration and injection for treatment of bone cyst	571
CPT	20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	551
CPT	20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	892
CPT	20661	Application of halo, including removal; cranial	1,784
CPT	20662	Application of halo, including removal; pelvic	1,426
CPT	20663	Application of halo, including removal; femoral	1,686
CPT	20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	2,954
CPT	20665	Removal of tongs or halo applied by another physician	320
CPT	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	764
CPT	20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1,552
CPT	20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	2,149
CPT	20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	4,067
CPT	20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	1,644
CPT	20694	Removal, under anesthesia, of external fixation system	1,222
CPT	20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	4,172
CPT	20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	7,036
CPT	20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	8,364
CPT	20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	9,693
CPT	20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	15,302
CPT	20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	7,645

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	6,811
CPT	20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	7,586
CPT	20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	7,002
CPT	20838	Replantation, foot, complete amputation	8,448
CPT	20900	Bone graft, any donor area; minor or small (eg, dowel or button)	1,185
CPT	20902	Bone graft, any donor area; major or large	1,344
CPT	20910	Cartilage graft; costochondral	1,525
CPT	20912	Cartilage graft; nasal septum	1,795
CPT	20920	Fascia lata graft; by stripper	1,469
CPT	20922	Fascia lata graft; by incision and area exposure, complex or sheet	1,754
CPT	20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	1,834
CPT	20926	Tissue grafts, other (eg, paratenon, fat, dermis)	1,574
CPT	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	406
CPT	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	413
CPT	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	433
CPT	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	620
CPT	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	681
CPT	20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	501
CPT	20955	Bone graft with microvascular anastomosis; fibula	9,470
CPT	20956	Bone graft with microvascular anastomosis; iliac crest	9,723
CPT	20957	Bone graft with microvascular anastomosis; metatarsal	9,687
CPT	20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	9,743
CPT	20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	10,444
CPT	20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	10,309
CPT	20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	7,991
CPT	20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	10,368
CPT	20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	178
CPT	20975	Electrical stimulation to aid bone healing; invasive (operative)	643
CPT	20979	Low intensity ultrasound stimulation to aid bone healing,	121

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CPT	20982	noninvasive (nonoperative) Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	2,085
CPT	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	546
CPT	21010	Arthrotomy, temporomandibular joint	2,676
CPT	21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	898
CPT	21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	1,241
CPT	21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	1,446
CPT	21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	1,915
CPT	21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; less than 2 cm	1,734
CPT	21016	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; 2 cm or greater	3,798
CPT	21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	2,767
CPT	21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	1,816
CPT	21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	2,382
CPT	21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	1,524
CPT	21031	Excision of torus mandibularis	1,066
CPT	21032	Excision of maxillary torus palatinus	1,057
CPT	21034	Excision of malignant tumor of maxilla or zygoma	4,360
CPT	21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	1,532
CPT	21044	Excision of malignant tumor of mandible;	3,275
CPT	21045	Excision of malignant tumor of mandible; radical resection	4,572
CPT	21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	4,063
CPT	21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))	4,849
CPT	21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	4,183
CPT	21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))	4,571
CPT	21050	Condylectomy, temporomandibular joint (separate procedure)	3,223
CPT	21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	3,052
CPT	21070	Coronoidectomy (separate procedure)	2,290
CPT	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	951
CPT	21076	Impression and custom preparation; surgical obturator	3,111

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		prosthesis	
CPT	21077	Impression and custom preparation; orbital prosthesis	7,850
CPT	21079	Impression and custom preparation; interim obturator prosthesis	5,217
CPT	21080	Impression and custom preparation; definitive obturator prosthesis	5,827
CPT	21081	Impression and custom preparation; mandibular resection prosthesis	5,310
CPT	21082	Impression and custom preparation; palatal augmentation prosthesis	4,995
CPT	21083	Impression and custom preparation; palatal lift prosthesis	4,503
CPT	21084	Impression and custom preparation; speech aid prosthesis	5,371
CPT	21085	Impression and custom preparation; oral surgical splint	2,380
CPT	21086	Impression and custom preparation; auricular prosthesis	5,771
CPT	21087	Impression and custom preparation; nasal prosthesis	5,728
CPT	21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	1,742
CPT	21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	2,409
CPT	21116	Injection procedure for temporomandibular joint arthrography	233
CPT	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	1,894
CPT	21121	Genioplasty; sliding osteotomy, single piece	2,379
CPT	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	2,564
CPT	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	3,215
CPT	21125	Augmentation, mandibular body or angle; prosthetic material	4,569
CPT	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	5,102
CPT	21137	Reduction forehead; contouring only	2,613
CPT	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	3,287
CPT	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	3,677
CPT	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	5,066
CPT	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	5,212
CPT	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	5,507
CPT	21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	5,599
CPT	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	6,024
CPT	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral	5,999

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		alveolar cleft or multiple osteotomies)	
CPT	21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	6,145
CPT	21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	6,966
CPT	21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	8,098
CPT	21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	8,066
CPT	21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	10,766
CPT	21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	9,656
CPT	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	6,782
CPT	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	8,476
CPT	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	5,750
CPT	21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	6,233
CPT	21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	2,695
CPT	21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	7,229
CPT	21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	8,178
CPT	21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	9,344
CPT	21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	5,877
CPT	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	4,969
CPT	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	5,130
CPT	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	4,986
CPT	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	5,507

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	21198	Osteotomy, mandible, segmental;	4,315
CPT	21199	Osteotomy, mandible, segmental; with genioglossus advancement	3,794
CPT	21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	4,512
CPT	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	4,002
CPT	21209	Osteoplasty, facial bones; reduction	2,437
CPT	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	4,877
CPT	21215	Graft, bone; mandible (includes obtaining graft)	5,196
CPT	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	2,870
CPT	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	2,113
CPT	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	4,101
CPT	21242	Arthroplasty, temporomandibular joint, with allograft	3,736
CPT	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	6,195
CPT	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	3,932
CPT	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	3,321
CPT	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	3,083
CPT	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	5,951
CPT	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	3,317
CPT	21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	4,751
CPT	21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	4,935
CPT	21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia)	4,436
CPT	21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	4,978
CPT	21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	7,838
CPT	21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	6,751
CPT	21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	5,944
CPT	21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	6,444
CPT	21270	Malar augmentation, prosthetic material	2,766
CPT	21275	Secondary revision of orbitocraniofacial reconstruction	3,149
CPT	21280	Medial canthopexy (separate procedure)	2,118
CPT	21282	Lateral canthopexy	1,387
CPT	21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	628

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	1,376
CPT	21310	Closed treatment of nasal bone fracture without manipulation	158
CPT	21315	Closed treatment of nasal bone fracture; without stabilization	585
CPT	21320	Closed treatment of nasal bone fracture; with stabilization	559
CPT	21325	Open treatment of nasal fracture; uncomplicated	1,700
CPT	21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	2,072
CPT	21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	2,686
CPT	21336	Open treatment of nasal septal fracture, with or without stabilization	2,381
CPT	21337	Closed treatment of nasal septal fracture, with or without stabilization	1,084
CPT	21338	Open treatment of nasoethmoid fracture; without external fixation	2,733
CPT	21339	Open treatment of nasoethmoid fracture; with external fixation	2,865
CPT	21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	2,810
CPT	21343	Open treatment of depressed frontal sinus fracture	4,166
CPT	21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	6,031
CPT	21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	2,308
CPT	21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	3,371
CPT	21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	4,096
CPT	21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	4,418
CPT	21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	1,236
CPT	21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	1,385
CPT	21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	1,976
CPT	21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	4,162
CPT	21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	4,818
CPT	21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	2,549
CPT	21386	Open treatment of orbital floor blowout fracture; periorbital approach	2,423
CPT	21387	Open treatment of orbital floor blowout fracture; combined	2,744

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		approach	
CPT	21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	2,969
CPT	21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	3,686
CPT	21400	Closed treatment of fracture of orbit, except blowout; without manipulation	554
CPT	21401	Closed treatment of fracture of orbit, except blowout; with manipulation	1,095
CPT	21406	Open treatment of fracture of orbit, except blowout; without implant	2,078
CPT	21407	Open treatment of fracture of orbit, except blowout; with implant	2,410
CPT	21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	3,392
CPT	21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	2,330
CPT	21422	Open treatment of palatal or maxillary fracture (LeFort I type);	2,449
CPT	21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	3,086
CPT	21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	2,671
CPT	21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	2,658
CPT	21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	6,133
CPT	21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	4,750
CPT	21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	7,569
CPT	21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	1,664
CPT	21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	2,259
CPT	21450	Closed treatment of mandibular fracture; without manipulation	1,737
CPT	21451	Closed treatment of mandibular fracture; with manipulation	2,319
CPT	21452	Percutaneous treatment of mandibular fracture, with external fixation	1,286
CPT	21453	Closed treatment of mandibular fracture with interdental fixation	2,817
CPT	21454	Open treatment of mandibular fracture with external fixation	2,072
CPT	21461	Open treatment of mandibular fracture; without interdental fixation	4,562
CPT	21462	Open treatment of mandibular fracture; with interdental fixation	4,851
CPT	21465	Open treatment of mandibular condylar fracture	3,582
CPT	21470	Open treatment of complicated mandibular fracture by	4,515

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	21480	multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	182
CPT	21485	Closed treatment of temporomandibular dislocation; initial or subsequent	2,106
CPT	21490	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	3,453
CPT	21495	Open treatment of temporomandibular dislocation	2,609
CPT	21497	Open treatment of hyoid fracture	2,095
CPT	21501	Interdental wiring, for condition other than fracture	1,168
CPT	21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	1,811
CPT	21510	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib osteotomy	1,703
CPT	21550	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	581
CPT	21552	Biopsy, soft tissue of neck or thorax	1,630
CPT	21554	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	2,675
CPT	21555	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	1,108
CPT	21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 3 cm	1,704
CPT	21557	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	2,373
CPT	21558	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; less than 5 cm	4,974
CPT	21600	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; 5 cm or greater	2,060
CPT	21610	Excision of rib, partial	4,341
CPT	21615	Costotransversectomy (separate procedure)	2,363
CPT	21616	Excision first and/or cervical rib;	2,759
CPT	21620	Excision first and/or cervical rib; with sympathectomy	1,901
CPT	21627	Osteotomy of sternum, partial	1,983
CPT	21630	Sternal debridement	4,636
CPT	21632	Radical resection of sternum;	4,559
CPT	21685	Radical resection of sternum; with mediastinal lymphadenectomy	3,739
CPT	21700	Hyoid myotomy and suspension	1,523
CPT	21705	Division of scalenus anticus; without resection of cervical rib	2,067
CPT	21720	Division of scalenus anticus; with resection of cervical rib	1,670
CPT	21725	Division of sternocleidomastoid for torticollis, open operation; without cast application	1,952
CPT	21740	Division of sternocleidomastoid for torticollis, open operation; with cast application	3,698
CPT	21742	Reconstructive repair of pectus excavatum or carinatum; open	3,236
CPT	21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	4,291
CPT	21750	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	2,529
CPT	21800	Closure of median sternotomy separation with or without debridement (separate procedure)	389

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	21805	Open treatment of rib fracture without fixation, each	945
CPT	21810	Treatment of rib fracture requiring external fixation (flail chest)	1,935
CPT	21820	Closed treatment of sternum fracture	512
CPT	21825	Open treatment of sternum fracture with or without skeletal fixation	2,032
CPT	21920	Biopsy, soft tissue of back or flank; superficial	592
CPT	21925	Biopsy, soft tissue of back or flank; deep	1,264
CPT	21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	1,306
CPT	21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	1,703
CPT	21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	2,430
CPT	21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	2,677
CPT	21935	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; less than 5 cm	3,727
CPT	21936	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; 5 cm or greater	5,186
CPT	22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	3,412
CPT	22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	3,345
CPT	22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	3,196
CPT	22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	3,054
CPT	22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	2,980
CPT	22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	529
CPT	22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	3,909
CPT	22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	3,898
CPT	22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	3,605
CPT	22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	516
CPT	22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	8,626
CPT	22207	Osteotomy of spine, posterior or posterolateral approach, 3	8,757

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	
CPT	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	2,174
CPT	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	6,430
CPT	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	5,347
CPT	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	5,364
CPT	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	1,345
CPT	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	5,885
CPT	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	5,712
CPT	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	5,757
CPT	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	1,350
CPT	22305	Closed treatment of vertebral process fracture(s)	625
CPT	22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	1,019
CPT	22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	2,811
CPT	22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	5,919
CPT	22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	6,634
CPT	22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	5,195
CPT	22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	5,387
CPT	22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	5,384
CPT	22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	1,044
CPT	22505	Manipulation of spine requiring anesthesia, any region	436
CPT	22520	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; thoracic	2,824

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	22521	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; lumbar	2,672
CPT	22522	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	818
CPT	22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	2,094
CPT	22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	2,015
CPT	22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	943
CPT	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	1,898
CPT	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	863
CPT	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	6,502
CPT	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	6,129
CPT	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	1,339
CPT	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	7,125
CPT	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	6,229
CPT	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	1,452
CPT	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	4,604
CPT	22556	Arthrodesis, anterior interbody technique, including minimal	6,077

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	22558	discectomy to prepare interspace (other than for decompression); thoracic Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	5,636
CPT	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	1,242
CPT	22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	5,723
CPT	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	5,443
CPT	22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	4,652
CPT	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)	4,558
CPT	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	5,814
CPT	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	1,446
CPT	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	5,598
CPT	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	1,180
CPT	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	4,920
CPT	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	7,694
CPT	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	8,871
CPT	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	6,688
CPT	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	7,436
CPT	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	8,128
CPT	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	8,018
CPT	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	10,002
CPT	22830	Exploration of spinal fusion	2,932
CPT	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	2,818
CPT	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	1,327
CPT	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6	2,823

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	22843	vertebral segments (List separately in addition to code for primary procedure) Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	3,006
CPT	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	3,616
CPT	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	2,720
CPT	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	2,821
CPT	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	3,217
CPT	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	1,325
CPT	22849	Reinsertion of spinal fixation device	4,738
CPT	22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	2,605
CPT	22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)	1,510
CPT	22852	Removal of posterior segmental instrumentation	2,493
CPT	22855	Removal of anterior instrumentation	4,062
CPT	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	6,018
CPT	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	5,972
CPT	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	7,289
CPT	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	6,891
CPT	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	7,200
CPT	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	7,195
CPT	22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	1,708
CPT	22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	2,384
CPT	22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	1,225
CPT	22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	1,600
CPT	22904	Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; less than 5 cm	3,727
CPT	22905	Radical resection of tumor (eg, malignant neoplasm), soft	4,848

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		tissue of abdominal wall; 5 cm or greater	
CPT	23000	Removal of subdeltoid calcareous deposits, open	1,328
CPT	23020	Capsular contracture release (eg, Sever type procedure)	2,481
CPT	23030	Incision and drainage, shoulder area; deep abscess or hematoma	926
CPT	23031	Incision and drainage, shoulder area; infected bursa	858
CPT	23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	2,452
CPT	23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	2,602
CPT	23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	2,056
CPT	23065	Biopsy, soft tissue of shoulder area; superficial	613
CPT	23066	Biopsy, soft tissue of shoulder area; deep	1,251
CPT	23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	1,518
CPT	23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	2,514
CPT	23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	1,054
CPT	23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	1,938
CPT	23077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; less than 5 cm	4,184
CPT	23078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; 5 cm or greater	5,044
CPT	23100	Arthrotomy, glenohumeral joint, including biopsy	1,798
CPT	23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	1,616
CPT	23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	2,300
CPT	23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	1,783
CPT	23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	2,384
CPT	23120	Claviculectomy; partial	2,102
CPT	23125	Claviculectomy; total	2,565
CPT	23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	2,194
CPT	23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	1,890
CPT	23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	2,514
CPT	23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	2,239
CPT	23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	2,374
CPT	23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	2,873
CPT	23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	2,452
CPT	23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	2,018
CPT	23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	2,043

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	2,739
CPT	23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	2,423
CPT	23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	2,395
CPT	23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	2,650
CPT	23190	Ostectomy of scapula, partial (eg, superior medial angle)	2,063
CPT	23195	Resection, humeral head	2,736
CPT	23200	Radical resection of tumor; clavicle	3,558
CPT	23210	Radical resection of tumor; scapula	3,764
CPT	23220	Radical resection of tumor, proximal humerus	4,417
CPT	23330	Removal of foreign body, shoulder; subcutaneous	538
CPT	23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	2,130
CPT	23332	Removal of foreign body, shoulder; complicated (eg, total shoulder)	3,196
CPT	23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	281
CPT	23395	Muscle transfer, any type, shoulder or upper arm; single	4,672
CPT	23397	Muscle transfer, any type, shoulder or upper arm; multiple	4,162
CPT	23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	3,531
CPT	23405	Tenotomy, shoulder area; single tendon	2,262
CPT	23406	Tenotomy, shoulder area; multiple tendons through same incision	2,818
CPT	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	2,976
CPT	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	3,091
CPT	23415	Coracoacromial ligament release, with or without acromioplasty	2,514
CPT	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	3,516
CPT	23430	Tenodesis of long tendon of biceps	2,700
CPT	23440	Resection or transplantation of long tendon of biceps	2,736
CPT	23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	3,445
CPT	23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	3,654
CPT	23460	Capsulorrhaphy, anterior, any type; with bone block	3,971
CPT	23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	3,911
CPT	23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	4,064
CPT	23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	4,064
CPT	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	4,403
CPT	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	5,460
CPT	23480	Osteotomy, clavicle, with or without internal fixation;	2,979
CPT	23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	3,487

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	3,246
CPT	23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	3,684
CPT	23500	Closed treatment of clavicular fracture; without manipulation	776
CPT	23505	Closed treatment of clavicular fracture; with manipulation	1,178
CPT	23515	Open treatment of clavicular fracture, includes internal fixation, when performed	2,635
CPT	23520	Closed treatment of sternoclavicular dislocation; without manipulation	827
CPT	23525	Closed treatment of sternoclavicular dislocation; with manipulation	1,261
CPT	23530	Open treatment of sternoclavicular dislocation, acute or chronic;	2,065
CPT	23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	2,251
CPT	23540	Closed treatment of acromioclavicular dislocation; without manipulation	790
CPT	23545	Closed treatment of acromioclavicular dislocation; with manipulation	1,049
CPT	23550	Open treatment of acromioclavicular dislocation, acute or chronic;	2,060
CPT	23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	2,378
CPT	23570	Closed treatment of scapular fracture; without manipulation	838
CPT	23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	1,337
CPT	23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	3,574
CPT	23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	1,072
CPT	23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	1,525
CPT	23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	3,212
CPT	23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	4,531
CPT	23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	904
CPT	23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	1,262
CPT	23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	2,834
CPT	23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	982
CPT	23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	1,415
CPT	23660	Open treatment of acute shoulder dislocation	2,105
CPT	23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	1,408

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	3,177
CPT	23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	1,799
CPT	23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	3,371
CPT	23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	700
CPT	23800	Arthrodesis, glenohumeral joint;	3,734
CPT	23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	4,673
CPT	23900	Interthoracoscapular amputation (forequarter)	5,073
CPT	23920	Disarticulation of shoulder;	4,105
CPT	23921	Disarticulation of shoulder; secondary closure or scar revision	1,708
CPT	23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	782
CPT	23931	Incision and drainage, upper arm or elbow area; bursa	571
CPT	23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	1,829
CPT	24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	1,721
CPT	24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	2,580
CPT	24065	Biopsy, soft tissue of upper arm or elbow area; superficial	613
CPT	24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	1,480
CPT	24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	1,480
CPT	24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	2,522
CPT	24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	1,184
CPT	24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	1,946
CPT	24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; less than 5 cm	3,361
CPT	24079	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; 5 cm or greater	4,652
CPT	24100	Arthrotomy, elbow; with synovial biopsy only	1,499
CPT	24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1,801
CPT	24102	Arthrotomy, elbow; with synovectomy	2,223
CPT	24105	Excision, olecranon bursa	1,247
CPT	24110	Excision or curettage of bone cyst or benign tumor, humerus;	2,117
CPT	24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	2,617
CPT	24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	3,131
CPT	24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	1,905
CPT	24125	Excision or curettage of bone cyst or benign tumor of head	2,237

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		or neck of radius or olecranon process; with autograft (includes obtaining graft)	
CPT	24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	2,342
CPT	24130	Excision, radial head	1,825
CPT	24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	2,705
CPT	24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	2,278
CPT	24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	2,426
CPT	24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	2,548
CPT	24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	2,136
CPT	24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	2,246
CPT	24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	4,270
CPT	24150	Radical resection of tumor, shaft or distal humerus	4,013
CPT	24152	Radical resection of tumor, radial head or neck	2,926
CPT	24155	Resection of elbow joint (arthrectomy)	3,100
CPT	24160	Implant removal; elbow joint	2,194
CPT	24164	Implant removal; radial head	1,793
CPT	24200	Removal of foreign body, upper arm or elbow area; subcutaneous	504
CPT	24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	1,318
CPT	24220	Injection procedure for elbow arthrography	356
CPT	24300	Manipulation, elbow, under anesthesia	1,457
CPT	24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	2,717
CPT	24305	Tendon lengthening, upper arm or elbow, each tendon	2,096
CPT	24310	Tenotomy, open, elbow to shoulder, each tendon	1,719
CPT	24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	2,832
CPT	24330	Flexor-plasty, elbow (eg, Steindler type advancement);	2,597
CPT	24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	2,962
CPT	24332	Tenolysis, triceps	2,207
CPT	24340	Tenodesis of biceps tendon at elbow (separate procedure)	2,216
CPT	24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	2,694
CPT	24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	2,822
CPT	24343	Repair lateral collateral ligament, elbow, with local tissue	2,543
CPT	24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	3,987
CPT	24345	Repair medial collateral ligament, elbow, with local tissue	2,531
CPT	24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	3,987
CPT	24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	1,603
CPT	24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or	1,892

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		bone, open	
CPT	24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	2,395
CPT	24360	Arthroplasty, elbow; with membrane (eg, fascial)	3,264
CPT	24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	3,659
CPT	24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	3,849
CPT	24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	5,477
CPT	24365	Arthroplasty, radial head;	2,309
CPT	24366	Arthroplasty, radial head; with implant	2,471
CPT	24400	Osteotomy, humerus, with or without internal fixation	2,966
CPT	24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	3,846
CPT	24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	3,596
CPT	24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	3,857
CPT	24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	3,921
CPT	24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	2,425
CPT	24495	Decompression fasciotomy, forearm, with brachial artery exploration	2,345
CPT	24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	3,147
CPT	24500	Closed treatment of humeral shaft fracture; without manipulation	1,144
CPT	24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	1,619
CPT	24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	3,177
CPT	24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	3,124
CPT	24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	1,219
CPT	24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	2,044
CPT	24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	2,684
CPT	24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	3,380
CPT	24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	3,786
CPT	24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	1,011
CPT	24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	1,749

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	2,583
CPT	24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	2,648
CPT	24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	1,079
CPT	24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	1,799
CPT	24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	3,027
CPT	24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	2,909
CPT	24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	3,955
CPT	24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	3,959
CPT	24600	Treatment of closed elbow dislocation; without anesthesia	1,168
CPT	24605	Treatment of closed elbow dislocation; requiring anesthesia	1,675
CPT	24615	Open treatment of acute or chronic elbow dislocation	2,579
CPT	24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	1,990
CPT	24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	2,429
CPT	24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	324
CPT	24650	Closed treatment of radial head or neck fracture; without manipulation	842
CPT	24655	Closed treatment of radial head or neck fracture; with manipulation	1,408
CPT	24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	2,353
CPT	24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	2,650
CPT	24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	924
CPT	24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	1,488
CPT	24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	2,357
CPT	24800	Arthrodesis, elbow joint; local	3,006
CPT	24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	3,642
CPT	24900	Amputation, arm through humerus; with primary closure	2,653
CPT	24920	Amputation, arm through humerus; open, circular (guillotine)	2,654
CPT	24925	Amputation, arm through humerus; secondary closure or scar revision	2,038
CPT	24930	Amputation, arm through humerus; re-amputation	2,809
CPT	24931	Amputation, arm through humerus; with implant	2,773

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	24935	Stump elongation, upper extremity	3,318
CPT	24940	Cineplasty, upper extremity, complete procedure	3,397
CPT	25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	1,199
CPT	25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	1,234
CPT	25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	2,067
CPT	25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	3,985
CPT	25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	2,818
CPT	25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	4,469
CPT	25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	1,851
CPT	25031	Incision and drainage, forearm and/or wrist; bursa	1,244
CPT	25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	2,106
CPT	25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	2,030
CPT	25065	Biopsy, soft tissue of forearm and/or wrist; superficial	602
CPT	25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	1,283
CPT	25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	1,555
CPT	25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	1,944
CPT	25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	1,140
CPT	25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	1,607
CPT	25077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; less than 3 cm	2,863
CPT	25078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or greater	4,068
CPT	25085	Capsulotomy, wrist (eg, contracture)	1,624
CPT	25100	Arthrotomy, wrist joint; with biopsy	1,235
CPT	25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1,451
CPT	25105	Arthrotomy, wrist joint; with synovectomy	1,738
CPT	25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	2,228
CPT	25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	1,946
CPT	25110	Excision, lesion of tendon sheath, forearm and/or wrist	1,217
CPT	25111	Excision of ganglion, wrist (dorsal or volar); primary	1,141
CPT	25112	Excision of ganglion, wrist (dorsal or volar); recurrent	1,387
CPT	25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other	2,761

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	25116	granulomas, rheumatoid arthritis); flexors Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	2,168
CPT	25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	1,371
CPT	25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	1,789
CPT	25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	1,794
CPT	25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	2,136
CPT	25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	2,151
CPT	25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	1,616
CPT	25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	2,006
CPT	25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	1,771
CPT	25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	1,857
CPT	25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	2,039
CPT	25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	2,111
CPT	25170	Radical resection of tumor, radius or ulna	3,353
CPT	25210	Carpectomy; 1 bone	1,765
CPT	25215	Carpectomy; all bones of proximal row	2,237
CPT	25230	Radial styloidectomy (separate procedure)	1,554
CPT	25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	1,541
CPT	25246	Injection procedure for wrist arthrography	376
CPT	25248	Exploration with removal of deep foreign body, forearm or wrist	1,480
CPT	25250	Removal of wrist prosthesis; (separate procedure)	1,905
CPT	25251	Removal of wrist prosthesis; complicated, including total wrist	2,603
CPT	25259	Manipulation, wrist, under anesthesia	1,466
CPT	25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	2,281
CPT	25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	2,258
CPT	25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	2,704
CPT	25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	1,777
CPT	25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	2,001
CPT	25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each	2,414

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	25275	tendon or muscle Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	2,437
CPT	25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	2,038
CPT	25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	1,572
CPT	25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	1,890
CPT	25300	Tenodesis at wrist; flexors of fingers	2,470
CPT	25301	Tenodesis at wrist; extensors of fingers	2,330
CPT	25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	2,237
CPT	25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	2,607
CPT	25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	2,792
CPT	25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	3,205
CPT	25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	3,582
CPT	25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	3,072
CPT	25335	Centralization of wrist on ulna (eg, radial club hand)	2,792
CPT	25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	3,228
CPT	25350	Osteotomy, radius; distal third	2,437
CPT	25355	Osteotomy, radius; middle or proximal third	2,773
CPT	25360	Osteotomy; ulna	2,362
CPT	25365	Osteotomy; radius AND ulna	3,321
CPT	25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	3,652
CPT	25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	3,251
CPT	25390	Osteoplasty, radius OR ulna; shortening	2,795
CPT	25391	Osteoplasty, radius OR ulna; lengthening with autograft	3,622
CPT	25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	3,688
CPT	25393	Osteoplasty, radius AND ulna; lengthening with autograft	4,295
CPT	25394	Osteoplasty, carpal bone, shortening	2,839
CPT	25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	2,918
CPT	25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	3,770
CPT	25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	3,576
CPT	25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	4,256
CPT	25425	Repair of defect with autograft; radius OR ulna	3,498
CPT	25426	Repair of defect with autograft; radius AND ulna	4,094

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	2,555
CPT	25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	2,859
CPT	25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	2,781
CPT	25441	Arthroplasty with prosthetic replacement; distal radius	3,419
CPT	25442	Arthroplasty with prosthetic replacement; distal ulna	2,868
CPT	25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	2,827
CPT	25444	Arthroplasty with prosthetic replacement; lunate	2,928
CPT	25445	Arthroplasty with prosthetic replacement; trapezium	2,614
CPT	25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	4,279
CPT	25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	3,001
CPT	25449	Revision of arthroplasty, including removal of implant, wrist joint	3,817
CPT	25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	1,909
CPT	25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	2,114
CPT	25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	2,409
CPT	25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	2,677
CPT	25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	3,278
CPT	25500	Closed treatment of radial shaft fracture; without manipulation	875
CPT	25505	Closed treatment of radial shaft fracture; with manipulation	1,639
CPT	25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	2,412
CPT	25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	1,927
CPT	25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed	2,836
CPT	25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex	3,460
CPT	25530	Closed treatment of ulnar shaft fracture; without manipulation	831
CPT	25535	Closed treatment of ulnar shaft fracture; with manipulation	1,619
CPT	25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	2,242
CPT	25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	875
CPT	25565	Closed treatment of radial and ulnar shaft fractures; with	1,692

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		manipulation	
CPT	25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	2,425
CPT	25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	3,253
CPT	25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	943
CPT	25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	2,105
CPT	25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	2,385
CPT	25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	2,654
CPT	25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	2,979
CPT	25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	3,801
CPT	25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	977
CPT	25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	1,488
CPT	25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	2,605
CPT	25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	993
CPT	25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	1,479
CPT	25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	2,051
CPT	25650	Closed treatment of ulnar styloid fracture	1,065
CPT	25651	Percutaneous skeletal fixation of ulnar styloid fracture	1,747
CPT	25652	Open treatment of ulnar styloid fracture	2,248
CPT	25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	1,435
CPT	25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	2,179
CPT	25671	Percutaneous skeletal fixation of distal radioulnar dislocation	1,912
CPT	25675	Closed treatment of distal radioulnar dislocation with manipulation	1,409
CPT	25676	Open treatment of distal radioulnar dislocation, acute or chronic	2,281
CPT	25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	1,663
CPT	25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	2,661
CPT	25690	Closed treatment of lunate dislocation, with manipulation	1,721
CPT	25695	Open treatment of lunate dislocation	2,286
CPT	25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	2,654

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	25805	Arthrodesis, wrist; with sliding graft	3,061
CPT	25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	3,153
CPT	25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	2,213
CPT	25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	2,736
CPT	25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	3,407
CPT	25900	Amputation, forearm, through radius and ulna;	2,576
CPT	25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	2,538
CPT	25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	2,211
CPT	25909	Amputation, forearm, through radius and ulna; re-amputation	2,477
CPT	25915	Krukenberg procedure	3,745
CPT	25920	Disarticulation through wrist;	2,510
CPT	25922	Disarticulation through wrist; secondary closure or scar revision	1,751
CPT	25924	Disarticulation through wrist; re-amputation	2,211
CPT	25927	Transmetacarpal amputation;	2,893
CPT	25929	Transmetacarpal amputation; secondary closure or scar revision	2,224
CPT	25931	Transmetacarpal amputation; re-amputation	2,399
CPT	26010	Drainage of finger abscess; simple	511
CPT	26011	Drainage of finger abscess; complicated (eg, felon)	774
CPT	26020	Drainage of tendon sheath, digit and/or palm, each	1,563
CPT	26025	Drainage of palmar bursa; single, bursa	1,515
CPT	26030	Drainage of palmar bursa; multiple bursa	1,782
CPT	26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	1,934
CPT	26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	3,096
CPT	26037	Decompressive fasciotomy, hand (excludes 26035)	2,072
CPT	26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	1,116
CPT	26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	1,680
CPT	26055	Tendon sheath incision (eg, for trigger finger)	1,104
CPT	26060	Tenotomy, percutaneous, single, each digit	960
CPT	26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	1,111
CPT	26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	1,158
CPT	26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	1,397
CPT	26100	Arthrotomy with biopsy; carpometacarpal joint, each	1,192
CPT	26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	1,202
CPT	26110	Arthrotomy with biopsy; interphalangeal joint, each	1,153
CPT	26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	1,519
CPT	26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	1,990

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	1,264
CPT	26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	1,907
CPT	26117	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; less than 3 cm	2,629
CPT	26118	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cm or greater	3,894
CPT	26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	2,162
CPT	26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	3,023
CPT	26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	1,018
CPT	26130	Synovectomy, carpometacarpal joint	1,665
CPT	26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	1,994
CPT	26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	1,823
CPT	26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	1,850
CPT	26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	1,194
CPT	26170	Excision of tendon, palm, flexor or extensor, single, each tendon	1,463
CPT	26180	Excision of tendon, finger, flexor or extensor, each tendon	1,583
CPT	26185	Sesamoidectomy, thumb or finger (separate procedure)	1,971
CPT	26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	1,624
CPT	26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	2,172
CPT	26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	1,592
CPT	26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	2,027
CPT	26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	1,803
CPT	26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	1,789
CPT	26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	1,589
CPT	26250	Radical resection of tumor, metacarpal	2,356
CPT	26260	Radical resection of tumor, proximal or middle phalanx of finger	2,220
CPT	26262	Radical resection of tumor, distal phalanx of finger	1,856

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	26320	Removal of implant from finger or hand	1,250
CPT	26340	Manipulation, finger joint, under anesthesia, each joint	1,184
CPT	26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	2,486
CPT	26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	2,855
CPT	26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	3,856
CPT	26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	3,049
CPT	26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	3,283
CPT	26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	2,678
CPT	26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	3,105
CPT	26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	2,972
CPT	26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	2,954
CPT	26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	3,430
CPT	26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	1,970
CPT	26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	2,401
CPT	26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	2,425
CPT	26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	3,136
CPT	26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	2,005
CPT	26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	2,479
CPT	26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	1,809
CPT	26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	2,648
CPT	26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg,allet finger)	1,736
CPT	26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg,allet finger)	1,855
CPT	26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	2,262
CPT	26437	Realignment of extensor tendon, hand, each tendon	2,184
CPT	26440	Tenolysis, flexor tendon; palm OR finger, each tendon	2,161

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	26442	Tenolysis, flexor tendon; palm AND finger, each tendon	3,408
CPT	26445	Tenolysis, extensor tendon, hand OR finger, each tendon	2,007
CPT	26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	2,525
CPT	26450	Tenotomy, flexor, palm, open, each tendon	1,420
CPT	26455	Tenotomy, flexor, finger, open, each tendon	1,419
CPT	26460	Tenotomy, extensor, hand or finger, open, each tendon	1,382
CPT	26471	Tenodesis; of proximal interphalangeal joint, each joint	2,163
CPT	26474	Tenodesis; of distal joint, each joint	2,119
CPT	26476	Lengthening of tendon, extensor, hand or finger, each tendon	2,088
CPT	26477	Shortening of tendon, extensor, hand or finger, each tendon	2,046
CPT	26478	Lengthening of tendon, flexor, hand or finger, each tendon	2,183
CPT	26479	Shortening of tendon, flexor, hand or finger, each tendon	2,185
CPT	26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	2,636
CPT	26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	2,962
CPT	26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	2,836
CPT	26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	3,287
CPT	26490	Opponensplasty; superficialis tendon transfer type, each tendon	2,820
CPT	26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	3,112
CPT	26494	Opponensplasty; hypothenar muscle transfer	2,814
CPT	26496	Opponensplasty; other methods	3,038
CPT	26497	Transfer of tendon to restore intrinsic function; ring and small finger	3,055
CPT	26498	Transfer of tendon to restore intrinsic function; all 4 fingers	4,068
CPT	26499	Correction claw finger, other methods	2,927
CPT	26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	2,209
CPT	26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	2,541
CPT	26508	Release of thenar muscle(s) (eg, thumb contracture)	2,229
CPT	26510	Cross intrinsic transfer, each tendon	2,084
CPT	26516	Capsulodesis, metacarpophalangeal joint; single digit	2,466
CPT	26517	Capsulodesis, metacarpophalangeal joint; 2 digits	2,909
CPT	26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	2,976
CPT	26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	2,275
CPT	26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	2,274
CPT	26530	Arthroplasty, metacarpophalangeal joint; each joint	1,938
CPT	26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	2,258
CPT	26535	Arthroplasty, interphalangeal joint; each joint	1,497
CPT	26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	2,505
CPT	26540	Repair of collateral ligament, metacarpophalangeal or	2,315

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	26541	interphalangeal joint Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	2,814
CPT	26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	2,399
CPT	26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	2,462
CPT	26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	3,507
CPT	26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	2,704
CPT	26550	Pollicization of a digit	5,890
CPT	26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	10,571
CPT	26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	11,716
CPT	26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	11,435
CPT	26555	Transfer, finger to another position without microvascular anastomosis	4,889
CPT	26556	Transfer, free toe joint, with microvascular anastomosis	10,488
CPT	26560	Repair of syndactyly (web finger) each web space; with skin flaps	2,089
CPT	26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	3,460
CPT	26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	4,485
CPT	26565	Osteotomy; metacarpal, each	2,390
CPT	26567	Osteotomy; phalanx of finger, each	2,390
CPT	26568	Osteoplasty, lengthening, metacarpal or phalanx	3,159
CPT	26580	Repair cleft hand	4,725
CPT	26587	Reconstruction of polydactylous digit, soft tissue and bone	3,912
CPT	26590	Repair macrodactylia, each digit	4,565
CPT	26591	Repair, intrinsic muscles of hand, each muscle	1,515
CPT	26593	Release, intrinsic muscles of hand, each muscle	2,101
CPT	26596	Excision of constricting ring of finger, with multiple Z-plasties	2,709
CPT	26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	971
CPT	26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	1,038
CPT	26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	1,641
CPT	26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	1,711
CPT	26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	2,079
CPT	26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	1,156
CPT	26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	1,398
CPT	26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	1,711
CPT	26665	Open treatment of carpometacarpal fracture dislocation,	2,262

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		thumb (Bennett fracture), includes internal fixation, when performed	
CPT	26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	1,066
CPT	26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	1,491
CPT	26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	1,789
CPT	26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	2,080
CPT	26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	2,247
CPT	26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	1,054
CPT	26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	1,369
CPT	26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	1,587
CPT	26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	2,062
CPT	26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	643
CPT	26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	1,085
CPT	26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	1,686
CPT	26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	2,155
CPT	26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	759
CPT	26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	1,180
CPT	26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	2,689
CPT	26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	639
CPT	26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	966
CPT	26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	1,494
CPT	26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	1,806
CPT	26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	885
CPT	26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	1,225
CPT	26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	1,583

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	1,972
CPT	26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	2,769
CPT	26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	2,565
CPT	26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	2,779
CPT	26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	2,593
CPT	26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	2,887
CPT	26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	2,440
CPT	26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	2,811
CPT	26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	1,970
CPT	26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	384
CPT	26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	2,560
CPT	26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	848
CPT	26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	2,537
CPT	26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	2,290
CPT	26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	2,280
CPT	26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	2,246
CPT	26991	Incision and drainage, pelvis or hip joint area; infected bursa	1,900
CPT	26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	3,487
CPT	27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	1,566
CPT	27001	Tenotomy, adductor of hip, open	1,950
CPT	27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	2,150
CPT	27005	Tenotomy, hip flexor(s), open (separate procedure)	2,632
CPT	27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	2,671
CPT	27025	Fasciotomy, hip or thigh, any type	3,317
CPT	27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	3,088
CPT	27030	Arthrotomy, hip, with drainage (eg, infection)	3,391

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	3,542
CPT	27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	4,296
CPT	27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	3,658
CPT	27040	Biopsy, soft tissue of pelvis and hip area; superficial	736
CPT	27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	2,430
CPT	27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	1,703
CPT	27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	2,702
CPT	27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	1,371
CPT	27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	1,958
CPT	27049	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; less than 5 cm	4,163
CPT	27050	Arthrotomy, with biopsy; sacroiliac joint	1,351
CPT	27052	Arthrotomy, with biopsy; hip joint	2,075
CPT	27054	Arthrotomy with synovectomy, hip joint	2,475
CPT	27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	3,470
CPT	27059	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; 5 cm or greater	6,614
CPT	27060	Excision; ischial bursa	1,674
CPT	27062	Excision; trochanteric bursa or calcification	1,644
CPT	27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	1,820
CPT	27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	2,943
CPT	27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	3,761
CPT	27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	3,082
CPT	27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	3,296
CPT	27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	7,593
CPT	27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	6,674
CPT	27077	Radical resection of tumor; innominate bone, total	10,446
CPT	27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	4,187

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27080	Coccygectomy, primary	1,844
CPT	27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	530
CPT	27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	2,269
CPT	27090	Removal of hip prosthesis; (separate procedure)	3,012
CPT	27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	5,850
CPT	27093	Injection procedure for hip arthrography; without anesthesia	394
CPT	27095	Injection procedure for hip arthrography; with anesthesia	461
CPT	27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	352
CPT	27097	Release or recession, hamstring, proximal	2,466
CPT	27098	Transfer, adductor to ischium	2,464
CPT	27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	2,991
CPT	27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	3,140
CPT	27110	Transfer iliopsoas; to greater trochanter of femur	3,521
CPT	27111	Transfer iliopsoas; to femoral neck	3,263
CPT	27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	4,748
CPT	27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	4,013
CPT	27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	4,134
CPT	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	5,270
CPT	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	6,144
CPT	27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	7,047
CPT	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	5,403
CPT	27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	5,622
CPT	27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	3,246
CPT	27146	Osteotomy, iliac, acetabular or innominate bone;	4,692
CPT	27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	5,377
CPT	27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	5,827
CPT	27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	6,286
CPT	27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	5,127
CPT	27161	Osteotomy, femoral neck (separate procedure)	4,426
CPT	27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	5,018
CPT	27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	4,300
CPT	27175	Treatment of slipped femoral epiphysis; by traction, without reduction	2,421

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	3,337
CPT	27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	4,058
CPT	27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	3,337
CPT	27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	3,550
CPT	27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	4,094
CPT	27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	2,102
CPT	27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	3,604
CPT	27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	1,719
CPT	27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	2,482
CPT	27200	Closed treatment of coccygeal fracture	661
CPT	27202	Open treatment of coccygeal fracture	2,021
CPT	27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	2,160
CPT	27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	3,208
CPT	27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)	3,010
CPT	27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	4,164
CPT	27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	1,894
CPT	27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	3,543
CPT	27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	3,871
CPT	27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	6,097
CPT	27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	6,946
CPT	27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	1,688

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	2,779
CPT	27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	3,312
CPT	27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	4,368
CPT	27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	1,646
CPT	27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	3,471
CPT	27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	4,494
CPT	27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	4,497
CPT	27246	Closed treatment of greater trochanteric fracture, without manipulation	1,386
CPT	27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	2,704
CPT	27250	Closed treatment of hip dislocation, traumatic; without anesthesia	1,026
CPT	27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	2,741
CPT	27253	Open treatment of hip dislocation, traumatic, without internal fixation	3,425
CPT	27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	4,620
CPT	27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	829
CPT	27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	1,209
CPT	27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	4,049
CPT	27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	5,677
CPT	27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	1,395
CPT	27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	2,101
CPT	27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	1,561
CPT	27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	1,944
CPT	27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	4,521
CPT	27275	Manipulation, hip joint, requiring general anesthesia	638

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27280	Arthrodesis, sacroiliac joint (including obtaining graft)	3,743
CPT	27282	Arthrodesis, symphysis pubis (including obtaining graft)	3,099
CPT	27284	Arthrodesis, hip joint (including obtaining graft);	5,941
CPT	27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	6,057
CPT	27290	Interpelviabdominal amputation (hindquarter amputation)	5,947
CPT	27295	Disarticulation of hip	4,639
CPT	27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	1,810
CPT	27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	2,312
CPT	27305	Fasciotomy, iliotibial (tenotomy), open	1,726
CPT	27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	1,342
CPT	27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	1,727
CPT	27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	2,648
CPT	27323	Biopsy, soft tissue of thigh or knee area; superficial	649
CPT	27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	1,414
CPT	27325	Neurectomy, hamstring muscle	2,007
CPT	27326	Neurectomy, popliteal (gastrocnemius)	1,848
CPT	27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	1,118
CPT	27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	1,723
CPT	27329	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; less than 5 cm	3,795
CPT	27330	Arthrotomy, knee; with synovial biopsy only	1,482
CPT	27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	1,711
CPT	27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	2,313
CPT	27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	2,112
CPT	27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	2,474
CPT	27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	2,765
CPT	27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	1,523
CPT	27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	2,738
CPT	27340	Excision, prepatellar bursa	1,330
CPT	27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	1,730
CPT	27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	1,903
CPT	27350	Patellectomy or hemipatellectomy	2,354
CPT	27355	Excision or curettage of bone cyst or benign tumor of femur;	2,175
CPT	27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	2,664
CPT	27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	2,950

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	1,030
CPT	27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	3,079
CPT	27364	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; 5 cm or greater	5,687
CPT	27365	Radical resection of tumor, femur or knee	5,096
CPT	27370	Injection procedure for knee arthrography	298
CPT	27372	Removal of foreign body, deep, thigh region or knee area	1,463
CPT	27380	Suture of infrapatellar tendon; primary	2,132
CPT	27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	2,883
CPT	27385	Suture of quadriceps or hamstring muscle rupture; primary	2,278
CPT	27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	3,004
CPT	27390	Tenotomy, open, hamstring, knee to hip; single tendon	1,610
CPT	27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	2,079
CPT	27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	2,576
CPT	27393	Lengthening of hamstring tendon; single tendon	1,820
CPT	27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	2,341
CPT	27395	Lengthening of hamstring tendon; multiple tendons, bilateral	3,186
CPT	27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	2,223
CPT	27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	3,321
CPT	27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	2,512
CPT	27403	Arthrotomy with meniscus repair, knee	2,313
CPT	27405	Repair, primary, torn ligament and/or capsule, knee; collateral	2,447
CPT	27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	2,870
CPT	27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	3,509
CPT	27412	Autologous chondrocyte implantation, knee	6,029
CPT	27415	Osteochondral allograft, knee, open	5,012
CPT	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	3,570
CPT	27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	3,012
CPT	27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	2,700
CPT	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	2,689
CPT	27424	Reconstruction of dislocating patella; with patellectomy	2,687
CPT	27425	Lateral retinacular release, open	1,607
CPT	27427	Ligamentous reconstruction (augmentation), knee; extra-articular	2,596
CPT	27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	4,044

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	4,515
CPT	27430	Quadricepsplasty (eg, Bennett or Thompson type)	2,678
CPT	27435	Capsulotomy, posterior capsular release, knee	2,917
CPT	27437	Arthroplasty, patella; without prosthesis	2,392
CPT	27438	Arthroplasty, patella; with prosthesis	3,051
CPT	27440	Arthroplasty, knee, tibial plateau;	2,894
CPT	27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	2,991
CPT	27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	3,159
CPT	27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	2,965
CPT	27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	4,574
CPT	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	4,030
CPT	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	5,626
CPT	27448	Osteotomy, femur, shaft or supracondylar; without fixation	2,972
CPT	27450	Osteotomy, femur, shaft or supracondylar; with fixation	3,686
CPT	27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	4,745
CPT	27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	3,425
CPT	27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	3,508
CPT	27465	Osteoplasty, femur; shortening (excluding 64876)	4,581
CPT	27466	Osteoplasty, femur; lengthening	4,284
CPT	27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	4,905
CPT	27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	4,297
CPT	27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	4,613
CPT	27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	2,072
CPT	27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	2,656
CPT	27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	3,145
CPT	27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	2,429
CPT	27486	Revision of total knee arthroplasty, with or without allograft; 1 component	5,146
CPT	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	6,449
CPT	27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	4,381
CPT	27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	4,111
CPT	27496	Decompression fasciotomy, thigh and/or knee, 1	1,954

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27497	compartment (flexor or extensor or adductor); Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	2,105
CPT	27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	2,363
CPT	27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	2,533
CPT	27500	Closed treatment of femoral shaft fracture, without manipulation	1,728
CPT	27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	1,800
CPT	27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	2,826
CPT	27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	2,918
CPT	27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	4,885
CPT	27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	3,555
CPT	27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	1,771
CPT	27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	2,326
CPT	27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	2,494
CPT	27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	3,653
CPT	27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	4,555
CPT	27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	3,538
CPT	27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	1,706
CPT	27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	2,479
CPT	27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	3,256
CPT	27520	Closed treatment of patellar fracture, without manipulation	1,044
CPT	27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	2,728
CPT	27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	1,322
CPT	27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	2,090
CPT	27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	3,280

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	4,348
CPT	27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	1,582
CPT	27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	2,952
CPT	27550	Closed treatment of knee dislocation; without anesthesia	1,649
CPT	27552	Closed treatment of knee dislocation; requiring anesthesia	2,263
CPT	27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	3,202
CPT	27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	3,835
CPT	27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	4,377
CPT	27560	Closed treatment of patellar dislocation; without anesthesia	1,263
CPT	27562	Closed treatment of patellar dislocation; requiring anesthesia	1,737
CPT	27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	3,236
CPT	27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	540
CPT	27580	Arthrodesis, knee, any technique	5,247
CPT	27590	Amputation, thigh, through femur, any level;	3,024
CPT	27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	3,286
CPT	27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	2,571
CPT	27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	1,859
CPT	27596	Amputation, thigh, through femur, any level; re-amputation	2,682
CPT	27598	Disarticulation at knee	2,725
CPT	27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	1,513
CPT	27601	Decompression fasciotomy, leg; posterior compartment(s) only	1,620
CPT	27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	1,854
CPT	27603	Incision and drainage, leg or ankle; deep abscess or hematoma	1,431
CPT	27604	Incision and drainage, leg or ankle; infected bursa	1,224
CPT	27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	745
CPT	27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	1,043
CPT	27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	2,230
CPT	27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	2,371
CPT	27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	2,028
CPT	27613	Biopsy, soft tissue of leg or ankle area; superficial	598
CPT	27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	1,475

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27615	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; less than 5 cm	3,608
CPT	27616	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; 5 cm or greater	4,645
CPT	27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	1,105
CPT	27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	1,759
CPT	27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1,658
CPT	27625	Arthrotomy, with synovectomy, ankle;	2,079
CPT	27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	2,279
CPT	27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	1,325
CPT	27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	1,507
CPT	27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	2,443
CPT	27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	2,151
CPT	27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	2,764
CPT	27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	2,806
CPT	27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	3,061
CPT	27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	2,431
CPT	27645	Radical resection of tumor; tibia	4,245
CPT	27646	Radical resection of tumor; fibula	3,748
CPT	27647	Radical resection of tumor; talus or calcaneus	3,461
CPT	27648	Injection procedure for ankle arthrography	294
CPT	27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	2,420
CPT	27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	2,541
CPT	27654	Repair, secondary, Achilles tendon, with or without graft	2,581
CPT	27656	Repair, fascial defect of leg	1,420
CPT	27658	Repair, flexor tendon, leg; primary, without graft, each tendon	1,362
CPT	27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	1,767
CPT	27664	Repair, extensor tendon, leg; primary, without graft, each tendon	1,322
CPT	27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	1,481
CPT	27675	Repair, dislocating peroneal tendons; without fibular osteotomy	1,770
CPT	27676	Repair, dislocating peroneal tendons; with fibular osteotomy	2,257
CPT	27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	1,571
CPT	27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	1,971
CPT	27685	Lengthening or shortening of tendon, leg or ankle; single	1,684

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		tendon (separate procedure)	
CPT	27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	2,010
CPT	27687	Gastrocnemius recession (eg, Strayer procedure)	1,655
CPT	27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	2,315
CPT	27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	2,736
CPT	27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	397
CPT	27695	Repair, primary, disrupted ligament, ankle; collateral	1,738
CPT	27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	2,039
CPT	27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	2,339
CPT	27700	Arthroplasty, ankle;	2,149
CPT	27702	Arthroplasty, ankle; with implant (total ankle)	3,557
CPT	27703	Arthroplasty, ankle; revision, total ankle	4,122
CPT	27704	Removal of ankle implant	2,095
CPT	27705	Osteotomy; tibia	2,775
CPT	27707	Osteotomy; fibula	1,463
CPT	27709	Osteotomy; tibia and fibula	4,319
CPT	27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	4,027
CPT	27715	Osteoplasty, tibia and fibula, lengthening or shortening	3,844
CPT	27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	3,183
CPT	27722	Repair of nonunion or malunion, tibia; with sliding graft	3,231
CPT	27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	4,649
CPT	27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	4,443
CPT	27726	Repair of fibula nonunion and/or malunion with internal fixation	3,557
CPT	27727	Repair of congenital pseudarthrosis, tibia	3,775
CPT	27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	2,116
CPT	27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	1,607
CPT	27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	2,237
CPT	27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	2,220
CPT	27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	2,642
CPT	27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	2,731
CPT	27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	1,125
CPT	27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	1,790
CPT	27756	Percutaneous skeletal fixation of tibial shaft fracture (with	2,074

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	27758	or without fibular fracture) (eg, pins or screws) Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	3,240
CPT	27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	3,641
CPT	27760	Closed treatment of medial malleolus fracture; without manipulation	1,080
CPT	27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	1,575
CPT	27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	2,209
CPT	27767	Closed treatment of posterior malleolus fracture; without manipulation	1,004
CPT	27768	Closed treatment of posterior malleolus fracture; with manipulation	1,576
CPT	27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	2,672
CPT	27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	982
CPT	27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	1,409
CPT	27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	2,605
CPT	27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	1,015
CPT	27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	1,382
CPT	27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	2,594
CPT	27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	1,061
CPT	27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	1,533
CPT	27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	2,807
CPT	27816	Closed treatment of trimalleolar ankle fracture; without manipulation	1,012
CPT	27818	Closed treatment of trimalleolar ankle fracture; with manipulation	1,552
CPT	27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	3,055
CPT	27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	3,480
CPT	27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	1,078
CPT	27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring	1,793

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		manipulation	
CPT	27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	3,040
CPT	27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	3,943
CPT	27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	4,728
CPT	27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	2,476
CPT	27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	1,263
CPT	27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	1,430
CPT	27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	2,737
CPT	27840	Closed treatment of ankle dislocation; without anesthesia	1,284
CPT	27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	1,792
CPT	27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	2,663
CPT	27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	2,976
CPT	27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	626
CPT	27870	Arthrodesis, ankle, open	3,792
CPT	27871	Arthrodesis, tibiofibular joint, proximal or distal	2,515
CPT	27880	Amputation, leg, through tibia and fibula;	3,434
CPT	27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	3,229
CPT	27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	2,268
CPT	27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	2,146
CPT	27886	Amputation, leg, through tibia and fibula; re-amputation	2,443
CPT	27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	2,491
CPT	27889	Ankle disarticulation	2,474
CPT	27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	2,018
CPT	27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	2,213
CPT	27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	3,140
CPT	28001	Incision and drainage, bursa, foot	624
CPT	28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	1,361

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	1,933
CPT	28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	2,140
CPT	28008	Fasciotomy, foot and/or toe	1,056
CPT	28010	Tenotomy, percutaneous, toe; single tendon	756
CPT	28011	Tenotomy, percutaneous, toe; multiple tendons	1,073
CPT	28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	1,297
CPT	28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	1,153
CPT	28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	1,078
CPT	28035	Release, tarsal tunnel (posterior tibial nerve decompression)	1,280
CPT	28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	1,218
CPT	28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	1,599
CPT	28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	959
CPT	28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	1,284
CPT	28046	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; less than 3 cm	2,748
CPT	28047	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or greater	3,325
CPT	28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	1,044
CPT	28052	Arthrotomy with biopsy; metatarsophalangeal joint	1,000
CPT	28054	Arthrotomy with biopsy; interphalangeal joint	898
CPT	28055	Neurectomy, intrinsic musculature of foot	1,367
CPT	28060	Fasciectomy, plantar fascia; partial (separate procedure)	1,281
CPT	28062	Fasciectomy, plantar fascia; radical (separate procedure)	1,473
CPT	28070	Synovectomy; intertarsal or tarsometatarsal joint, each	1,287
CPT	28072	Synovectomy; metatarsophalangeal joint, each	1,222
CPT	28080	Excision, interdigital (Morton) neuroma, single, each	1,306
CPT	28086	Synovectomy, tendon sheath, foot; flexor	1,297
CPT	28088	Synovectomy, tendon sheath, foot; extensor	1,106
CPT	28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	1,110
CPT	28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	977
CPT	28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	1,462
CPT	28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	2,074
CPT	28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	1,414
CPT	28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	1,241
CPT	28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	1,549

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	1,256
CPT	28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	1,030
CPT	28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	1,038
CPT	28111	Ostectomy, complete excision; first metatarsal head	1,209
CPT	28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	1,139
CPT	28113	Ostectomy, complete excision; fifth metatarsal head	1,544
CPT	28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	3,033
CPT	28116	Ostectomy, excision of tarsal coalition	2,065
CPT	28118	Ostectomy, calcaneus;	1,487
CPT	28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	1,297
CPT	28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	1,991
CPT	28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	1,787
CPT	28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	1,188
CPT	28126	Resection, partial or complete, phalangeal base, each toe	893
CPT	28130	Talectomy (astragalectomy)	2,632
CPT	28140	Metatarsectomy	1,615
CPT	28150	Phalangectomy, toe, each toe	1,028
CPT	28153	Resection, condyle(s), distal end of phalanx, each toe	957
CPT	28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	976
CPT	28171	Radical resection of tumor; tarsal (except talus or calcaneus)	2,690
CPT	28173	Radical resection of tumor; metatarsal	2,823
CPT	28175	Radical resection of tumor; phalanx of toe	1,784
CPT	28190	Removal of foreign body, foot; subcutaneous	547
CPT	28192	Removal of foreign body, foot; deep	1,139
CPT	28193	Removal of foreign body, foot; complicated	1,339
CPT	28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	1,130
CPT	28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	1,515
CPT	28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	1,114
CPT	28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	1,470
CPT	28220	Tenolysis, flexor, foot; single tendon	1,084
CPT	28222	Tenolysis, flexor, foot; multiple tendons	1,272
CPT	28225	Tenolysis, extensor, foot; single tendon	914
CPT	28226	Tenolysis, extensor, foot; multiple tendons	1,122
CPT	28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	1,013

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	884
CPT	28234	Tenotomy, open, extensor, foot or toe, each tendon	957
CPT	28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	1,778
CPT	28240	Tenotomy, lengthening, or release, abductor hallucis muscle	1,044
CPT	28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	1,456
CPT	28260	Capsulotomy, midfoot; medial release only (separate procedure)	1,893
CPT	28261	Capsulotomy, midfoot; with tendon lengthening	2,770
CPT	28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	4,103
CPT	28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	2,636
CPT	28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	1,208
CPT	28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	914
CPT	28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	1,270
CPT	28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	1,158
CPT	28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	1,089
CPT	28288	Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	1,569
CPT	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint	1,995
CPT	28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	1,431
CPT	28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	2,175
CPT	28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	2,565
CPT	28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	1,882
CPT	28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	1,883
CPT	28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	2,138
CPT	28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	1,831
CPT	28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	2,452
CPT	28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	2,407
CPT	28302	Osteotomy; talus	2,593
CPT	28304	Osteotomy, tarsal bones, other than calcaneus or talus;	2,162
CPT	28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	2,342

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	1,479
CPT	28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	1,669
CPT	28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	1,354
CPT	28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	3,267
CPT	28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	1,283
CPT	28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	1,142
CPT	28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	1,306
CPT	28315	Sesamoidectomy, first toe (separate procedure)	1,163
CPT	28320	Repair, nonunion or malunion; tarsal bones	2,220
CPT	28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	2,100
CPT	28340	Reconstruction, toe, macrodactyly; soft tissue resection	1,494
CPT	28341	Reconstruction, toe, macrodactyly; requiring bone resection	1,783
CPT	28344	Reconstruction, toe(s); polydactyly	1,019
CPT	28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	1,317
CPT	28360	Reconstruction, cleft foot	3,814
CPT	28400	Closed treatment of calcaneal fracture; without manipulation	806
CPT	28405	Closed treatment of calcaneal fracture; with manipulation	1,286
CPT	28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	1,893
CPT	28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	4,067
CPT	28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	4,560
CPT	28430	Closed treatment of talus fracture; without manipulation	743
CPT	28435	Closed treatment of talus fracture; with manipulation	1,150
CPT	28436	Percutaneous skeletal fixation of talus fracture, with manipulation	1,605
CPT	28445	Open treatment of talus fracture, includes internal fixation, when performed	3,851
CPT	28446	Open osteochondral autograft, talus (includes obtaining graft[s])	4,465
CPT	28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	682
CPT	28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	951
CPT	28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	1,132
CPT	28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	2,206
CPT	28470	Closed treatment of metatarsal fracture; without	680

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	28475	manipulation, each Closed treatment of metatarsal fracture; with manipulation, each	816
CPT	28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	1,239
CPT	28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	1,923
CPT	28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	437
CPT	28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	535
CPT	28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	896
CPT	28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	1,812
CPT	28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	421
CPT	28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	503
CPT	28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	1,449
CPT	28530	Closed treatment of sesamoid fracture	367
CPT	28531	Open treatment of sesamoid fracture, with or without internal fixation	828
CPT	28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	653
CPT	28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	931
CPT	28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	1,208
CPT	28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	2,425
CPT	28570	Closed treatment of talotarsal joint dislocation; without anesthesia	496
CPT	28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	1,175
CPT	28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	1,418
CPT	28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	2,620
CPT	28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	676
CPT	28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	931
CPT	28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	1,417
CPT	28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	2,862
CPT	28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	395
CPT	28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	487
CPT	28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	669

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	1,732
CPT	28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	315
CPT	28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	480
CPT	28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	762
CPT	28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	1,479
CPT	28705	Arthrodesis; pantalar	4,712
CPT	28715	Arthrodesis; triple	3,537
CPT	28725	Arthrodesis; subtalar	2,878
CPT	28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	3,069
CPT	28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	2,888
CPT	28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	2,443
CPT	28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	2,292
CPT	28750	Arthrodesis, great toe; metatarsophalangeal joint	2,183
CPT	28755	Arthrodesis, great toe; interphalangeal joint	1,184
CPT	28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	2,116
CPT	28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	2,028
CPT	28805	Amputation, foot; transmetatarsal	2,759
CPT	28810	Amputation, metatarsal, with toe, single	1,605
CPT	28820	Amputation, toe; metatarsophalangeal joint	1,253
CPT	28825	Amputation, toe; interphalangeal joint	1,484
CPT	28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	831
CPT	29000	Application of halo type body cast (see 20661-20663 for insertion)	632
CPT	29010	Application of Risser jacket, localizer, body; only	621
CPT	29015	Application of Risser jacket, localizer, body; including head	576
CPT	29020	Application of turnbuckle jacket, body; only	546
CPT	29025	Application of turnbuckle jacket, body; including head	606
CPT	29035	Application of body cast, shoulder to hips;	519
CPT	29040	Application of body cast, shoulder to hips; including head, Minerva type	563
CPT	29044	Application of body cast, shoulder to hips; including 1 thigh	607
CPT	29046	Application of body cast, shoulder to hips; including both thighs	645
CPT	29049	Application, cast; figure-of-eight	253
CPT	29055	Application, cast; shoulder spica	502
CPT	29058	Application, cast; plaster Velpeau	284
CPT	29065	Application, cast; shoulder to hand (long arm)	246
CPT	29075	Application, cast; elbow to finger (short arm)	224
CPT	29085	Application, cast; hand and lower forearm (gauntlet)	242
CPT	29086	Application, cast; finger (eg, contracture)	184
CPT	29105	Application of long arm splint (shoulder to hand)	214
CPT	29125	Application of short arm splint (forearm to hand); static	157

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	29126	Application of short arm splint (forearm to hand); dynamic	192
CPT	29130	Application of finger splint; static	104
CPT	29131	Application of finger splint; dynamic	122
CPT	29200	Strapping; thorax	145
CPT	29240	Strapping; shoulder (eg, Velpeau)	155
CPT	29260	Strapping; elbow or wrist	135
CPT	29280	Strapping; hand or finger	130
CPT	29305	Application of hip spica cast; 1 leg	575
CPT	29325	Application of hip spica cast; 1 and one-half spica or both legs	647
CPT	29345	Application of long leg cast (thigh to toes);	367
CPT	29355	Application of long leg cast (thigh to toes); walker or ambulatory type	390
CPT	29358	Application of long leg cast brace	379
CPT	29365	Application of cylinder cast (thigh to ankle)	319
CPT	29405	Application of short leg cast (below knee to toes);	228
CPT	29425	Application of short leg cast (below knee to toes); walking or ambulatory type	245
CPT	29435	Application of patellar tendon bearing (PTB) cast	307
CPT	29440	Adding walker to previously applied cast	113
CPT	29445	Application of rigid total contact leg cast	391
CPT	29450	Application of clubfoot cast with molding or manipulation, long or short leg	409
CPT	29505	Application of long leg splint (thigh to ankle or toes)	174
CPT	29515	Application of short leg splint (calf to foot)	178
CPT	29520	Strapping; hip	128
CPT	29530	Strapping; knee	136
CPT	29540	Strapping; ankle and/or foot	98
CPT	29550	Strapping; toes	81
CPT	29580	Strapping; Unna boot	129
CPT	29581	Application of multi-layer venous wound compression system, below knee	114
CPT	29590	Denis-Browne splint strapping	136
CPT	29700	Removal or bivalving; gauntlet, boot or body cast	141
CPT	29705	Removal or bivalving; full arm or full leg cast	172
CPT	29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	308
CPT	29715	Removal or bivalving; turnbuckle jacket	196
CPT	29720	Repair of spica, body cast or jacket	173
CPT	29730	Windowing of cast	164
CPT	29740	Wedging of cast (except clubfoot casts)	230
CPT	29750	Wedging of clubfoot cast	280
CPT	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	1,903
CPT	29804	Arthroscopy, temporomandibular joint, surgical	2,406
CPT	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	1,703
CPT	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	3,857
CPT	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	3,771
CPT	29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	2,124
CPT	29820	Arthroscopy, shoulder, surgical; synovectomy, partial	1,952
CPT	29821	Arthroscopy, shoulder, surgical; synovectomy, complete	2,139
CPT	29822	Arthroscopy, shoulder, surgical; debridement, limited	2,078
CPT	29823	Arthroscopy, shoulder, surgical; debridement, extensive	2,267

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	2,443
CPT	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	2,117
CPT	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	2,415
CPT	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	3,918
CPT	29828	Arthroscopy, shoulder, surgical; biceps tenodesis	3,357
CPT	29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	1,644
CPT	29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	1,781
CPT	29835	Arthroscopy, elbow, surgical; synovectomy, partial	1,833
CPT	29836	Arthroscopy, elbow, surgical; synovectomy, complete	2,111
CPT	29837	Arthroscopy, elbow, surgical; debridement, limited	1,916
CPT	29838	Arthroscopy, elbow, surgical; debridement, extensive	2,145
CPT	29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	1,631
CPT	29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	1,745
CPT	29844	Arthroscopy, wrist, surgical; synovectomy, partial	1,810
CPT	29845	Arthroscopy, wrist, surgical; synovectomy, complete	2,095
CPT	29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	1,894
CPT	29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	1,965
CPT	29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	1,851
CPT	29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	2,257
CPT	29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	3,393
CPT	29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	2,853
CPT	29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	3,632
CPT	29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	2,418
CPT	29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	2,655
CPT	29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	2,972
CPT	29863	Arthroscopy, hip, surgical; with synovectomy	2,966
CPT	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	3,817
CPT	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	4,661

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	6,128
CPT	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	1,490
CPT	29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	1,860
CPT	29873	Arthroscopy, knee, surgical; with lateral release	1,885
CPT	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	1,954
CPT	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	1,794
CPT	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	2,385
CPT	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	2,259
CPT	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	2,409
CPT	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)	2,510
CPT	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	2,348
CPT	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	2,541
CPT	29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	3,050
CPT	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	2,253
CPT	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	2,730
CPT	29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	2,304
CPT	29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	2,711
CPT	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	3,602
CPT	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	4,438
CPT	29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	2,502
CPT	29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	2,245
CPT	29893	Endoscopic plantar fasciotomy	1,533
CPT	29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	1,879
CPT	29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	1,784
CPT	29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	1,861
CPT	29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints),	2,073

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CPT	29899	surgical; debridement, extensive Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	3,801
CPT	29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	1,687
CPT	29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	1,918
CPT	29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	1,884
CPT	29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	2,312
CPT	29905	Arthroscopy, subtalar joint, surgical; with synovectomy	2,501
CPT	29906	Arthroscopy, subtalar joint, surgical; with debridement	2,631
CPT	29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	3,185
CPT	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	3,693
CPT	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	3,762
CPT	29916	Arthroscopy, subtalar joint, surgical; with labral repair	3,762
CPT	30000	Drainage abscess or hematoma, nasal, internal approach	492
CPT	30020	Drainage abscess or hematoma, nasal septum	505
CPT	30100	Biopsy, intranasal	316
CPT	30110	Excision, nasal polyp(s), simple	501
CPT	30115	Excision, nasal polyp(s), extensive	1,580
CPT	30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	1,899
CPT	30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	2,828
CPT	30120	Excision or surgical planing of skin of nose for rhinophyma	1,610
CPT	30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	1,007
CPT	30125	Excision dermoid cyst, nose; complex, under bone or cartilage	2,242
CPT	30130	Excision inferior turbinate, partial or complete, any method	1,385
CPT	30140	Submucous resection inferior turbinate, partial or complete, any method	1,600
CPT	30150	Rhinectomy; partial	2,836
CPT	30160	Rhinectomy; total	2,861
CPT	30200	Injection into turbinate(s), therapeutic	251
CPT	30210	Displacement therapy (Proetz type)	367
CPT	30220	Insertion, nasal septal prosthesis (button)	661
CPT	30300	Removal foreign body, intranasal; office type procedure	479
CPT	30310	Removal foreign body, intranasal; requiring general anesthesia	750
CPT	30320	Removal foreign body, intranasal; by lateral rhinotomy	1,656
CPT	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	3,700
CPT	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	4,358
CPT	30420	Rhinoplasty, primary; including major septal repair	5,051
CPT	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	3,223
CPT	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	4,451

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	5,539
CPT	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	2,792
CPT	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	5,807
CPT	30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	3,625
CPT	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	2,296
CPT	30540	Repair choanal atresia; intranasal	2,531
CPT	30545	Repair choanal atresia; transpalatine	3,006
CPT	30560	Lysis intranasal synechia	587
CPT	30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	1,862
CPT	30600	Repair fistula; oronasal	1,594
CPT	30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	2,269
CPT	30630	Repair nasal septal perforations	2,302
CPT	30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	496
CPT	30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	699
CPT	30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	228
CPT	30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	436
CPT	30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	536
CPT	30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	611
CPT	30915	Ligation arteries; ethmoidal	2,132
CPT	30920	Ligation arteries; internal maxillary artery, transantral	3,088
CPT	30930	Fracture nasal inferior turbinate(s), therapeutic	454
CPT	31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	394
CPT	31002	Lavage by cannulation; sphenoid sinus	728
CPT	31020	Sinusotomy, maxillary (antrotomy); intranasal	1,295
CPT	31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	1,915
CPT	31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	2,101
CPT	31040	Pterygomaxillary fossa surgery, any approach	2,760
CPT	31050	Sinusotomy, sphenoid, with or without biopsy;	1,778
CPT	31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	2,369
CPT	31070	Sinusotomy frontal; external, simple (trephine operation)	1,608
CPT	31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	2,881
CPT	31080	Sinusotomy frontal; obliterative without osteoplastic flap,	3,800

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	31081	brow incision (includes ablation)	5,209
CPT	31084	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	4,263
CPT	31085	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	4,846
CPT	31086	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	4,140
CPT	31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	4,002
CPT	31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	4,002
CPT	31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	3,755
CPT	31200	Ethmoidectomy; intranasal, anterior	2,002
CPT	31201	Ethmoidectomy; intranasal, total	2,708
CPT	31205	Ethmoidectomy; extranasal, total	3,254
CPT	31225	Maxillectomy; without orbital exenteration	6,933
CPT	31230	Maxillectomy; with orbital exenteration (en bloc)	7,734
CPT	31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	421
CPT	31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	586
CPT	31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	665
CPT	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	719
CPT	31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	738
CPT	31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	2,514
CPT	31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	604
CPT	31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	1,029
CPT	31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	1,509
CPT	31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	744
CPT	31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	1,196
CPT	31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	1,905
CPT	31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	875
CPT	31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	1,016
CPT	31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	4,341
CPT	31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	4,604
CPT	31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	3,737
CPT	31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	4,072
CPT	31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression	4,667

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	628
CPT	31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	750
CPT	31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	615
CPT	31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	4,678
CPT	31320	Laryngotomy (thyrotomy, laryngofissure); diagnostic	2,395
CPT	31360	Laryngectomy; total, without radical neck dissection	7,742
CPT	31365	Laryngectomy; total, with radical neck dissection	9,598
CPT	31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	8,193
CPT	31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	9,083
CPT	31370	Partial laryngectomy (hemilaryngectomy); horizontal	7,681
CPT	31375	Partial laryngectomy (hemilaryngectomy); laterovertical	7,291
CPT	31380	Partial laryngectomy (hemilaryngectomy); anterovertical	7,186
CPT	31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	7,893
CPT	31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	10,612
CPT	31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	11,201
CPT	31400	Arytenoidectomy or arytenoidopexy, external approach	3,678
CPT	31420	Epiglottidectomy	3,103
CPT	31500	Intubation, endotracheal, emergency procedure	400
CPT	31502	Tracheotomy tube change prior to establishment of fistula tract	129
CPT	31505	Laryngoscopy, indirect; diagnostic (separate procedure)	184
CPT	31510	Laryngoscopy, indirect; with biopsy	468
CPT	31511	Laryngoscopy, indirect; with removal of foreign body	473
CPT	31512	Laryngoscopy, indirect; with removal of lesion	492
CPT	31513	Laryngoscopy, indirect; with vocal cord injection	497
CPT	31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	452
CPT	31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	593
CPT	31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	598
CPT	31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	594
CPT	31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	741
CPT	31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	547
CPT	31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	610
CPT	31530	Laryngoscopy, direct, operative, with foreign body removal;	748
CPT	31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	801
CPT	31535	Laryngoscopy, direct, operative, with biopsy;	717
CPT	31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	799

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	918
CPT	31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	1,004
CPT	31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	1,376
CPT	31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	2,096
CPT	31560	Laryngoscopy, direct, operative, with arytenoidectomy;	1,191
CPT	31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	1,302
CPT	31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	865
CPT	31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	946
CPT	31575	Laryngoscopy, flexible fiberoptic; diagnostic	284
CPT	31576	Laryngoscopy, flexible fiberoptic; with biopsy	496
CPT	31577	Laryngoscopy, flexible fiberoptic; with removal of foreign body	557
CPT	31578	Laryngoscopy, flexible fiberoptic; with removal of lesion	650
CPT	31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	531
CPT	31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal	4,514
CPT	31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	7,007
CPT	31584	Laryngoplasty; with open reduction of fracture	5,604
CPT	31587	Laryngoplasty, cricoid split	3,748
CPT	31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	4,236
CPT	31590	Laryngeal reinnervation by neuromuscular pedicle	3,254
CPT	31595	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	2,818
CPT	31600	Tracheostomy, planned (separate procedure);	1,471
CPT	31601	Tracheostomy, planned (separate procedure); younger than 2 years	979
CPT	31603	Tracheostomy, emergency procedure; transtracheal	833
CPT	31605	Tracheostomy, emergency procedure; cricothyroid membrane	675
CPT	31610	Tracheostomy, fenestration procedure with skin flaps	2,635
CPT	31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	1,987
CPT	31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	183
CPT	31613	Tracheostoma revision; simple, without flap rotation	1,650
CPT	31614	Tracheostoma revision; complex, with flap rotation	2,783
CPT	31615	Tracheobronchoscopy through established tracheostomy incision	479
CPT	31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in	379

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	31622	addition to code for primary procedure[s]) Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	722
CPT	31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	792
CPT	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	736
CPT	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	795
CPT	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	754
CPT	31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	368
CPT	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	964
CPT	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	1,146
CPT	31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	738
CPT	31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	844
CPT	31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	182
CPT	31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	230
CPT	31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	741
CPT	31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	802
CPT	31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	814
CPT	31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	280
CPT	31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or	934

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	
CPT	31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	942
CPT	31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	948
CPT	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	636
CPT	31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	708
CPT	31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent	641
CPT	31656	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection of contrast material for segmental bronchography (fiberscope only)	611
CPT	31715	Transtacheal injection for bronchography	190
CPT	31717	Catheterization with bronchial brush biopsy	621
CPT	31720	Catheter aspiration (separate procedure); nasotracheal	189
CPT	31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	352
CPT	31730	Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	842
CPT	31750	Tracheoplasty; cervical	5,028
CPT	31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	6,338
CPT	31760	Tracheoplasty; intrathoracic	5,028
CPT	31766	Carinal reconstruction	6,538
CPT	31770	Bronchoplasty; graft repair	4,895
CPT	31775	Bronchoplasty; excision stenosis and anastomosis	4,969
CPT	31780	Excision tracheal stenosis and anastomosis; cervical	4,451
CPT	31781	Excision tracheal stenosis and anastomosis; cervicothoracic	5,094
CPT	31785	Excision of tracheal tumor or carcinoma; cervical	4,030
CPT	31786	Excision of tracheal tumor or carcinoma; thoracic	5,301
CPT	31800	Suture of tracheal wound or injury; cervical	2,583
CPT	31805	Suture of tracheal wound or injury; intrathoracic	2,983
CPT	31820	Surgical closure tracheostomy or fistula; without plastic repair	1,224
CPT	31825	Surgical closure tracheostomy or fistula; with plastic repair	1,797
CPT	31830	Revision of tracheostomy scar	1,272
CPT	32035	Thoracostomy; with rib resection for empyema	2,659
CPT	32036	Thoracostomy; with open flap drainage for empyema	2,855
CPT	32095	Thoracotomy, limited, for biopsy of lung or pleura	2,320
CPT	32100	Thoracotomy, major; with exploration and biopsy	3,518
CPT	32110	Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear	5,392
CPT	32120	Thoracotomy, major; for postoperative complications	3,216
CPT	32124	Thoracotomy, major; with open intrapleural pneumonolysis	3,424
CPT	32140	Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure	3,641
CPT	32141	Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure	5,669
CPT	32150	Thoracotomy, major; with removal of intrapleural foreign	3,692

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		body or fibrin deposit	
CPT	32151	Thoracotomy, major; with removal of intrapulmonary foreign body	3,692
CPT	32160	Thoracotomy, major; with cardiac massage	2,873
CPT	32200	Pneumonostomy; with open drainage of abscess or cyst	4,187
CPT	32201	Pneumonostomy; with percutaneous drainage of abscess or cyst	1,097
CPT	32215	Pleural scarification for repeat pneumothorax	2,939
CPT	32220	Decortication, pulmonary (separate procedure); total	5,860
CPT	32225	Decortication, pulmonary (separate procedure); partial	3,672
CPT	32310	Pleurectomy, parietal (separate procedure)	3,373
CPT	32320	Decortication and parietal pleurectomy	5,904
CPT	32400	Biopsy, pleura; percutaneous needle	353
CPT	32402	Biopsy, pleura; open	2,074
CPT	32405	Biopsy, lung or mediastinum, percutaneous needle	343
CPT	32420	Pneumocentesis, puncture of lung for aspiration	395
CPT	32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	355
CPT	32422	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)	457
CPT	32440	Removal of lung, total pneumonectomy;	5,782
CPT	32442	Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	10,212
CPT	32445	Removal of lung, total pneumonectomy; extrapleural	13,020
CPT	32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	5,480
CPT	32482	Removal of lung, other than total pneumonectomy; 2 lobes (bilobectomy)	5,861
CPT	32484	Removal of lung, other than total pneumonectomy; single segment (segmentectomy)	5,314
CPT	32486	Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	8,722
CPT	32488	Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	8,877
CPT	32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	5,432
CPT	32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	5,306
CPT	32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	910
CPT	32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	6,673
CPT	32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	7,536

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	32540	Extrapleural enucleation of empyema (empyemectomy)	6,363
CPT	32550	Insertion of indwelling tunneled pleural catheter with cuff	1,258
CPT	32551	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)	621
CPT	32552	Removal of indwelling tunneled pleural catheter with cuff	594
CPT	32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	756
CPT	32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	446
CPT	32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	261
CPT	32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	235
CPT	32601	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy	1,139
CPT	32602	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy	1,234
CPT	32603	Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy	1,604
CPT	32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	1,775
CPT	32605	Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy	1,419
CPT	32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	1,709
CPT	32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	2,447
CPT	32651	Thoracoscopy, surgical; with partial pulmonary decortication	4,039
CPT	32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	6,117
CPT	32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	3,883
CPT	32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	4,335
CPT	32655	Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure	3,525
CPT	32656	Thoracoscopy, surgical; with parietal pleurectomy	2,932
CPT	32657	Thoracoscopy, surgical; with wedge resection of lung, single or multiple	2,893
CPT	32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	2,613
CPT	32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	2,689
CPT	32660	Thoracoscopy, surgical; with total pericardiectomy	3,840
CPT	32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	2,926
CPT	32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	3,286
CPT	32663	Thoracoscopy, surgical; with lobectomy, total or segmental	5,158
CPT	32664	Thoracoscopy, surgical; with thoracic sympathectomy	3,111

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	4,477
CPT	32800	Repair lung hernia through chest wall	3,457
CPT	32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	3,302
CPT	32815	Open closure of major bronchial fistula	10,370
CPT	32820	Major reconstruction, chest wall (posttraumatic)	4,881
CPT	32851	Lung transplant, single; without cardiopulmonary bypass	9,453
CPT	32852	Lung transplant, single; with cardiopulmonary bypass	10,430
CPT	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	11,240
CPT	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	12,294
CPT	32900	Resection of ribs, extrapleural, all stages	5,159
CPT	32905	Thoracoplasty, Schede type or extrapleural (all stages);	4,911
CPT	32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	6,075
CPT	32940	Pneumonolysis, extrapariosteal, including filling or packing procedures	4,548
CPT	32960	Pneumothorax, therapeutic, intrapleural injection of air	376
CPT	32997	Total lung lavage (unilateral)	1,296
CPT	32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	1,592
CPT	33010	Pericardiocentesis; initial	430
CPT	33011	Pericardiocentesis; subsequent	438
CPT	33015	Tube pericardiostomy	1,823
CPT	33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	3,245
CPT	33025	Creation of pericardial window or partial resection for drainage	2,957
CPT	33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	4,783
CPT	33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	5,307
CPT	33050	Excision of pericardial cyst or tumor	3,722
CPT	33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	5,759
CPT	33130	Resection of external cardiac tumor	5,129
CPT	33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	5,899
CPT	33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	497
CPT	33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	2,855
CPT	33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	2,950
CPT	33206	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	1,626
CPT	33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	1,731
CPT	33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	1,870

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	644
CPT	33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	663
CPT	33212	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular	1,205
CPT	33213	Insertion or replacement of pacemaker pulse generator only; dual chamber	1,369
CPT	33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	1,720
CPT	33215	Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode	1,082
CPT	33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	1,326
CPT	33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	1,324
CPT	33218	Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator	1,391
CPT	33220	Repair of 2 transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator	1,402
CPT	33222	Revision or relocation of skin pocket for pacemaker	1,227
CPT	33223	Revision of skin pocket for cardioverter-defibrillator	1,463
CPT	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of generator)	1,814
CPT	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for primary procedure)	1,632
CPT	33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)	1,747
CPT	33233	Removal of permanent pacemaker pulse generator	833
CPT	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	1,727
CPT	33235	Removal of transvenous pacemaker electrode(s); dual lead system	2,256
CPT	33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	2,895
CPT	33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	3,004
CPT	33238	Removal of permanent transvenous electrode(s) by thoracotomy	3,463
CPT	33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	1,633

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	33241	Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator	782
CPT	33243	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy	5,019
CPT	33244	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction	3,028
CPT	33249	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator	3,216
CPT	33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	5,465
CPT	33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	6,095
CPT	33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	5,096
CPT	33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	6,122
CPT	33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	7,276
CPT	33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	2,163
CPT	33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	2,432
CPT	33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	3,140
CPT	33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	6,039
CPT	33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	5,018
CPT	33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	6,851
CPT	33282	Implantation of patient-activated cardiac event recorder	1,130
CPT	33284	Removal of an implantable, patient-activated cardiac event recorder	805
CPT	33300	Repair of cardiac wound; without bypass	9,120
CPT	33305	Repair of cardiac wound; with cardiopulmonary bypass	15,327
CPT	33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	4,296
CPT	33315	Cardiotomy, exploratory (includes removal of foreign body,	5,499

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		atrial or ventricular thrombus); with cardiopulmonary bypass	
CPT	33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	3,941
CPT	33321	Suture repair of aorta or great vessels; with shunt bypass	4,413
CPT	33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	5,183
CPT	33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	5,334
CPT	33332	Insertion of graft, aorta or great vessels; with shunt bypass	5,168
CPT	33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	7,024
CPT	33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass	8,513
CPT	33401	Valvuloplasty, aortic valve; open, with inflow occlusion	5,157
CPT	33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass	5,510
CPT	33404	Construction of apical-aortic conduit	6,504
CPT	33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	8,535
CPT	33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	10,731
CPT	33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	9,524
CPT	33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	12,577
CPT	33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	9,144
CPT	33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	12,042
CPT	33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	8,056
CPT	33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	7,561
CPT	33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	7,605
CPT	33417	Aortoplasty (gusset) for supravalvular stenosis	6,203
CPT	33420	Valvotomy, mitral valve; closed heart	5,486
CPT	33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	6,278
CPT	33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	10,217
CPT	33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	8,928
CPT	33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	9,148
CPT	33430	Replacement, mitral valve, with cardiopulmonary bypass	10,505
CPT	33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	9,038
CPT	33463	Valvuloplasty, tricuspid valve; without ring insertion	11,575
CPT	33464	Valvuloplasty, tricuspid valve; with ring insertion	9,178
CPT	33465	Replacement, tricuspid valve, with cardiopulmonary bypass	10,325
CPT	33468	Tricuspid valve repositioning and plication for Ebstein anomaly	6,848
CPT	33470	Valvotomy, pulmonary valve, closed heart; transventricular	4,755

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	4,581
CPT	33472	Valvotomy, pulmonary valve, open heart; with inflow occlusion	4,352
CPT	33474	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass	8,024
CPT	33475	Replacement, pulmonary valve	8,734
CPT	33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	5,661
CPT	33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	5,834
CPT	33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	6,208
CPT	33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	5,863
CPT	33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	4,174
CPT	33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	4,726
CPT	33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	4,747
CPT	33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	5,433
CPT	33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	7,712
CPT	33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	8,474
CPT	33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	6,354
CPT	33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	60
CPT	33510	Coronary artery bypass, vein only; single coronary venous graft	7,262
CPT	33511	Coronary artery bypass, vein only; 2 coronary venous grafts	7,963
CPT	33512	Coronary artery bypass, vein only; 3 coronary venous grafts	9,051
CPT	33513	Coronary artery bypass, vein only; 4 coronary venous grafts	9,310
CPT	33514	Coronary artery bypass, vein only; 5 coronary venous grafts	9,817
CPT	33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	10,215
CPT	33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	704
CPT	33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	1,551
CPT	33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	2,050
CPT	33521	Coronary artery bypass, using venous graft(s) and arterial	2,465

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	
CPT	33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	2,770
CPT	33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	3,140
CPT	33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	1,977
CPT	33533	Coronary artery bypass, using arterial graft(s); single arterial graft	7,002
CPT	33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	8,239
CPT	33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	9,190
CPT	33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	9,923
CPT	33542	Myocardial resection (eg, ventricular aneurysmectomy)	9,855
CPT	33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	11,559
CPT	33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	11,109
CPT	33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	868
CPT	33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	6,337
CPT	33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	6,075
CPT	33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	6,726
CPT	33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	6,642
CPT	33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	6,530
CPT	33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	7,287
CPT	33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	7,319
CPT	33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	7,370
CPT	33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	7,994
CPT	33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	10,463

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	6,200
CPT	33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	3,329
CPT	33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	13,055
CPT	33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	6,146
CPT	33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	5,884
CPT	33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	6,245
CPT	33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	7,287
CPT	33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	7,150
CPT	33670	Repair of complete atrioventricular canal, with or without prosthetic valve	7,379
CPT	33675	Closure of multiple ventricular septal defects;	7,345
CPT	33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	7,081
CPT	33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	6,644
CPT	33681	Closure of single ventricular septal defect, with or without patch;	6,856
CPT	33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	7,053
CPT	33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	7,024
CPT	33690	Banding of pulmonary artery	4,669
CPT	33692	Complete repair tetralogy of Fallot without pulmonary atresia;	6,094
CPT	33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	7,267
CPT	33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	7,566
CPT	33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	5,756
CPT	33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	6,297
CPT	33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	5,690
CPT	33722	Closure of aortico-left ventricular tunnel	6,302
CPT	33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	5,678
CPT	33726	Repair of pulmonary venous stenosis	8,002

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	7,459
CPT	33732	Repair of cor triatriatum or supravulvar mitral ring by resection of left atrial membrane	6,134
CPT	33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	4,803
CPT	33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	5,212
CPT	33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	4,768
CPT	33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	4,835
CPT	33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	4,806
CPT	33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	4,453
CPT	33764	Shunt; central, with prosthetic graft	4,944
CPT	33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	4,854
CPT	33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	5,300
CPT	33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	1,470
CPT	33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	7,816
CPT	33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	7,650
CPT	33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	6,680
CPT	33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	6,447
CPT	33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	6,811
CPT	33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	5,955
CPT	33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	8,211
CPT	33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	8,163
CPT	33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	8,308
CPT	33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	8,125
CPT	33782	Aortic root translocation with ventricular septal defect and	11,958

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	33783	pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	12,924
CPT	33786	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	7,566
CPT	33788	Total repair, truncus arteriosus (Rastelli type operation)	5,096
CPT	33800	Reimplantation of an anomalous pulmonary artery	3,663
CPT	33802	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	4,254
CPT	33803	Division of aberrant vessel (vascular ring);	4,272
CPT	33813	Division of aberrant vessel (vascular ring); with reanastomosis	4,714
CPT	33814	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	5,650
CPT	33820	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	3,603
CPT	33822	Repair of patent ductus arteriosus; by ligation	3,538
CPT	33824	Repair of patent ductus arteriosus; by division, younger than 18 years	4,479
CPT	33840	Repair of patent ductus arteriosus; by division, 18 years and older	4,863
CPT	33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	4,941
CPT	33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	5,548
CPT	33852	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	5,150
CPT	33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	6,809
CPT	33860	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	12,022
CPT	33863	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	11,788
CPT	33864	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	12,024
CPT	33870	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	9,387
CPT	33875	Transverse arch graft, with cardiopulmonary bypass	7,485
CPT	33877	Descending thoracic aorta graft, with or without bypass	13,632
CPT	33880	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	6,807
CPT	33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	5,863
CPT	33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	33883	involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	4,252
CPT	33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	1,559
CPT	33886	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	3,694
CPT	33889	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	3,064
CPT	33891	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	3,738
CPT	33910	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	6,259
CPT	33915	Pulmonary artery embolectomy; with cardiopulmonary bypass	5,053
CPT	33916	Pulmonary artery embolectomy; without cardiopulmonary bypass	5,941
CPT	33917	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	5,370
CPT	33920	Repair of pulmonary artery stenosis by reconstruction with patch or graft	6,750
CPT	33922	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	5,152
CPT	33924	Transection of pulmonary artery with cardiopulmonary bypass	1,057
CPT	33925	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	6,353
CPT	33926	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	10,064
CPT	33935	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	12,837
CPT	33945	Heart-lung transplant with recipient cardiectomy-pneumonectomy	18,048
CPT	33960	Heart transplant, with or without recipient cardiectomy	3,684
CPT	33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours	2,018
CPT	33967	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure)	949
CPT	33968	Insertion of intra-aortic balloon assist device, percutaneous	125
CPT	33970	Removal of intra-aortic balloon assist device, percutaneous	1,315
		Insertion of intra-aortic balloon assist device through the femoral artery, open approach	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	2,617
CPT	33973	Insertion of intra-aortic balloon assist device through the ascending aorta	1,907
CPT	33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	3,251
CPT	33975	Insertion of ventricular assist device; extracorporeal, single ventricle	4,090
CPT	33976	Insertion of ventricular assist device; extracorporeal, biventricular	4,485
CPT	33977	Removal of ventricular assist device; extracorporeal, single ventricle	4,443
CPT	33978	Removal of ventricular assist device; extracorporeal, biventricular	4,974
CPT	33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	8,933
CPT	33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	13,477
CPT	34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	3,747
CPT	34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	3,692
CPT	34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	2,319
CPT	34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	2,319
CPT	34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	5,388
CPT	34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	3,987
CPT	34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	3,703
CPT	34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	5,689
CPT	34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	2,822
CPT	34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	5,557
CPT	34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	4,603
CPT	34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	2,358
CPT	34501	Valvuloplasty, femoral vein	3,451
CPT	34502	Reconstruction of vena cava, any method	5,733
CPT	34510	Venous valve transposition, any vein donor	4,363
CPT	34520	Cross-over vein graft to venous system	3,823
CPT	34530	Saphenopopliteal vein anastomosis	3,574
CPT	34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	4,279
CPT	34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	4,747

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	4,913
CPT	34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	4,750
CPT	34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis	4,542
CPT	34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	390
CPT	34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	784
CPT	34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	1,294
CPT	34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	914
CPT	34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	1,857
CPT	34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	2,655
CPT	34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	783
CPT	34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	6,820
CPT	34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	7,335
CPT	34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	7,335
CPT	34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	2,332
CPT	34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	1,051
CPT	34900	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis	3,414
CPT	35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	4,302
CPT	35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch	4,325

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	
CPT	35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	4,309
CPT	35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	3,832
CPT	35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	4,824
CPT	35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	4,398
CPT	35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	5,337
CPT	35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	3,795
CPT	35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	6,782
CPT	35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	8,454
CPT	35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	6,927
CPT	35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	10,035
CPT	35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	7,307
CPT	35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	8,634
CPT	35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	5,642

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	6,922
CPT	35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	6,376
CPT	35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	7,206
CPT	35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	5,364
CPT	35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	6,287
CPT	35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	4,268
CPT	35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	5,103
CPT	35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	4,816
CPT	35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	5,405
CPT	35180	Repair, congenital arteriovenous fistula; head and neck	3,644
CPT	35182	Repair, congenital arteriovenous fistula; thorax and abdomen	6,480
CPT	35184	Repair, congenital arteriovenous fistula; extremities	3,912
CPT	35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	3,024
CPT	35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	6,537
CPT	35190	Repair, acquired or traumatic arteriovenous fistula; extremities	2,873
CPT	35201	Repair blood vessel, direct; neck	3,587
CPT	35206	Repair blood vessel, direct; upper extremity	2,956
CPT	35207	Repair blood vessel, direct; hand, finger	2,767
CPT	35211	Repair blood vessel, direct; intrathoracic, with bypass	5,175
CPT	35216	Repair blood vessel, direct; intrathoracic, without bypass	7,687
CPT	35221	Repair blood vessel, direct; intra-abdominal	5,441
CPT	35226	Repair blood vessel, direct; lower extremity	3,189
CPT	35231	Repair blood vessel with vein graft; neck	4,481

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	35236	Repair blood vessel with vein graft; upper extremity	3,739
CPT	35241	Repair blood vessel with vein graft; intrathoracic, with bypass	5,493
CPT	35246	Repair blood vessel with vein graft; intrathoracic, without bypass	5,526
CPT	35251	Repair blood vessel with vein graft; intra-abdominal	6,435
CPT	35256	Repair blood vessel with vein graft; lower extremity	3,899
CPT	35261	Repair blood vessel with graft other than vein; neck	4,033
CPT	35266	Repair blood vessel with graft other than vein; upper extremity	3,309
CPT	35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	5,205
CPT	35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	5,410
CPT	35281	Repair blood vessel with graft other than vein; intra-abdominal	6,155
CPT	35286	Repair blood vessel with graft other than vein; lower extremity	3,598
CPT	35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	4,044
CPT	35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	4,343
CPT	35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	4,803
CPT	35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	4,958
CPT	35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	4,787
CPT	35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	1,883
CPT	35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	5,788
CPT	35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	3,434
CPT	35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	5,637
CPT	35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	5,257
CPT	35351	Thromboendarterectomy, including patch graft, if performed; iliac	4,963
CPT	35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	4,015
CPT	35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	5,889
CPT	35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliiofemoral	6,599
CPT	35371	Thromboendarterectomy, including patch graft, if performed; common femoral	3,175
CPT	35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	3,788
CPT	35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	613
CPT	35400	Angioscopy (non-coronary vessels or grafts) during	571

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		therapeutic intervention (List separately in addition to code for primary procedure)	
CPT	35450	Transluminal balloon angioplasty, open; renal or other visceral artery	1,961
CPT	35452	Transluminal balloon angioplasty, open; aortic	1,371
CPT	35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	1,876
CPT	35460	Transluminal balloon angioplasty, open; venous	1,203
CPT	35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	3,002
CPT	35472	Transluminal balloon angioplasty, percutaneous; aortic	2,085
CPT	35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	2,768
CPT	35476	Transluminal balloon angioplasty, percutaneous; venous	1,757
CPT	35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	1,236
CPT	35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	6,091
CPT	35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	5,120
CPT	35508	Bypass graft, with vein; carotid-vertebral	5,468
CPT	35509	Bypass graft, with vein; carotid-contralateral carotid	5,693
CPT	35510	Bypass graft, with vein; carotid-brachial	4,761
CPT	35511	Bypass graft, with vein; subclavian-subclavian	4,921
CPT	35512	Bypass graft, with vein; subclavian-brachial	4,670
CPT	35515	Bypass graft, with vein; subclavian-vertebral	5,141
CPT	35516	Bypass graft, with vein; subclavian-axillary	4,723
CPT	35518	Bypass graft, with vein; axillary-axillary	4,421
CPT	35521	Bypass graft, with vein; axillary-femoral	5,300
CPT	35522	Bypass graft, with vein; axillary-brachial	4,722
CPT	35523	Bypass graft, with vein; brachial-ulnar or -radial	4,926
CPT	35525	Bypass graft, with vein; brachial-brachial	4,419
CPT	35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	6,185
CPT	35531	Bypass graft, with vein; aortoceliac or aortomesenteric	7,818
CPT	35533	Bypass graft, with vein; axillary-femoral-femoral	6,477
CPT	35535	Bypass graft, with vein; hepatorenal	6,595
CPT	35536	Bypass graft, with vein; splenorenal	6,542
CPT	35537	Bypass graft, with vein; aortoiliac	8,929
CPT	35538	Bypass graft, with vein; aortobi-iliac	9,984
CPT	35539	Bypass graft, with vein; aortofemoral	8,491
CPT	35540	Bypass graft, with vein; aortobifemoral	9,936
CPT	35548	Bypass graft, with vein; aortoiliofemoral, unilateral	4,475
CPT	35549	Bypass graft, with vein; aortoiliofemoral, bilateral	5,569
CPT	35551	Bypass graft, with vein; aortofemoral-popliteal	5,971
CPT	35556	Bypass graft, with vein; femoral-popliteal	5,423
CPT	35558	Bypass graft, with vein; femoral-femoral	4,783
CPT	35560	Bypass graft, with vein; aortorenal	6,597
CPT	35563	Bypass graft, with vein; ilioiliac	5,117
CPT	35565	Bypass graft, with vein; iliofemoral	5,101
CPT	35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	6,493
CPT	35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	5,111

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	5,156
CPT	35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	1,324
CPT	35583	In-situ vein bypass; femoral-popliteal	5,615
CPT	35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	6,519
CPT	35587	In-situ vein bypass; popliteal-tibial, peroneal	5,348
CPT	35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	972
CPT	35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	5,682
CPT	35606	Bypass graft, with other than vein; carotid-subclavian	4,543
CPT	35612	Bypass graft, with other than vein; subclavian-subclavian	3,380
CPT	35616	Bypass graft, with other than vein; subclavian-axillary	4,686
CPT	35621	Bypass graft, with other than vein; axillary-femoral	4,259
CPT	35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	5,661
CPT	35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	5,965
CPT	35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	7,131
CPT	35632	Bypass graft, with other than vein; ilio-celiac	6,263
CPT	35633	Bypass graft, with other than vein; ilio-mesenteric	6,930
CPT	35634	Bypass graft, with other than vein; iliorenal	6,256
CPT	35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	6,851
CPT	35637	Bypass graft, with other than vein; aortoiliac	6,660
CPT	35638	Bypass graft, with other than vein; aortobi-iliac	6,804
CPT	35642	Bypass graft, with other than vein; carotid-vertebral	4,302
CPT	35645	Bypass graft, with other than vein; subclavian-vertebral	4,130
CPT	35646	Bypass graft, with other than vein; aortobifemoral	6,631
CPT	35647	Bypass graft, with other than vein; aortofemoral	6,034
CPT	35650	Bypass graft, with other than vein; axillary-axillary	4,142
CPT	35651	Bypass graft, with other than vein; aortofemoral-popliteal	5,035
CPT	35654	Bypass graft, with other than vein; axillary-femoral-femoral	5,318
CPT	35656	Bypass graft, with other than vein; femoral-popliteal	4,191
CPT	35661	Bypass graft, with other than vein; femoral-femoral	4,206
CPT	35663	Bypass graft, with other than vein; ilioiliac	4,827
CPT	35665	Bypass graft, with other than vein; iliofemoral	4,542
CPT	35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	4,913
CPT	35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	4,325
CPT	35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	308
CPT	35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	1,367
CPT	35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	1,585

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	772
CPT	35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	636
CPT	35691	Transposition and/or reimplantation; vertebral to carotid artery	3,655
CPT	35693	Transposition and/or reimplantation; vertebral to subclavian artery	3,225
CPT	35694	Transposition and/or reimplantation; subclavian to carotid artery	3,943
CPT	35695	Transposition and/or reimplantation; carotid to subclavian artery	3,963
CPT	35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	574
CPT	35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)	591
CPT	35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	2,135
CPT	35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	1,727
CPT	35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	1,939
CPT	35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	1,465
CPT	35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	1,868
CPT	35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	7,513
CPT	35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	2,443
CPT	35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	1,557
CPT	35870	Repair of graft-enteric fistula	5,371
CPT	35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	2,298
CPT	35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	3,654
CPT	35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	3,588
CPT	35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	3,957
CPT	35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	4,687
CPT	35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	4,801
CPT	35901	Excision of infected graft; neck	1,934
CPT	35903	Excision of infected graft; extremity	2,170
CPT	35905	Excision of infected graft; thorax	6,502

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	35907	Excision of infected graft; abdomen	7,435
CPT	36000	Introduction of needle or intracatheter, vein	54
CPT	36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	391
CPT	36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	270
CPT	36010	Introduction of catheter, superior or inferior vena cava	686
CPT	36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	891
CPT	36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	998
CPT	36013	Introduction of catheter, right heart or main pulmonary artery	733
CPT	36014	Selective catheter placement, left or right pulmonary artery	838
CPT	36015	Selective catheter placement, segmental or subsegmental pulmonary artery	969
CPT	36100	Introduction of needle or intracatheter, carotid or vertebral artery	904
CPT	36120	Introduction of needle or intracatheter; retrograde brachial artery	572
CPT	36140	Introduction of needle or intracatheter; extremity artery	587
CPT	36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)	688
CPT	36148	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)	279
CPT	36160	Introduction of needle or intracatheter, aortic, translumbar	713
CPT	36200	Introduction of catheter, aorta	878
CPT	36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	1,367
CPT	36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	1,553
CPT	36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	1,853
CPT	36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	294
CPT	36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	1,373
CPT	36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch,	1,534

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	36247	within a vascular family Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	1,828
CPT	36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	287
CPT	36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	2,339
CPT	36261	Revision of implanted intra-arterial infusion pump	1,456
CPT	36262	Removal of implanted intra-arterial infusion pump	1,100
CPT	36400	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein	62
CPT	36405	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein	60
CPT	36406	Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein	39
CPT	36410	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	45
CPT	36415	Collection of venous blood by venipuncture	11
CPT	36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	15
CPT	36420	Venipuncture, cutdown; younger than age 1 year	166
CPT	36425	Venipuncture, cutdown; age 1 or over	147
CPT	36430	Transfusion, blood or blood components	111
CPT	36440	Push transfusion, blood, 2 years or younger	216
CPT	36450	Exchange transfusion, blood; newborn	418
CPT	36455	Exchange transfusion, blood; other than newborn	417
CPT	36460	Transfusion, intrauterine, fetal	1,345
CPT	36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	750
CPT	36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	750
CPT	36470	Injection of sclerosing solution; single vein	319
CPT	36471	Injection of sclerosing solution; multiple veins, same leg	383
CPT	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	2,046
CPT	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	854
CPT	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	2,018
CPT	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,	874

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
CPT	36481	Percutaneous portal vein catheterization by any method	1,323
CPT	36500	Venous catheterization for selective organ blood sampling	657
CPT	36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	227
CPT	36511	Therapeutic apheresis; for white blood cells	353
CPT	36512	Therapeutic apheresis; for red blood cells	337
CPT	36513	Therapeutic apheresis; for platelets	373
CPT	36514	Therapeutic apheresis; for plasma pheresis	527
CPT	36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	536
CPT	36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	399
CPT	36522	Photopheresis, extracorporeal	568
CPT	36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	581
CPT	36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	489
CPT	36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	1,831
CPT	36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	1,568
CPT	36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	2,059
CPT	36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	2,012
CPT	36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	2,141
CPT	36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	1,999
CPT	36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	2,158
CPT	36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	534
CPT	36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	512
CPT	36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	1,656
CPT	36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	1,819
CPT	36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	201
CPT	36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	820

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	1,135
CPT	36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	377
CPT	36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	1,103
CPT	36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	1,731
CPT	36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	1,892
CPT	36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	369
CPT	36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	1,569
CPT	36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	510
CPT	36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	755
CPT	36591	Collection of blood specimen from a completely implantable venous access device	76
CPT	36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	85
CPT	36593	Dec clotting by thrombolytic agent of implanted vascular access device or catheter	104
CPT	36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	1,031
CPT	36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	249
CPT	36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	292
CPT	36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	203
CPT	36600	Arterial puncture, withdrawal of blood for diagnosis	74
CPT	36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	188
CPT	36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	395
CPT	36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	477
CPT	36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	295
CPT	36680	Placement of needle for intraosseous infusion	214
CPT	36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	592

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	790
CPT	36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	565
CPT	36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	2,543
CPT	36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	3,035
CPT	36820	Arteriovenous anastomosis, open; by forearm vein transposition	3,069
CPT	36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	2,343
CPT	36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	1,407
CPT	36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	4,921
CPT	36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	2,549
CPT	36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	2,499
CPT	36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	1,738
CPT	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	2,208
CPT	36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	2,497
CPT	36835	Insertion of Thomas shunt (separate procedure)	1,853
CPT	36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	4,393
CPT	36860	External cannula declotting (separate procedure); without balloon catheter	482
CPT	36861	External cannula declotting (separate procedure); with balloon catheter	561
CPT	36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	1,684
CPT	37140	Venous anastomosis, open; portocaval	5,447
CPT	37145	Venous anastomosis, open; renoportal	5,653
CPT	37160	Venous anastomosis, open; caval-mesenteric	5,049
CPT	37180	Venous anastomosis, open; splenorenal, proximal	5,652
CPT	37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	6,075
CPT	37182	Insertion of transvenous intrahepatic portosystemic	3,033

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	
CPT	37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	1,426
CPT	37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	2,573
CPT	37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	954
CPT	37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	1,438
CPT	37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	2,314
CPT	37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	1,646
CPT	37195	Thrombolysis, cerebral, by intravenous infusion	1,033
CPT	37200	Transcatheter biopsy	804
CPT	37201	Transcatheter therapy, infusion for thrombolysis other than coronary	1,002
CPT	37202	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)	1,195
CPT	37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)	1,459
CPT	37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	3,268
CPT	37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	2,415
CPT	37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	1,204

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	1,626
CPT	37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	787
CPT	37209	Exchange of a previously placed intravascular catheter during thrombolytic therapy	414
CPT	37210	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure	2,927
CPT	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	3,993
CPT	37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	3,695
CPT	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	1,564
CPT	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	1,903
CPT	37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	710
CPT	37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	806
CPT	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	1,722
CPT	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	2,320
CPT	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	1,911
CPT	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	2,803
CPT	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	2,105
CPT	37229	Revascularization, endovascular, open or percutaneous,	2,717

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	
CPT	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	2,621
CPT	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	2,849
CPT	37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	761
CPT	37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	1,251
CPT	37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	1,043
CPT	37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	1,480
CPT	37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	401
CPT	37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	302
CPT	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	2,609
CPT	37565	Ligation, internal jugular vein	2,710
CPT	37600	Ligation; external carotid artery	2,688
CPT	37605	Ligation; internal or common carotid artery	3,067
CPT	37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	1,828
CPT	37607	Ligation or banding of angioaccess arteriovenous fistula	1,426
CPT	37609	Ligation or biopsy, temporal artery	773
CPT	37615	Ligation, major artery (eg, post-traumatic, rupture); neck	1,998
CPT	37616	Ligation, major artery (eg, post-traumatic, rupture); chest	4,067
CPT	37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	4,934
CPT	37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	1,443
CPT	37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular	2,346

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		(umbrella device)	
CPT	37650	Ligation of femoral vein	1,759
CPT	37660	Ligation of common iliac vein	4,778
CPT	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	950
CPT	37718	Ligation, division, and stripping, short saphenous vein	1,649
CPT	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	1,837
CPT	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	2,368
CPT	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	2,498
CPT	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	2,103
CPT	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	1,698
CPT	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	2,082
CPT	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	978
CPT	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	980
CPT	37788	Penile revascularization, artery, with or without vein graft	5,007
CPT	37790	Penile venous occlusive procedure	1,734
CPT	38100	Splenectomy; total (separate procedure)	4,186
CPT	38101	Splenectomy; partial (separate procedure)	4,230
CPT	38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	957
CPT	38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	4,622
CPT	38120	Laparoscopy, surgical, splenectomy	3,822
CPT	38200	Injection procedure for splenoportography	538
CPT	38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	368
CPT	38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	290
CPT	38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	295
CPT	38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	162
CPT	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	104
CPT	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	44
CPT	38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	287
CPT	38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	261
CPT	38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	171
CPT	38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	44

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	147
CPT	38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	171
CPT	38220	Bone marrow; aspiration only	335
CPT	38221	Bone marrow; biopsy, needle or trocar	372
CPT	38230	Bone marrow harvesting for transplantation	1,264
CPT	38240	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic	457
CPT	38241	Bone marrow or blood-derived peripheral stem cell transplantation; autologous	452
CPT	38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions	348
CPT	38300	Drainage of lymph node abscess or lymphadenitis; simple	665
CPT	38305	Drainage of lymph node abscess or lymphadenitis; extensive	1,667
CPT	38308	Lymphangiectomy or other operations on lymphatic channels	1,635
CPT	38380	Suture and/or ligation of thoracic duct; cervical approach	2,144
CPT	38381	Suture and/or ligation of thoracic duct; thoracic approach	2,941
CPT	38382	Suture and/or ligation of thoracic duct; abdominal approach	2,431
CPT	38500	Biopsy or excision of lymph node(s); open, superficial	918
CPT	38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	294
CPT	38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	1,551
CPT	38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	1,699
CPT	38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	1,570
CPT	38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	1,999
CPT	38542	Dissection, deep jugular node(s)	1,742
CPT	38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	1,826
CPT	38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	3,655
CPT	38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	2,515
CPT	38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	2,552
CPT	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	1,928
CPT	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	2,836
CPT	38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	3,437
CPT	38700	Suprahyoid lymphadenectomy	3,010
CPT	38720	Cervical lymphadenectomy (complete)	5,019
CPT	38724	Cervical lymphadenectomy (modified radical neck dissection)	5,465
CPT	38740	Axillary lymphadenectomy; superficial	2,494
CPT	38745	Axillary lymphadenectomy; complete	3,170
CPT	38746	Thoracic lymphadenectomy, regional, including mediastinal	951

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		and peritracheal nodes (List separately in addition to code for primary procedure)	
CPT	38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	974
CPT	38760	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)	3,058
CPT	38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	4,681
CPT	38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	2,882
CPT	38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	3,712
CPT	38790	Injection procedure; lymphangiography	303
CPT	38792	Injection procedure; for identification of sentinel node	145
CPT	38794	Cannulation, thoracic duct	1,030
CPT	38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	492
CPT	39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	1,829
CPT	39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	2,912
CPT	39200	Excision of mediastinal cyst	3,242
CPT	39220	Excision of mediastinal tumor	4,195
CPT	39400	Mediastinoscopy, with or without biopsy	1,857
CPT	39501	Repair, laceration of diaphragm, any approach	3,090
CPT	39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	22,423
CPT	39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	3,178
CPT	39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	3,453
CPT	39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	3,269
CPT	39560	Resection, diaphragm; with simple repair (eg, primary suture)	2,887
CPT	39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	4,549
CPT	40490	Biopsy of lip	295
CPT	40500	Vermilionectomy (lip shave), with mucosal advancement	1,352
CPT	40510	Excision of lip; transverse wedge excision with primary closure	1,329
CPT	40520	Excision of lip; V-excision with primary direct linear closure	1,340
CPT	40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	2,063
CPT	40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	2,331
CPT	40530	Resection of lip, more than one-fourth, without reconstruction	1,509

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CPT	40650	Repair lip, full thickness; vermilion only	1,065
CPT	40652	Repair lip, full thickness; up to half vertical height	1,302
CPT	40654	Repair lip, full thickness; over one-half vertical height, or complex	1,575
CPT	40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	3,692
CPT	40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	4,051
CPT	40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	2,971
CPT	40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	3,616
CPT	40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	4,120
CPT	40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	480
CPT	40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	821
CPT	40804	Removal of embedded foreign body, vestibule of mouth; simple	482
CPT	40805	Removal of embedded foreign body, vestibule of mouth; complicated	834
CPT	40806	Incision of labial frenum (frenotomy)	163
CPT	40808	Biopsy, vestibule of mouth	413
CPT	40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	474
CPT	40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	731
CPT	40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	1,130
CPT	40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	1,180
CPT	40818	Excision of mucosa of vestibule of mouth as donor graft	982
CPT	40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	865
CPT	40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	628
CPT	40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	588
CPT	40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	822
CPT	40840	Vestibuloplasty; anterior	2,460
CPT	40842	Vestibuloplasty; posterior, unilateral	2,406
CPT	40843	Vestibuloplasty; posterior, bilateral	3,084
CPT	40844	Vestibuloplasty; entire arch	4,398
CPT	40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	4,592
CPT	41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	415
CPT	41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	505
CPT	41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	984

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	921
CPT	41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	999
CPT	41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	1,084
CPT	41010	Incision of lingual frenum (frenotomy)	445
CPT	41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	1,280
CPT	41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	1,296
CPT	41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	1,300
CPT	41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	1,487
CPT	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	1,677
CPT	41100	Biopsy of tongue; anterior two-thirds	406
CPT	41105	Biopsy of tongue; posterior one-third	419
CPT	41108	Biopsy of floor of mouth	337
CPT	41110	Excision of lesion of tongue without closure	495
CPT	41112	Excision of lesion of tongue with closure; anterior two-thirds	939
CPT	41113	Excision of lesion of tongue with closure; posterior one-third	1,039
CPT	41114	Excision of lesion of tongue with closure; with local tongue flap	2,386
CPT	41115	Excision of lingual frenum (frenectomy)	563
CPT	41116	Excision, lesion of floor of mouth	821
CPT	41120	Glossectomy; less than one-half tongue	3,881
CPT	41130	Glossectomy; hemiglossectomy	4,844
CPT	41135	Glossectomy; partial, with unilateral radical neck dissection	8,042
CPT	41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	8,151
CPT	41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	10,319
CPT	41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	8,142
CPT	41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	8,884
CPT	41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	11,167
CPT	41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	553
CPT	41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	626
CPT	41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	792
CPT	41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)	1,663
CPT	41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	1,283

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	41512	Tongue base suspension, permanent suture technique	2,320
CPT	41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	944
CPT	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	1,510
CPT	41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	540
CPT	41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	619
CPT	41806	Removal of embedded foreign body from dentoalveolar structures; bone	988
CPT	41820	Gingivectomy, excision gingiva, each quadrant	788
CPT	41821	Operculectomy, excision pericoronal tissues	177
CPT	41822	Excision of fibrous tuberosities, dentoalveolar structures	681
CPT	41823	Excision of osseous tuberosities, dentoalveolar structures	1,196
CPT	41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	457
CPT	41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	783
CPT	41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	1,142
CPT	41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	799
CPT	41830	Alveolectomy, including curettage of osteitis or sequestrectomy	1,051
CPT	41850	Destruction of lesion (except excision), dentoalveolar structures	394
CPT	41870	Periodontal mucosal grafting	984
CPT	41872	Gingivoplasty, each quadrant (specify)	989
CPT	41874	Alveoloplasty, each quadrant (specify)	944
CPT	42000	Drainage of abscess of palate, uvula	389
CPT	42100	Biopsy of palate, uvula	408
CPT	42104	Excision, lesion of palate, uvula; without closure	521
CPT	42106	Excision, lesion of palate, uvula; with simple primary closure	664
CPT	42107	Excision, lesion of palate, uvula; with local flap closure	1,291
CPT	42120	Resection of palate or extensive resection of lesion	3,704
CPT	42140	Uvulectomy, excision of uvula	582
CPT	42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	2,652
CPT	42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	551
CPT	42180	Repair, laceration of palate; up to 2 cm	641
CPT	42182	Repair, laceration of palate; over 2 cm or complex	968
CPT	42200	Palatoplasty for cleft palate, soft and/or hard palate only	3,209
CPT	42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	3,633
CPT	42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	3,861
CPT	42215	Palatoplasty for cleft palate; major revision	2,709
CPT	42220	Palatoplasty for cleft palate; secondary lengthening procedure	1,948
CPT	42225	Palatoplasty for cleft palate; attachment pharyngeal flap	3,276
CPT	42226	Lengthening of palate, and pharyngeal flap	3,337
CPT	42227	Lengthening of palate, with island flap	3,133
CPT	42235	Repair of anterior palate, including vomer flap	2,738

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	42260	Repair of nasolabial fistula	2,496
CPT	42280	Maxillary impression for palatal prosthesis	426
CPT	42281	Insertion of pin-retained palatal prosthesis	568
CPT	42300	Drainage of abscess; parotid, simple	574
CPT	42305	Drainage of abscess; parotid, complicated	1,613
CPT	42310	Drainage of abscess; submaxillary or sublingual, intraoral	470
CPT	42320	Drainage of abscess; submaxillary, external	663
CPT	42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	621
CPT	42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	967
CPT	42340	Sialolithotomy; parotid, extraoral or complicated intraoral	1,266
CPT	42400	Biopsy of salivary gland; needle	250
CPT	42405	Biopsy of salivary gland; incisional	843
CPT	42408	Excision of sublingual salivary cyst (ranula)	1,239
CPT	42409	Marsupialization of sublingual salivary cyst (ranula)	837
CPT	42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	2,336
CPT	42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	4,181
CPT	42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	4,792
CPT	42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	3,151
CPT	42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	5,101
CPT	42440	Excision of submandibular (submaxillary) gland	1,756
CPT	42450	Excision of sublingual gland	1,347
CPT	42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	1,283
CPT	42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	1,702
CPT	42507	Parotid duct diversion, bilateral (Wilke type procedure);	1,923
CPT	42508	Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland	2,586
CPT	42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	2,946
CPT	42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	2,363
CPT	42550	Injection procedure for sialography	317
CPT	42600	Closure salivary fistula	1,314
CPT	42650	Dilation salivary duct	220
CPT	42660	Dilation and catheterization of salivary duct, with or without injection	292
CPT	42665	Ligation salivary duct, intraoral	778
CPT	42700	Incision and drainage abscess; peritonsillar	508
CPT	42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	1,484
CPT	42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	3,055
CPT	42800	Biopsy; oropharynx	423
CPT	42802	Biopsy; hypopharynx	512
CPT	42804	Biopsy; nasopharynx, visible lesion, simple	436
CPT	42806	Biopsy; nasopharynx, survey for unknown primary lesion	497
CPT	42808	Excision or destruction of lesion of pharynx, any method	611

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	42809	Removal of foreign body from pharynx	491
CPT	42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	1,084
CPT	42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	2,089
CPT	42820	Tonsillectomy and adenoidectomy; younger than age 12	1,094
CPT	42821	Tonsillectomy and adenoidectomy; age 12 or over	1,138
CPT	42825	Tonsillectomy, primary or secondary; younger than age 12	984
CPT	42826	Tonsillectomy, primary or secondary; age 12 or over	946
CPT	42830	Adenoidectomy, primary; younger than age 12	780
CPT	42831	Adenoidectomy, primary; age 12 or over	838
CPT	42835	Adenoidectomy, secondary; younger than age 12	641
CPT	42836	Adenoidectomy, secondary; age 12 or over	905
CPT	42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	3,722
CPT	42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	5,119
CPT	42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	8,345
CPT	42860	Excision of tonsil tags	706
CPT	42870	Excision or destruction lingual tonsil, any method (separate procedure)	2,149
CPT	42890	Limited pharyngectomy	5,298
CPT	42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	7,034
CPT	42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	8,873
CPT	42900	Suture pharynx for wound or injury	1,283
CPT	42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	2,940
CPT	42953	Pharyngoesophageal repair	3,525
CPT	42955	Pharyngostomy (fistulization of pharynx, external for feeding)	2,800
CPT	42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	636
CPT	42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	1,582
CPT	42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	1,949
CPT	42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	1,488
CPT	42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	1,725
CPT	42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	1,934
CPT	43020	Esophagotomy, cervical approach, with removal of foreign body	2,039

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	43030	Cricopharyngeal myotomy	1,952
CPT	43045	Esophagotomy, thoracic approach, with removal of foreign body	4,773
CPT	43100	Excision of lesion, esophagus, with primary repair; cervical approach	2,369
CPT	43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	3,693
CPT	43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)	9,346
CPT	43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	17,140
CPT	43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty	9,848
CPT	43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	16,744
CPT	43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	19,883
CPT	43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)	9,056
CPT	43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	13,968
CPT	43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastronomy, with or without pyloroplasty	10,542
CPT	43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty	9,314
CPT	43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	17,355
CPT	43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	14,823
CPT	43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	2,940
CPT	43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	5,518
CPT	43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	480
CPT	43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	693

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	635
CPT	43204	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices	808
CPT	43205	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	821
CPT	43215	Esophagoscopy, rigid or flexible; with removal of foreign body	570
CPT	43216	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	529
CPT	43217	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	858
CPT	43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	627
CPT	43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)	469
CPT	43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire	519
CPT	43227	Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	773
CPT	43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	820
CPT	43231	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination	698
CPT	43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	961
CPT	43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)	631
CPT	43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	693
CPT	43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	867
CPT	43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus	861
CPT	43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	1,072
CPT	43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	806
CPT	43240	Upper gastrointestinal endoscopy including esophagus,	1,456

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	43241	stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement	571
CPT	43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)	1,552
CPT	43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices	979
CPT	43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices	1,082
CPT	43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)	692
CPT	43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube	924
CPT	43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body	736
CPT	43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	689
CPT	43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	636
CPT	43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	695
CPT	43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	800
CPT	43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method	1,034
CPT	43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	932

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	1,188
CPT	43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	978
CPT	43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate	1,112
CPT	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1,269
CPT	43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	1,334
CPT	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	1,568
CPT	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)	1,538
CPT	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts	1,881
CPT	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	2,110
CPT	43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	1,561
CPT	43268	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	1,587
CPT	43269	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent	1,737
CPT	43271	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	1,566
CPT	43272	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1,571
CPT	43273	Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure)	464
CPT	43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	4,728
CPT	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	3,940
CPT	43281	Laparoscopy, surgical, repair of paraesophageal hernia,	5,647

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		includes fundoplasty, when performed; without implantation of mesh	
CPT	43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	6,345
CPT	43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	588
CPT	43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	2,325
CPT	43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	4,136
CPT	43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	5,462
CPT	43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	5,895
CPT	43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	10,450
CPT	43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	10,163
CPT	43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	5,073
CPT	43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	4,845
CPT	43327	Esophagogastric fundoplasty partial or complete; laparotomy	2,961
CPT	43328	Esophagogastric fundoplasty partial or complete; thoracotomy	4,349
CPT	43330	Esophagomyotomy (Heller type); abdominal approach	4,796
CPT	43331	Esophagomyotomy (Heller type); thoracic approach	4,960
CPT	43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	4,241
CPT	43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	4,605
CPT	43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	4,655
CPT	43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	5,016
CPT	43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	5,496
CPT	43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	5,999
CPT	43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	488
CPT	43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	5,007

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	5,446
CPT	43350	Esophagostomy, fistulization of esophagus, external; abdominal approach	4,636
CPT	43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	4,771
CPT	43352	Esophagostomy, fistulization of esophagus, external; cervical approach	3,912
CPT	43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	8,309
CPT	43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	9,252
CPT	43400	Ligation, direct, esophageal varices	5,325
CPT	43401	Transection of esophagus with repair, for esophageal varices	5,437
CPT	43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	5,589
CPT	43410	Suture of esophageal wound or injury; cervical approach	3,853
CPT	43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	6,309
CPT	43420	Closure of esophagostomy or fistula; cervical approach	3,857
CPT	43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	5,547
CPT	43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	367
CPT	43453	Dilation of esophagus, over guide wire	540
CPT	43456	Dilation of esophagus, by balloon or dilator, retrograde	876
CPT	43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	901
CPT	43460	Esophagogastric tamponade, with balloon (Sengstaken type)	823
CPT	43500	Gastrotomy; with exploration or foreign body removal	2,851
CPT	43501	Gastrotomy; with suture repair of bleeding ulcer	4,889
CPT	43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	5,542
CPT	43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	3,497
CPT	43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	2,508
CPT	43605	Biopsy of stomach, by laparotomy	3,072
CPT	43610	Excision, local; ulcer or benign tumor of stomach	3,566
CPT	43611	Excision, local; malignant tumor of stomach	4,436
CPT	43620	Gastrectomy, total; with esophagoenterostomy	7,167
CPT	43621	Gastrectomy, total; with Roux-en-Y reconstruction	8,258
CPT	43622	Gastrectomy, total; with formation of intestinal pouch, any type	8,387
CPT	43631	Gastrectomy, partial, distal; with gastroduodenostomy	5,276
CPT	43632	Gastrectomy, partial, distal; with gastrojejunostomy	7,394
CPT	43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	6,997

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	43634	Gastrectomy, partial, distal; with formation of intestinal pouch	7,740
CPT	43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	409
CPT	43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	4,287
CPT	43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	4,362
CPT	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	6,302
CPT	43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	6,740
CPT	43651	Laparoscopy, surgical; transection of vagus nerves, truncal	2,367
CPT	43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	2,769
CPT	43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	2,061
CPT	43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	147
CPT	43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	74
CPT	43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	113
CPT	43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration	207
CPT	43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	186
CPT	43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	269
CPT	43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	272
CPT	43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	375
CPT	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	4,057
CPT	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	4,625
CPT	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	3,475
CPT	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	4,622

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	3,483
CPT	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	4,658
CPT	43800	Pyloroplasty	3,376
CPT	43810	Gastroduodenostomy	3,692
CPT	43820	Gastrojejunostomy; without vagotomy	4,876
CPT	43825	Gastrojejunostomy; with vagotomy, any type	4,758
CPT	43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	2,529
CPT	43831	Gastrostomy, open; neonatal, for feeding	2,142
CPT	43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	3,811
CPT	43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	4,938
CPT	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	4,159
CPT	43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	4,649
CPT	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	7,145
CPT	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	5,934
CPT	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	6,550
CPT	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	7,029
CPT	43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	5,922
CPT	43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	6,144
CPT	43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	5,943
CPT	43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	6,217
CPT	43870	Closure of gastrostomy, surgical	2,581
CPT	43880	Closure of gastrocolic fistula	5,805
CPT	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	1,300
CPT	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	1,173
CPT	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	1,656
CPT	44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	3,978
CPT	44010	Duodenotomy, for exploration, biopsy(s), or foreign body	3,149

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		removal	
CPT	44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	521
CPT	44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	3,538
CPT	44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	3,569
CPT	44025	Colotomy, for exploration, biopsy(s), or foreign body removal	3,593
CPT	44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	3,397
CPT	44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	5,442
CPT	44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	414
CPT	44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	3,084
CPT	44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	3,582
CPT	44120	Enterectomy, resection of small intestine; single resection and anastomosis	4,451
CPT	44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	884
CPT	44125	Enterectomy, resection of small intestine; with enterostomy	4,300
CPT	44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	8,975
CPT	44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	10,383
CPT	44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	889
CPT	44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	4,779
CPT	44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	443
CPT	44140	Colectomy, partial; with anastomosis	4,879
CPT	44141	Colectomy, partial; with skin level cecostomy or colostomy	6,637
CPT	44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	6,061
CPT	44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	6,449
CPT	44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	6,051
CPT	44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	7,711
CPT	44147	Colectomy, partial; abdominal and transanal approach	7,086

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	6,804
CPT	44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	7,792
CPT	44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	7,581
CPT	44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	8,397
CPT	44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	7,921
CPT	44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	8,102
CPT	44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	4,522
CPT	44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	3,345
CPT	44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	2,365
CPT	44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	4,013
CPT	44188	Laparoscopy, surgical, colostomy or skin level cecostomy	4,452
CPT	44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	5,051
CPT	44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	887
CPT	44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	5,620
CPT	44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	4,891
CPT	44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	6,412
CPT	44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	6,686
CPT	44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	7,267
CPT	44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	6,550
CPT	44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	8,204
CPT	44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	7,509
CPT	44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	693
CPT	44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	6,095
CPT	44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	3,062

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	44310	Ileostomy or jejunostomy, non-tube	3,801
CPT	44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	2,141
CPT	44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	3,664
CPT	44316	Continent ileostomy (Kock procedure) (separate procedure)	5,138
CPT	44320	Colostomy or skin level cecostomy;	4,371
CPT	44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	3,597
CPT	44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	2,255
CPT	44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	3,832
CPT	44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	4,308
CPT	44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	575
CPT	44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	632
CPT	44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body	760
CPT	44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	809
CPT	44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	723
CPT	44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	951
CPT	44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	973
CPT	44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	1,054
CPT	44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	940
CPT	44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	752
CPT	44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1,116

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	1,177
CPT	44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1,514
CPT	44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	1,610
CPT	44380	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	247
CPT	44382	Ileoscopy, through stoma; with biopsy, single or multiple	301
CPT	44383	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	594
CPT	44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	598
CPT	44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple	718
CPT	44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	811
CPT	44389	Colonoscopy through stoma; with biopsy, single or multiple	925
CPT	44390	Colonoscopy through stoma; with removal of foreign body	1,099
CPT	44391	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1,197
CPT	44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1,015
CPT	44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1,170
CPT	44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1,173
CPT	44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	1,012
CPT	44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	88
CPT	44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	5,142
CPT	44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	5,901
CPT	44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	3,850
CPT	44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	4,766
CPT	44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	3,923

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	44620	Closure of enterostomy, large or small intestine;	3,159
CPT	44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	3,721
CPT	44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	5,859
CPT	44640	Closure of intestinal cutaneous fistula	5,117
CPT	44650	Closure of enteroenteric or enterocolic fistula	5,281
CPT	44660	Closure of enterovesical fistula; without intestinal or bladder resection	4,855
CPT	44661	Closure of enterovesical fistula; with intestine and/or bladder resection	5,648
CPT	44680	Intestinal plication (separate procedure)	3,900
CPT	44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	3,710
CPT	44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	611
CPT	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	916
CPT	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	1,409
CPT	44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	2,765
CPT	44820	Excision of lesion of mesentery (separate procedure)	3,047
CPT	44850	Suture of mesentery (separate procedure)	2,723
CPT	44900	Incision and drainage of appendiceal abscess; open	2,811
CPT	44901	Incision and drainage of appendiceal abscess; percutaneous	932
CPT	44950	Appendectomy;	2,332
CPT	44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	306
CPT	44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	3,178
CPT	44970	Laparoscopy, surgical, appendectomy	2,173
CPT	45000	Transrectal drainage of pelvic abscess	1,524
CPT	45005	Incision and drainage of submucosal abscess, rectum	565
CPT	45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	2,052
CPT	45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	1,074
CPT	45108	Anorectal myomectomy	1,326
CPT	45110	Proctectomy; complete, combined abdominoperineal, with colostomy	6,748
CPT	45111	Proctectomy; partial resection of rectum, transabdominal approach	3,973
CPT	45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	6,895
CPT	45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	7,212
CPT	45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	6,610
CPT	45116	Proctectomy, partial, with anastomosis; transsacral	5,754

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	45119	approach only (Kraske type) Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	7,135
CPT	45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	5,778
CPT	45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	6,314
CPT	45123	Proctectomy, partial, without anastomosis, perineal approach	4,078
CPT	45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	10,497
CPT	45130	Excision of rectal procidentia, with anastomosis; perineal approach	3,978
CPT	45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	4,995
CPT	45136	Excision of ileoanal reservoir with ileostomy	6,600
CPT	45150	Division of stricture of rectum	1,440
CPT	45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	3,663
CPT	45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	2,152
CPT	45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	2,938
CPT	45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	2,498
CPT	45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	246
CPT	45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	516
CPT	45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	400
CPT	45307	Proctosigmoidoscopy, rigid; with removal of foreign body	445
CPT	45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	431
CPT	45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	462
CPT	45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	508
CPT	45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	486
CPT	45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	470

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	395
CPT	45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	470
CPT	45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	314
CPT	45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	398
CPT	45332	Sigmoidoscopy, flexible; with removal of foreign body	626
CPT	45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	623
CPT	45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	599
CPT	45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	519
CPT	45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	524
CPT	45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	743
CPT	45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	804
CPT	45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	654
CPT	45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	575
CPT	45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	878
CPT	45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	639
CPT	45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	754
CPT	45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	914
CPT	45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	1,159
CPT	45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	1,105
CPT	45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	1,077
CPT	45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1,449
CPT	45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1,313
CPT	45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1,081
CPT	45385	Colonoscopy, flexible, proximal to splenic flexure; with	1,242

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
CPT	45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	1,504
CPT	45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	1,267
CPT	45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	1,085
CPT	45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	1,395
CPT	45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	7,257
CPT	45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	7,851
CPT	45400	Laparoscopy, surgical; proctopexy (for prolapse)	4,203
CPT	45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	5,592
CPT	45500	Proctoplasty; for stenosis	1,893
CPT	45505	Proctoplasty; for prolapse of mucous membrane	2,128
CPT	45520	Perirectal injection of sclerosing solution for prolapse	223
CPT	45540	Proctopexy (eg, for prolapse); abdominal approach	3,853
CPT	45541	Proctopexy (eg, for prolapse); perineal approach	3,375
CPT	45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	5,345
CPT	45560	Repair of rectocele (separate procedure)	2,536
CPT	45562	Exploration, repair, and presacral drainage for rectal injury;	4,044
CPT	45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	5,967
CPT	45800	Closure of rectovesical fistula;	4,336
CPT	45805	Closure of rectovesical fistula; with colostomy	5,293
CPT	45820	Closure of rectourethral fistula;	4,234
CPT	45825	Closure of rectourethral fistula; with colostomy	5,252
CPT	45900	Reduction of procidentia (separate procedure) under anesthesia	728
CPT	45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	607
CPT	45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	703
CPT	45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	809
CPT	45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	390
CPT	46020	Placement of seton	840
CPT	46030	Removal of anal seton, other marker	326
CPT	46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	1,477
CPT	46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	1,552
CPT	46050	Incision and drainage, perianal abscess, superficial	400
CPT	46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	1,703

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	46070	Incision, anal septum (infant)	828
CPT	46080	Sphincterotomy, anal, division of sphincter (separate procedure)	579
CPT	46083	Incision of thrombosed hemorrhoid, external	381
CPT	46200	Fissurectomy, including sphincterotomy, when performed	1,150
CPT	46220	Excision of single external papilla or tag, anus	429
CPT	46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	682
CPT	46230	Excision of multiple external papillae or tags, anus	625
CPT	46250	Hemorrhoidectomy, external, 2 or more columns/groups	1,127
CPT	46255	Hemorrhoidectomy, internal and external, single column/group;	1,266
CPT	46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	1,514
CPT	46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	1,687
CPT	46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	1,704
CPT	46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	1,904
CPT	46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	1,989
CPT	46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	1,399
CPT	46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	1,479
CPT	46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	1,678
CPT	46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	1,475
CPT	46288	Closure of anal fistula with rectal advancement flap	1,967
CPT	46320	Excision of thrombosed hemorrhoid, external	401
CPT	46500	Injection of sclerosing solution, hemorrhoids	476
CPT	46505	Chemodenervation of internal anal sphincter	862
CPT	46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	173
CPT	46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	368
CPT	46606	Anoscopy; with biopsy, single or multiple	429
CPT	46608	Anoscopy; with removal of foreign body	450
CPT	46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	454
CPT	46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	354
CPT	46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	529
CPT	46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	275
CPT	46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	341

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	46700	Anoplasty, plastic operation for stricture; adult	2,359
CPT	46705	Anoplasty, plastic operation for stricture; infant	1,723
CPT	46706	Repair of anal fistula with fibrin glue	602
CPT	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	1,680
CPT	46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	3,940
CPT	46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	7,448
CPT	46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	1,766
CPT	46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	3,961
CPT	46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	6,334
CPT	46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	7,342
CPT	46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	7,750
CPT	46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	8,991
CPT	46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	12,495
CPT	46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	12,744
CPT	46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	13,382
CPT	46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	2,767
CPT	46751	Sphincteroplasty, anal, for incontinence or prolapse; child	2,170
CPT	46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	2,116
CPT	46754	Removal of Thiersch wire or suture, anal canal	831
CPT	46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	3,949
CPT	46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	3,393
CPT	46762	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter	3,335
CPT	46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	505
CPT	46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	524
CPT	46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	527
CPT	46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	744
CPT	46922	Destruction of lesion(s), anus (eg, condyloma, papilloma,	550

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		molluscum contagiosum, herpetic vesicle), simple; surgical excision	
CPT	46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	1,031
CPT	46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	801
CPT	46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	532
CPT	46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	477
CPT	46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	792
CPT	46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	797
CPT	46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	1,379
CPT	47000	Biopsy of liver, needle; percutaneous	533
CPT	47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	378
CPT	47010	Hepatotomy; for open drainage of abscess or cyst, 1 or 2 stages	4,324
CPT	47011	Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages	657
CPT	47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	4,208
CPT	47100	Biopsy of liver, wedge	3,050
CPT	47120	Hepatectomy, resection of liver; partial lobectomy	8,447
CPT	47122	Hepatectomy, resection of liver; trisegmentectomy	12,460
CPT	47125	Hepatectomy, resection of liver; total left lobectomy	11,159
CPT	47130	Hepatectomy, resection of liver; total right lobectomy	11,969
CPT	47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	17,789
CPT	47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	15,014
CPT	47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	12,957
CPT	47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	13,996
CPT	47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	17,084
CPT	47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	1,205
CPT	47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	1,404
CPT	47300	Marsupialization of cyst or abscess of liver	4,116
CPT	47350	Management of liver hemorrhage; simple suture of liver wound or injury	4,976
CPT	47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	6,816
CPT	47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	10,951

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	5,247
CPT	47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	4,494
CPT	47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	4,560
CPT	47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	5,217
CPT	47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	5,055
CPT	47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	2,788
CPT	47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	7,829
CPT	47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	4,870
CPT	47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	4,957
CPT	47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	4,597
CPT	47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	3,150
CPT	47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	1,214
CPT	47500	Injection procedure for percutaneous transhepatic cholangiography	350
CPT	47505	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	135
CPT	47510	Introduction of percutaneous transhepatic catheter for biliary drainage	1,667
CPT	47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	2,062
CPT	47525	Change of percutaneous biliary drainage catheter	467
CPT	47530	Revision and/or reinsertion of transhepatic tube	1,931
CPT	47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	604
CPT	47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)	1,127
CPT	47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	1,133
CPT	47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	1,779
CPT	47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	1,335
CPT	47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	1,515
CPT	47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	980
CPT	47561	Laparoscopy, surgical; with guided transhepatic	1,073

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		cholangiography with biopsy	
CPT	47562	Laparoscopy, surgical; cholecystectomy	2,715
CPT	47563	Laparoscopy, surgical; cholecystectomy with cholangiography	2,742
CPT	47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	3,135
CPT	47570	Laparoscopy, surgical; cholecystoenterostomy	2,809
CPT	47600	Cholecystectomy;	3,932
CPT	47605	Cholecystectomy; with cholangiography	3,564
CPT	47610	Cholecystectomy with exploration of common duct;	4,555
CPT	47612	Cholecystectomy with exploration of common duct; with choledochenterostomy	4,605
CPT	47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	5,010
CPT	47630	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)	1,962
CPT	47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	3,807
CPT	47701	Portoenterostomy (eg, Kasai procedure)	6,295
CPT	47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	5,662
CPT	47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	7,267
CPT	47715	Excision of choledochal cyst	4,823
CPT	47720	Cholecystoenterostomy; direct	4,152
CPT	47721	Cholecystoenterostomy; with gastroenterostomy	4,912
CPT	47740	Cholecystoenterostomy; Roux-en-Y	4,758
CPT	47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	5,357
CPT	47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	8,202
CPT	47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	11,061
CPT	47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	8,994
CPT	47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	11,812
CPT	47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	5,748
CPT	47801	Placement of choledochal stent	3,654
CPT	47802	U-tube hepaticoenterostomy	5,537
CPT	47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	4,945
CPT	48000	Placement of drains, peripancreatic, for acute pancreatitis;	6,704
CPT	48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	8,405
CPT	48020	Removal of pancreatic calculus	4,269
CPT	48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	3,218
CPT	48102	Biopsy of pancreas, percutaneous needle	1,285
CPT	48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	10,390
CPT	48120	Excision of lesion of pancreas (eg, cyst, adenoma)	4,021
CPT	48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	5,677

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	5,933
CPT	48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	6,816
CPT	48148	Excision of ampulla of Vater	4,529
CPT	48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	11,265
CPT	48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy	10,493
CPT	48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy	11,253
CPT	48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy	10,539
CPT	48155	Pancreatectomy, total	6,576
CPT	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	9,777
CPT	48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	376
CPT	48500	Marsupialization of pancreatic cyst	4,167
CPT	48510	External drainage, pseudocyst of pancreas; open	3,934
CPT	48511	External drainage, pseudocyst of pancreas; percutaneous	1,095
CPT	48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	3,969
CPT	48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	4,693
CPT	48545	Pancreatorrhaphy for injury	4,885
CPT	48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	6,518
CPT	48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	6,046
CPT	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	861
CPT	48554	Transplantation of pancreatic allograft	9,223
CPT	48556	Removal of transplanted pancreatic allograft	4,591
CPT	49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	2,792
CPT	49002	Reopening of recent laparotomy	3,801
CPT	49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	3,425
CPT	49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open	5,778
CPT	49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous	923
CPT	49040	Drainage of subdiaphragmatic or subphrenic abscess; open	3,636
CPT	49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	1,093
CPT	49060	Drainage of retroperitoneal abscess; open	3,990

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	49061	Drainage of retroperitoneal abscess; percutaneous	1,009
CPT	49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	2,698
CPT	49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial	366
CPT	49081	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent	373
CPT	49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	379
CPT	49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	4,336
CPT	49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	5,524
CPT	49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	6,341
CPT	49215	Excision of presacral or sacrococcygeal tumor	8,045
CPT	49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	3,521
CPT	49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	2,113
CPT	49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	2,857
CPT	49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1,184
CPT	49321	Laparoscopy, surgical; with biopsy (single or multiple)	1,257
CPT	49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	1,345
CPT	49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	2,345
CPT	49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	1,432
CPT	49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	1,535
CPT	49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	693
CPT	49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	474
CPT	49400	Injection of air or contrast into peritoneal cavity (separate procedure)	396
CPT	49402	Removal of peritoneal foreign body from peritoneal cavity	3,108

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	709
CPT	49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	296
CPT	49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	842
CPT	49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	1,593
CPT	49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	857
CPT	49422	Removal of tunneled intraperitoneal catheter	1,390
CPT	49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	401
CPT	49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	214
CPT	49425	Insertion of peritoneal-venous shunt	2,732
CPT	49426	Revision of peritoneal-venous shunt	2,304
CPT	49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	162
CPT	49428	Ligation of peritoneal-venous shunt	1,565
CPT	49429	Removal of peritoneal-venous shunt	1,664
CPT	49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	437
CPT	49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	672
CPT	49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1,249
CPT	49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1,425
CPT	49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	1,196
CPT	49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	908
CPT	49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	373
CPT	49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	512
CPT	49452	Replacement of gastro-jejunostomy tube, percutaneous,	786

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		under fluoroscopic guidance including contrast injection(s), image documentation and report	
CPT	49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	270
CPT	49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	169
CPT	49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	2,870
CPT	49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	3,463
CPT	49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	1,479
CPT	49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	2,240
CPT	49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	1,342
CPT	49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	2,185
CPT	49505	Repair initial inguinal hernia, age 5 years or older; reducible	1,878
CPT	49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	2,307
CPT	49520	Repair recurrent inguinal hernia, any age; reducible	2,285
CPT	49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	2,771
CPT	49525	Repair inguinal hernia, sliding, any age	2,069
CPT	49540	Repair lumbar hernia	2,453
CPT	49550	Repair initial femoral hernia, any age; reducible	2,083
CPT	49553	Repair initial femoral hernia, any age; incarcerated or strangulated	2,284
CPT	49555	Repair recurrent femoral hernia; reducible	2,161
CPT	49557	Repair recurrent femoral hernia; incarcerated or strangulated	2,622
CPT	49560	Repair initial incisional or ventral hernia; reducible	2,671
CPT	49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	3,376
CPT	49565	Repair recurrent incisional or ventral hernia; reducible	2,786
CPT	49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	3,413
CPT	49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement	978

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	
CPT	49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	1,497
CPT	49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	1,861
CPT	49580	Repair umbilical hernia, younger than age 5 years; reducible	1,192
CPT	49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	1,738
CPT	49585	Repair umbilical hernia, age 5 years or older; reducible	1,600
CPT	49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	1,893
CPT	49590	Repair spigelian hernia	2,069
CPT	49600	Repair of small omphalocele, with primary closure	2,641
CPT	49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	17,990
CPT	49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	4,112
CPT	49610	Repair of omphalocele (Gross type operation); first stage	2,485
CPT	49611	Repair of omphalocele (Gross type operation); second stage	1,949
CPT	49650	Laparoscopy, surgical; repair initial inguinal hernia	1,542
CPT	49651	Laparoscopy, surgical; repair recurrent inguinal hernia	2,011
CPT	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	2,666
CPT	49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	3,343
CPT	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	3,064
CPT	49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	3,688
CPT	49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	3,078
CPT	49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	4,425
CPT	49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	2,950
CPT	49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	5,225
CPT	49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	1,289
CPT	50010	Renal exploration, not necessitating other specific procedures	2,659
CPT	50020	Drainage of perirenal or renal abscess; open	3,806
CPT	50021	Drainage of perirenal or renal abscess; percutaneous	921
CPT	50040	Nephrostomy, nephrotomy with drainage	3,304
CPT	50045	Nephrotomy, with exploration	3,326
CPT	50060	Nephrolithotomy; removal of calculus	4,074
CPT	50065	Nephrolithotomy; secondary surgical operation for calculus	4,324
CPT	50070	Nephrolithotomy; complicated by congenital kidney abnormality	4,240
CPT	50075	Nephrolithotomy; removal of large staghorn calculus filling	5,217

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		renal pelvis and calyces (including anastrophic pyelolithotomy)	
CPT	50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	3,107
CPT	50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	4,571
CPT	50100	Transection or repositioning of aberrant renal vessels (separate procedure)	3,460
CPT	50120	Pyelotomy; with exploration	3,390
CPT	50125	Pyelotomy; with drainage, pyelostomy	3,726
CPT	50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	3,697
CPT	50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	4,011
CPT	50200	Renal biopsy; percutaneous, by trocar or needle	515
CPT	50205	Renal biopsy; by surgical exposure of kidney	2,716
CPT	50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	3,747
CPT	50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	4,296
CPT	50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	4,593
CPT	50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	4,664
CPT	50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	5,243
CPT	50240	Nephrectomy, partial	4,739
CPT	50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	4,352
CPT	50280	Excision or unroofing of cyst(s) of kidney	3,427
CPT	50290	Excision of perinephric cyst	3,418
CPT	50320	Donor nephrectomy (including cold preservation); open, from living donor	5,083
CPT	50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	788
CPT	50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	688
CPT	50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	632
CPT	50340	Recipient nephrectomy (separate procedure)	3,418
CPT	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	9,293
CPT	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	10,433
CPT	50370	Removal of transplanted renal allograft	4,335
CPT	50380	Renal autotransplantation, reimplantation of kidney	7,220
CPT	50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	1,517

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	1,374
CPT	50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	1,281
CPT	50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	968
CPT	50387	Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	548
CPT	50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	302
CPT	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	347
CPT	50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	359
CPT	50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	637
CPT	50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	775
CPT	50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	236
CPT	50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	643
CPT	50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	412
CPT	50398	Change of nephrostomy or pyelostomy tube	403
CPT	50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	4,146
CPT	50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolasty)	4,993
CPT	50500	Nephrorrhaphy, suture of kidney wound or injury	4,596
CPT	50520	Closure of nephrocutaneous or pyelocutaneous fistula	3,703
CPT	50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	5,328
CPT	50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	5,158
CPT	50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	4,102
CPT	50541	Laparoscopy, surgical; ablation of renal cysts	3,297

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CPT	50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	4,180
CPT	50543	Laparoscopy, surgical; partial nephrectomy	5,332
CPT	50544	Laparoscopy, surgical; pyeloplasty	4,471
CPT	50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	4,816
CPT	50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	4,304
CPT	50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	5,786
CPT	50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	4,835
CPT	50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1,058
CPT	50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1,134
CPT	50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1,228
CPT	50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	1,244
CPT	50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1,421
CPT	50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	2,084
CPT	50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1,766
CPT	50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1,915
CPT	50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	2,036
CPT	50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	2,572
CPT	50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or	2,029

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	50580	incision, with or without biopsy Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	2,189
CPT	50590	Lithotripsy, extracorporeal shock wave	2,413
CPT	50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	1,986
CPT	50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	2,663
CPT	50600	Ureterotomy with exploration or drainage (separate procedure)	3,356
CPT	50605	Ureterotomy for insertion of indwelling stent, all types	3,509
CPT	50610	Ureterolithotomy; upper one-third of ureter	3,378
CPT	50620	Ureterolithotomy; middle one-third of ureter	3,230
CPT	50630	Ureterolithotomy; lower one-third of ureter	3,190
CPT	50650	Ureterectomy, with bladder cuff (separate procedure)	3,706
CPT	50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	4,089
CPT	50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	272
CPT	50686	Manometric studies through ureterostomy or indwelling ureteral catheter	345
CPT	50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	280
CPT	50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	246
CPT	50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	3,304
CPT	50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	4,291
CPT	50722	Ureterolysis for ovarian vein syndrome	3,837
CPT	50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	4,172
CPT	50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	1,799
CPT	50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	2,487
CPT	50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	4,356
CPT	50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	4,123
CPT	50760	Ureteroureterostomy	4,057
CPT	50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	4,123
CPT	50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	3,968
CPT	50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	4,120
CPT	50783	Ureteroneocystostomy; with extensive ureteral tailoring	4,265
CPT	50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	4,339
CPT	50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	3,315
CPT	50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	4,781

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	50815	Ureterocolon conduit, including intestine anastomosis	4,369
CPT	50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	4,738
CPT	50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	5,946
CPT	50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	6,457
CPT	50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	4,393
CPT	50845	Cutaneous appendico-vesicostomy	4,459
CPT	50860	Ureterostomy, transplantation of ureter to skin	3,374
CPT	50900	Ureterorrhaphy, suture of ureter (separate procedure)	3,043
CPT	50920	Closure of ureterocutaneous fistula	3,146
CPT	50930	Closure of ureterovisceral fistula (including visceral repair)	4,224
CPT	50940	Deligation of ureter	3,167
CPT	50945	Laparoscopy, surgical; ureterolithotomy	3,482
CPT	50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	4,952
CPT	50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	4,565
CPT	50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1,102
CPT	50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1,216
CPT	50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1,308
CPT	50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	1,273
CPT	50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1,140
CPT	50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	1,332
CPT	50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	1,289
CPT	50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	1,700
CPT	50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	1,677
CPT	50980	Ureteral endoscopy through ureterotomy, with or without	1,279

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	51020	irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	1,664
CPT	51030	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	1,669
CPT	51040	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	1,022
CPT	51045	Cystostomy, cystostomy with drainage	1,758
CPT	51050	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	1,680
CPT	51060	Cystolithotomy, cystostomy with removal of calculus, without vesical neck resection	2,068
CPT	51065	Transvesical ureterolithotomy	2,058
CPT	51080	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	1,448
CPT	51100	Drainage of perivesical or prevesical space abscess	154
CPT	51101	Aspiration of bladder; by needle	296
CPT	51102	Aspiration of bladder; by trocar or intracatheter	806
CPT	51500	Aspiration of bladder; with insertion of suprapubic catheter	2,442
CPT	51520	Excision of urachal cyst or sinus, with or without umbilical hernia repair	2,113
CPT	51525	Cystotomy; for simple excision of vesical neck (separate procedure)	3,072
CPT	51530	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	2,842
CPT	51535	Cystotomy; for excision of bladder tumor	2,778
CPT	51550	Cystotomy for excision, incision, or repair of ureterocele	3,477
CPT	51555	Cystectomy, partial; simple	4,563
CPT	51565	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	4,647
CPT	51570	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	5,326
CPT	51575	Cystectomy, complete; (separate procedure)	6,528
CPT	51580	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	6,789
CPT	51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	7,563
CPT	51590	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	6,934
CPT	51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	7,859
CPT	51596	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	8,437
CPT	51597	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	8,248
CPT	51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	51600	Injection procedure for cystography or voiding urethrocytography	244
CPT	51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	135
CPT	51610	Injection procedure for retrograde urethrocytography	267
CPT	51700	Bladder irrigation, simple, lavage and/or instillation	215
CPT	51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	139
CPT	51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	165
CPT	51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	337
CPT	51705	Change of cystostomy tube; simple	274
CPT	51710	Change of cystostomy tube; complicated	382
CPT	51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	743
CPT	51720	Bladder instillation of anticarcinogenic agent (including retention time)	287
CPT	51725	Simple cystometrogram (CMG) (eg, spinal manometer)	641
CPT	51726	Complex cystometrogram (ie, calibrated electronic equipment);	922
CPT	51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	1,099
CPT	51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	1,088
CPT	51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	1,351
CPT	51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	141
CPT	51741	Complex uroflowmetry (eg, calibrated electronic equipment)	176
CPT	51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	677
CPT	51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	750
CPT	51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	752
CPT	51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	381
CPT	51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	62
CPT	51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	3,743
CPT	51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	3,867
CPT	51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	2,392
CPT	51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-	2,855

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		Marchetti-Krantz, Burch); complicated (eg, secondary repair)	
CPT	51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	2,119
CPT	51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	2,695
CPT	51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	3,219
CPT	51880	Closure of cystostomy (separate procedure)	1,684
CPT	51900	Closure of vesicovaginal fistula, abdominal approach	2,971
CPT	51920	Closure of vesicouterine fistula;	2,717
CPT	51925	Closure of vesicouterine fistula; with hysterectomy	3,916
CPT	51940	Closure, exstrophy of bladder	5,878
CPT	51960	Enterocystoplasty, including intestinal anastomosis	4,979
CPT	51980	Cutaneous vesicostomy	2,541
CPT	51990	Laparoscopy, surgical; urethral suspension for stress incontinence	2,748
CPT	51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	3,119
CPT	52000	Cystourethroscopy (separate procedure)	531
CPT	52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	1,033
CPT	52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	728
CPT	52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	913
CPT	52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	913
CPT	52204	Cystourethroscopy, with biopsy(s)	782
CPT	52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	1,088
CPT	52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	934
CPT	52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	882
CPT	52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	1,035
CPT	52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	1,810
CPT	52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	872
CPT	52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	755
CPT	52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	911
CPT	52270	Cystourethroscopy, with internal urethrotomy; female	935
CPT	52275	Cystourethroscopy, with internal urethrotomy; male	1,261

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	52276	Cystourethroscopy with direct vision internal urethrotomy	954
CPT	52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	1,172
CPT	52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	730
CPT	52282	Cystourethroscopy, with insertion of permanent urethral stent	1,213
CPT	52283	Cystourethroscopy, with steroid injection into stricture	725
CPT	52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	721
CPT	52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	876
CPT	52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	1,023
CPT	52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	1,050
CPT	52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	1,002
CPT	52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	617
CPT	52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	1,075
CPT	52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	1,922
CPT	52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	1,703
CPT	52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	885
CPT	52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	1,152
CPT	52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	944
CPT	52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	1,459
CPT	52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	797
CPT	52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	921
CPT	52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,035
CPT	52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,124

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,253
CPT	52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,361
CPT	52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,451
CPT	52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,637
CPT	52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	1,125
CPT	52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	1,322
CPT	52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1,518
CPT	52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	1,406
CPT	52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	1,675
CPT	52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	1,708
CPT	52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	960
CPT	52450	Transurethral incision of prostate	1,667
CPT	52500	Transurethral resection of bladder neck (separate procedure)	1,732
CPT	52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	3,021
CPT	52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	1,585
CPT	52640	Transurethral resection; of postoperative bladder neck contracture	1,041
CPT	52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	3,549
CPT	52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	3,789
CPT	52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and	3,395

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		transurethral resection of prostate are included if performed)	
CPT	52700	Transurethral drainage of prostatic abscess	1,566
CPT	53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	525
CPT	53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	1,038
CPT	53020	Meatotomy, cutting of meatus (separate procedure); except infant	348
CPT	53025	Meatotomy, cutting of meatus (separate procedure); infant	247
CPT	53040	Drainage of deep periurethral abscess	1,395
CPT	53060	Drainage of Skene's gland abscess or cyst	610
CPT	53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	1,490
CPT	53085	Drainage of perineal urinary extravasation; complicated	2,354
CPT	53200	Biopsy of urethra	509
CPT	53210	Urethrectomy, total, including cystostomy; female	2,767
CPT	53215	Urethrectomy, total, including cystostomy; male	3,315
CPT	53220	Excision or fulguration of carcinoma of urethra	1,619
CPT	53230	Excision of urethral diverticulum (separate procedure); female	2,179
CPT	53235	Excision of urethral diverticulum (separate procedure); male	2,252
CPT	53240	Marsupialization of urethral diverticulum, male or female	1,507
CPT	53250	Excision of bulbourethral gland (Cowper's gland)	1,554
CPT	53260	Excision or fulguration; urethral polyp(s), distal urethra	648
CPT	53265	Excision or fulguration; urethral caruncle	666
CPT	53270	Excision or fulguration; Skene's glands	704
CPT	53275	Excision or fulguration; urethral prolapse	934
CPT	53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanness type)	2,866
CPT	53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	3,117
CPT	53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	3,499
CPT	53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	4,041
CPT	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	3,004
CPT	53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	3,346
CPT	53430	Urethroplasty, reconstruction of female urethra	3,482
CPT	53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	4,125
CPT	53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	3,152
CPT	53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	2,788
CPT	53444	Insertion of tandem cuff (dual cuff)	2,831
CPT	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	3,127
CPT	53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	2,287
CPT	53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the	2,885

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	53448	same operative session Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	4,575
CPT	53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	2,180
CPT	53450	Urethromeatoplasty, with mucosal advancement	1,448
CPT	53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	1,624
CPT	53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	2,691
CPT	53502	Urethrorrhaphy, suture of urethral wound or injury, female	1,730
CPT	53505	Urethrorrhaphy, suture of urethral wound or injury; penile	1,727
CPT	53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	2,246
CPT	53515	Urethrorrhaphy, suture of urethral wound or injury; prostatic	2,837
CPT	53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	1,977
CPT	53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	228
CPT	53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	212
CPT	53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	231
CPT	53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	313
CPT	53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	287
CPT	53660	Dilation of female urethra including suppository and/or instillation; initial	183
CPT	53661	Dilation of female urethra including suppository and/or instillation; subsequent	181
CPT	53665	Dilation of female urethra, general or conduction (spinal) anesthesia	140
CPT	53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	3,122
CPT	53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	3,413
CPT	53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	297
CPT	53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	838
CPT	54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	385
CPT	54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	493
CPT	54015	Incision and drainage of penis, deep	1,096
CPT	54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	379
CPT	54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	329

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	406
CPT	54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	350
CPT	54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	464
CPT	54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	627
CPT	54100	Biopsy of penis; (separate procedure)	471
CPT	54105	Biopsy of penis; deep structures	758
CPT	54110	Excision of penile plaque (Peyronie disease);	2,223
CPT	54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	2,857
CPT	54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	3,347
CPT	54115	Removal foreign body from deep penile tissue (eg, plastic implant)	1,503
CPT	54120	Amputation of penis; partial	2,252
CPT	54125	Amputation of penis; complete	2,907
CPT	54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy	4,265
CPT	54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	5,414
CPT	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	393
CPT	54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	571
CPT	54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	700
CPT	54162	Lysis or excision of penile post-circumcision adhesions	709
CPT	54163	Repair incomplete circumcision	775
CPT	54164	Frenulotomy of penis	681
CPT	54200	Injection procedure for Peyronie disease;	294
CPT	54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	1,890
CPT	54220	Irrigation of corpora cavernosa for priapism	520
CPT	54230	Injection procedure for corpora cavernosography	283
CPT	54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	415
CPT	54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	261
CPT	54240	Penile plethysmography	345
CPT	54250	Nocturnal penile tumescence and/or rigidity test	429
CPT	54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	2,287
CPT	54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	2,674
CPT	54308	Urethroplasty for second stage hypospadias repair	2,643

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	54312	(including urinary diversion); less than 3 cm Urethroplasty for second stage hypospadias repair	3,024
CPT	54316	(including urinary diversion); greater than 3 cm Urethroplasty for second stage hypospadias repair	3,691
CPT	54318	(including urinary diversion) with free skin graft obtained from site other than genitalia Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	2,586
CPT	54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	2,787
CPT	54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)	3,459
CPT	54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	3,378
CPT	54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	3,353
CPT	54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	3,622
CPT	54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	4,402
CPT	54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	2,024
CPT	54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	3,505
CPT	54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	4,429
CPT	54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	6,262
CPT	54360	Plastic operation on penis to correct angulation	2,570
CPT	54380	Plastic operation on penis for epispadias distal to external sphincter;	2,849
CPT	54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	3,410
CPT	54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	4,592
CPT	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	1,884
CPT	54401	Insertion of penile prosthesis; inflatable (self-contained)	2,322
CPT	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	2,890
CPT	54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	2,604
CPT	54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	2,821

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	3,067
CPT	54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	3,665
CPT	54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	1,876
CPT	54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	2,527
CPT	54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	3,208
CPT	54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	2,513
CPT	54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral	2,279
CPT	54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	1,476
CPT	54440	Plastic operation of penis for injury	1,961
CPT	54450	Foreskin manipulation including lysis of preputial adhesions and stretching	206
CPT	54500	Biopsy of testis, needle (separate procedure)	266
CPT	54505	Biopsy of testis, incisional (separate procedure)	745
CPT	54512	Excision of extraparenchymal lesion of testis	1,918
CPT	54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	1,166
CPT	54522	Orchiectomy, partial	2,102
CPT	54530	Orchiectomy, radical, for tumor; inguinal approach	1,798
CPT	54535	Orchiectomy, radical, for tumor; with abdominal exploration	2,654
CPT	54550	Exploration for undescended testis (inguinal or scrotal area)	1,750
CPT	54560	Exploration for undescended testis with abdominal exploration	2,448
CPT	54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	1,609
CPT	54620	Fixation of contralateral testis (separate procedure)	1,067
CPT	54640	Orchiopexy, inguinal approach, with or without hernia repair	1,711
CPT	54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	2,535
CPT	54660	Insertion of testicular prosthesis (separate procedure)	1,263
CPT	54670	Suture or repair of testicular injury	1,436
CPT	54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	2,807
CPT	54690	Laparoscopy, surgical; orchiectomy	2,509
CPT	54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	2,710
CPT	54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	761
CPT	54800	Biopsy of epididymis, needle	575
CPT	54830	Excision of local lesion of epididymis	1,325
CPT	54840	Excision of spermatocele, with or without epididymectomy	1,140
CPT	54860	Epididymectomy; unilateral	1,487

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	54861	Epididymectomy; bilateral	2,012
CPT	54865	Exploration of epididymis, with or without biopsy	1,270
CPT	54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	2,810
CPT	54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	3,848
CPT	55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	302
CPT	55040	Excision of hydrocele; unilateral	1,205
CPT	55041	Excision of hydrocele; bilateral	1,818
CPT	55060	Repair of tunica vaginalis hydrocele (Bottle type)	1,356
CPT	55100	Drainage of scrotal wall abscess	592
CPT	55110	Scrotal exploration	1,386
CPT	55120	Removal of foreign body in scrotum	1,268
CPT	55150	Resection of scrotum	1,751
CPT	55175	Scrotoplasty; simple	1,296
CPT	55180	Scrotoplasty; complicated	2,479
CPT	55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	1,131
CPT	55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	1,004
CPT	55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	671
CPT	55400	Vasovasostomy, vasovasorrhaphy	1,773
CPT	55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	915
CPT	55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	1,431
CPT	55520	Excision of lesion of spermatic cord (separate procedure)	1,630
CPT	55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	1,259
CPT	55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	1,527
CPT	55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	1,954
CPT	55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	1,521
CPT	55600	Vesiculotomy;	1,497
CPT	55605	Vesiculotomy; complicated	1,922
CPT	55650	Vesiculectomy, any approach	2,557
CPT	55680	Excision of Mullerian duct cyst	1,227
CPT	55700	Biopsy, prostate; needle or punch, single or multiple, any approach	564
CPT	55705	Biopsy, prostate; incisional, any approach	950
CPT	55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	1,304
CPT	55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	1,605
CPT	55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	2,110
CPT	55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	3,906
CPT	55810	Prostatectomy, perineal radical;	4,722

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	5,761
CPT	55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	6,315
CPT	55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	3,125
CPT	55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	3,380
CPT	55840	Prostatectomy, retropubic radical, with or without nerve sparing;	4,789
CPT	55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	5,128
CPT	55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	5,867
CPT	55860	Exposure of prostate, any approach, for insertion of radioactive substance;	3,122
CPT	55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	3,920
CPT	55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	4,772
CPT	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	6,229
CPT	55870	Electroejaculation	509
CPT	55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	2,900
CPT	55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	2,719
CPT	55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	359
CPT	55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	1,603
CPT	56405	Incision and drainage of vulva or perineal abscess	392
CPT	56420	Incision and drainage of Bartholin's gland abscess	333
CPT	56440	Marsupialization of Bartholin's gland cyst	669
CPT	56441	Lysis of labial adhesions	497
CPT	56442	Hymenotomy, simple incision	173
CPT	56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	415
CPT	56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	731
CPT	56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	224
CPT	56606	Biopsy of vulva or perineum (separate procedure); each	108

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		separate additional lesion (List separately in addition to code for primary procedure)	
CPT	56620	Vulvectomy simple; partial	1,834
CPT	56625	Vulvectomy simple; complete	2,208
CPT	56630	Vulvectomy, radical, partial;	3,263
CPT	56631	Vulvectomy, radical, partial; with unilateral inguino-femoral lymphadenectomy	4,133
CPT	56632	Vulvectomy, radical, partial; with bilateral inguino-femoral lymphadenectomy	4,823
CPT	56633	Vulvectomy, radical, complete;	4,245
CPT	56634	Vulvectomy, radical, complete; with unilateral inguino-femoral lymphadenectomy	4,493
CPT	56637	Vulvectomy, radical, complete; with bilateral inguino-femoral lymphadenectomy	5,281
CPT	56640	Vulvectomy, radical, complete, with inguino-femoral, iliac, and pelvic lymphadenectomy	5,190
CPT	56700	Partial hymenectomy or revision of hymenal ring	682
CPT	56740	Excision of Bartholin's gland or cyst	1,093
CPT	56800	Plastic repair of introitus	881
CPT	56805	Clitoroplasty for intersex state	4,209
CPT	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	951
CPT	56820	Colposcopy of the vulva;	314
CPT	56821	Colposcopy of the vulva; with biopsy(s)	423
CPT	57000	Colpotomy; with exploration	692
CPT	57010	Colpotomy; with drainage of pelvic abscess	1,589
CPT	57020	Colpocentesis (separate procedure)	303
CPT	57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	616
CPT	57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	1,142
CPT	57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	353
CPT	57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	624
CPT	57100	Biopsy of vaginal mucosa; simple (separate procedure)	244
CPT	57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	449
CPT	57106	Vaginectomy, partial removal of vaginal wall;	1,756
CPT	57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	5,185
CPT	57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	5,938
CPT	57110	Vaginectomy, complete removal of vaginal wall;	3,307
CPT	57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	5,938
CPT	57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	5,180
CPT	57120	Colpocleisis (Le Fort type)	1,868
CPT	57130	Excision of vaginal septum	581
CPT	57135	Excision of vaginal cyst or tumor	628

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	107
CPT	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	944
CPT	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	368
CPT	57160	Fitting and insertion of pessary or other intravaginal support device	179
CPT	57170	Diaphragm or cervical cap fitting with instructions	178
CPT	57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	384
CPT	57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	1,083
CPT	57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	1,331
CPT	57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	1,164
CPT	57230	Plastic repair of urethrocele	1,447
CPT	57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	2,437
CPT	57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	2,486
CPT	57260	Combined anteroposterior colporrhaphy;	3,066
CPT	57265	Combined anteroposterior colporrhaphy; with enterocele repair	3,357
CPT	57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	946
CPT	57268	Repair of enterocele, vaginal approach (separate procedure)	1,758
CPT	57270	Repair of enterocele, abdominal approach (separate procedure)	2,935
CPT	57280	Colpopexy, abdominal approach	3,499
CPT	57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	1,825
CPT	57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	2,535
CPT	57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	2,987
CPT	57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	2,476
CPT	57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	2,451
CPT	57288	Sling operation for stress incontinence (eg, fascia or synthetic)	2,542
CPT	57289	Pereyra procedure, including anterior colporrhaphy	2,597
CPT	57291	Construction of artificial vagina; without graft	2,336
CPT	57292	Construction of artificial vagina; with graft	3,011
CPT	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	1,744
CPT	57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	3,507
CPT	57300	Closure of rectovaginal fistula; vaginal or transanal approach	2,035
CPT	57305	Closure of rectovaginal fistula; abdominal approach	3,401

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	3,877
CPT	57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	2,410
CPT	57310	Closure of urethrovaginal fistula;	1,632
CPT	57311	Closure of urethrovaginal fistula; with bulbo cavernosus transplant	1,861
CPT	57320	Closure of vesicovaginal fistula; vaginal approach	1,911
CPT	57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	2,636
CPT	57335	Vaginoplasty for intersex state	4,272
CPT	57400	Dilation of vagina under anesthesia (other than local)	488
CPT	57410	Pelvic examination under anesthesia (other than local)	392
CPT	57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	579
CPT	57420	Colposcopy of the entire vagina, with cervix if present;	333
CPT	57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	453
CPT	57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	3,376
CPT	57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	3,571
CPT	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	3,049
CPT	57452	Colposcopy of the cervix including upper/adjacent vagina;	336
CPT	57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	501
CPT	57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	409
CPT	57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	382
CPT	57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	656
CPT	57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	741
CPT	57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	294
CPT	57505	Endocervical curettage (not done as part of a dilation and curettage)	330
CPT	57510	Cautery of cervix; electro or thermal	424
CPT	57511	Cautery of cervix; cryocautery, initial or repeat	481
CPT	57513	Cautery of cervix; laser ablation	481
CPT	57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	989
CPT	57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	885
CPT	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	1,253
CPT	57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	6,359

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	57540	Excision of cervical stump, abdominal approach;	2,871
CPT	57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	3,029
CPT	57550	Excision of cervical stump, vaginal approach;	1,491
CPT	57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	2,207
CPT	57556	Excision of cervical stump, vaginal approach; with repair of enterocele	2,063
CPT	57558	Dilation and curettage of cervical stump	414
CPT	57700	Cerclage of uterine cervix, nonobstetrical	1,124
CPT	57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	1,118
CPT	57800	Dilation of cervical canal, instrumental (separate procedure)	177
CPT	58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	324
CPT	58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	152
CPT	58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	799
CPT	58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	3,390
CPT	58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	1,995
CPT	58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	4,267
CPT	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	3,676
CPT	58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	4,603
CPT	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	3,527
CPT	58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	4,854
CPT	58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	6,496
CPT	58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	10,292
CPT	58260	Vaginal hysterectomy, for uterus 250 g or less;	3,047

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	3,402
CPT	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	3,659
CPT	58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	3,894
CPT	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	3,251
CPT	58275	Vaginal hysterectomy, with total or partial vaginectomy;	3,627
CPT	58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	3,887
CPT	58285	Vaginal hysterectomy, radical (Schauta type operation)	4,851
CPT	58290	Vaginal hysterectomy, for uterus greater than 250 g;	4,253
CPT	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	4,609
CPT	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	4,862
CPT	58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	5,060
CPT	58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	4,509
CPT	58300	Insertion of intrauterine device (IUD)	185
CPT	58301	Removal of intrauterine device (IUD)	253
CPT	58321	Artificial insemination; intra-cervical	172
CPT	58322	Artificial insemination; intra-uterine	218
CPT	58323	Sperm washing for artificial insemination	46
CPT	58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	274
CPT	58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	1,026
CPT	58346	Insertion of Heyman capsules for clinical brachytherapy	1,570
CPT	58350	Chromotubation of oviduct, including materials	284
CPT	58353	Endometrial ablation, thermal, without hysteroscopic guidance	1,239
CPT	58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	1,978
CPT	58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	1,602
CPT	58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	2,963
CPT	58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	2,978
CPT	58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	3,353
CPT	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	3,183
CPT	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	3,557

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	3,621
CPT	58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	3,918
CPT	58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	3,302
CPT	58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	4,167
CPT	58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	6,669
CPT	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	3,253
CPT	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	3,611
CPT	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	4,196
CPT	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	4,857
CPT	58555	Hysteroscopy, diagnostic (separate procedure)	702
CPT	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	985
CPT	58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	1,269
CPT	58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	1,434
CPT	58561	Hysteroscopy, surgical; with removal of leiomyomata	2,028
CPT	58562	Hysteroscopy, surgical; with removal of impacted foreign body	1,072
CPT	58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	1,954
CPT	58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	2,451
CPT	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	3,425
CPT	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	3,807
CPT	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	4,268
CPT	58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	4,884
CPT	58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	1,339
CPT	58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	1,206

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	287
CPT	58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	894
CPT	58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	2,480
CPT	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	2,374
CPT	58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	2,597
CPT	58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	1,341
CPT	58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	1,340
CPT	58672	Laparoscopy, surgical; with fimbrioplasty	2,719
CPT	58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	2,952
CPT	58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	2,856
CPT	58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	2,656
CPT	58740	Lysis of adhesions (salpingolysis, ovariolysis)	3,220
CPT	58750	Tubotubal anastomosis	3,328
CPT	58752	Tubouterine implantation	3,112
CPT	58760	Fimbrioplasty	2,985
CPT	58770	Salpingostomy (salpingoneostomy)	3,145
CPT	58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	1,088
CPT	58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	1,465
CPT	58820	Drainage of ovarian abscess; vaginal approach, open	1,228
CPT	58822	Drainage of ovarian abscess; abdominal approach	2,642
CPT	58823	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)	939
CPT	58825	Transposition, ovary(s)	2,594
CPT	58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	1,633
CPT	58920	Wedge resection or bisection of ovary, unilateral or bilateral	2,579
CPT	58925	Ovarian cystectomy, unilateral or bilateral	2,725
CPT	58940	Oophorectomy, partial or total, unilateral or bilateral;	1,901
CPT	58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	4,169
CPT	58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	3,983
CPT	58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	5,125
CPT	58952	Resection (initial) of ovarian, tubal or primary peritoneal	5,784

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	
CPT	58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	7,158
CPT	58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	7,756
CPT	58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	4,882
CPT	58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	5,604
CPT	58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	6,152
CPT	58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	3,416
CPT	58970	Follicle puncture for oocyte retrieval, any method	702
CPT	58974	Embryo transfer, intrauterine	483
CPT	58976	Gamete, zygote, or embryo intrafallopian transfer, any method	750
CPT	59000	Amniocentesis; diagnostic	300
CPT	59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	670
CPT	59012	Cordocentesis (intrauterine), any method	758
CPT	59015	Chorionic villus sampling, any method	492
CPT	59020	Fetal contraction stress test	250
CPT	59025	Fetal non-stress test	172
CPT	59030	Fetal scalp blood sampling	363
CPT	59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	190
CPT	59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	158
CPT	59070	Transabdominal amnioinfusion, including ultrasound guidance	1,151
CPT	59072	Fetal umbilical cord occlusion, including ultrasound guidance	1,888
CPT	59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	1,188
CPT	59076	Fetal shunt placement, including ultrasound guidance	1,888
CPT	59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	3,093
CPT	59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal	2,945

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		or vaginal approach	
CPT	59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	2,948
CPT	59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	3,050
CPT	59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	2,996
CPT	59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	3,262
CPT	59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	1,317
CPT	59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	2,853
CPT	59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	2,778
CPT	59160	Curettage, postpartum	642
CPT	59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	169
CPT	59300	Episiotomy or vaginal repair, by other than attending physician	552
CPT	59320	Cerclage of cervix, during pregnancy; vaginal	565
CPT	59325	Cerclage of cervix, during pregnancy; abdominal	798
CPT	59350	Hysterorrhaphy of ruptured uterus	1,054
CPT	59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	6,974
CPT	59409	Vaginal delivery only (with or without episiotomy and/or forceps);	2,725
CPT	59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	3,473
CPT	59412	External cephalic version, with or without tocolysis	347
CPT	59414	Delivery of placenta (separate procedure)	307
CPT	59425	Antepartum care only; 4-6 visits	1,192
CPT	59426	Antepartum care only; 7 or more visits	2,102
CPT	59430	Postpartum care only (separate procedure)	465
CPT	59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	7,727
CPT	59514	Cesarean delivery only;	3,071
CPT	59515	Cesarean delivery only; including postpartum care	4,214
CPT	59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	1,818
CPT	59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	7,325
CPT	59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	3,062
CPT	59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	3,809
CPT	59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	7,828
CPT	59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	3,170
CPT	59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	4,330

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	59812	Treatment of incomplete abortion, any trimester, completed surgically	1,088
CPT	59820	Treatment of missed abortion, completed surgically; first trimester	1,301
CPT	59821	Treatment of missed abortion, completed surgically; second trimester	1,309
CPT	59830	Treatment of septic abortion, completed surgically	1,608
CPT	59840	Induced abortion, by dilation and curettage	758
CPT	59841	Induced abortion, by dilation and evacuation	1,334
CPT	59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	1,248
CPT	59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	1,465
CPT	59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	1,804
CPT	59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	1,533
CPT	59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	1,805
CPT	59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	1,876
CPT	59866	Multifetal pregnancy reduction(s) (MPR)	783
CPT	59870	Uterine evacuation and curettage for hydatidiform mole	1,726
CPT	59871	Removal of cerclage suture under anesthesia (other than local)	497
CPT	60000	Incision and drainage of thyroglossal duct cyst, infected	537
CPT	60100	Biopsy thyroid, percutaneous core needle	284
CPT	60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	2,429
CPT	60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	2,607
CPT	60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	3,758
CPT	60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	2,849
CPT	60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	3,423
CPT	60240	Thyroidectomy, total or complete	3,586
CPT	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	4,868
CPT	60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	6,247

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	4,051
CPT	60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	5,062
CPT	60271	Thyroidectomy, including substernal thyroid; cervical approach	3,899
CPT	60280	Excision of thyroglossal duct cyst or sinus;	1,644
CPT	60281	Excision of thyroglossal duct cyst or sinus; recurrent	2,209
CPT	60300	Aspiration and/or injection, thyroid cyst	263
CPT	60500	Parathyroidectomy or exploration of parathyroid(s);	3,751
CPT	60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	4,709
CPT	60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	5,124
CPT	60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	896
CPT	60520	Thymectomy, partial or total; transcervical approach (separate procedure)	3,790
CPT	60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	4,151
CPT	60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	5,044
CPT	60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	3,805
CPT	60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	4,407
CPT	60600	Excision of carotid body tumor; without excision of carotid artery	5,270
CPT	60605	Excision of carotid body tumor; with excision of carotid artery	6,672
CPT	60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	4,331
CPT	61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	396
CPT	61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	407
CPT	61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	498
CPT	61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	458
CPT	61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	365
CPT	61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)	480

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	302
CPT	61105	Twist drill hole for subdural or ventricular puncture	1,665
CPT	61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	1,161
CPT	61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	3,283
CPT	61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	2,706
CPT	61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	4,568
CPT	61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	4,933
CPT	61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	3,614
CPT	61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	4,599
CPT	61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	4,525
CPT	61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	1,356
CPT	61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	1,814
CPT	61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	3,146
CPT	61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	3,084
CPT	61304	Craniectomy or craniotomy, exploratory; supratentorial	5,978
CPT	61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	7,329
CPT	61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	7,580
CPT	61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	7,217
CPT	61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	6,654
CPT	61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	7,535
CPT	61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	323
CPT	61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	6,922
CPT	61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	7,771
CPT	61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	8,654
CPT	61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	8,738
CPT	61330	Decompression of orbit only, transcranial approach	6,384

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	61332	Exploration of orbit (transcranial approach); with biopsy	7,243
CPT	61333	Exploration of orbit (transcranial approach); with removal of lesion	7,522
CPT	61334	Exploration of orbit (transcranial approach); with removal of foreign body	4,953
CPT	61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	5,264
CPT	61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	8,006
CPT	61345	Other cranial decompression, posterior fossa	7,442
CPT	61440	Craniotomy for section of tentorium cerebelli (separate procedure)	7,308
CPT	61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	7,017
CPT	61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	7,314
CPT	61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	7,677
CPT	61470	Craniectomy, suboccipital; for medullary tractotomy	7,000
CPT	61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy	5,412
CPT	61490	Craniotomy for lobotomy, including cingulotomy	6,910
CPT	61500	Craniectomy; with excision of tumor or other bone lesion of skull	4,899
CPT	61501	Craniectomy; for osteomyelitis	4,223
CPT	61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	7,940
CPT	61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	9,297
CPT	61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	6,912
CPT	61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	6,744
CPT	61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	320
CPT	61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	10,051
CPT	61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	10,767
CPT	61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	13,737
CPT	61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	11,642
CPT	61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	7,980
CPT	61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	7,597
CPT	61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	13,349
CPT	61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	11,254

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	4,437
CPT	61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	5,552
CPT	61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	5,990
CPT	61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	3,624
CPT	61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	9,424
CPT	61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	9,011
CPT	61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	9,763
CPT	61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	8,620
CPT	61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	7,967
CPT	61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	7,841
CPT	61542	Craniotomy with elevation of bone flap; for total hemispherectomy	7,972
CPT	61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	7,927
CPT	61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	6,941
CPT	61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	11,632
CPT	61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	8,422
CPT	61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	5,705
CPT	61550	Craniectomy for craniosynostosis; single cranial suture	3,313
CPT	61552	Craniectomy for craniosynostosis; multiple cranial sutures	4,050
CPT	61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	5,916
CPT	61557	Craniotomy for craniosynostosis; bifrontal bone flap	6,117
CPT	61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	6,117
CPT	61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	7,524
CPT	61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	7,224
CPT	61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve	8,781

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		decompression	
CPT	61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	8,204
CPT	61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	9,357
CPT	61570	Craniectomy or craniotomy; with excision of foreign body from brain	6,806
CPT	61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	7,252
CPT	61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	9,152
CPT	61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	12,899
CPT	61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	9,091
CPT	61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	10,055
CPT	61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	10,984
CPT	61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	10,505
CPT	61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	10,341
CPT	61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	11,754
CPT	61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	8,809
CPT	61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	11,435
CPT	61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery	11,530
CPT	61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	11,494

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	8,710
CPT	61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	9,247
CPT	61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	10,547
CPT	61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	10,270
CPT	61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	7,911
CPT	61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	8,654
CPT	61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	8,174
CPT	61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	10,886
CPT	61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	10,650
CPT	61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	11,791
CPT	61609	Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)	2,163
CPT	61610	Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	6,915
CPT	61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	1,362
CPT	61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	5,116
CPT	61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	11,941
CPT	61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	8,503
CPT	61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen,	12,095

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	61618	foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	4,764
CPT	61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	5,479
CPT	61623	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	1,980
CPT	61624	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	3,976
CPT	61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	3,064
CPT	61630	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	4,559
CPT	61635	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	4,926
CPT	61640	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	2,264
CPT	61641	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	797
CPT	61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	1,591
CPT	61680	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	8,240
CPT	61682	Surgery of intracranial arteriovenous malformation; supratentorial, simple	15,321
CPT	61684	Surgery of intracranial arteriovenous malformation; supratentorial, complex	10,393
CPT	61686	Surgery of intracranial arteriovenous malformation; infratentorial, simple	16,482
CPT	61690	Surgery of intracranial arteriovenous malformation; infratentorial, complex	7,975
CPT	61692	Surgery of intracranial arteriovenous malformation; dural, simple	13,400
CPT	61697	Surgery of intracranial arteriovenous malformation; dural, complex	15,459
CPT	61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	16,978
CPT	61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	12,493
CPT	61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	14,739
CPT	61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	4,943
CPT	61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	9,513
CPT	61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	7,645
CPT	61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	6,563
CPT	61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	9,533
CPT	61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	4,614
CPT	61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	5,520
CPT	61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	5,118
CPT	61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	4,994
CPT	61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	5,759
CPT	61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	5,905
CPT	61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	868
CPT	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	713
CPT	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	868
CPT	61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	3,175
CPT	61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	4,046
CPT	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	3,644
CPT	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple	800

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CPT	61798	(List separately in addition to code for primary procedure) Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	5,004
CPT	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex	1,104
CPT	61800	(List separately in addition to code for primary procedure) Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	555
CPT	61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	3,207
CPT	61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	5,704
CPT	61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	5,448
CPT	61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	1,047
CPT	61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	8,330
CPT	61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	1,844
CPT	61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	4,304
CPT	61875	Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical	3,755
CPT	61880	Revision or removal of intracranial neurostimulator electrodes	2,049
CPT	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1,865
CPT	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	3,045
CPT	61888	Revision or removal of cranial neurostimulator pulse generator or receiver	1,413
CPT	62000	Elevation of depressed skull fracture; simple, extradural	3,682
CPT	62005	Elevation of depressed skull fracture; compound or comminuted, extradural	4,624

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	5,575
CPT	62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	5,868
CPT	62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	4,563
CPT	62116	Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty	6,460
CPT	62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	6,369
CPT	62120	Repair of encephalocele, skull vault, including cranioplasty	6,257
CPT	62121	Craniotomy for repair of encephalocele, skull base	6,187
CPT	62140	Cranioplasty for skull defect; up to 5 cm diameter	3,798
CPT	62141	Cranioplasty for skull defect; larger than 5 cm diameter	4,163
CPT	62142	Removal of bone flap or prosthetic plate of skull	3,219
CPT	62143	Replacement of bone flap or prosthetic plate of skull	3,771
CPT	62145	Cranioplasty for skull defect with reparative brain surgery	5,146
CPT	62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	4,543
CPT	62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	5,331
CPT	62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	465
CPT	62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	699
CPT	62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	5,521
CPT	62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	6,888
CPT	62163	Neuroendoscopy, intracranial; with retrieval of foreign body	4,444
CPT	62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	7,613
CPT	62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	5,709
CPT	62180	Ventriculocisternostomy (Torkildsen type operation)	5,832
CPT	62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	3,350
CPT	62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	3,547
CPT	62194	Replacement or irrigation, subarachnoid/subdural catheter	1,554
CPT	62200	Ventriculocisternostomy, third ventricle;	5,012
CPT	62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	4,365
CPT	62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	3,702
CPT	62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	3,817
CPT	62225	Replacement or irrigation, ventricular catheter	1,875

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	3,051
CPT	62252	Reprogramming of programmable cerebrospinal shunt	294
CPT	62256	Removal of complete cerebrospinal fluid shunt system; without replacement	2,163
CPT	62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	4,074
CPT	62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	1,560
CPT	62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	909
CPT	62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	569
CPT	62268	Percutaneous aspiration, spinal cord cyst or syrinx	1,044
CPT	62269	Biopsy of spinal cord, percutaneous needle	1,024
CPT	62270	Spinal puncture, lumbar, diagnostic	339
CPT	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	410
CPT	62273	Injection, epidural, of blood or clot patch	418
CPT	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	666
CPT	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	610
CPT	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	580
CPT	62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	473
CPT	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)	2,036
CPT	62290	Injection procedure for discography, each level; lumbar	680
CPT	62291	Injection procedure for discography, each level; cervical or thoracic	652
CPT	62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	2,098
CPT	62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	2,253
CPT	62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	443

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	377
CPT	62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	462
CPT	62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	421
CPT	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	1,465
CPT	62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	3,153
CPT	62355	Removal of previously implanted intrathecal or epidural catheter	1,107
CPT	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	1,140
CPT	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	1,423
CPT	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	1,510
CPT	62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	1,211
CPT	62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	93
CPT	62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	145
CPT	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	4,501
CPT	63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	4,518
CPT	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy,	4,284

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	63011	foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	3,974
CPT	63012	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	4,314
CPT	63015	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	5,392
CPT	63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	5,529
CPT	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	4,536
CPT	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, cervical	4,241
CPT	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar	3,519
CPT	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	709
CPT	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	5,113
CPT	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	4,734
CPT	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	1,881
CPT	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar	1,786

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	63045	interspace (List separately in addition to code for primary procedure) Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	4,624
CPT	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	4,404
CPT	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	3,997
CPT	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	786
CPT	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	5,756
CPT	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)	6,267
CPT	63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	5,929
CPT	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	5,398
CPT	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	1,188
CPT	63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	6,458
CPT	63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	761
CPT	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	5,000
CPT	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	922
CPT	63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic,	5,479

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	63078	single interspace Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	717
CPT	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	6,466
CPT	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	991
CPT	63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	6,923
CPT	63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	703
CPT	63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	8,727
CPT	63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	956
CPT	63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	7,204
CPT	63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	658
CPT	63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	8,478
CPT	63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	8,187
CPT	63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	1,078

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	5,799
CPT	63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	5,128
CPT	63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	6,291
CPT	63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	5,404
CPT	63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	5,758
CPT	63185	Laminectomy with rhizotomy; 1 or 2 segments	4,348
CPT	63190	Laminectomy with rhizotomy; more than 2 segments	4,631
CPT	63191	Laminectomy with section of spinal accessory nerve	4,639
CPT	63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	4,996
CPT	63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	5,599
CPT	63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	4,933
CPT	63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	6,022
CPT	63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	5,810
CPT	63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	6,097
CPT	63200	Laminectomy, with release of tethered spinal cord, lumbar	5,548
CPT	63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	10,857
CPT	63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	11,095
CPT	63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	11,092
CPT	63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	6,074
CPT	63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	6,262
CPT	63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	5,002
CPT	63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	5,293
CPT	63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	7,576
CPT	63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	7,550
CPT	63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	6,933
CPT	63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	6,798
CPT	63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	6,543
CPT	63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	6,507
CPT	63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	5,656
CPT	63278	Laminectomy for biopsy/excision of intraspinal neoplasm;	5,784

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	63280	extradural, sacral Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	7,694
CPT	63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	7,632
CPT	63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	7,184
CPT	63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	6,921
CPT	63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	9,522
CPT	63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	9,376
CPT	63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	10,031
CPT	63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	10,153
CPT	63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	1,224
CPT	63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	6,683
CPT	63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	8,045
CPT	63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	7,944
CPT	63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	8,448
CPT	63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	8,575
CPT	63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	9,123
CPT	63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	7,815
CPT	63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	8,790
CPT	63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	1,183
CPT	63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	3,306
CPT	63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	2,073

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	4,504
CPT	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	4,011
CPT	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	1,416
CPT	63650	Percutaneous implantation of neurostimulator electrode array, epidural	1,594
CPT	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	3,152
CPT	63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	1,184
CPT	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	2,569
CPT	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	1,719
CPT	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	1,811
CPT	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	1,491
CPT	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	1,345
CPT	63700	Repair of meningocele; less than 5 cm diameter	4,712
CPT	63702	Repair of meningocele; larger than 5 cm diameter	5,167
CPT	63704	Repair of myelomeningocele; less than 5 cm diameter	5,990
CPT	63706	Repair of myelomeningocele; larger than 5 cm diameter	6,676
CPT	63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	3,309
CPT	63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	3,999
CPT	63710	Dural graft, spinal	4,017
CPT	63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	3,393
CPT	63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	2,300
CPT	63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	2,443
CPT	63746	Removal of entire lumbosubarachnoid shunt system without replacement	2,164
CPT	64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	252
CPT	64402	Injection, anesthetic agent; facial nerve	269
CPT	64405	Injection, anesthetic agent; greater occipital nerve	302
CPT	64408	Injection, anesthetic agent; vagus nerve	342
CPT	64410	Injection, anesthetic agent; phrenic nerve	306
CPT	64412	Injection, anesthetic agent; spinal accessory nerve	298
CPT	64413	Injection, anesthetic agent; cervical plexus	296
CPT	64415	Injection, anesthetic agent; brachial plexus, single	263
CPT	64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	407

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	64417	Injection, anesthetic agent; axillary nerve	263
CPT	64418	Injection, anesthetic agent; suprascapular nerve	288
CPT	64420	Injection, anesthetic agent; intercostal nerve, single	322
CPT	64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	470
CPT	64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	353
CPT	64430	Injection, anesthetic agent; pudendal nerve	348
CPT	64435	Injection, anesthetic agent; paracervical (uterine) nerve	318
CPT	64445	Injection, anesthetic agent; sciatic nerve, single	283
CPT	64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	377
CPT	64447	Injection, anesthetic agent; femoral nerve, single	240
CPT	64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	346
CPT	64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	335
CPT	64450	Injection, anesthetic agent; other peripheral nerve or branch	250
CPT	64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	130
CPT	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	535
CPT	64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	281
CPT	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	513
CPT	64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	267
CPT	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	400
CPT	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	225
CPT	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	229
CPT	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	336
CPT	64494	Injection(s), diagnostic or therapeutic agent, paravertebral	191

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	
CPT	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	194
CPT	64505	Injection, anesthetic agent; sphenopalatine ganglion	301
CPT	64508	Injection, anesthetic agent; carotid sinus (separate procedure)	284
CPT	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	281
CPT	64517	Injection, anesthetic agent; superior hypogastric plexus	454
CPT	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	352
CPT	64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	393
CPT	64550	Application of surface (transcutaneous) neurostimulator	34
CPT	64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	577
CPT	64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	523
CPT	64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve	616
CPT	64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	2,211
CPT	64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	469
CPT	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	107
CPT	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	2,301
CPT	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	2,272
CPT	64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	2,000
CPT	64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	1,102
CPT	64577	Incision for implantation of neurostimulator electrodes; autonomic nerve	1,108
CPT	64580	Incision for implantation of neurostimulator electrodes; neuromuscular	1,094
CPT	64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	2,409
CPT	64585	Revision or removal of peripheral neurostimulator electrodes	722
CPT	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	795
CPT	64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	692
CPT	64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	831

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	1,329
CPT	64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	1,777
CPT	64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	325
CPT	64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	590
CPT	64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	551
CPT	64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	572
CPT	64620	Destruction by neurolytic agent, intercostal nerve	646
CPT	64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level	708
CPT	64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	240
CPT	64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level	963
CPT	64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	317
CPT	64630	Destruction by neurolytic agent; pudendal nerve	676
CPT	64632	Destruction by neurolytic agent; plantar common digital nerve	250
CPT	64640	Destruction by neurolytic agent; other peripheral nerve or branch	607
CPT	64650	Chemodenervation of eccrine glands; both axillae	150
CPT	64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	194
CPT	64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	622
CPT	64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	782
CPT	64702	Neuroplasty; digital, 1 or both, same digit	1,805
CPT	64704	Neuroplasty; nerve of hand or foot	1,163
CPT	64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	1,777
CPT	64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	2,024
CPT	64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	2,771
CPT	64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	2,544
CPT	64716	Neuroplasty and/or transposition; cranial nerve (specify)	1,956
CPT	64718	Neuroplasty and/or transposition; ulnar nerve at elbow	2,145
CPT	64719	Neuroplasty and/or transposition; ulnar nerve at wrist	1,445
CPT	64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	1,533
CPT	64722	Decompression; unspecified nerve(s) (specify)	1,274
CPT	64726	Decompression; plantar digital nerve	1,000
CPT	64727	Internal neurolysis, requiring use of operating microscope	681

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		(List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	
CPT	64732	Transection or avulsion of; supraorbital nerve	1,546
CPT	64734	Transection or avulsion of; infraorbital nerve	1,630
CPT	64736	Transection or avulsion of; mental nerve	1,533
CPT	64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	1,962
CPT	64740	Transection or avulsion of; lingual nerve	1,705
CPT	64742	Transection or avulsion of; facial nerve, differential or complete	1,801
CPT	64744	Transection or avulsion of; greater occipital nerve	1,769
CPT	64746	Transection or avulsion of; phrenic nerve	1,566
CPT	64752	Transection or avulsion of; vagus nerve (vagotomy), transthoracic	1,892
CPT	64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	3,330
CPT	64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	1,850
CPT	64761	Transection or avulsion of; pudendal nerve	1,639
CPT	64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	1,833
CPT	64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	2,123
CPT	64771	Transection or avulsion of other cranial nerve, extradural	2,035
CPT	64772	Transection or avulsion of other spinal nerve, extradural	2,106
CPT	64774	Excision of neuroma; cutaneous nerve, surgically identifiable	1,518
CPT	64776	Excision of neuroma; digital nerve, 1 or both, same digit	1,426
CPT	64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	726
CPT	64782	Excision of neuroma; hand or foot, except digital nerve	1,646
CPT	64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	820
CPT	64784	Excision of neuroma; major peripheral nerve, except sciatic	2,688
CPT	64786	Excision of neuroma; sciatic nerve	3,955
CPT	64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	882
CPT	64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	1,458
CPT	64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	3,061
CPT	64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	4,106
CPT	64795	Biopsy of nerve	727
CPT	64802	Sympathectomy, cervical	2,436
CPT	64804	Sympathectomy, cervicothoracic	2,895
CPT	64809	Sympathectomy, thoracolumbar	3,246
CPT	64818	Sympathectomy, lumbar	2,454
CPT	64820	Sympathectomy; digital arteries, each digit	2,816
CPT	64821	Sympathectomy; radial artery	2,508
CPT	64822	Sympathectomy; ulnar artery	2,508
CPT	64823	Sympathectomy; superficial palmar arch	2,859
CPT	64831	Suture of digital nerve, hand or foot; 1 nerve	2,503

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	1,262
CPT	64834	Suture of 1 nerve; hand or foot, common sensory nerve	2,731
CPT	64835	Suture of 1 nerve; median motor thenar	2,966
CPT	64836	Suture of 1 nerve; ulnar motor	2,966
CPT	64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	1,308
CPT	64840	Suture of posterior tibial nerve	3,200
CPT	64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	3,733
CPT	64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	3,878
CPT	64858	Suture of sciatic nerve	4,529
CPT	64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	991
CPT	64861	Suture of; brachial plexus	4,558
CPT	64862	Suture of; lumbar plexus	5,533
CPT	64864	Suture of facial nerve; extracranial	3,190
CPT	64865	Suture of facial nerve; infratemporal, with or without grafting	4,162
CPT	64866	Anastomosis; facial-spinal accessory	4,097
CPT	64868	Anastomosis; facial-hypoglossal	3,815
CPT	64870	Anastomosis; facial-phrenic	4,046
CPT	64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	419
CPT	64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	660
CPT	64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	719
CPT	64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	4,102
CPT	64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	4,782
CPT	64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	3,952
CPT	64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	4,420
CPT	64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	3,845
CPT	64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	4,181
CPT	64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	5,128
CPT	64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	5,570
CPT	64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	4,715
CPT	64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	5,040
CPT	64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	2,380
CPT	64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	2,755

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	64905	Nerve pedicle transfer; first stage	3,784
CPT	64907	Nerve pedicle transfer; second stage	3,949
CPT	64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	2,881
CPT	64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	3,507
CPT	65091	Evisceration of ocular contents; without implant	2,319
CPT	65093	Evisceration of ocular contents; with implant	2,292
CPT	65101	Enucleation of eye; without implant	2,685
CPT	65103	Enucleation of eye; with implant, muscles not attached to implant	2,803
CPT	65105	Enucleation of eye; with implant, muscles attached to implant	3,090
CPT	65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	4,384
CPT	65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	5,118
CPT	65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	5,375
CPT	65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	1,063
CPT	65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	2,659
CPT	65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	2,699
CPT	65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	2,888
CPT	65150	Reinsertion of ocular implant; with or without conjunctival graft	2,008
CPT	65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	3,112
CPT	65175	Removal of ocular implant	2,345
CPT	65205	Removal of foreign body, external eye; conjunctival superficial	161
CPT	65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	199
CPT	65220	Removal of foreign body, external eye; corneal, without slit lamp	155
CPT	65222	Removal of foreign body, external eye; corneal, with slit lamp	217
CPT	65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	2,577
CPT	65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	3,379
CPT	65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	3,970
CPT	65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	513
CPT	65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	1,241
CPT	65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	1,350
CPT	65275	Repair of laceration; cornea, nonperforating, with or	1,688

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		without removal foreign body	
CPT	65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	2,467
CPT	65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	3,838
CPT	65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	1,805
CPT	65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	1,814
CPT	65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	2,181
CPT	65410	Biopsy of cornea	395
CPT	65420	Excision or transposition of pterygium; without graft	1,350
CPT	65426	Excision or transposition of pterygium; with graft	1,734
CPT	65430	Scraping of cornea, diagnostic, for smear and/or culture	381
CPT	65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	258
CPT	65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	1,371
CPT	65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	1,149
CPT	65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	1,248
CPT	65710	Keratoplasty (corneal transplant); anterior lamellar	4,025
CPT	65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	4,472
CPT	65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	4,491
CPT	65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	4,485
CPT	65756	Keratoplasty (corneal transplant); endothelial	4,208
CPT	65760	Keratomileusis	4,248
CPT	65765	Keratophakia	4,929
CPT	65767	Epikeratoplasty	4,589
CPT	65770	Keratoprosthesis	5,225
CPT	65771	Radial keratotomy	2,497
CPT	65772	Corneal relaxing incision for correction of surgically induced astigmatism	1,465
CPT	65775	Corneal wedge resection for correction of surgically induced astigmatism	1,943
CPT	65778	Placement of amniotic membrane on the ocular surface for wound healing; self-retaining	269
CPT	65779	Placement of amniotic membrane on the ocular surface for wound healing; single layer, sutured	1,041
CPT	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	3,196
CPT	65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	4,723
CPT	65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	4,220
CPT	65800	Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous	480
CPT	65805	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous	491
CPT	65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	1,716

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	1,758
CPT	65820	Goniotomy	2,621
CPT	65850	Trabeculotomy ab externo	3,116
CPT	65855	Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)	1,095
CPT	65860	Severing adhesions of anterior segment, laser technique (separate procedure)	1,029
CPT	65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	1,656
CPT	65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	2,163
CPT	65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	2,279
CPT	65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	2,334
CPT	65900	Removal of epithelial downgrowth, anterior chamber of eye	3,399
CPT	65920	Removal of implanted material, anterior segment of eye	2,846
CPT	65930	Removal of blood clot, anterior segment of eye	2,353
CPT	66020	Injection, anterior chamber of eye (separate procedure); air or liquid	462
CPT	66030	Injection, anterior chamber of eye (separate procedure); medication	400
CPT	66130	Excision of lesion, sclera	2,151
CPT	66150	Fistulization of sclera for glaucoma; trephination with iridectomy	3,073
CPT	66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	3,071
CPT	66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	3,476
CPT	66165	Fistulization of sclera for glaucoma; iridencleisis or iridotaxis	3,012
CPT	66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	4,330
CPT	66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	5,462
CPT	66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	3,521
CPT	66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	3,993
CPT	66180	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)	4,251
CPT	66185	Revision of aqueous shunt to extraocular reservoir	2,747
CPT	66220	Repair of scleral staphyloma; without graft	2,691
CPT	66225	Repair of scleral staphyloma; with graft	3,442
CPT	66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	2,072
CPT	66500	Iridotomy by stab incision (separate procedure); except transfixion	1,230

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	1,350
CPT	66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	2,926
CPT	66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	3,740
CPT	66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	1,551
CPT	66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	2,085
CPT	66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	2,026
CPT	66680	Repair of iris, ciliary body (as for iridodialysis)	1,893
CPT	66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	2,318
CPT	66700	Ciliary body destruction; diathermy	1,403
CPT	66710	Ciliary body destruction; cyclophotocoagulation, transscleral	1,468
CPT	66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	2,262
CPT	66720	Ciliary body destruction; cryotherapy	1,516
CPT	66740	Ciliary body destruction; cyclodialysis	1,386
CPT	66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	889
CPT	66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	1,537
CPT	66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	1,699
CPT	66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	1,408
CPT	66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	1,118
CPT	66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	2,723
CPT	66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	2,521
CPT	66840	Removal of lens material; aspiration technique, 1 or more stages	2,562
CPT	66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	2,889
CPT	66852	Removal of lens material; pars plana approach, with or without vitrectomy	3,116
CPT	66920	Removal of lens material; intracapsular	2,667
CPT	66930	Removal of lens material; intracapsular, for dislocated lens	3,033
CPT	66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	2,874
CPT	66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or	3,896

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
CPT	66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	2,633
CPT	66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	2,799
CPT	66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	2,789
CPT	66986	Exchange of intraocular lens	3,300
CPT	66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	325
CPT	67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	1,737
CPT	67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	1,971
CPT	67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	2,096
CPT	67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	2,335
CPT	67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	3,156
CPT	67028	Intravitreal injection of a pharmacologic agent (separate procedure)	421
CPT	67030	Dissection of vitreous strands (without removal), pars plana approach	1,859
CPT	67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	1,289
CPT	67036	Vitrectomy, mechanical, pars plana approach;	3,508
CPT	67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	4,546
CPT	67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	5,191
CPT	67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	4,870
CPT	67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	5,572
CPT	67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	5,944
CPT	67101	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid	2,493
CPT	67105	Repair of retinal detachment, 1 or more sessions; photocoagulation, with or without drainage of subretinal	2,345

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	67107	fluid Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid	4,488
CPT	67108	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	5,888
CPT	67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	2,810
CPT	67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	4,859
CPT	67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	6,413
CPT	67115	Release of encircling material (posterior segment)	1,797
CPT	67120	Removal of implanted material, posterior segment; extraocular	2,077
CPT	67121	Removal of implanted material, posterior segment; intraocular	3,350
CPT	67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy	1,797
CPT	67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	1,804
CPT	67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	2,040
CPT	67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	2,455
CPT	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	4,928
CPT	67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	3,773
CPT	67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	797
CPT	67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	101
CPT	67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), 1 or more sessions, cryotherapy, diathermy	2,016

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	67228	Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation	3,882
CPT	67229	Treatment of extensive or progressive retinopathy, 1 or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	4,022
CPT	67250	Scleral reinforcement (separate procedure); without graft	2,854
CPT	67255	Scleral reinforcement (separate procedure); with graft	3,082
CPT	67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	2,202
CPT	67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	2,634
CPT	67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	2,475
CPT	67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	2,968
CPT	67318	Strabismus surgery, any procedure, superior oblique muscle	2,487
CPT	67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	1,162
CPT	67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	1,161
CPT	67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	1,264
CPT	67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	1,089
CPT	67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	564
CPT	67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	1,295
CPT	67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	2,408
CPT	67345	Chemodenervation of extraocular muscle	820
CPT	67346	Biopsy of extraocular muscle	759
CPT	67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	3,414
CPT	67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	2,834
CPT	67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	3,118
CPT	67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	3,146
CPT	67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	4,809
CPT	67415	Fine needle aspiration of orbital contents	395
CPT	67420	Orbitotomy with bone flap or window, lateral approach (eg,	6,052

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	67430	Kroenlein); with removal of lesion	4,374
CPT	67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	4,335
CPT	67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	5,235
CPT	67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	4,505
CPT	67500	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	274
CPT	67505	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	313
CPT	67515	Retrobulbar injection; alcohol	340
CPT	67550	Injection of medication or other substance into Tenon's capsule	3,563
CPT	67560	Orbital implant (implant outside muscle cone); insertion	3,563
CPT	67570	Orbital implant (implant outside muscle cone); removal or revision	4,238
CPT	67700	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	506
CPT	67710	Blepharotomy, drainage of abscess, eyelid	421
CPT	67715	Severing of tarsorrhaphy	452
CPT	67800	Canthotomy (separate procedure)	384
CPT	67801	Excision of chalazion; single	503
CPT	67805	Excision of chalazion; multiple, same lid	619
CPT	67808	Excision of chalazion; multiple, different lids	1,352
CPT	67810	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	482
CPT	67820	Biopsy of eyelid	192
CPT	67825	Correction of trichiasis; epilation, by forceps only	446
CPT	67830	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	513
CPT	67835	Correction of trichiasis; incision of lid margin	1,637
CPT	67840	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	583
CPT	67850	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	497
CPT	67875	Destruction of lesion of lid margin (up to 1 cm)	362
CPT	67880	Temporary closure of eyelids by suture (eg, Frost suture)	1,357
CPT	67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	1,756
CPT	67900	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	1,890
CPT	67901	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	2,151
CPT	67902	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	2,715
CPT	67903	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	1,811
CPT	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	2,229
CPT	67906	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	1,800
CPT	67908	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	1,576

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		levator resection (eg, Fasanella-Servat type)	
CPT	67909	Reduction of overcorrection of ptosis	1,627
CPT	67911	Correction of lid retraction	2,084
CPT	67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	1,794
CPT	67914	Repair of ectropion; suture	1,067
CPT	67915	Repair of ectropion; thermocauterization	920
CPT	67916	Repair of ectropion; excision tarsal wedge	1,589
CPT	67917	Repair of ectropion; extensive (eg, tarsal strip operations)	1,764
CPT	67921	Repair of entropion; suture	1,009
CPT	67922	Repair of entropion; thermocauterization	883
CPT	67923	Repair of entropion; excision tarsal wedge	1,730
CPT	67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	1,671
CPT	67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	914
CPT	67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	1,671
CPT	67938	Removal of embedded foreign body, eyelid	461
CPT	67950	Canthoplasty (reconstruction of canthus)	1,717
CPT	67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	1,688
CPT	67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	2,459
CPT	67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	2,712
CPT	67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	3,505
CPT	67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	3,496
CPT	67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	2,560
CPT	68020	Incision of conjunctiva, drainage of cyst	402
CPT	68040	Expression of conjunctival follicles (eg, for trachoma)	202
CPT	68100	Biopsy of conjunctiva	359
CPT	68110	Excision of lesion, conjunctiva; up to 1 cm	549
CPT	68115	Excision of lesion, conjunctiva; over 1 cm	666
CPT	68130	Excision of lesion, conjunctiva; with adjacent sclera	1,448
CPT	68135	Destruction of lesion, conjunctiva	546
CPT	68200	Subconjunctival injection	129
CPT	68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	1,996
CPT	68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	2,449
CPT	68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	2,370

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CPT	68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	2,646
CPT	68330	Repair of symblepharon; conjunctivoplasty, without graft	1,713
CPT	68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	2,379
CPT	68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	1,482
CPT	68360	Conjunctival flap; bridge or partial (separate procedure)	1,524
CPT	68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	2,412
CPT	68371	Harvesting conjunctival allograft, living donor	1,451
CPT	68400	Incision, drainage of lacrimal gland	547
CPT	68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	618
CPT	68440	Snip incision of lacrimal punctum	359
CPT	68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	3,692
CPT	68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	3,578
CPT	68510	Biopsy of lacrimal gland	1,119
CPT	68520	Excision of lacrimal sac (dacryocystectomy)	2,481
CPT	68525	Biopsy of lacrimal sac	1,015
CPT	68530	Removal of foreign body or dacryolith, lacrimal passages	971
CPT	68540	Excision of lacrimal gland tumor; frontal approach	3,367
CPT	68550	Excision of lacrimal gland tumor; involving osteotomy	4,130
CPT	68700	Plastic repair of canaliculi	2,217
CPT	68705	Correction of everted punctum, cautery	618
CPT	68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	2,788
CPT	68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	2,813
CPT	68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	2,900
CPT	68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	538
CPT	68761	Closure of the lacrimal punctum; by plug, each	431
CPT	68770	Closure of lacrimal fistula (separate procedure)	2,322
CPT	68801	Dilation of lacrimal punctum, with or without irrigation	384
CPT	68810	Probing of nasolacrimal duct, with or without irrigation;	683
CPT	68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	759
CPT	68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	951
CPT	68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	1,401
CPT	68840	Probing of lacrimal canaliculi, with or without irrigation	425
CPT	68850	Injection of contrast medium for dacryocystography	191
CPT	69000	Drainage external ear, abscess or hematoma; simple	440
CPT	69005	Drainage external ear, abscess or hematoma; complicated	583
CPT	69020	Drainage external auditory canal, abscess	526
CPT	69090	Ear piercing	98
CPT	69100	Biopsy external ear	237
CPT	69105	Biopsy external auditory canal	314
CPT	69110	Excision external ear; partial, simple repair	1,197
CPT	69120	Excision external ear; complete amputation	1,490

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	69140	Excision exostosis(es), external auditory canal	3,222
CPT	69145	Excision soft tissue lesion, external auditory canal	924
CPT	69150	Radical excision external auditory canal lesion; without neck dissection	3,862
CPT	69155	Radical excision external auditory canal lesion; with neck dissection	6,239
CPT	69200	Removal foreign body from external auditory canal; without general anesthesia	263
CPT	69205	Removal foreign body from external auditory canal; with general anesthesia	376
CPT	69210	Removal impacted cerumen (separate procedure), 1 or both ears	122
CPT	69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	305
CPT	69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	507
CPT	69300	Otoplasty, protruding ear, with or without size reduction	1,779
CPT	69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	4,006
CPT	69320	Reconstruction external auditory canal for congenital atresia, single stage	5,661
CPT	69400	Eustachian tube inflation, transnasal; with catheterization	328
CPT	69401	Eustachian tube inflation, transnasal; without catheterization	195
CPT	69405	Eustachian tube catheterization, transtympanic	720
CPT	69420	Myringotomy including aspiration and/or eustachian tube inflation	448
CPT	69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	555
CPT	69424	Ventilating tube removal requiring general anesthesia	287
CPT	69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	486
CPT	69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	599
CPT	69440	Middle ear exploration through postauricular or ear canal incision	2,560
CPT	69450	Tympanolysis, transcanal	2,018
CPT	69501	Transmastoid antrotomy (simple mastoidectomy)	2,730
CPT	69502	Mastoidectomy; complete	3,625
CPT	69505	Mastoidectomy; modified radical	4,457
CPT	69511	Mastoidectomy; radical	4,568
CPT	69530	Petrous apicectomy including radical mastoidectomy	6,146
CPT	69535	Resection temporal bone, external approach	9,990
CPT	69540	Excision aural polyp	470
CPT	69550	Excision aural glomus tumor; transcanal	3,853
CPT	69552	Excision aural glomus tumor; transmastoid	5,844
CPT	69554	Excision aural glomus tumor; extended (extratemporal)	9,442
CPT	69601	Revision mastoidectomy; resulting in complete mastoidectomy	3,905
CPT	69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	4,062
CPT	69603	Revision mastoidectomy; resulting in radical mastoidectomy	4,671
CPT	69604	Revision mastoidectomy; resulting in tympanoplasty	4,153
CPT	69605	Revision mastoidectomy; with apicectomy	5,794

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	1,096
CPT	69620	Myringoplasty (surgery confined to drumhead and donor area)	1,812
CPT	69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	3,286
CPT	69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	4,015
CPT	69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	3,874
CPT	69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	4,529
CPT	69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	5,112
CPT	69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	5,099
CPT	69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	3,877
CPT	69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	4,990
CPT	69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	4,563
CPT	69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	5,481
CPT	69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	5,385
CPT	69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	5,720
CPT	69650	Stapes mobilization	2,995
CPT	69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	3,462
CPT	69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	4,508

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		with footplate drill out	
CPT	69662	Revision of stapedectomy or stapedotomy	4,320
CPT	69666	Repair oval window fistula	3,015
CPT	69667	Repair round window fistula	3,013
CPT	69670	Mastoid obliteration (separate procedure)	3,520
CPT	69676	Tympanic neurectomy	3,093
CPT	69700	Closure postauricular fistula, mastoid (separate procedure)	2,555
CPT	69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	3,216
CPT	69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	4,019
CPT	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	4,983
CPT	69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	4,226
CPT	69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	5,035
CPT	69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	4,381
CPT	69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	7,064
CPT	69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	4,373
CPT	69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	4,580
CPT	69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal	731
CPT	69802	Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy	3,887
CPT	69805	Endolymphatic sac operation; without shunt	3,951
CPT	69806	Endolymphatic sac operation; with shunt	3,531
CPT	69820	Fenestration semicircular canal	3,196
CPT	69840	Revision fenestration operation	2,905
CPT	69905	Labyrinthectomy; transcanal	3,423
CPT	69910	Labyrinthectomy; with mastoidectomy	3,810
CPT	69915	Vestibular nerve section, translabyrinthine approach	5,786
CPT	69930	Cochlear device implantation, with or without mastoidectomy	4,586
CPT	69950	Vestibular nerve section, transcranial approach	7,298
CPT	69955	Total facial nerve decompression and/or repair (may include graft)	7,438
CPT	69960	Decompression internal auditory canal	7,245
CPT	69970	Removal of tumor, temporal bone	8,061
CPT	69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	798
CPT	70010	Myelography, posterior fossa, radiological supervision and interpretation	207
CPT	70015	Cisternography, positive contrast, radiological supervision and interpretation	309

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	70030	Radiologic examination, eye, for detection of foreign body	59
CPT	70100	Radiologic examination, mandible; partial, less than 4 views	72
CPT	70110	Radiologic examination, mandible; complete, minimum of 4 views	81
CPT	70120	Radiologic examination, mastoids; less than 3 views per side	75
CPT	70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	118
CPT	70134	Radiologic examination, internal auditory meati, complete	94
CPT	70140	Radiologic examination, facial bones; less than 3 views	63
CPT	70150	Radiologic examination, facial bones; complete, minimum of 3 views	88
CPT	70160	Radiologic examination, nasal bones, complete, minimum of 3 views	68
CPT	70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	99
CPT	70190	Radiologic examination; optic foramina	74
CPT	70200	Radiologic examination; orbits, complete, minimum of 4 views	89
CPT	70210	Radiologic examination, sinuses, paranasal, less than 3 views	65
CPT	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	81
CPT	70240	Radiologic examination, sella turcica	61
CPT	70250	Radiologic examination, skull; less than 4 views	77
CPT	70260	Radiologic examination, skull; complete, minimum of 4 views	97
CPT	70300	Radiologic examination, teeth; single view	31
CPT	70310	Radiologic examination, teeth; partial examination, less than full mouth	83
CPT	70320	Radiologic examination, teeth; complete, full mouth	107
CPT	70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	64
CPT	70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	99
CPT	70332	Temporomandibular joint arthrography, radiological supervision and interpretation	177
CPT	70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	756
CPT	70350	Cephalogram, orthodontic	45
CPT	70355	Orthopantomogram	44
CPT	70360	Radiologic examination; neck, soft tissue	57
CPT	70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	179
CPT	70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	190
CPT	70373	Laryngography, contrast, radiological supervision and interpretation	172
CPT	70380	Radiologic examination, salivary gland for calculus	86
CPT	70390	Sialography, radiological supervision and interpretation	208
CPT	70450	Computed tomography, head or brain; without contrast material	342
CPT	70460	Computed tomography, head or brain; with contrast material(s)	449
CPT	70470	Computed tomography, head or brain; without contrast	541

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		material, followed by contrast material(s) and further sections	
CPT	70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	576
CPT	70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	665
CPT	70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	737
CPT	70486	Computed tomography, maxillofacial area; without contrast material	474
CPT	70487	Computed tomography, maxillofacial area; with contrast material(s)	568
CPT	70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	686
CPT	70490	Computed tomography, soft tissue neck; without contrast material	461
CPT	70491	Computed tomography, soft tissue neck; with contrast material(s)	556
CPT	70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	663
CPT	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1,038
CPT	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	1,074
CPT	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	847
CPT	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	960
CPT	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	1,166
CPT	70544	Magnetic resonance angiography, head; without contrast material(s)	952
CPT	70545	Magnetic resonance angiography, head; with contrast material(s)	943
CPT	70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	1,440
CPT	70547	Magnetic resonance angiography, neck; without contrast material(s)	951
CPT	70548	Magnetic resonance angiography, neck; with contrast material(s)	1,009
CPT	70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	1,440
CPT	70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	891
CPT	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	996
CPT	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast	1,167

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	70554	material(s) and further sequences Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	1,027
CPT	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	1,459
CPT	70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	2,580
CPT	70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	2,840
CPT	70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	2,865
CPT	71010	Radiologic examination, chest; single view, frontal	48
CPT	71015	Radiologic examination, chest; stereo, frontal	61
CPT	71020	Radiologic examination, chest, 2 views, frontal and lateral;	62
CPT	71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure	78
CPT	71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections	96
CPT	71023	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy	144
CPT	71030	Radiologic examination, chest, complete, minimum of 4 views;	93
CPT	71034	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy	172
CPT	71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	73
CPT	71040	Bronchography, unilateral, radiological supervision and interpretation	198
CPT	71060	Bronchography, bilateral, radiological supervision and interpretation	289
CPT	71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	187
CPT	71100	Radiologic examination, ribs, unilateral; 2 views	66
CPT	71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	81
CPT	71110	Radiologic examination, ribs, bilateral; 3 views	84
CPT	71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	109
CPT	71120	Radiologic examination; sternum, minimum of 2 views	64
CPT	71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	76
CPT	71250	Computed tomography, thorax; without contrast material	433
CPT	71260	Computed tomography, thorax; with contrast material(s)	543
CPT	71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	660

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	826
CPT	71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	975
CPT	71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	1,108
CPT	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	1,371
CPT	71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	970
CPT	72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	162
CPT	72020	Radiologic examination, spine, single view, specify level	48
CPT	72040	Radiologic examination, spine, cervical; 2 or 3 views	83
CPT	72050	Radiologic examination, spine, cervical; minimum of 4 views	109
CPT	72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	140
CPT	72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	80
CPT	72070	Radiologic examination, spine; thoracic, 2 views	69
CPT	72072	Radiologic examination, spine; thoracic, 3 views	76
CPT	72074	Radiologic examination, spine; thoracic, minimum of 4 views	90
CPT	72080	Radiologic examination, spine; thoracolumbar, 2 views	76
CPT	72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	106
CPT	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	87
CPT	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	115
CPT	72114	Radiologic examination, spine, lumbosacral; complete, including bending views	157
CPT	72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of 4 views	111
CPT	72125	Computed tomography, cervical spine; without contrast material	436
CPT	72126	Computed tomography, cervical spine; with contrast material	542
CPT	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	650
CPT	72128	Computed tomography, thoracic spine; without contrast material	435
CPT	72129	Computed tomography, thoracic spine; with contrast material	544
CPT	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	650
CPT	72131	Computed tomography, lumbar spine; without contrast material	435

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	72132	Computed tomography, lumbar spine; with contrast material	542
CPT	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	649
CPT	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	795
CPT	72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	1,014
CPT	72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	796
CPT	72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	903
CPT	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	782
CPT	72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	988
CPT	72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	1,169
CPT	72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	1,089
CPT	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	1,145
CPT	72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	1,118
CPT	72170	Radiologic examination, pelvis; 1 or 2 views	56
CPT	72190	Radiologic examination, pelvis; complete, minimum of 3 views	89
CPT	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	784
CPT	72192	Computed tomography, pelvis; without contrast material	421
CPT	72193	Computed tomography, pelvis; with contrast material(s)	513
CPT	72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	655
CPT	72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	883
CPT	72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	981
CPT	72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	1,194
CPT	72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	968
CPT	72200	Radiologic examination, sacroiliac joints; less than 3 views	61
CPT	72202	Radiologic examination, sacroiliac joints; 3 or more views	70
CPT	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	59
CPT	72240	Myelography, cervical, radiological supervision and interpretation	267
CPT	72255	Myelography, thoracic, radiological supervision and interpretation	260

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	72265	Myelography, lumbosacral, radiological supervision and interpretation	262
CPT	72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	407
CPT	72275	Epidurography, radiological supervision and interpretation	247
CPT	72285	Discography, cervical or thoracic, radiological supervision and interpretation	251
CPT	72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance	571
CPT	72292	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance	589
CPT	72295	Discography, lumbar, radiological supervision and interpretation	216
CPT	73000	Radiologic examination; clavicle, complete	61
CPT	73010	Radiologic examination; scapula, complete	66
CPT	73020	Radiologic examination, shoulder; 1 view	50
CPT	73030	Radiologic examination, shoulder; complete, minimum of 2 views	65
CPT	73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	220
CPT	73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	83
CPT	73060	Radiologic examination; humerus, minimum of 2 views	61
CPT	73070	Radiologic examination, elbow; 2 views	59
CPT	73080	Radiologic examination, elbow; complete, minimum of 3 views	69
CPT	73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	201
CPT	73090	Radiologic examination; forearm, 2 views	58
CPT	73092	Radiologic examination; upper extremity, infant, minimum of 2 views	68
CPT	73100	Radiologic examination, wrist; 2 views	67
CPT	73110	Radiologic examination, wrist; complete, minimum of 3 views	78
CPT	73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	234
CPT	73120	Radiologic examination, hand; 2 views	58
CPT	73130	Radiologic examination, hand; minimum of 3 views	68
CPT	73140	Radiologic examination, finger(s), minimum of 2 views	69
CPT	73200	Computed tomography, upper extremity; without contrast material	433
CPT	73201	Computed tomography, upper extremity; with contrast material(s)	533
CPT	73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	677
CPT	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	748

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	891
CPT	73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	949
CPT	73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	1,189
CPT	73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	835
CPT	73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	900
CPT	73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	1,120
CPT	73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	1,111
CPT	73500	Radiologic examination, hip, unilateral; 1 view	57
CPT	73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	82
CPT	73520	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis	86
CPT	73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	213
CPT	73530	Radiologic examination, hip, during operative procedure	65
CPT	73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views	92
CPT	73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation	168
CPT	73550	Radiologic examination, femur, 2 views	60
CPT	73560	Radiologic examination, knee; 1 or 2 views	65
CPT	73562	Radiologic examination, knee; 3 views	79
CPT	73564	Radiologic examination, knee; complete, 4 or more views	91
CPT	73565	Radiologic examination, knee; both knees, standing, anteroposterior	75
CPT	73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	290
CPT	73590	Radiologic examination; tibia and fibula, 2 views	57
CPT	73592	Radiologic examination; lower extremity, infant, minimum of 2 views	68
CPT	73600	Radiologic examination, ankle; 2 views	60
CPT	73610	Radiologic examination, ankle; complete, minimum of 3 views	70
CPT	73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	224
CPT	73620	Radiologic examination, foot; 2 views	58
CPT	73630	Radiologic examination, foot; complete, minimum of 3 views	66
CPT	73650	Radiologic examination; calcaneus, minimum of 2 views	60
CPT	73660	Radiologic examination; toe(s), minimum of 2 views	63
CPT	73700	Computed tomography, lower extremity; without contrast material	434
CPT	73701	Computed tomography, lower extremity; with contrast material(s)	539
CPT	73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further	682

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		sections	
CPT	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	833
CPT	73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	871
CPT	73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	957
CPT	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	1,193
CPT	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	854
CPT	73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	924
CPT	73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	1,119
CPT	73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	973
CPT	74000	Radiologic examination, abdomen; single anteroposterior view	50
CPT	74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	79
CPT	74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	82
CPT	74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	98
CPT	74150	Computed tomography, abdomen; without contrast material	431
CPT	74160	Computed tomography, abdomen; with contrast material(s)	590
CPT	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	782
CPT	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	836
CPT	74176	Computed tomography, abdomen and pelvis; without contrast material	459
CPT	74177	Computed tomography, abdomen and pelvis; with contrast material(s)	722
CPT	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	914
CPT	74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	782
CPT	74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	1,079
CPT	74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	1,198
CPT	74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	968
CPT	74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	144

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	74210	Radiologic examination; pharynx and/or cervical esophagus	160
CPT	74220	Radiologic examination; esophagus	187
CPT	74230	Swallowing function, with cineradiography/videoradiography	188
CPT	74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	334
CPT	74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	235
CPT	74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB	247
CPT	74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films	366
CPT	74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB	263
CPT	74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB	295
CPT	74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	396
CPT	74250	Radiologic examination, small intestine, includes multiple serial films;	224
CPT	74251	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube	815
CPT	74260	Duodenography, hypotonic	668
CPT	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	1,098
CPT	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	1,220
CPT	74263	Computed tomographic (CT) colonography, screening, including image postprocessing	1,622
CPT	74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	322
CPT	74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	447
CPT	74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	420
CPT	74290	Cholecystography, oral contrast;	144
CPT	74291	Cholecystography, oral contrast; additional or repeat examination or multiple day examination	143
CPT	74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	100
CPT	74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	58
CPT	74305	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation	101
CPT	74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation	204
CPT	74327	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique),	288

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	74328	radiological supervision and interpretation Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	311
CPT	74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	196
CPT	74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	324
CPT	74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation	250
CPT	74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	272
CPT	74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	299
CPT	74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	244
CPT	74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	229
CPT	74410	Urography, infusion, drip technique and/or bolus technique;	229
CPT	74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	279
CPT	74420	Urography, retrograde, with or without KUB	238
CPT	74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	132
CPT	74430	Cystography, minimum of 3 views, radiological supervision and interpretation	114
CPT	74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	176
CPT	74445	Corpora cavernosography, radiological supervision and interpretation	198
CPT	74450	Urethrocystography, retrograde, radiological supervision and interpretation	143
CPT	74455	Urethrocystography, voiding, radiological supervision and interpretation	177
CPT	74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	144
CPT	74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	203
CPT	74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	203
CPT	74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation	205
CPT	74710	Pelvimetry, with or without placental localization	75
CPT	74740	Hysterosalpingography, radiological supervision and interpretation	162
CPT	74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	168
CPT	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	762
CPT	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	1,061

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	1,015
CPT	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	1,202
CPT	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	158
CPT	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	227
CPT	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	622
CPT	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	846
CPT	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	946
CPT	75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	430
CPT	75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	317
CPT	75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	326
CPT	75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	390
CPT	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	916
CPT	75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	363
CPT	75658	Angiography, brachial, retrograde, radiological supervision and interpretation	393
CPT	75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	398
CPT	75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	491
CPT	75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation	420
CPT	75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	507
CPT	75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	394
CPT	75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	456

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	75685	supervision and interpretation Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation	398
CPT	75705	Angiography, spinal, selective, radiological supervision and interpretation	483
CPT	75710	Angiography, extremity, unilateral, radiological supervision and interpretation	369
CPT	75716	Angiography, extremity, bilateral, radiological supervision and interpretation	443
CPT	75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	343
CPT	75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation	417
CPT	75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	366
CPT	75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	361
CPT	75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	420
CPT	75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	358
CPT	75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	336
CPT	75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	390
CPT	75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	349
CPT	75756	Angiography, internal mammary, radiological supervision and interpretation	373
CPT	75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	209
CPT	75791	Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation	460
CPT	75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	469
CPT	75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	512
CPT	75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	526
CPT	75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	563
CPT	75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	216
CPT	75810	Splenoportography, radiological supervision and interpretation	998

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	75820	Venography, extremity, unilateral, radiological supervision and interpretation	262
CPT	75822	Venography, extremity, bilateral, radiological supervision and interpretation	324
CPT	75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	312
CPT	75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	324
CPT	75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	331
CPT	75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	390
CPT	75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	320
CPT	75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	388
CPT	75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	318
CPT	75870	Venography, superior sagittal sinus, radiological supervision and interpretation	315
CPT	75872	Venography, epidural, radiological supervision and interpretation	537
CPT	75880	Venography, orbital, radiological supervision and interpretation	359
CPT	75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	348
CPT	75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	352
CPT	75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	319
CPT	75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	319
CPT	75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	252
CPT	75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	1,827
CPT	75896	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation	1,607
CPT	75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	241
CPT	75900	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation	317
CPT	75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	367
CPT	75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	159
CPT	75940	Percutaneous placement of IVC filter, radiological supervision and interpretation	1,062

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	75945	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel	368
CPT	75946	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)	368
CPT	75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	441
CPT	75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation	133
CPT	75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation	217
CPT	75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	697
CPT	75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	598
CPT	75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	398
CPT	75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	348
CPT	75960	Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel	257
CPT	75961	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation	669
CPT	75962	Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	290
CPT	75964	Transluminal balloon angioplasty, each additional peripheral artery other than cervical carotid, renal or other visceral artery, iliac and lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)	198

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	367
CPT	75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	186
CPT	75970	Transcatheter biopsy, radiological supervision and interpretation	901
CPT	75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	303
CPT	75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	537
CPT	75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation	609
CPT	75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	232
CPT	75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	261
CPT	76000	Fluoroscopy (separate procedure), up to 1 hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)	146
CPT	76001	Fluoroscopy, physician time more than 1 hour, assisting a nonradiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	266
CPT	76010	Radiologic examination from nose to rectum for foreign body, single view, child	55
CPT	76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	125
CPT	76098	Radiological examination, surgical specimen	37
CPT	76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	214
CPT	76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	317
CPT	76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	424
CPT	76120	Cineradiography/videoradiography, except where specifically included	155
CPT	76140	Consultation on X-ray examination made elsewhere, written report	50
CPT	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation	120
CPT	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	163
CPT	76380	Computed tomography, limited or localized follow-up study	341
CPT	76390	Magnetic resonance spectroscopy	963

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	252
CPT	76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	350
CPT	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	209
CPT	76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	193
CPT	76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	189
CPT	76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	31
CPT	76516	Ophthalmic biometry by ultrasound echography, A-scan;	156
CPT	76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	169
CPT	76529	Ophthalmic ultrasonic foreign body localization	162
CPT	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	251
CPT	76604	Ultrasound, chest (includes mediastinum), real time with image documentation	180
CPT	76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	201
CPT	76700	Ultrasound, abdominal, real time with image documentation; complete	290
CPT	76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	221
CPT	76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	273
CPT	76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	221
CPT	76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	314
CPT	76800	Ultrasound, spinal canal and contents	295
CPT	76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	263
CPT	76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	141
CPT	76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	307
CPT	76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in	203

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CPT	76811	addition to code for primary procedure) Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	388
CPT	76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	444
CPT	76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	262
CPT	76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	171
CPT	76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	187
CPT	76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	248
CPT	76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	212
CPT	76818	Fetal biophysical profile; with non-stress testing	255
CPT	76819	Fetal biophysical profile; without non-stress testing	185
CPT	76820	Doppler velocimetry, fetal; umbilical artery	85
CPT	76821	Doppler velocimetry, fetal; middle cerebral artery	199
CPT	76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	459
CPT	76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	272
CPT	76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	128
CPT	76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	94
CPT	76830	Ultrasound, transvaginal	260
CPT	76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	263
CPT	76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	258
CPT	76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	198
CPT	76870	Ultrasound, scrotum and contents	255
CPT	76872	Ultrasound, transrectal;	273
CPT	76873	Ultrasound, transrectal; prostate volume study for	363

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	76881	brachytherapy treatment planning (separate procedure)	244
CPT	76882	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	64
CPT	76885	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific	309
CPT	76886	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)	265
CPT	76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)	167
CPT	76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	187
CPT	76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	612
CPT	76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	73
CPT	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)	333
CPT	76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	238
CPT	76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	410
CPT	76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	177
CPT	76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	66
CPT	76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	68
CPT	76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	136
CPT	76950	Ultrasonic guidance for placement of radiation therapy fields	188
CPT	76965	Ultrasonic guidance for interstitial radioelement application	217
CPT	76970	Ultrasound study follow-up (specify)	194
CPT	76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	15
CPT	76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	120
CPT	76998	Ultrasonic guidance, intraoperative	246
CPT	77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	161
CPT	77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, subarachnoid, or sacroiliac joint), including neurolytic agent destruction	130
CPT	77011	Computed tomography guidance for stereotactic localization	1,064
CPT	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	265
CPT	77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	1,074
CPT	77014	Computed tomography guidance for placement of radiation therapy fields	390
CPT	77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	823
CPT	77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	1,337
CPT	77031	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	270
CPT	77032	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	106
CPT	77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	20
CPT	77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	20
CPT	77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	118
CPT	77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	161
CPT	77055	Mammography; unilateral	177
CPT	77056	Mammography; bilateral	227
CPT	77057	Screening mammography, bilateral (2-view film study of each breast)	162
CPT	77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	1,281
CPT	77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	1,274
CPT	77071	Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated	109
CPT	77072	Bone age studies	48
CPT	77073	Bone length studies (orthoroentgenogram, scanogram)	81
CPT	77074	Radiologic examination, osseous survey; limited (eg, for metastases)	142
CPT	77075	Radiologic examination, osseous survey; complete (axial	211

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		and appendicular skeleton)	
CPT	77076	Radiologic examination, osseous survey, infant	216
CPT	77077	Joint survey, single view, 2 or more joints (specify)	85
CPT	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	275
CPT	77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	84
CPT	77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	133
CPT	77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	61
CPT	77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment	59
CPT	77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites	50
CPT	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	915
CPT	77261	Therapeutic radiology treatment planning; simple	155
CPT	77262	Therapeutic radiology treatment planning; intermediate	232
CPT	77263	Therapeutic radiology treatment planning; complex	345
CPT	77280	Therapeutic radiology simulation-aided field setting; simple	380
CPT	77285	Therapeutic radiology simulation-aided field setting; intermediate	673
CPT	77290	Therapeutic radiology simulation-aided field setting; complex	1,105
CPT	77295	Therapeutic radiology simulation-aided field setting; 3-dimensional	920
CPT	77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	138
CPT	77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	3,855
CPT	77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	124
CPT	77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)	179
CPT	77315	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)	281
CPT	77321	Special teletherapy port plan, particles, hemibody, total body	189
CPT	77326	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	294
CPT	77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10	412

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	
CPT	77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	553
CPT	77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	131
CPT	77332	Treatment devices, design and construction; simple (simple block, simple bolus)	159
CPT	77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	108
CPT	77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	301
CPT	77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	82
CPT	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	1,017
CPT	77370	Special medical radiation physics consultation	220
CPT	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	2,093
CPT	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	1,650
CPT	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3,102
CPT	77401	Radiation treatment delivery, superficial and/or ortho voltage	39
CPT	77402	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV	400
CPT	77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	274
CPT	77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	306
CPT	77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	309
CPT	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV	530
CPT	77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	376
CPT	77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV	422

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater	420
CPT	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV	495
CPT	77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	498
CPT	77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	562
CPT	77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	565
CPT	77417	Therapeutic radiology port film(s)	27
CPT	77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	957
CPT	77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	205
CPT	77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	383
CPT	77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	541
CPT	77427	Radiation treatment management, 5 treatments	384
CPT	77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	211
CPT	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	871
CPT	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	1,438
CPT	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)	314
CPT	77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	867
CPT	77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	1,884
CPT	77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	1,776
CPT	77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	2,053
CPT	77620	Hyperthermia generated by intracavitary probe(s)	1,117
CPT	77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	749
CPT	77761	Intracavitary radiation source application; simple	774
CPT	77762	Intracavitary radiation source application; intermediate	1,035
CPT	77763	Intracavitary radiation source application; complex	1,470
CPT	77776	Interstitial radiation source application; simple	875

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	77777	Interstitial radiation source application; intermediate	1,211
CPT	77778	Interstitial radiation source application; complex	1,764
CPT	77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	510
CPT	77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	2,476
CPT	77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	2,530
CPT	77789	Surface application of radiation source	238
CPT	77790	Supervision, handling, loading of radiation source	193
CPT	78000	Thyroid uptake; single determination	144
CPT	78001	Thyroid uptake; multiple determinations	188
CPT	78003	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	164
CPT	78006	Thyroid imaging, with uptake; single determination	494
CPT	78007	Thyroid imaging, with uptake; multiple determinations	334
CPT	78010	Thyroid imaging; only	342
CPT	78011	Thyroid imaging; with vascular flow	364
CPT	78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	443
CPT	78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	576
CPT	78018	Thyroid carcinoma metastases imaging; whole body	636
CPT	78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	166
CPT	78070	Parathyroid imaging	309
CPT	78075	Adrenal imaging, cortex and/or medulla	864
CPT	78102	Bone marrow imaging; limited area	337
CPT	78103	Bone marrow imaging; multiple areas	437
CPT	78104	Bone marrow imaging; whole body	492
CPT	78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	173
CPT	78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	149
CPT	78120	Red cell volume determination (separate procedure); single sampling	173
CPT	78121	Red cell volume determination (separate procedure); multiple samplings	187
CPT	78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	185
CPT	78130	Red cell survival study;	307
CPT	78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	718
CPT	78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	257
CPT	78185	Spleen imaging only, with or without vascular flow	420
CPT	78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization	770
CPT	78191	Platelet survival study	309
CPT	78195	Lymphatics and lymph nodes imaging	730
CPT	78201	Liver imaging; static only	390
CPT	78202	Liver imaging; with vascular flow	402
CPT	78205	Liver imaging (SPECT);	428
CPT	78206	Liver imaging (SPECT); with vascular flow	700

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	78215	Liver and spleen imaging; static only	390
CPT	78216	Liver and spleen imaging; with vascular flow	242
CPT	78220	Liver function study with hepatobiliary agents, with serial images	255
CPT	78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function	693
CPT	78230	Salivary gland imaging;	345
CPT	78231	Salivary gland imaging; with serial images	246
CPT	78232	Salivary gland function study	192
CPT	78258	Esophageal motility	466
CPT	78261	Gastric mucosa imaging	508
CPT	78262	Gastroesophageal reflux study	497
CPT	78264	Gastric emptying study	584
CPT	78267	Urea breath test, C-14 (isotopic); acquisition for analysis	40
CPT	78268	Urea breath test, C-14 (isotopic); analysis	346
CPT	78270	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor	165
CPT	78271	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor	181
CPT	78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor	180
CPT	78278	Acute gastrointestinal blood loss imaging	708
CPT	78282	Gastrointestinal protein loss	148
CPT	78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	678
CPT	78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	521
CPT	78300	Bone and/or joint imaging; limited area	363
CPT	78305	Bone and/or joint imaging; multiple areas	477
CPT	78306	Bone and/or joint imaging; whole body	508
CPT	78315	Bone and/or joint imaging; 3 phase study	707
CPT	78320	Bone and/or joint imaging; tomographic (SPECT)	463
CPT	78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	66
CPT	78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	32
CPT	78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	149
CPT	78428	Cardiac shunt detection	376
CPT	78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	348
CPT	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	662
CPT	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	1,014

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	511
CPT	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	503
CPT	78456	Acute venous thrombosis imaging, peptide	707
CPT	78457	Venous thrombosis imaging, venogram; unilateral	397
CPT	78458	Venous thrombosis imaging, venogram; bilateral	364
CPT	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	2,127
CPT	78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	355
CPT	78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	412
CPT	78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	508
CPT	78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	475
CPT	78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	606
CPT	78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	376
CPT	78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	510
CPT	78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	2,166
CPT	78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	2,700
CPT	78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	492
CPT	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	91
CPT	78580	Pulmonary perfusion imaging, particulate	427
CPT	78584	Pulmonary perfusion imaging, particulate, with ventilation; single breath	294
CPT	78585	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath	715
CPT	78586	Pulmonary ventilation imaging, aerosol; single projection	342

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	78587	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)	424
CPT	78588	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, 1 or multiple projections	720
CPT	78591	Pulmonary ventilation imaging, gaseous, single breath, single projection	345
CPT	78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection	396
CPT	78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)	413
CPT	78596	Pulmonary quantitative differential function (ventilation/perfusion) study	745
CPT	78600	Brain imaging, less than 4 static views;	364
CPT	78601	Brain imaging, less than 4 static views; with vascular flow	432
CPT	78605	Brain imaging, minimum 4 static views;	395
CPT	78606	Brain imaging, minimum 4 static views; with vascular flow	677
CPT	78607	Brain imaging, tomographic (SPECT)	719
CPT	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	3,929
CPT	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	3,446
CPT	78610	Brain imaging, vascular flow only	347
CPT	78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	690
CPT	78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	684
CPT	78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	658
CPT	78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	702
CPT	78650	Cerebrospinal fluid leakage detection and localization	676
CPT	78660	Radiopharmaceutical dacryocystography	376
CPT	78700	Kidney imaging morphology;	353
CPT	78701	Kidney imaging morphology; with vascular flow	430
CPT	78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	467
CPT	78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	335
CPT	78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	752
CPT	78710	Kidney imaging morphology; tomographic (SPECT)	413
CPT	78725	Kidney function study, non-imaging radioisotopic study	209
CPT	78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	142
CPT	78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	466
CPT	78761	Testicular imaging with vascular flow	434
CPT	78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	378
CPT	78801	Radiopharmaceutical localization of tumor or distribution of	514

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	78802	radiopharmaceutical agent(s); multiple areas Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	653
CPT	78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	686
CPT	78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging	1,151
CPT	78805	Radiopharmaceutical localization of inflammatory process; limited area	367
CPT	78806	Radiopharmaceutical localization of inflammatory process; whole body	669
CPT	78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	684
CPT	78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	79
CPT	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	2,971
CPT	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	3,668
CPT	78813	Positron emission tomography (PET) imaging; whole body	3,817
CPT	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	4,170
CPT	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	4,609
CPT	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	4,734
CPT	79005	Radiopharmaceutical therapy, by oral administration	273
CPT	79101	Radiopharmaceutical therapy, by intravenous administration	309
CPT	79200	Radiopharmaceutical therapy, by intracavitary administration	327
CPT	79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	266
CPT	79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	379
CPT	79440	Radiopharmaceutical therapy, by intra-articular administration	319
CPT	79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	426
CPT	80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520)	105
CPT	80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520)	250

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053), Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Thyroid stimulating hormone (TSH) (84443)	143
CPT	80051	Electrolyte panel This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295)	36
CPT	80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), Urea nitrogen (BUN) (84520)	193
CPT	80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR, Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HBsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900) AND, Blood typing, Rh (D) (86901)	209
CPT	80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	67
CPT	80069	Renal function panel This panel must include the following: Albumin (82040), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520)	207
CPT	80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709), Hepatitis B core antibody (HBcAb), IgM antibody (86705), Hepatitis B surface antigen (HBsAg) (87340), Hepatitis C antibody (86803)	239
CPT	80076	Hepatic function panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Bilirubin, direct (82248), Phosphatase, alkaline (84075), Protein, total (84155), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450)	172
CPT	80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure	75
CPT	80101	Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class	71

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	80102	Drug confirmation, each procedure	68
CPT	80103	Tissue preparation for drug analysis	78
CPT	80150	Amikacin	77
CPT	80152	Amitriptyline	92
CPT	80154	Benzodiazepines	95
CPT	80156	Carbamazepine; total	75
CPT	80157	Carbamazepine; free	68
CPT	80158	Cyclosporine	93
CPT	80160	Desipramine	88
CPT	80162	Digoxin	68
CPT	80164	Dipropylacetic acid (valproic acid)	70
CPT	80166	Doxepin	80
CPT	80168	Ethosuximide	84
CPT	80170	Gentamicin	84
CPT	80172	Gold	84
CPT	80173	Haloperidol	75
CPT	80174	Imipramine	88
CPT	80176	Lidocaine	75
CPT	80178	Lithium	34
CPT	80182	Nortriptyline	70
CPT	80184	Phenobarbital	59
CPT	80185	Phenytoin; total	68
CPT	80186	Phenytoin; free	71
CPT	80188	Primidone	85
CPT	80190	Procainamide;	86
CPT	80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	86
CPT	80194	Quinidine	75
CPT	80195	Sirolimus	70
CPT	80196	Salicylate	36
CPT	80197	Tacrolimus	70
CPT	80198	Theophylline	73
CPT	80200	Tobramycin	83
CPT	80201	Topiramate	61
CPT	80202	Vancomycin	70
CPT	80299	Quantitation of drug, not elsewhere specified	70
CPT	80400	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)	116
CPT	80402	ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2), 17 hydroxyprogesterone (83498 x 2)	307
CPT	80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2), 17 hydroxypregnenolone (84143 x 2)	267
CPT	80408	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2), Renin (84244 x 2)	447
CPT	80410	Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3)	281
CPT	80412	Corticotrophic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6), Adrenocorticotrophic hormone (ACTH) (82024 x 6)	1,167
CPT	80414	Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	183
CPT	80415	Chorionic gonadotropin stimulation panel; estradiol	198

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		response This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)	
CPT	80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	471
CPT	80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	157
CPT	80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4), Luteinizing hormone (LH) (83002 x 4), Follicle stimulating hormone (FSH) (83001 x 4), Prolactin (84146 x 4), Human growth hormone (HGH) (83003 x 4), Cortisol (82533 x 4), Thyroid stimulating hormone (TSH) (84443 x 4)	2,064
CPT	80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2), Cortisol (82533 x 2), Volume measurement for timed collection (81050 x 2)	256
CPT	80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3), Insulin (83525 x 3)	164
CPT	80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	176
CPT	80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4), Luteinizing hormone (LH) (83002 x 4)	529
CPT	80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	238
CPT	80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3), Human growth hormone (HGH) (83003 x 4)	280
CPT	80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525), C-peptide (84681 x 5), Glucose (82947 x 5)	463
CPT	80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5), Glucose (82947 x 5)	360
CPT	80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5), Human growth hormone (HGH) (83003 x 5)	368
CPT	80436	Metirapone panel This panel must include the following: Cortisol (82533 x 2), 11 deoxycortisol (82634 x 2)	319
CPT	80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	180
CPT	80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	241
CPT	80440	Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia This panel must include the following: Prolactin (84146 x 3)	209
CPT	80500	Clinical pathology consultation; limited, without review of patient's history and medical records	73

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	211
CPT	81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	11
CPT	81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	11
CPT	81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	9
CPT	81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	8
CPT	81005	Urinalysis; qualitative or semiquantitative, except immunoassays	8
CPT	81007	Urinalysis; bacteriuria screen, except by culture or dipstick	9
CPT	81015	Urinalysis; microscopic only	11
CPT	81020	Urinalysis; 2 or 3 glass test	13
CPT	81025	Urine pregnancy test, by visual color comparison methods	23
CPT	81050	Volume measurement for timed collection, each	11
CPT	82000	Acetaldehyde, blood	45
CPT	82003	Acetaminophen	73
CPT	82009	Acetone or other ketone bodies, serum; qualitative	16
CPT	82010	Acetone or other ketone bodies, serum; quantitative	29
CPT	82013	Acetylcholinesterase	40
CPT	82016	Acylcarnitines; qualitative, each specimen	50
CPT	82017	Acylcarnitines; quantitative, each specimen	61
CPT	82024	Adrenocorticotrophic hormone (ACTH)	139
CPT	82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	92
CPT	82040	Albumin; serum, plasma or whole blood	18
CPT	82042	Albumin; urine or other source, quantitative, each specimen	19
CPT	82043	Albumin; urine, microalbumin, quantitative	21
CPT	82044	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)	17
CPT	82045	Albumin; ischemia modified	122
CPT	82055	Alcohol (ethanol); any specimen except breath	39
CPT	82075	Alcohol (ethanol); breath	43
CPT	82085	Aldolase	35
CPT	82088	Aldosterone	146
CPT	82101	Alkaloids, urine, quantitative	108
CPT	82103	Alpha-1-antitrypsin; total	48
CPT	82104	Alpha-1-antitrypsin; phenotype	52
CPT	82105	Alpha-fetoprotein (AFP); serum	60
CPT	82106	Alpha-fetoprotein (AFP); amniotic fluid	60
CPT	82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	231
CPT	82108	Aluminum	92
CPT	82120	Amines, vaginal fluid, qualitative	13
CPT	82127	Amino acids; single, qualitative, each specimen	50

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CPT	82128	Amino acids; multiple, qualitative, each specimen	50
CPT	82131	Amino acids; single, quantitative, each specimen	61
CPT	82135	Aminolevulinic acid, delta (ALA)	60
CPT	82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	61
CPT	82139	Amino acids, 6 or more amino acids, quantitative, each specimen	61
CPT	82140	Ammonia	53
CPT	82143	Amniotic fluid scan (spectrophotometric)	25
CPT	82145	Amphetamine or methamphetamine	56
CPT	82150	Amylase	23
CPT	82154	Androstenediol glucuronide	104
CPT	82157	Androstenedione	105
CPT	82160	Androsterone	90
CPT	82163	Angiotensin II	74
CPT	82164	Angiotensin I - converting enzyme (ACE)	53
CPT	82172	Apolipoprotein, each	56
CPT	82175	Arsenic	68
CPT	82180	Ascorbic acid (Vitamin C), blood	68
CPT	82190	Atomic absorption spectroscopy, each analyte	54
CPT	82205	Barbiturates, not elsewhere specified	41
CPT	82232	Beta-2 microglobulin	58
CPT	82239	Bile acids; total	62
CPT	82240	Bile acids; cholyglycine	95
CPT	82247	Bilirubin; total	18
CPT	82248	Bilirubin; direct	18
CPT	82252	Bilirubin; feces, qualitative	16
CPT	82261	Biotinidase, each specimen	61
CPT	82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	12
CPT	82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	12
CPT	82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	12
CPT	82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	57
CPT	82286	Bradykinin	25
CPT	82300	Cadmium	83
CPT	82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	106
CPT	82308	Calcitonin	96
CPT	82310	Calcium; total	18
CPT	82330	Calcium; ionized	49
CPT	82331	Calcium; after calcium infusion test	19
CPT	82340	Calcium; urine quantitative, timed specimen	22
CPT	82355	Calculus; qualitative analysis	41
CPT	82360	Calculus; quantitative analysis, chemical	46
CPT	82365	Calculus; infrared spectroscopy	46
CPT	82370	Calculus; X-ray diffraction	45
CPT	82373	Carbohydrate deficient transferrin	65
CPT	82374	Carbon dioxide (bicarbonate)	18

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	82375	Carboxyhemoglobin; quantitative	44
CPT	82376	Carboxyhemoglobin; qualitative	22
CPT	82378	Carcinoembryonic antigen (CEA)	68
CPT	82379	Carnitine (total and free), quantitative, each specimen	61
CPT	82380	Carotene	33
CPT	82382	Catecholamines; total urine	62
CPT	82383	Catecholamines; blood	90
CPT	82384	Catecholamines; fractionated	91
CPT	82387	Cathepsin-D	75
CPT	82390	Ceruloplasmin	39
CPT	82397	Chemiluminescent assay	51
CPT	82415	Chloramphenicol	46
CPT	82435	Chloride; blood	17
CPT	82436	Chloride; urine	18
CPT	82438	Chloride; other source	18
CPT	82441	Chlorinated hydrocarbons, screen	22
CPT	82465	Cholesterol, serum or whole blood, total	15
CPT	82480	Cholinesterase; serum	28
CPT	82482	Cholinesterase; RBC	27
CPT	82485	Chondroitin B sulfate, quantitative	74
CPT	82486	Chromatography, qualitative; column (eg, gas liquid or HPLC), analyte not elsewhere specified	65
CPT	82487	Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified	57
CPT	82488	Chromatography, qualitative; paper, 2-dimensional, analyte not elsewhere specified	77
CPT	82489	Chromatography, qualitative; thin layer, analyte not elsewhere specified	67
CPT	82491	Chromatography, quantitative, column (eg, gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase	65
CPT	82492	Chromatography, quantitative, column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase	65
CPT	82495	Chromium	73
CPT	82507	Citrate	100
CPT	82520	Cocaine or metabolite	55
CPT	82523	Collagen cross links, any method	67
CPT	82525	Copper	45
CPT	82528	Corticosterone	81
CPT	82530	Cortisol; free	60
CPT	82533	Cortisol; total	59
CPT	82540	Creatine	17
CPT	82541	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase	65
CPT	82542	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; quantitative, single stationary and mobile phase	65
CPT	82543	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase	65
CPT	82544	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable	65

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		isotope dilution, multiple analytes, quantitative, single stationary and mobile phase	
CPT	82550	Creatine kinase (CK), (CPK); total	23
CPT	82552	Creatine kinase (CK), (CPK); isoenzymes	48
CPT	82553	Creatine kinase (CK), (CPK); MB fraction only	41
CPT	82554	Creatine kinase (CK), (CPK); isoforms	43
CPT	82565	Creatinine; blood	18
CPT	82570	Creatinine; other source	19
CPT	82575	Creatinine; clearance	34
CPT	82585	Cryofibrinogen	31
CPT	82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	23
CPT	82600	Cyanide	70
CPT	82607	Cyanocobalamin (Vitamin B-12);	54
CPT	82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	52
CPT	82610	Cystatin C	49
CPT	82615	Cystine and homocystine, urine, qualitative	29
CPT	82626	Dehydroepiandrosterone (DHEA)	91
CPT	82627	Dehydroepiandrosterone-sulfate (DHEA-S)	80
CPT	82633	Desoxycorticosterone, 11-	111
CPT	82634	Deoxycortisol, 11-	105
CPT	82638	Dibucaine number	44
CPT	82646	Dihydrocodeinone	74
CPT	82649	Dihydromorphinone	92
CPT	82651	Dihydrotestosterone (DHT)	92
CPT	82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	139
CPT	82654	Dimethadione	50
CPT	82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative	41
CPT	82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	65
CPT	82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	65
CPT	82664	Electrophoretic technique, not elsewhere specified	123
CPT	82666	Epiandrosterone	77
CPT	82668	Erythropoietin	67
CPT	82670	Estradiol	100
CPT	82671	Estrogens; fractionated	116
CPT	82672	Estrogens; total	78
CPT	82677	Estriol	87
CPT	82679	Estrone	90
CPT	82690	Ethchlorvynol	62
CPT	82693	Ethylene glycol	54
CPT	82696	Etiocolanolone	85
CPT	82705	Fat or lipids, feces; qualitative	18
CPT	82710	Fat or lipids, feces; quantitative	60
CPT	82715	Fat differential, feces, quantitative	62
CPT	82725	Fatty acids, nonesterified	48
CPT	82726	Very long chain fatty acids	65
CPT	82728	Ferritin	49
CPT	82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	231
CPT	82735	Fluoride	67
CPT	82742	Flurazepam	71

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	82746	Folic acid; serum	53
CPT	82747	Folic acid; RBC	62
CPT	82757	Fructose, semen	62
CPT	82759	Galactokinase, RBC	77
CPT	82760	Galactose	40
CPT	82775	Galactose-1-phosphate uridyl transferase; quantitative	76
CPT	82776	Galactose-1-phosphate uridyl transferase; screen	30
CPT	82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	34
CPT	82785	Gammaglobulin (immunoglobulin); IgE	60
CPT	82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	29
CPT	82800	Gases, blood, pH only	30
CPT	82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation);	69
CPT	82805	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry	102
CPT	82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry	32
CPT	82820	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)	36
CPT	82930	Gastric acid analysis, includes pH if performed, each specimen	14
CPT	82938	Gastrin after secretin stimulation	64
CPT	82941	Gastrin	64
CPT	82943	Glucagon	51
CPT	82945	Glucose, body fluid, other than blood	14
CPT	82946	Glucagon tolerance test	54
CPT	82947	Glucose; quantitative, blood (except reagent strip)	14
CPT	82948	Glucose; blood, reagent strip	11
CPT	82950	Glucose; post glucose dose (includes glucose)	17
CPT	82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	46
CPT	82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	14
CPT	82953	Glucose; tolbutamide tolerance test	55
CPT	82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	35
CPT	82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	22
CPT	82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	8
CPT	82963	Glucosidase, beta	77
CPT	82965	Glutamate dehydrogenase	28
CPT	82975	Glutamine (glutamic acid amide)	57
CPT	82977	Glutamyltransferase, gamma (GGT)	26
CPT	82978	Glutathione	51
CPT	82979	Glutathione reductase, RBC	25
CPT	82980	Glutethimide	66
CPT	82985	Glycated protein	54
CPT	83001	Gonadotropin; follicle stimulating hormone (FSH)	67
CPT	83002	Gonadotropin; luteinizing hormone (LH)	67
CPT	83003	Growth hormone, human (HGH) (somatotropin)	60
CPT	83008	Guanosine monophosphate (GMP), cyclic	60
CPT	83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	242

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	83010	Haptoglobin; quantitative	46
CPT	83012	Haptoglobin; phenotypes	62
CPT	83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	242
CPT	83014	Helicobacter pylori; drug administration	28
CPT	83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); screen	68
CPT	83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each	79
CPT	83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	46
CPT	83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	65
CPT	83026	Hemoglobin; by copper sulfate method, non-automated	8
CPT	83030	Hemoglobin; F (fetal), chemical	29
CPT	83033	Hemoglobin; F (fetal), qualitative	22
CPT	83036	Hemoglobin; glycosylated (A1C)	35
CPT	83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	35
CPT	83045	Hemoglobin; methemoglobin, qualitative	18
CPT	83050	Hemoglobin; methemoglobin, quantitative	27
CPT	83051	Hemoglobin; plasma	27
CPT	83055	Hemoglobin; sulfhemoglobin, qualitative	18
CPT	83060	Hemoglobin; sulfhemoglobin, quantitative	29
CPT	83065	Hemoglobin; thermolabile	25
CPT	83068	Hemoglobin; unstable, screen	30
CPT	83069	Hemoglobin; urine	14
CPT	83070	Hemosiderin; qualitative	17
CPT	83071	Hemosiderin; quantitative	25
CPT	83080	b-Hexosaminidase, each assay	61
CPT	83088	Histamine	106
CPT	83090	Homocysteine	61
CPT	83150	Homovanillic acid (HVA)	69
CPT	83491	Hydroxycorticosteroids, 17- (17-OHCS)	63
CPT	83497	Hydroxyindolacetic acid, 5-(HIAA)	46
CPT	83498	Hydroxyprogesterone, 17-d	97
CPT	83499	Hydroxyprogesterone, 20-	90
CPT	83500	Hydroxyproline; free	81
CPT	83505	Hydroxyproline; total	88
CPT	83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	41
CPT	83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	31
CPT	83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	48
CPT	83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	46
CPT	83525	Insulin; total	41
CPT	83527	Insulin; free	46
CPT	83528	Intrinsic factor	57
CPT	83540	Iron	23

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	83550	Iron binding capacity	32
CPT	83570	Isocitric dehydrogenase (IDH)	32
CPT	83582	Ketogenic steroids, fractionation	98
CPT	83586	Ketosteroids, 17- (17-KS); total	46
CPT	83593	Ketosteroids, 17- (17-KS); fractionation	95
CPT	83605	Lactate (lactic acid)	39
CPT	83615	Lactate dehydrogenase (LD), (LDH);	22
CPT	83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	46
CPT	83630	Lactoferrin, fecal; qualitative	71
CPT	83631	Lactoferrin, fecal; quantitative	71
CPT	83632	Lactogen, human placental (HPL) human chorionic somatomammotropin	73
CPT	83633	Lactose, urine; qualitative	20
CPT	83634	Lactose, urine; quantitative	41
CPT	83655	Lead	43
CPT	83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	79
CPT	83662	Fetal lung maturity assessment; foam stability test	68
CPT	83663	Fetal lung maturity assessment; fluorescence polarization	68
CPT	83664	Fetal lung maturity assessment; lamellar body density	68
CPT	83670	Leucine aminopeptidase (LAP)	33
CPT	83690	Lipase	25
CPT	83695	Lipoprotein (a)	46
CPT	83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	122
CPT	83700	Lipoprotein, blood; electrophoretic separation and quantitation	41
CPT	83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	89
CPT	83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear magnetic resonance spectroscopy)	113
CPT	83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	29
CPT	83719	Lipoprotein, direct measurement; VLDL cholesterol	42
CPT	83721	Lipoprotein, direct measurement; LDL cholesterol	34
CPT	83727	Luteinizing releasing factor (LRH)	62
CPT	83735	Magnesium	24
CPT	83775	Malate dehydrogenase	26
CPT	83785	Manganese	88
CPT	83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen	65
CPT	83789	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative, each specimen	65
CPT	83805	Meprobamate	63
CPT	83825	Mercury, quantitative	58
CPT	83835	Metanephrines	61
CPT	83840	Methadone	59
CPT	83857	Methemalbumin	39
CPT	83858	Methsuximide	53
CPT	83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	43

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	83864	Mucopolysaccharides, acid; quantitative	71
CPT	83866	Mucopolysaccharides, acid; screen	36
CPT	83872	Mucin, synovial fluid (Ropes test)	21
CPT	83873	Myelin basic protein, cerebrospinal fluid	62
CPT	83874	Myoglobin	46
CPT	83876	Myeloperoxidase (MPO)	88
CPT	83880	Natriuretic peptide	122
CPT	83883	Nephelometry, each analyte not elsewhere specified	49
CPT	83885	Nickel	88
CPT	83887	Nicotine	85
CPT	83890	Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (ie, DNA or RNA)	15
CPT	83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type (ie, DNA or RNA)	15
CPT	83892	Molecular diagnostics; enzymatic digestion, each enzyme treatment	15
CPT	83893	Molecular diagnostics; dot/slot blot production, each nucleic acid preparation	15
CPT	83894	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide), each nucleic acid preparation	15
CPT	83896	Molecular diagnostics; nucleic acid probe, each	15
CPT	83897	Molecular diagnostics; nucleic acid transfer (eg, Southern, Northern), each nucleic acid preparation	15
CPT	83898	Molecular diagnostics; amplification, target, each nucleic acid sequence	60
CPT	83900	Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences	120
CPT	83901	Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure)	60
CPT	83902	Molecular diagnostics; reverse transcription	51
CPT	83903	Molecular diagnostics; mutation scanning, by physical properties (eg, single strand conformational polymorphisms [SSCP], heteroduplex, denaturing gradient gel electrophoresis [DGGE], RNA'ase A), single segment, each	60
CPT	83904	Molecular diagnostics; mutation identification by sequencing, single segment, each segment	60
CPT	83905	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment	60
CPT	83906	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment	60
CPT	83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue), each specimen	48
CPT	83908	Molecular diagnostics; amplification, signal, each nucleic acid sequence	60
CPT	83909	Molecular diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis), each nucleic acid preparation	60
CPT	83912	Molecular diagnostics; interpretation and report	15
CPT	83913	Molecular diagnostics; RNA stabilization	48
CPT	83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (eg,	60

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		oligonucleotide ligation assay [OLA], single base chain extension [SBCE], or allele-specific primer extension [ASPE])	
CPT	83915	Nucleotidase 5'-	40
CPT	83916	Oligoclonal immune (oligoclonal bands)	72
CPT	83918	Organic acids; total, quantitative, each specimen	60
CPT	83919	Organic acids; qualitative, each specimen	60
CPT	83921	Organic acid, single, quantitative	60
CPT	83925	Opiate(s), drug and metabolites, each procedure	70
CPT	83930	Osmolality; blood	24
CPT	83935	Osmolality; urine	25
CPT	83937	Osteocalcin (bone g1a protein)	107
CPT	83945	Oxalate	46
CPT	83950	Oncoprotein; HER-2/neu	231
CPT	83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	166
CPT	83970	Parathormone (parathyroid hormone)	148
CPT	83986	pH; body fluid, not otherwise specified	13
CPT	83987	pH; exhaled breath condensate	41
CPT	83992	Phencyclidine (PCP)	53
CPT	83993	Calprotectin, fecal	71
CPT	84022	Phenothiazine	56
CPT	84030	Phenylalanine (PKU), blood	20
CPT	84035	Phenylketones, qualitative	13
CPT	84060	Phosphatase, acid; total	27
CPT	84061	Phosphatase, acid; forensic examination	29
CPT	84066	Phosphatase, acid; prostatic	35
CPT	84075	Phosphatase, alkaline;	19
CPT	84078	Phosphatase, alkaline; heat stable (total not included)	27
CPT	84080	Phosphatase, alkaline; isoenzymes	53
CPT	84081	Phosphatidylglycerol	60
CPT	84085	Phosphogluconate, 6-, dehydrogenase, RBC	25
CPT	84087	Phosphohexose isomerase	37
CPT	84100	Phosphorus inorganic (phosphate);	17
CPT	84105	Phosphorus inorganic (phosphate); urine	19
CPT	84106	Porphobilinogen, urine; qualitative	15
CPT	84110	Porphobilinogen, urine; quantitative	30
CPT	84112	Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative	166
CPT	84119	Porphyrins, urine; qualitative	31
CPT	84120	Porphyrins, urine; quantitation and fractionation	102
CPT	84126	Porphyrins, feces; quantitative	92
CPT	84127	Porphyrins, feces; qualitative	42
CPT	84132	Potassium; serum, plasma or whole blood	17
CPT	84133	Potassium; urine	15
CPT	84134	Prealbumin	53
CPT	84135	Pregnanediol	69
CPT	84138	Pregnanetriol	68
CPT	84140	Pregnenolone	74
CPT	84143	17-hydroxypregnenolone	82
CPT	84144	Progesterone	75
CPT	84145	Procalcitonin (PCT)	69
CPT	84146	Prolactin	69
CPT	84150	Prostaglandin, each	90
CPT	84152	Prostate specific antigen (PSA); complexed (direct measurement)	66
CPT	84153	Prostate specific antigen (PSA); total	66

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	84154	Prostate specific antigen (PSA); free	66
CPT	84155	Protein, total, except by refractometry; serum, plasma or whole blood	13
CPT	84156	Protein, total, except by refractometry; urine	13
CPT	84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	13
CPT	84160	Protein, total, by refractometry, any source	19
CPT	84163	Pregnancy-associated plasma protein-A (PAPP-A)	54
CPT	84165	Protein; electrophoretic fractionation and quantitation, serum	39
CPT	84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	64
CPT	84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	61
CPT	84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	64
CPT	84202	Protoporphyrin, RBC; quantitative	52
CPT	84203	Protoporphyrin, RBC; screen	31
CPT	84206	Proinsulin	64
CPT	84207	Pyridoxal phosphate (Vitamin B-6)	101
CPT	84210	Pyruvate	39
CPT	84220	Pyruvate kinase	34
CPT	84228	Quinine	42
CPT	84233	Receptor assay; estrogen	231
CPT	84234	Receptor assay; progesterone	233
CPT	84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	188
CPT	84238	Receptor assay; non-endocrine (specify receptor)	132
CPT	84244	Renin	79
CPT	84252	Riboflavin (Vitamin B-2)	73
CPT	84255	Selenium	92
CPT	84260	Serotonin	111
CPT	84270	Sex hormone binding globulin (SHBG)	78
CPT	84275	Sialic acid	48
CPT	84285	Silica	85
CPT	84295	Sodium; serum, plasma or whole blood	18
CPT	84300	Sodium; urine	18
CPT	84302	Sodium; other source	18
CPT	84305	Somatomedin	76
CPT	84307	Somatostatin	66
CPT	84311	Spectrophotometry, analyte not elsewhere specified	25
CPT	84315	Specific gravity (except urine)	9
CPT	84375	Sugars, chromatographic, TLC or paper chromatography	71
CPT	84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	20
CPT	84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	20
CPT	84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	41
CPT	84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	41
CPT	84392	Sulfate, urine	17
CPT	84402	Testosterone; free	92
CPT	84403	Testosterone; total	93

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	84425	Thiamine (Vitamin B-1)	76
CPT	84430	Thiocyanate	42
CPT	84431	Thromboxane metabolite(s), including thromboxane if performed, urine	43
CPT	84432	Thyroglobulin	57
CPT	84436	Thyroxine; total	25
CPT	84437	Thyroxine; requiring elution (eg, neonatal)	23
CPT	84439	Thyroxine; free	32
CPT	84442	Thyroxine binding globulin (TBG)	53
CPT	84443	Thyroid stimulating hormone (TSH)	60
CPT	84445	Thyroid stimulating immune globulins (TSI)	183
CPT	84446	Tocopherol alpha (Vitamin E)	51
CPT	84449	Transcortin (cortisol binding globulin)	64
CPT	84450	Transferase; aspartate amino (AST) (SGOT)	19
CPT	84460	Transferase; alanine amino (ALT) (SGPT)	19
CPT	84466	Transferrin	46
CPT	84478	Triglycerides	21
CPT	84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	23
CPT	84480	Triiodothyronine T3; total (TT-3)	51
CPT	84481	Triiodothyronine T3; free	61
CPT	84482	Triiodothyronine T3; reverse	57
CPT	84484	Troponin, quantitative	36
CPT	84485	Trypsin; duodenal fluid	27
CPT	84488	Trypsin; feces, qualitative	27
CPT	84490	Trypsin; feces, quantitative, 24-hour collection	27
CPT	84510	Tyrosine	37
CPT	84512	Troponin, qualitative	28
CPT	84520	Urea nitrogen; quantitative	14
CPT	84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	13
CPT	84540	Urea nitrogen, urine	17
CPT	84545	Urea nitrogen, clearance	24
CPT	84550	Uric acid; blood	16
CPT	84560	Uric acid; other source	17
CPT	84577	Urobilinogen, feces, quantitative	45
CPT	84578	Urobilinogen, urine; qualitative	12
CPT	84580	Urobilinogen, urine; quantitative, timed specimen	25
CPT	84583	Urobilinogen, urine; semiquantitative	18
CPT	84585	Vanillylmandelic acid (VMA), urine	56
CPT	84586	Vasoactive intestinal peptide (VIP)	127
CPT	84588	Vasopressin (antidiuretic hormone, ADH)	122
CPT	84590	Vitamin A	42
CPT	84591	Vitamin, not otherwise specified	42
CPT	84597	Vitamin K	49
CPT	84600	Volatiles (eg, acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)	57
CPT	84620	Xylose absorption test, blood and/or urine	43
CPT	84630	Zinc	41
CPT	84681	C-peptide	75
CPT	84702	Gonadotropin, chorionic (hCG); quantitative	54
CPT	84703	Gonadotropin, chorionic (hCG); qualitative	27
CPT	84704	Gonadotropin, chorionic (hCG); free beta chain	54
CPT	84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	36

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	85002	Bleeding time	16
CPT	85004	Blood count; automated differential WBC count	23
CPT	85007	Blood count; blood smear, microscopic examination with manual differential WBC count	13
CPT	85008	Blood count; blood smear, microscopic examination without manual differential WBC count	13
CPT	85009	Blood count; manual differential WBC count, buffy coat	13
CPT	85013	Blood count; spun microhematocrit	8
CPT	85014	Blood count; hematocrit (Hct)	8
CPT	85018	Blood count; hemoglobin (Hgb)	8
CPT	85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	28
CPT	85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	23
CPT	85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	15
CPT	85041	Blood count; red blood cell (RBC), automated	11
CPT	85044	Blood count; reticulocyte, manual	15
CPT	85045	Blood count; reticulocyte, automated	15
CPT	85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHR], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	20
CPT	85048	Blood count; leukocyte (WBC), automated	9
CPT	85049	Blood count; platelet, automated	16
CPT	85055	Reticulated platelet assay	96
CPT	85060	Blood smear, peripheral, interpretation by physician with written report	76
CPT	85097	Bone marrow, smear interpretation	280
CPT	85130	Chromogenic substrate assay	43
CPT	85170	Clot retraction	13
CPT	85175	Clot lysis time, whole blood dilution	16
CPT	85210	Clotting; factor II, prothrombin, specific	47
CPT	85220	Clotting; factor V (AcG or proaccelerin), labile factor	64
CPT	85230	Clotting; factor VII (proconvertin, stable factor)	64
CPT	85240	Clotting; factor VIII (AHG), 1-stage	64
CPT	85244	Clotting; factor VIII related antigen	74
CPT	85245	Clotting; factor VIII, VW factor, ristocetin cofactor	83
CPT	85246	Clotting; factor VIII, VW factor antigen	83
CPT	85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis	83
CPT	85250	Clotting; factor IX (PTC or Christmas)	69
CPT	85260	Clotting; factor X (Stuart-Prower)	64
CPT	85270	Clotting; factor XI (PTA)	64
CPT	85280	Clotting; factor XII (Hageman)	69
CPT	85290	Clotting; factor XIII (fibrin stabilizing)	59
CPT	85291	Clotting; factor XIII (fibrin stabilizing), screen solubility	32
CPT	85292	Clotting; prekallikrein assay (Fletcher factor assay)	68
CPT	85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	68
CPT	85300	Clotting inhibitors or anticoagulants; antithrombin III, activity	43
CPT	85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	39

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	85302	Clotting inhibitors or anticoagulants; protein C, antigen	43
CPT	85303	Clotting inhibitors or anticoagulants; protein C, activity	50
CPT	85305	Clotting inhibitors or anticoagulants; protein S, total	42
CPT	85306	Clotting inhibitors or anticoagulants; protein S, free	55
CPT	85307	Activated Protein C (APC) resistance assay	55
CPT	85335	Factor inhibitor test	46
CPT	85337	Thrombomodulin	38
CPT	85345	Coagulation time; Lee and White	15
CPT	85347	Coagulation time; activated	15
CPT	85348	Coagulation time; other methods	13
CPT	85360	Euglobulin lysis	30
CPT	85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	25
CPT	85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	31
CPT	85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	41
CPT	85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	26
CPT	85379	Fibrin degradation products, D-dimer; quantitative	36
CPT	85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	36
CPT	85384	Fibrinogen; activity	31
CPT	85385	Fibrinogen; antigen	31
CPT	85390	Fibrinolysins or coagulopathy screen, interpretation and report	19
CPT	85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day	64
CPT	85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	59
CPT	85400	Fibrinolytic factors and inhibitors; plasmin	32
CPT	85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	28
CPT	85415	Fibrinolytic factors and inhibitors; plasminogen activator	62
CPT	85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	24
CPT	85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	36
CPT	85441	Heinz bodies; direct	15
CPT	85445	Heinz bodies; induced, acetyl phenylhydrazine	25
CPT	85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	28
CPT	85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	24
CPT	85475	Hemolysin, acid	32
CPT	85520	Heparin assay	47
CPT	85525	Heparin neutralization	43
CPT	85530	Heparin-protamine tolerance test	51
CPT	85536	Iron stain, peripheral blood	23
CPT	85540	Leukocyte alkaline phosphatase with count	31
CPT	85547	Mechanical fragility, RBC	31
CPT	85549	Muramidase	67
CPT	85555	Osmotic fragility, RBC; unincubated	24

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CPT	85557	Osmotic fragility, RBC; incubated	48
CPT	85576	Platelet, aggregation (in vitro), each agent	77
CPT	85597	Phospholipid neutralization; platelet	64
CPT	85598	Phospholipid neutralization; hexagonal phospholipid	46
CPT	85610	Prothrombin time;	14
CPT	85611	Prothrombin time; substitution, plasma fractions, each	14
CPT	85612	Russell viper venom time (includes venom); undiluted	34
CPT	85613	Russell viper venom time (includes venom); diluted	34
CPT	85635	Reptilase test	36
CPT	85651	Sedimentation rate, erythrocyte; non-automated	13
CPT	85652	Sedimentation rate, erythrocyte; automated	10
CPT	85660	Sickling of RBC, reduction	20
CPT	85670	Thrombin time; plasma	21
CPT	85675	Thrombin time; titer	25
CPT	85705	Thromboplastin inhibition, tissue	34
CPT	85730	Thromboplastin time, partial (PTT); plasma or whole blood	22
CPT	85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	23
CPT	85810	Viscosity	42
CPT	86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	25
CPT	86001	Allergen specific IgG quantitative or semiquantitative, each allergen	19
CPT	86003	Allergen specific IgE; quantitative or semiquantitative, each allergen	19
CPT	86005	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)	29
CPT	86021	Antibody identification; leukocyte antibodies	54
CPT	86022	Antibody identification; platelet antibodies	127
CPT	86023	Antibody identification; platelet associated immunoglobulin assay	45
CPT	86038	Antinuclear antibodies (ANA);	43
CPT	86039	Antinuclear antibodies (ANA); titer	40
CPT	86060	Antistreptolysin O; titer	27
CPT	86063	Antistreptolysin O; screen	21
CPT	86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	75
CPT	86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	75
CPT	86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	75
CPT	86140	C-reactive protein;	19
CPT	86141	C-reactive protein; high sensitivity (hsCRP)	46
CPT	86146	Beta 2 Glycoprotein I antibody, each	92
CPT	86147	Cardiolipin (phospholipid) antibody, each Ig class	92
CPT	86148	Anti-phosphatidylserine (phospholipid) antibody	57
CPT	86155	Chemotaxis assay, specify method	57
CPT	86156	Cold agglutinin; screen	24
CPT	86157	Cold agglutinin; titer	29
CPT	86160	Complement; antigen, each component	43

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CPT	86161	Complement; functional activity, each component	43
CPT	86162	Complement; total hemolytic (CH50)	73
CPT	86171	Complement fixation tests, each antigen	36
CPT	86185	Counterimmunoelectrophoresis, each antigen	32
CPT	86200	Cyclic citrullinated peptide (CCP), antibody	46
CPT	86215	Deoxyribonuclease, antibody	48
CPT	86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	50
CPT	86226	Deoxyribonucleic acid (DNA) antibody; single stranded	43
CPT	86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody	64
CPT	86243	Fc receptor	74
CPT	86255	Fluorescent noninfectious agent antibody; screen, each antibody	43
CPT	86256	Fluorescent noninfectious agent antibody; titer, each antibody	43
CPT	86277	Growth hormone, human (HGH), antibody	57
CPT	86280	Hemagglutination inhibition test (HAI)	29
CPT	86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	71
CPT	86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	75
CPT	86301	Immunoassay for tumor antigen, quantitative; CA 19-9	75
CPT	86304	Immunoassay for tumor antigen, quantitative; CA 125	75
CPT	86305	Human epididymis protein 4 (HE4)	54
CPT	86308	Heterophile antibodies; screening	19
CPT	86309	Heterophile antibodies; titer	23
CPT	86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	27
CPT	86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	75
CPT	86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	54
CPT	86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	46
CPT	86320	Immuno-electrophoresis; serum	81
CPT	86325	Immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	81
CPT	86327	Immuno-electrophoresis; crossed (2-dimensional assay)	81
CPT	86329	Immunodiffusion; not elsewhere specified	50
CPT	86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	43
CPT	86332	Immune complex assay	88
CPT	86334	Immunofixation electrophoresis; serum	81
CPT	86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	106
CPT	86336	Inhibin A	56
CPT	86337	Insulin antibodies	77
CPT	86340	Intrinsic factor antibodies	54
CPT	86341	Islet cell antibody	71
CPT	86343	Leukocyte histamine release test (LHR)	45
CPT	86344	Leukocyte phagocytosis	55
CPT	86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	351
CPT	86353	Lymphocyte transformation, mitogen (phytomitogen) or	176

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		antigen induced blastogenesis	
CPT	86355	B cells, total count	136
CPT	86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	96
CPT	86357	Natural killer (NK) cells, total count	136
CPT	86359	T cells; total count	136
CPT	86360	T cells; absolute CD4 and CD8 count, including ratio	169
CPT	86361	T cells; absolute CD4 count	96
CPT	86367	Stem cells (ie, CD34), total count	136
CPT	86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	53
CPT	86378	Migration inhibitory factor test (MIF)	71
CPT	86382	Neutralization test, viral	61
CPT	86384	Nitroblue tetrazolium dye test (NTD)	79
CPT	86403	Particle agglutination; screen, each antibody	36
CPT	86406	Particle agglutination; titer, each antibody	39
CPT	86430	Rheumatoid factor; qualitative	20
CPT	86431	Rheumatoid factor; quantitative	20
CPT	86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	223
CPT	86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	160
CPT	86485	Skin test; candida	44
CPT	86490	Skin test; coccidioidomycosis	18
CPT	86510	Skin test; histoplasmosis	18
CPT	86580	Skin test; tuberculosis, intradermal	22
CPT	86590	Streptokinase, antibody	40
CPT	86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	15
CPT	86593	Syphilis test, non-treponemal antibody; quantitative	16
CPT	86602	Antibody; actinomyces	36
CPT	86603	Antibody; adenovirus	46
CPT	86606	Antibody; Aspergillus	54
CPT	86609	Antibody; bacterium, not elsewhere specified	46
CPT	86611	Antibody; Bartonella	36
CPT	86612	Antibody; Blastomyces	46
CPT	86615	Antibody; Bordetella	48
CPT	86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	56
CPT	86618	Antibody; Borrelia burgdorferi (Lyme disease)	61
CPT	86619	Antibody; Borrelia (relapsing fever)	48
CPT	86622	Antibody; Brucella	32
CPT	86625	Antibody; Campylobacter	47
CPT	86628	Antibody; Candida	83
CPT	86631	Antibody; Chlamydia	43
CPT	86632	Antibody; Chlamydia, IgM	46
CPT	86635	Antibody; Coccidioides	41
CPT	86638	Antibody; Coxiella burnetii (Q fever)	43
CPT	86641	Antibody; Cryptococcus	52
CPT	86644	Antibody; cytomegalovirus (CMV)	50
CPT	86645	Antibody; cytomegalovirus (CMV), IgM	60
CPT	86648	Antibody; Diphtheria	55
CPT	86651	Antibody; encephalitis, California (La Crosse)	48
CPT	86652	Antibody; encephalitis, Eastern equine	48
CPT	86653	Antibody; encephalitis, St. Louis	48
CPT	86654	Antibody; encephalitis, Western equine	48

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CPT	86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	47
CPT	86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	47
CPT	86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	55
CPT	86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	65
CPT	86666	Antibody; Ehrlichia	70
CPT	86668	Antibody; Francisella tularensis	37
CPT	86671	Antibody; fungus, not elsewhere specified	44
CPT	86674	Antibody; Giardia lamblia	53
CPT	86677	Antibody; Helicobacter pylori	53
CPT	86682	Antibody; helminth, not elsewhere specified	47
CPT	86684	Antibody; Haemophilus influenza	57
CPT	86687	Antibody; HTLV-I	30
CPT	86688	Antibody; HTLV-II	50
CPT	86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	69
CPT	86692	Antibody; hepatitis, delta agent	62
CPT	86694	Antibody; herpes simplex, non-specific type test	52
CPT	86695	Antibody; herpes simplex, type 1	48
CPT	86696	Antibody; herpes simplex, type 2	69
CPT	86698	Antibody; histoplasma	45
CPT	86701	Antibody; HIV-1	32
CPT	86702	Antibody; HIV-2	48
CPT	86703	Antibody; HIV-1 and HIV-2, single assay	44
CPT	86704	Hepatitis B core antibody (HBcAb); total	43
CPT	86705	Hepatitis B core antibody (HBcAb); IgM antibody	42
CPT	86706	Hepatitis B surface antibody (HBsAb)	39
CPT	86707	Hepatitis Be antibody (HBeAb)	41
CPT	86708	Hepatitis A antibody (HAAb); total	45
CPT	86709	Hepatitis A antibody (HAAb); IgM antibody	41
CPT	86710	Antibody; influenza virus	49
CPT	86713	Antibody; Legionella	106
CPT	86717	Antibody; Leishmania	44
CPT	86720	Antibody; Leptospira	48
CPT	86723	Antibody; Listeria monocytogenes	48
CPT	86727	Antibody; lymphocytic choriomeningitis	46
CPT	86729	Antibody; lymphogranuloma venereum	43
CPT	86732	Antibody; mucormycosis	48
CPT	86735	Antibody; mumps	47
CPT	86738	Antibody; mycoplasma	48
CPT	86741	Antibody; Neisseria meningitidis	48
CPT	86744	Antibody; Nocardia	48
CPT	86747	Antibody; parvovirus	54
CPT	86750	Antibody; Plasmodium (malaria)	48
CPT	86753	Antibody; protozoa, not elsewhere specified	45
CPT	86756	Antibody; respiratory syncytial virus	46
CPT	86757	Antibody; Rickettsia	69
CPT	86759	Antibody; rotavirus	48
CPT	86762	Antibody; rubella	52
CPT	86765	Antibody; rubeola	46
CPT	86768	Antibody; Salmonella	48
CPT	86771	Antibody; Shigella	48
CPT	86774	Antibody; tetanus	53
CPT	86777	Antibody; Toxoplasma	52
CPT	86778	Antibody; Toxoplasma, IgM	52
CPT	86780	Antibody; Treponema pallidum	34

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CPT	86784	Antibody; Trichinella	45
CPT	86787	Antibody; varicella-zoster	46
CPT	86788	Antibody; West Nile virus, IgM	60
CPT	86789	Antibody; West Nile virus	52
CPT	86790	Antibody; virus, not elsewhere specified	46
CPT	86793	Antibody; Yersinia	48
CPT	86800	Thyroglobulin antibody	57
CPT	86803	Hepatitis C antibody;	46
CPT	86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	56
CPT	86805	Lymphocytotoxicity assay, visual crossmatch; with titration	188
CPT	86806	Lymphocytotoxicity assay, visual crossmatch; without titration	171
CPT	86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	142
CPT	86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	106
CPT	86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	92
CPT	86813	HLA typing; A, B, or C, multiple antigens	209
CPT	86816	HLA typing; DR/DQ, single antigen	100
CPT	86817	HLA typing; DR/DQ, multiple antigens	231
CPT	86821	HLA typing; lymphocyte culture, mixed (MLC)	203
CPT	86822	HLA typing; lymphocyte culture, primed (PLC)	132
CPT	86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	208
CPT	86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	69
CPT	86850	Antibody screen, RBC, each serum technique	54
CPT	86860	Antibody elution (RBC), each elution	65
CPT	86870	Antibody identification, RBC antibodies, each panel for each serum technique	101
CPT	86880	Antihuman globulin test (Coombs test); direct, each antiserum	20
CPT	86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	20
CPT	86886	Antihuman globulin test (Coombs test); indirect, each antibody titer	19
CPT	86890	Autologous blood or component, collection processing and storage; predeposited	218
CPT	86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	340
CPT	86900	Blood typing; ABO	11
CPT	86901	Blood typing; Rh (D)	11
CPT	86902	Blood typing; antigen testing of donor blood using reagent serum, each antigen test	10
CPT	86904	Blood typing; antigen screening for compatible unit using patient serum, per unit screened	34
CPT	86905	Blood typing; RBC antigens, other than ABO or Rh (D), each	14
CPT	86906	Blood typing; Rh phenotyping, complete	28
CPT	86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	60
CPT	86911	Blood typing, for paternity testing, per individual; each additional antigen system	52
CPT	86920	Compatibility test each unit; immediate spin technique	89

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CPT	86921	Compatibility test each unit; incubation technique	73
CPT	86922	Compatibility test each unit; antiglobulin technique	82
CPT	86923	Compatibility test each unit; electronic	65
CPT	86927	Fresh frozen plasma, thawing, each unit	35
CPT	86930	Frozen blood, each unit; freezing (includes preparation)	272
CPT	86931	Frozen blood, each unit; thawing	204
CPT	86932	Frozen blood, each unit; freezing (includes preparation) and thawing	272
CPT	86940	Hemolysins and agglutinins; auto, screen, each	29
CPT	86941	Hemolysins and agglutinins; incubated	43
CPT	86945	Irradiation of blood product, each unit	75
CPT	86950	Leukocyte transfusion	169
CPT	86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	75
CPT	86965	Pooling of platelets or other blood products	68
CPT	86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	54
CPT	86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	54
CPT	86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	87
CPT	86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	73
CPT	86976	Pretreatment of serum for use in RBC antibody identification; by dilution	82
CPT	86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	73
CPT	86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	73
CPT	86985	Splitting of blood or blood products, each unit	54
CPT	87001	Animal inoculation, small animal; with observation	48
CPT	87003	Animal inoculation, small animal; with observation and dissection	60
CPT	87015	Concentration (any type), for infectious agents	24
CPT	87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	37
CPT	87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	34
CPT	87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	34
CPT	87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	31
CPT	87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	34
CPT	87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except	34

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		urine, blood or stool	
CPT	87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	34
CPT	87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	29
CPT	87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	29
CPT	87081	Culture, presumptive, pathogenic organisms, screening only;	24
CPT	87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	31
CPT	87086	Culture, bacterial; quantitative colony count, urine	29
CPT	87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	29
CPT	87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	28
CPT	87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	30
CPT	87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	32
CPT	87106	Culture, fungi, definitive identification, each organism; yeast	37
CPT	87107	Culture, fungi, definitive identification, each organism; mold	37
CPT	87109	Culture, mycoplasma, any source	55
CPT	87110	Culture, chlamydia, any source	71
CPT	87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	39
CPT	87118	Culture, mycobacterial, definitive identification, each isolate	39
CPT	87140	Culture, typing; immunofluorescent method, each antiserum	20
CPT	87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	45
CPT	87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	19
CPT	87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	72
CPT	87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	91
CPT	87152	Culture, typing; identification by pulse field gel typing	19
CPT	87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	298
CPT	87158	Culture, typing; other methods	19
CPT	87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	39
CPT	87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	41
CPT	87168	Macroscopic examination; arthropod	15
CPT	87169	Macroscopic examination; parasite	15
CPT	87172	Pinworm exam (eg, cellophane tape prep)	15
CPT	87176	Homogenization, tissue, for culture	21

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	87177	Ova and parasites, direct smears, concentration and identification	32
CPT	87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	17
CPT	87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	25
CPT	87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	17
CPT	87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	31
CPT	87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	37
CPT	87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	24
CPT	87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	20
CPT	87197	Serum bactericidal titer (Schlichter test)	54
CPT	87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	15
CPT	87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	20
CPT	87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	22
CPT	87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	64
CPT	87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	15
CPT	87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	30
CPT	87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	71
CPT	87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	70
CPT	87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	94
CPT	87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	73
CPT	87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	70
CPT	87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	122
CPT	87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	43
CPT	87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	43
CPT	87267	Infectious agent antigen detection by immunofluorescent	43

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	87269	technique; Enterovirus, direct fluorescent antibody (DFA)	43
CPT	87270	Infectious agent antigen detection by immunofluorescent technique; giardia	43
CPT	87271	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	43
CPT	87272	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	43
CPT	87273	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	43
CPT	87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	43
CPT	87275	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	43
CPT	87276	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	43
CPT	87277	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	43
CPT	87278	Infectious agent antigen detection by immunofluorescent technique; Legionella micdadei	43
CPT	87279	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	43
CPT	87280	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	43
CPT	87281	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	43
CPT	87283	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	43
CPT	87285	Infectious agent antigen detection by immunofluorescent technique; Rubeola	43
CPT	87290	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	43
CPT	87299	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	43
CPT	87300	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	43
CPT	87301	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	43
CPT	87305	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40/41	43
CPT	87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Aspergillus	43
CPT	87324	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	43
CPT	87327	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Clostridium difficile toxin(s)	43
CPT	87328	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Cryptococcus neoformans	43

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	87329	method; cryptosporidium Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; giardia	43
CPT	87332	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; cytomegalovirus	43
CPT	87335	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Escherichia coli 0157	43
CPT	87336	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Entamoeba histolytica dispar group	43
CPT	87337	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Entamoeba histolytica group	43
CPT	87338	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool	52
CPT	87339	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori	43
CPT	87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	34
CPT	87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization	37
CPT	87350	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)	41
CPT	87380	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis, delta agent	59
CPT	87385	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Histoplasma capsulatum	43
CPT	87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1	64
CPT	87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2	64
CPT	87400	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Influenza, A or B, each	43
CPT	87420	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; respiratory syncytial virus	43
CPT	87425	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; rotavirus	43
CPT	87427	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Shiga-like toxin	43
CPT	87430	Infectious agent antigen detection by enzyme immunoassay	43

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	87449	technique, qualitative or semiquantitative, multiple-step method; Streptococcus, group A	43
CPT	87450	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism	34
CPT	87451	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; single step method, not otherwise specified, each organism	34
CPT	87470	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum	72
CPT	87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique	126
CPT	87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	154
CPT	87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	72
CPT	87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	126
CPT	87477	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, quantification	154
CPT	87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	72
CPT	87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	126
CPT	87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	150
CPT	87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	72
CPT	87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	126
CPT	87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	154
CPT	87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	72
CPT	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	126
CPT	87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	125
CPT	87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	91
CPT	87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	72
CPT	87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	126
CPT	87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	154
CPT	87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique	126
CPT	87500	Infectious agent detection by nucleic acid (DNA or RNA);	126

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CPT	87501	vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	133
CPT	87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, reverse transcription and amplified probe technique, each type or subtype	220
CPT	87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, reverse transcription and amplified probe technique, first 2 types or sub-types	54
CPT	87510	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)	72
CPT	87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	126
CPT	87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	150
CPT	87515	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	72
CPT	87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique	126
CPT	87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	154
CPT	87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	72
CPT	87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	126
CPT	87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique	154
CPT	87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification	72
CPT	87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	126
CPT	87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	150
CPT	87528	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	72
CPT	87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	126
CPT	87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	154
CPT	87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	72
CPT	87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	126
CPT	87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	150
CPT	87534	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	72
CPT	87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	126
CPT	87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	306
		HIV-1, quantification	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	72
CPT	87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique	126
CPT	87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification	154
CPT	87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	72
CPT	87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	126
CPT	87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	150
CPT	87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	72
CPT	87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	126
CPT	87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	154
CPT	87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	72
CPT	87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	126
CPT	87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	154
CPT	87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	72
CPT	87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	126
CPT	87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	154
CPT	87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	72
CPT	87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	126
CPT	87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	150
CPT	87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	72
CPT	87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	126
CPT	87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	154
CPT	87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	72
CPT	87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	126
CPT	87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	150
CPT	87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	126
CPT	87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	126
CPT	87650	Infectious agent detection by nucleic acid (DNA or RNA);	72

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	87651	Streptococcus, group A, direct probe technique	126
CPT	87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	150
CPT	87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	126
CPT	87660	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	72
CPT	87797	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	72
CPT	87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	126
CPT	87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	154
CPT	87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	144
CPT	87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	252
CPT	87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B	43
CPT	87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A	43
CPT	87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	43
CPT	87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	43
CPT	87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis	43
CPT	87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	43
CPT	87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	43
CPT	87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	43
CPT	87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	43
CPT	87899	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified	43
CPT	87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	468
CPT	87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	925
CPT	87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	925
CPT	87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	1,755
CPT	87904	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure)	94
CPT	87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	32

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion)	333
CPT	88000	Necropsy (autopsy), gross examination only; without CNS	674
CPT	88005	Necropsy (autopsy), gross examination only; with brain	775
CPT	88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	843
CPT	88012	Necropsy (autopsy), gross examination only; infant with brain	606
CPT	88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	606
CPT	88016	Necropsy (autopsy), gross examination only; macerated stillborn	775
CPT	88020	Necropsy (autopsy), gross and microscopic; without CNS	1,045
CPT	88025	Necropsy (autopsy), gross and microscopic; with brain	1,146
CPT	88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	1,248
CPT	88028	Necropsy (autopsy), gross and microscopic; infant with brain	606
CPT	88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	606
CPT	88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	337
CPT	88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	269
CPT	88040	Necropsy (autopsy); forensic examination	1,686
CPT	88045	Necropsy (autopsy); coroner's call	169
CPT	88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	225
CPT	88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	266
CPT	88107	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears and simple filter preparation with interpretation	353
CPT	88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	260
CPT	88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	338
CPT	88125	Cytopathology, forensic (eg, sperm)	61
CPT	88130	Sex chromatin identification; Barr bodies	54
CPT	88140	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks	29
CPT	88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	103
CPT	88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	73
CPT	88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	73
CPT	88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	41
CPT	88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician	55

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		supervision	
CPT	88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	38
CPT	88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	38
CPT	88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	38
CPT	88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	38
CPT	88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)	22
CPT	88160	Cytopathology, smears, any other source; screening and interpretation	182
CPT	88161	Cytopathology, smears, any other source; preparation, screening and interpretation	201
CPT	88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	300
CPT	88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	38
CPT	88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	38
CPT	88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	38
CPT	88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	38
CPT	88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site	182
CPT	88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	161
CPT	88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	77
CPT	88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	95
CPT	88182	Flow cytometry, cell cycle or DNA analysis	359
CPT	88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	313
CPT	88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	191
CPT	88187	Flow cytometry, interpretation; 2 to 8 markers	222
CPT	88188	Flow cytometry, interpretation; 9 to 15 markers	269
CPT	88189	Flow cytometry, interpretation; 16 or more markers	341
CPT	88230	Tissue culture for non-neoplastic disorders; lymphocyte	419

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	505
CPT	88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	529
CPT	88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	454
CPT	88239	Tissue culture for neoplastic disorders; solid tumor	530
CPT	88240	Cryopreservation, freezing and storage of cells, each cell line	36
CPT	88241	Thawing and expansion of frozen cells, each aliquot	36
CPT	88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	535
CPT	88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	622
CPT	88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	622
CPT	88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	635
CPT	88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	447
CPT	88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	540
CPT	88264	Chromosome analysis; analyze 20-25 cells	447
CPT	88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	645
CPT	88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	597
CPT	88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	77
CPT	88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	96
CPT	88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	116
CPT	88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	125
CPT	88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	144
CPT	88280	Chromosome analysis; additional karyotypes, each study	90
CPT	88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	246
CPT	88285	Chromosome analysis; additional cells counted, each study	69
CPT	88289	Chromosome analysis; additional high resolution study	124
CPT	88291	Cytogenetics and molecular cytogenetics, interpretation and report	101
CPT	88300	Level I - Surgical pathology, gross examination only	83
CPT	88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization, Fingers/toes, amputation, traumatic, Foreskin, newborn, Hernia sac, any location, Hydrocele sac, Nerve, Skin, plastic repair, Sympathetic ganglion, Testis, castration, Vaginal mucosa, incidental, Vas deferens, sterilization	182
CPT	88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced, Abscess, Aneurysm -	217

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		arterial/ventricular, Anus, tag, Appendix, other than incidental, Artery, atheromatous plaque, Bartholin's gland cyst, Bone fragment(s), other than pathologic fracture, Bursa/synovial cyst, Carpal tunnel tissue, Cartilage, shavings, Cholesteatoma, Colon, colostomy stoma, Conjunctiva - biopsy/pterygium, Cornea, Diverticulum - esophagus/small intestine, Dupuytren's contracture tissue, Femoral head, other than fracture, Fissure/fistula, Foreskin, other than newborn, Gallbladder, Ganglion cyst, Hematoma, Hemorrhoids, Hydatid of Morgagni, Intervertebral disc, Joint, loose body, Meniscus, Mucocele, salivary, Neuroma - Morton's/traumatic, Pilonidal cyst/sinus, Polyps, inflammatory - nasal/sinusoidal, Skin - cyst/tag/debridement, Soft tissue, debridement, Soft tissue, lipoma, Spermatocoele, Tendon/tendon sheath, Testicular appendage, Thrombus or embolus, Tonsil and/or adenoids, Varicocele, Vas deferens, other than sterilization, Vein, varicosity	
CPT	88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed, Artery, biopsy, Bone marrow, biopsy, Bone exostosis, Brain/meninges, other than for tumor resection, Breast, biopsy, not requiring microscopic evaluation of surgical margins, Breast, reduction mammoplasty, Bronchus, biopsy, Cell block, any source, Cervix, biopsy, Colon, biopsy, Duodenum, biopsy, Endocervix, curettings/biopsy, Endometrium, curettings/biopsy, Esophagus, biopsy, Extremity, amputation, traumatic, Fallopian tube, biopsy, Fallopian tube, ectopic pregnancy, Femoral head, fracture, Fingers/toes, amputation, non-traumatic, Gingiva/oral mucosa, biopsy, Heart valve, Joint, resection, Kidney, biopsy, Larynx, biopsy, Leiomyoma(s), uterine myomectomy - without uterus, Lip, biopsy/wedge resection, Lung, transbronchial biopsy, Lymph node, biopsy, Muscle, biopsy, Nasal mucosa, biopsy, Nasopharynx/oropharynx, biopsy, Nerve, biopsy, Odontogenic/dental cyst, Omentum, biopsy, Ovary with or without tube, non-neoplastic, Ovary, biopsy/wedge resection, Parathyroid gland, Peritoneum, biopsy, Pituitary tumor, Placenta, other than third trimester, Pleura/pericardium - biopsy/tissue, Polyp, cervical/endometrial, Polyp, colorectal, Polyp, stomach/small intestine, Prostate, needle biopsy, Prostate, TUR, Salivary gland, biopsy, Sinus, paranasal biopsy, Skin, other than cyst/tag/debridement/plastic repair, Small intestine, biopsy, Soft tissue, other than tumor/mass/lipoma/debridement, Spleen, Stomach, biopsy, Synovium, Testis, other than tumor/biopsy/castration, Thyroglossal duct/brachial cleft cyst, Tongue, biopsy, Tonsil, biopsy, Trachea, biopsy, Ureter, biopsy, Urethra, biopsy, Urinary bladder, biopsy, Uterus, with or without tubes and ovaries, for prolapse, Vagina, biopsy, Vulva/labia, biopsy	361
CPT	88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection, Bone - biopsy/curettings, Bone fragment(s), pathologic fracture, Brain, biopsy, Brain/meninges, tumor resection, Breast, excision of lesion,	770

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		requiring microscopic evaluation of surgical margins, Breast, mastectomy - partial/simple, Cervix, conization, Colon, segmental resection, other than for tumor, Extremity, amputation, non-traumatic, Eye, enucleation, Kidney, partial/total nephrectomy, Larynx, partial/total resection, Liver, biopsy - needle/wedge, Liver, partial resection, Lung, wedge biopsy, Lymph nodes, regional resection, Mediastinum, mass, Myocardium, biopsy, Odontogenic tumor, Ovary with or without tube, neoplastic, Pancreas, biopsy, Placenta, third trimester, Prostate, except radical resection, Salivary gland, Sentinel lymph node, Small intestine, resection, other than for tumor, Soft tissue mass (except lipoma) - biopsy/simple excision, Stomach - subtotal/total resection, other than for tumor, Testis, biopsy, Thymus, tumor, Thyroid, total/lobe, Ureter, resection, Urinary bladder, TUR, Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	
CPT	88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection, Breast, mastectomy - with regional lymph nodes, Colon, segmental resection for tumor, Colon, total resection, Esophagus, partial/total resection, Extremity, disarticulation, Fetus, with dissection, Larynx, partial/total resection - with regional lymph nodes, Lung - total/lobe/segment resection, Pancreas, total/subtotal resection, Prostate, radical resection, Small intestine, resection for tumor, Soft tissue tumor, extensive resection, Stomach - subtotal/total resection for tumor, Testis, tumor, Tongue/tonsil -resection for tumor, Urinary bladder, partial/total resection, Uterus, with or without tubes and ovaries, neoplastic, Vulva, total/subtotal resection	1,146
CPT	88311	Decalcification procedure (List separately in addition to code for surgical pathology examination)	62
CPT	88312	Special stains; Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), including interpretation and report, each	361
CPT	88313	Special stains; Group II, all other (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, including interpretation and report, each	278
CPT	88314	Special stains; histochemical staining with frozen section(s), including interpretation and report (List separately in addition to code for primary procedure)	308
CPT	88318	Determinative histochemistry to identify chemical components (eg, copper, zinc)	427
CPT	88319	Determinative histochemistry or cytochemistry to identify enzyme constituents, each	478
CPT	88321	Consultation and report on referred slides prepared elsewhere	300
CPT	88323	Consultation and report on referred material requiring preparation of slides	517
CPT	88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	625
CPT	88329	Pathology consultation during surgery;	59
CPT	88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	312
CPT	88332	Pathology consultation during surgery; each additional	139

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		tissue block with frozen section(s) (List separately in addition to code for primary procedure)	
CPT	88333	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site	327
CPT	88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	195
CPT	88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody	365
CPT	88346	Immunofluorescent study, each antibody; direct method	354
CPT	88347	Immunofluorescent study, each antibody; indirect method	279
CPT	88348	Electron microscopy; diagnostic	2,504
CPT	88349	Electron microscopy; scanning	1,290
CPT	88355	Morphometric analysis; skeletal muscle	654
CPT	88356	Morphometric analysis; nerve	1,078
CPT	88358	Morphometric analysis; tumor (eg, DNA ploidy)	279
CPT	88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	427
CPT	88361	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology	522
CPT	88362	Nerve teasing preparations	921
CPT	88365	In situ hybridization (eg, FISH), each probe	577
CPT	88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology	828
CPT	88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual	816
CPT	88371	Protein analysis of tissue by Western Blot, with interpretation and report;	80
CPT	88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	82
CPT	88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	548
CPT	88381	Microdissection (ie, sample preparation of microscopically identified target); manual	721
CPT	88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes	1,196
CPT	88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes	2,161
CPT	88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes	2,202
CPT	88720	Bilirubin, total, transcutaneous	18
CPT	88738	Hemoglobin (Hgb), quantitative, transcutaneous	13
CPT	88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	13
CPT	88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	13
CPT	89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	631
CPT	89050	Cell count, miscellaneous body fluids (eg, cerebrospinal	17

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	89051	fluid, joint fluid), except blood; Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	20
CPT	89055	Leukocyte assessment, fecal, qualitative or semiquantitative	15
CPT	89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	26
CPT	89125	Fat stain, feces, urine, or respiratory secretions	15
CPT	89160	Meat fibers, feces	13
CPT	89190	Nasal smear for eosinophils	17
CPT	89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)	49
CPT	89230	Sweat collection by iontophoresis	11
CPT	89250	Culture of oocyte(s)/embryo(s), less than 4 days;	5,876
CPT	89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	6,111
CPT	89259	Cryopreservation; sperm	1,300
CPT	89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	20
CPT	89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	10,400
CPT	89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	10,400
CPT	89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	32
CPT	89310	Semen analysis; motility and count (not including Huhner test)	31
CPT	89320	Semen analysis; volume, count, motility, and differential	43
CPT	89321	Semen analysis; sperm presence and motility of sperm, if performed	43
CPT	89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	56
CPT	89325	Sperm antibodies	39
CPT	89329	Sperm evaluation; hamster penetration test	76
CPT	89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	36
CPT	89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	71
CPT	89343	Storage (per year); sperm/semen	650
CPT	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	28
CPT	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure)	13
CPT	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	20
CPT	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	20

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	11
CPT	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	11
CPT	90801	Psychiatric diagnostic interview examination	568
CPT	90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	631
CPT	90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	231
CPT	90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	270
CPT	90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	304
CPT	90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	373
CPT	90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	448
CPT	90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	521
CPT	90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;	234
CPT	90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	307
CPT	90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	333
CPT	90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other	405

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	
CPT	90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	476
CPT	90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	580
CPT	90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	197
CPT	90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	238
CPT	90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	293
CPT	90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	341
CPT	90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	434
CPT	90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	490
CPT	90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	215
CPT	90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	257
CPT	90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other	313

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	
CPT	90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	357
CPT	90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	452
CPT	90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	506
CPT	90845	Psychoanalysis	292
CPT	90846	Family psychotherapy (without the patient present)	304
CPT	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	381
CPT	90849	Multiple-family group psychotherapy	127
CPT	90853	Group psychotherapy (other than of a multiple-family group)	120
CPT	90857	Interactive group psychotherapy	140
CPT	90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	219
CPT	90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	600
CPT	90870	Electroconvulsive therapy (includes necessary monitoring)	628
CPT	90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	269
CPT	90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 45-50 minutes	400
CPT	90880	Hypnotherapy	355
CPT	90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	316
CPT	90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	187
CPT	90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or	326

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	90889	advising them how to assist patient Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers	50
CPT	90901	Biofeedback training by any modality	71
CPT	90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	155
CPT	90935	Hemodialysis procedure with single physician evaluation	271
CPT	90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	387
CPT	90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	211
CPT	90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation	306
CPT	90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription	464
CPT	90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	3,501
CPT	90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	3,032
CPT	90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month	1,701
CPT	90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	1,180
CPT	90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	2,400
CPT	90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month	1,629
CPT	90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	1,101

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face physician visits per month	1,055
CPT	90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face physician visits per month	887
CPT	90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month	683
CPT	90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	2,028
CPT	90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	1,767
CPT	90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	1,684
CPT	90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	885
CPT	90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	98
CPT	90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	84
CPT	90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	83
CPT	90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	43
CPT	90989	Dialysis training, patient, including helper where applicable, any mode, completed course	506
CPT	90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	249
CPT	90997	Hemoperfusion (eg, with activated charcoal or resin)	334
CPT	91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; 2-dimensional data	647
CPT	91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during 2-dimensional data study (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)	87
CPT	91020	Gastric motility (manometric) studies	859
CPT	91022	Duodenal motility (manometric) study	631

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	506
CPT	91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	687
CPT	91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	1,738
CPT	91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	590
CPT	91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	835
CPT	91040	Esophageal balloon distension provocation study	1,028
CPT	91065	Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	256
CPT	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report	3,227
CPT	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	2,602
CPT	91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	534
CPT	91120	Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	1,289
CPT	91122	Anorectal manometry	804
CPT	91132	Electrogastrography, diagnostic, transcutaneous;	264
CPT	91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	324
CPT	92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	105
CPT	92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	196
CPT	92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	112
CPT	92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	163
CPT	92015	Determination of refractive state	38
CPT	92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete	549
CPT	92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to	261

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	92020	facilitate diagnostic examination; limited Gonioscopy (separate procedure)	51
CPT	92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	138
CPT	92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	237
CPT	92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	194
CPT	92070	Fitting of contact lens for treatment of disease, including supply of lens	259
CPT	92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	173
CPT	92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	248
CPT	92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	330
CPT	92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	354
CPT	92120	Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method	288
CPT	92130	Tonography with water provocation	320
CPT	92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	136
CPT	92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	167
CPT	92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	167
CPT	92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	320
CPT	92140	Provocative tests for glaucoma, with interpretation and report, without tonography	228
CPT	92225	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	51
CPT	92226	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	46

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	43
CPT	92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	112
CPT	92230	Fluorescein angiography with interpretation and report	210
CPT	92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report	502
CPT	92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	891
CPT	92250	Fundus photography with interpretation and report	279
CPT	92260	Ophthalmodynamometry	34
CPT	92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	306
CPT	92270	Electro-oculography with interpretation and report	329
CPT	92275	Electroretinography with interpretation and report	566
CPT	92283	Color vision examination, extended, eg, anomaloscope or equivalent	191
CPT	92284	Dark adaptation examination with interpretation and report	211
CPT	92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)	90
CPT	92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count	443
CPT	92287	Special anterior segment photography with interpretation and report; with fluorescein angiography	446
CPT	92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	175
CPT	92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	189
CPT	92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	217
CPT	92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens	189
CPT	92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	143
CPT	92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye	139
CPT	92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	193
CPT	92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of	136

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	92325	fitting by independent technician; corneosccleral lens	138
CPT	92326	Modification of contact lens (separate procedure), with medical supervision of adaptation	59
CPT	92340	Replacement of contact lens	64
CPT	92341	Fitting of spectacles, except for aphakia; monofocal	73
CPT	92342	Fitting of spectacles, except for aphakia; bifocal	79
CPT	92352	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	73
CPT	92353	Fitting of spectacle prosthesis for aphakia; monofocal	85
CPT	92354	Fitting of spectacle prosthesis for aphakia; multifocal	22
CPT	92355	Fitting of spectacle mounted low vision aid; single element system	36
CPT	92358	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	38
CPT	92370	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	56
CPT	92371	Repair and refitting spectacles; except for aphakia	39
CPT	92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	319
CPT	92502	Otolaryngologic examination under general anesthesia	57
CPT	92504	Binocular microscopy (separate diagnostic procedure)	319
CPT	92506	Evaluation of speech, language, voice, communication, and/or auditory processing	131
CPT	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	48
CPT	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	299
CPT	92511	Nasopharyngoscopy with endoscope (separate procedure)	115
CPT	92512	Nasal function studies (eg, rhinomanometry)	131
CPT	92516	Facial nerve function studies (eg, electroneuronography)	275
CPT	92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	133
CPT	92526	Treatment of swallowing dysfunction and/or oral function for feeding	98
CPT	92531	Spontaneous nystagmus, including gaze	88
CPT	92532	Positional nystagmus test	141
CPT	92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	75
CPT	92534	Optokinetic nystagmus test	364
CPT	92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	140
CPT	92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	144
CPT	92542	Positional nystagmus test, minimum of 4 positions, with recording	67
CPT	92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	116
CPT	92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	111
CPT	92545	Oscillating tracking test, with recording	348
CPT	92546	Sinusoidal vertical axis rotational testing	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	92547	Use of vertical electrodes (List separately in addition to code for primary procedure)	20
CPT	92548	Computerized dynamic posturography	384
CPT	92550	Tympanometry and reflex threshold measurements	78
CPT	92551	Screening test, pure tone, air only	41
CPT	92552	Pure tone audiometry (threshold); air only	104
CPT	92553	Pure tone audiometry (threshold); air and bone	126
CPT	92555	Speech audiometry threshold;	73
CPT	92556	Speech audiometry threshold; with speech recognition	59
CPT	92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	139
CPT	92559	Audiometric testing of groups	91
CPT	92560	Bekesy audiometry; screening	54
CPT	92561	Bekesy audiometry; diagnostic	124
CPT	92562	Loudness balance test, alternate binaural or monaural	108
CPT	92563	Tone decay test	96
CPT	92564	Short increment sensitivity index (SISI)	86
CPT	92565	Stenger test, pure tone	47
CPT	92567	Tympanometry (impedance testing)	52
CPT	92568	Acoustic reflex testing, threshold	29
CPT	92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	60
CPT	92571	Filtered speech test	78
CPT	92572	Staggered spondaic word test	98
CPT	92575	Sensorineural acuity level test	191
CPT	92576	Synthetic sentence identification test	57
CPT	92577	Stenger test, speech	53
CPT	92579	Visual reinforcement audiometry (VRA)	164
CPT	92582	Conditioning play audiometry	200
CPT	92583	Select picture audiometry	131
CPT	92584	Electrocochleography	241
CPT	92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	452
CPT	92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	254
CPT	92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	130
CPT	92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	255
CPT	92590	Hearing aid examination and selection; monaural	165
CPT	92591	Hearing aid examination and selection; binaural	210
CPT	92592	Hearing aid check; monaural	65
CPT	92593	Hearing aid check; binaural	108
CPT	92594	Electroacoustic evaluation for hearing aid; monaural	63
CPT	92595	Electroacoustic evaluation for hearing aid; binaural	135
CPT	92596	Ear protector attenuation measurements	158
CPT	92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	169
CPT	92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	499
CPT	92602	Diagnostic analysis of cochlear implant, patient younger	304

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	92603	than 7 years of age; subsequent reprogramming Diagnostic analysis of cochlear implant, age 7 years or older; with programming	538
CPT	92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	320
CPT	92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	306
CPT	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	276
CPT	92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	152
CPT	92609	Therapeutic services for the use of speech-generating device, including programming and modification	331
CPT	92610	Evaluation of oral and pharyngeal swallowing function	292
CPT	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	320
CPT	92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;	629
CPT	92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only	145
CPT	92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	564
CPT	92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only	131
CPT	92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	757
CPT	92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only	162
CPT	92620	Evaluation of central auditory function, with report; initial 60 minutes	325
CPT	92621	Evaluation of central auditory function, with report; each additional 15 minutes	82
CPT	92625	Assessment of tinnitus (includes pitch, loudness matching, and masking)	259
CPT	92626	Evaluation of auditory rehabilitation status; first hour	329
CPT	92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)	40
CPT	92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	220
CPT	92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	1,054
CPT	92953	Temporary transcutaneous pacing	39
CPT	92960	Cardioversion, elective, electrical conversion of arrhythmia; external	767
CPT	92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	899
CPT	92970	Cardioassist-method of circulatory assist; internal	651
CPT	92971	Cardioassist-method of circulatory assist; external	344
CPT	92973	Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)	671

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	614
CPT	92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	1,489
CPT	92977	Thrombolysis, coronary; by intravenous infusion	193
CPT	92978	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)	340
CPT	92979	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)	208
CPT	92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	3,060
CPT	92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	851
CPT	92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	2,268
CPT	92984	Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	608
CPT	92986	Percutaneous balloon valvuloplasty; aortic valve	5,034
CPT	92987	Percutaneous balloon valvuloplasty; mitral valve	5,183
CPT	92990	Percutaneous balloon valvuloplasty; pulmonary valve	4,074
CPT	92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	1,220
CPT	92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	965
CPT	92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	2,496
CPT	92996	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	669
CPT	92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	2,472
CPT	92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	1,226
CPT	93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	65
CPT	93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	33
CPT	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	32
CPT	93015	Cardiovascular stress test using maximal or submaximal	301

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report	
CPT	93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report	82
CPT	93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	164
CPT	93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	55
CPT	93024	Ergonovine provocation test	397
CPT	93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	569
CPT	93040	Rhythm ECG, 1-3 leads; with interpretation and report	46
CPT	93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	19
CPT	93042	Rhythm ECG, 1-3 leads; interpretation and report only	27
CPT	93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, physician review and interpretation	322
CPT	93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	93
CPT	93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	131
CPT	93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; physician review and interpretation	98
CPT	93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report	97
CPT	93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports	2,554
CPT	93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download	792

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	93270	capability up to 30 days, 24-hour attended monitoring; includes transmission, physician review and interpretation External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	32
CPT	93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission download and analysis	668
CPT	93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; physician review and interpretation	93
CPT	93278	Signal-averaged electrocardiography (SAECG), with or without ECG	112
CPT	93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system	178
CPT	93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead pacemaker system	205
CPT	93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system	240
CPT	93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead implantable cardioverter-defibrillator system	222
CPT	93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead implantable cardioverter-defibrillator system	287
CPT	93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead implantable cardioverter-defibrillator system	315
CPT	93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; implantable loop recorder system	145

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system	93
CPT	93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead implantable cardioverter-defibrillator system	124
CPT	93288	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	131
CPT	93289	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements	232
CPT	93290	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	110
CPT	93291	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis	126
CPT	93292	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	115
CPT	93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days	202
CPT	93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)	176
CPT	93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)	351
CPT	93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	89
CPT	93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)	96
CPT	93298	Interrogation device evaluation(s), (remote) up to 30 days;	104

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)	
CPT	93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	711
CPT	93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	465
CPT	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	683
CPT	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	433
CPT	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	345
CPT	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	1,130
CPT	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	159
CPT	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	1,008
CPT	93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	1,014
CPT	93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	166
CPT	93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	634
CPT	93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	757
CPT	93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	192
CPT	93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	87
CPT	93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	83
CPT	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced	726

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	93351	stress, with interpretation and report; Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision	837
CPT	93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	116
CPT	93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	2,863
CPT	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	3,179
CPT	93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	4,160
CPT	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	3,278
CPT	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	3,825
CPT	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	4,102
CPT	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	4,649
CPT	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	3,956
CPT	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	4,369

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	4,676
CPT	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	5,357
CPT	93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	764
CPT	93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	405
CPT	93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	945
CPT	93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	503
CPT	93505	Endomyocardial biopsy	2,878
CPT	93530	Right heart catheterization, for congenital cardiac anomalies	1,084
CPT	93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	2,752
CPT	93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	2,801
CPT	93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	2,791
CPT	93561	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	156
CPT	93562	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	24
CPT	93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	210
CPT	93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for	214

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)	
CPT	93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	162
CPT	93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	634
CPT	93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)	524
CPT	93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	573
CPT	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)	964
CPT	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)	562
CPT	93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	3,729
CPT	93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	5,032
CPT	93600	Bundle of His recording	679
CPT	93602	Intra-atrial recording	197
CPT	93603	Right ventricular recording	643
CPT	93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	133
CPT	93610	Intra-atrial pacing	766
CPT	93612	Intraventricular pacing	796
CPT	93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	1,432
CPT	93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	226
CPT	93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	323
CPT	93618	Induction of arrhythmia by electrical pacing	1,367

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	2,505
CPT	93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	2,990
CPT	93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	538
CPT	93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	790
CPT	93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	730
CPT	93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	1,214
CPT	93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	1,898
CPT	93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;	1,679
CPT	93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	2,146
CPT	93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	1,373
CPT	93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	2,182
CPT	93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular	3,326

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	93652	connections or other atrial foci, singly or in combination	3,621
CPT	93660	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	552
CPT	93662	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	701
CPT	93668	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	33
CPT	93701	Peripheral arterial disease (PAD) rehabilitation, per session	84
CPT	93720	Bioimpedance-derived physiologic cardiovascular analysis	180
CPT	93721	Plethysmography, total body; with interpretation and report	149
CPT	93722	Plethysmography, total body; tracing only, without interpretation and report	31
CPT	93724	Plethysmography, total body; interpretation and report only	985
CPT	93740	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	33
CPT	93750	Temperature gradient studies	192
CPT	93770	Interrogation of ventricular assist device (VAD), in person, with physician analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report	33
CPT	93784	Determination of venous pressure	195
CPT	93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report	106
CPT	93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	28
CPT	93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report	70
CPT	93797	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report	30
CPT	93798	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	43
CPT	93875	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	378
CPT	93880	Noninvasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)	877
CPT	93882	Duplex scan of extracranial arteries; complete bilateral study	640
CPT	93886	Duplex scan of extracranial arteries; unilateral or limited study	1,285
CPT	93886	Transcranial Doppler study of the intracranial arteries; complete study	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	93888	Transcranial Doppler study of the intracranial arteries; limited study	768
CPT	93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	992
CPT	93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	1,251
CPT	93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	1,358
CPT	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements at 1-2 levels)	338
CPT	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)	526
CPT	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	669
CPT	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	1,112
CPT	93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	738
CPT	93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	888
CPT	93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	591
CPT	93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	446

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	600
CPT	93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	432
CPT	93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1,336
CPT	93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	767
CPT	93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	865
CPT	93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	599
CPT	93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	617
CPT	93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	404
CPT	93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	155
CPT	93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	786
CPT	94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	350
CPT	94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	250
CPT	94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	182
CPT	94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more	343
CPT	94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	130
CPT	94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	371
CPT	94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	572
CPT	94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	117
CPT	94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of	175

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation	
CPT	94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	83
CPT	94016	Patient-initiated spirometric recording per 30-day period of time; physician review and interpretation only	92
CPT	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	224
CPT	94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	222
CPT	94150	Vital capacity, total (separate procedure)	45
CPT	94200	Maximum breathing capacity, maximal voluntary ventilation	89
CPT	94240	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method	145
CPT	94250	Expired gas collection, quantitative, single procedure (separate procedure)	45
CPT	94260	Thoracic gas volume	118
CPT	94350	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time	124
CPT	94360	Determination of resistance to airflow, oscillatory or plethysmographic methods	162
CPT	94370	Determination of airway closing volume, single breath tests	124
CPT	94375	Respiratory flow volume loop	141
CPT	94400	Breathing response to CO ₂ (CO ₂ response curve)	197
CPT	94450	Breathing response to hypoxia (hypoxia response curve)	237
CPT	94452	High altitude simulation test (HAST), with physician interpretation and report;	206
CPT	94453	High altitude simulation test (HAST), with physician interpretation and report; with supplemental oxygen titration	279
CPT	94610	Intrapulmonary surfactant administration by a physician through endotracheal tube	228
CPT	94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	199
CPT	94621	Pulmonary stress testing; complex (including measurements of CO ₂ production, O ₂ uptake, and electrocardiographic recordings)	585
CPT	94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	32
CPT	94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	146
CPT	94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	155
CPT	94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	52

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CPT	94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	225
CPT	94662	Continuous negative pressure ventilation (CNP), initiation and management	136
CPT	94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	31
CPT	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	43
CPT	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	83
CPT	94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	208
CPT	94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	181
CPT	94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	178
CPT	94720	Carbon monoxide diffusing capacity (eg, single breath, steady state)	186
CPT	94725	Membrane diffusion capacity	183
CPT	94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	292
CPT	94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	11
CPT	94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	17
CPT	94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	56
CPT	94770	Carbon dioxide, expired gas determination by infrared analyzer	47
CPT	95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests	24
CPT	95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests	34
CPT	95012	Nitric oxide expired gas determination	71
CPT	95015	Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests	57
CPT	95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests	27
CPT	95027	Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests	17
CPT	95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	24
CPT	95044	Patch or application test(s) (specify number of tests)	20

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CPT	95052	Photo patch test(s) (specify number of tests)	23
CPT	95056	Photo tests	158
CPT	95060	Ophthalmic mucous membrane tests	116
CPT	95065	Direct nasal mucous membrane test	42
CPT	95070	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	103
CPT	95071	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	158
CPT	95075	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)	241
CPT	95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	34
CPT	95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	20
CPT	95120	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection	53
CPT	95125	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 2 or more injections	22
CPT	95130	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single stinging insect venom	88
CPT	95131	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 2 stinging insect venoms	112
CPT	95132	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 3 stinging insect venoms	135
CPT	95133	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 4 stinging insect venoms	164
CPT	95134	Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; 5 stinging insect venoms	196
CPT	95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	24
CPT	95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	39
CPT	95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	72
CPT	95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	65
CPT	95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	97
CPT	95149	Professional services for the supervision of preparation and	130

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	95165	provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	24
CPT	95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	18
CPT	95180	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	512
CPT	95250	Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	555
CPT	95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	163
CPT	95800	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	771
CPT	95801	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	363
CPT	95803	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	609
CPT	95805	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	1,454
CPT	95806	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	614
CPT	95807	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	1,553
CPT	95808	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	2,340
CPT	95810	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist	2,198
CPT	95811	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2,306
CPT	95812	Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	1,169
CPT	95813	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	1,382
CPT	95816	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	1,066
CPT	95819	Electroencephalogram (EEG); including recording awake and drowsy	739
CPT	95822	Electroencephalogram (EEG); including recording awake and asleep	1,110
CPT	95822	Electroencephalogram (EEG); recording in coma or sleep only	

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	95824	Electroencephalogram (EEG); cerebral death evaluation only	336
CPT	95827	Electroencephalogram (EEG); all night recording	2,096
CPT	95829	Electrocorticogram at surgery (separate procedure)	5,149
CPT	95830	Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording	362
CPT	95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	112
CPT	95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	111
CPT	95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands	69
CPT	95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	183
CPT	95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	32
CPT	95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	29
CPT	95857	Cholinesterase inhibitor challenge test for myasthenia gravis	185
CPT	95860	Needle electromyography; 1 extremity with or without related paraspinal areas	358
CPT	95861	Needle electromyography; 2 extremities with or without related paraspinal areas	533
CPT	95863	Needle electromyography; 3 extremities with or without related paraspinal areas	644
CPT	95864	Needle electromyography; 4 extremities with or without related paraspinal areas	689
CPT	95865	Needle electromyography; larynx	469
CPT	95866	Needle electromyography; hemidiaphragm	423
CPT	95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	326
CPT	95868	Needle electromyography; cranial nerve supplied muscles, bilateral	443
CPT	95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	235
CPT	95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	229
CPT	95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	711
CPT	95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	233
CPT	95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	222
CPT	95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	429
CPT	95900	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	225

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CPT	95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	269
CPT	95904	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	199
CPT	95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	316
CPT	95920	Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)	623
CPT	95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	315
CPT	95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	394
CPT	95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	540
CPT	95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	606
CPT	95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	593
CPT	95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	587
CPT	95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	905
CPT	95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	957
CPT	95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	494
CPT	95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	294
CPT	95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	229
CPT	95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle	187
CPT	95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	266
CPT	95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	1,111
CPT	95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours	928

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CPT	95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	1,563
CPT	95954	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)	1,148
CPT	95955	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	653
CPT	95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	3,267
CPT	95957	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	1,318
CPT	95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	1,845
CPT	95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance	1,031
CPT	95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance (List separately in addition to code for primary procedure)	907
CPT	95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	2,501
CPT	95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	1,239
CPT	95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	1,043
CPT	95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	120
CPT	95971	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	213
CPT	95972	Electronic analysis of implanted neurostimulator pulse	406

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour	
CPT	95973	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	237
CPT	95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	733
CPT	95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	395
CPT	95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	889
CPT	95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	385
CPT	95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	178
CPT	95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration,	118

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	95982	configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	191
CPT	95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular);	274
CPT	95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician	220
CPT	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	161
CPT	96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	362
CPT	96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	372
CPT	96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	82
CPT	96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	74
CPT	96004	Physician review and interpretation of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	422
CPT	96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report	587
CPT	96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	161
CPT	96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	307
CPT	96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	263
CPT	96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	234

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	300
CPT	96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	32
CPT	96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	459
CPT	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	339
CPT	96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	334
CPT	96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	248
CPT	96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	333
CPT	96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	358
CPT	96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	74
CPT	96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	73
CPT	96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	69
CPT	96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	17
CPT	96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	68
CPT	96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	84
CPT	96360	Intravenous infusion, hydration; initial, 31 minutes to 1	71

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		hour	
CPT	96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	20
CPT	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	86
CPT	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	27
CPT	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)	41
CPT	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	24
CPT	96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	190
CPT	96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	20
CPT	96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	85
CPT	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	20
CPT	96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	20
CPT	96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	20
CPT	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	20
CPT	96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)	20
CPT	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	256
CPT	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	111
CPT	96405	Chemotherapy administration; intralesional, up to and including 7 lesions	249
CPT	96406	Chemotherapy administration; intralesional, more than 7 lesions	262
CPT	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	373
CPT	96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	210
CPT	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	478

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	104
CPT	96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	526
CPT	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	238
CPT	96420	Chemotherapy administration, intra-arterial; push technique	359
CPT	96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	573
CPT	96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	268
CPT	96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	614
CPT	96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	1,325
CPT	96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	664
CPT	96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	389
CPT	96521	Refilling and maintenance of portable pump	460
CPT	96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	377
CPT	96523	Irrigation of implanted venous access device for drug delivery systems	40
CPT	96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	258
CPT	96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session	480
CPT	96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	219
CPT	96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	99
CPT	96900	Actinotherapy (ultraviolet light)	35
CPT	96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	82
CPT	96904	Whole body integumentary photography, for monitoring of	233

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	
CPT	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	254
CPT	96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	326
CPT	96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	459
CPT	96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	319
CPT	96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	656
CPT	96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	924
CPT	97001	Physical therapy evaluation	138
CPT	97002	Physical therapy re-evaluation	77
CPT	97003	Occupational therapy evaluation	158
CPT	97004	Occupational therapy re-evaluation	190
CPT	97005	Athletic training evaluation	199
CPT	97006	Athletic training re-evaluation	99
CPT	97010	Application of a modality to 1 or more areas; hot or cold packs	22
CPT	97012	Application of a modality to 1 or more areas; traction, mechanical	29
CPT	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	29
CPT	97016	Application of a modality to 1 or more areas; vasopneumatic devices	34
CPT	97018	Application of a modality to 1 or more areas; paraffin bath	19
CPT	97022	Application of a modality to 1 or more areas; whirlpool	41
CPT	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	23
CPT	97026	Application of a modality to 1 or more areas; infrared	22
CPT	97028	Application of a modality to 1 or more areas; ultraviolet	27
CPT	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	34
CPT	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	57
CPT	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	32
CPT	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	23
CPT	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	59
CPT	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	58
CPT	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	61
CPT	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	77

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	51
CPT	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	47
CPT	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	54
CPT	97150	Therapeutic procedure(s), group (2 or more individuals)	38
CPT	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	63
CPT	97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	48
CPT	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	53
CPT	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	126
CPT	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	55
CPT	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	55
CPT	97545	Work hardening/conditioning; initial 2 hours	401
CPT	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	56
CPT	97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	135
CPT	97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	90
CPT	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical	42

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	97605	application(s), wound assessment, and instruction(s) for ongoing care, per session Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	76
CPT	97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	82
CPT	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	61
CPT	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes	132
CPT	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes	138
CPT	97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	60
CPT	97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	83
CPT	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	45
CPT	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	39
CPT	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	20
CPT	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	67
CPT	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	51
CPT	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	143
CPT	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	58
CPT	98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	59
CPT	98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	79
CPT	98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	103

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	119
CPT	98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	139
CPT	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	48
CPT	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	68
CPT	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	87
CPT	98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	45
CPT	98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	47
CPT	98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	46
CPT	98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	33
CPT	98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	19
CPT	98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	36
CPT	98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	53
CPT	98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management	38

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CPT	99050	service provided within the previous 7 days, using the Internet or similar electronic communications network Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	24
CPT	99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	28
CPT	99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	32
CPT	99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	50
CPT	99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time	210
CPT	99143	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time	315
CPT	99144	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time	263
CPT	99145	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)	105
CPT	99148	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time	289
CPT	99149	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time	236

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	99150	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)	105
CPT	99170	Anogenital examination with colposcopic magnification in childhood for suspected trauma	516
CPT	99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)	63
CPT	99173	Screening test of visual acuity, quantitative, bilateral	11
CPT	99174	Ocular photostrengthening with interpretation and report, bilateral	63
CPT	99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	43
CPT	99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	399
CPT	99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	564
CPT	99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	395
CPT	99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	282
CPT	99195	Phlebotomy, therapeutic (separate procedure)	169
CPT	99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	120
CPT	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	120
CPT	99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination;	240

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
CPT	99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	240
CPT	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	400
CPT	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	120
CPT	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	120
CPT	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	240
CPT	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at	240

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	99215	least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	400
CPT	99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	135
CPT	99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	183
CPT	99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	269
CPT	99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are	37

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		provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	
CPT	99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	66
CPT	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	99
CPT	99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	52
CPT	99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	96
CPT	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers	137

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	
CPT	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.	179
CPT	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.	236
CPT	99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.	293
CPT	99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	120
CPT	99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient	120

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CPT	99243	and/or family. Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	240
CPT	99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	240
CPT	99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	400
CPT	99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	63
CPT	99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	97
CPT	99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate	148

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	99254	severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit. Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	214
CPT	99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	258
CPT	99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	28
CPT	99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	56
CPT	99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	83
CPT	99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require	157

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CPT	99285	urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function. Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	228
CPT	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	358
CPT	99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	162
CPT	99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.	124
CPT	99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.	174
CPT	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.	222
CPT	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the	59

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	99308	<p>patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.</p> <p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.</p>	91
CPT	99309	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.</p>	119
CPT	99310	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.</p>	177
CPT	99318	<p>Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 30 minutes at the bedside and on the patient's facility floor or unit.</p>	127
CPT	99324	<p>Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually,</p>	74

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CPT	99325	the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver. Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	106
CPT	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	187
CPT	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	247
CPT	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	288
CPT	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	80

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	126
CPT	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	178
CPT	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	257
CPT	99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	102
CPT	99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care	143

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	
CPT	99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	73
CPT	99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	106
CPT	99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	176
CPT	99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	243
CPT	99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.	291

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	74
CPT	99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	112
CPT	99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	170
CPT	99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	236
CPT	99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)	400
CPT	99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged physician service)	400
CPT	99356	Prolonged physician service in the inpatient setting, requiring unit/floor time beyond the usual service; first hour	121

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		(List separately in addition to code for inpatient Evaluation and Management service)	
CPT	99357	Prolonged physician service in the inpatient setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged physician service)	121
CPT	99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; first hour	146
CPT	99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; each additional 30 minutes (List separately in addition to code for prolonged physician service)	70
CPT	99360	Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	82
CPT	99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)	165
CPT	99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)	56
CPT	99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	57
CPT	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	75
CPT	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	49
CPT	99374	Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	92
CPT	99375	Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring	138

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
		complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	
CPT	99379	Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	92
CPT	99380	Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	138
CPT	99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	122
CPT	99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	133
CPT	99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	133
CPT	99384	Initial comprehensive preventive medicine evaluation and	145

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TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
CPT	99385	management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	145
CPT	99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	169
CPT	99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	187
CPT	99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	105
CPT	99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	117
CPT	99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	116
CPT	99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	127
CPT	99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic	128

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CPT	99396	procedures, established patient; 18-39 years Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	140
CPT	99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	157
CPT	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	47
CPT	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	81
CPT	99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	114
CPT	99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	147
CPT	99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	19
CPT	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	36
CPT	99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	47
CPT	99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	91
CPT	99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	21
CPT	99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	27
CPT	99420	Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)	13
CPT	99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	19
CPT	99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	36
CPT	99443	Telephone evaluation and management service provided by	53

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		a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	
CPT	99444	Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	38
CPT	99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	81
CPT	99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	126
CPT	99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	43
CPT	99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	111
CPT	99464	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn	98
CPT	99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	174
CPT	99466	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	366
CPT	99467	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	163
CPT	99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	1,245
CPT	99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	542
CPT	99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	1,057
CPT	99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	535
CPT	99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	756
CPT	99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	462
CPT	99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions,	475

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		and other intensive care services	
CPT	99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	183
CPT	99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	177
CPT	99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	160
CPT	99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	250
CPT	99504	Home visit for mechanical ventilation care	250
CPT	99505	Home visit for stoma care and maintenance including colostomy and cystostomy	150
CPT	99506	Home visit for intramuscular injections	49
CPT	99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	150
CPT	99509	Home visit for assistance with activities of daily living and personal care	451
CPT	99512	Home visit for hemodialysis	331
CPT	99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	150
CPT	99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	75

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Price List for Healthcare Common Procedure Coding System

TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
HCPCS	A0160	Non-emergency transportation: per mile - case worker or social worker	5
HCPCS	A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	600
HCPCS	A0420	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments	50
HCPCS	A0425	Ground mileage, per statute mile	5
HCPCS	A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)	495
HCPCS	A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)	420
HCPCS	A0433	Advanced life support, level 2 (ALS 2)	705
HCPCS	A0434	Specialty care transport (SCT)	825
HCPCS	P9010	Blood (whole), for transfusion, per unit	825
HCPCS	P9011	Blood, split unit	825
HCPCS	P9012	Cryoprecipitate, each unit	250
HCPCS	P9016	Red blood cells, leukocytes reduced, each unit	825
HCPCS	P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit	450
HCPCS	P9019	Platelets, each unit	150
HCPCS	P9020	Platelet rich plasma, each unit	450
HCPCS	P9021	Red blood cells, each unit	825
HCPCS	P9022	Red blood cells, washed, each unit	825
HCPCS	P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	450
HCPCS	P9031	Platelets, leukocytes reduced, each unit	150
HCPCS	P9032	Platelets, irradiated, each unit	150
HCPCS	P9033	Platelets, leukocytes reduced, irradiated, each unit	150
HCPCS	P9034	Platelets, pheresis, each unit	750
HCPCS	P9035	Platelets, pheresis, leukocytes reduced, each unit	750
HCPCS	P9036	Platelets, pheresis, irradiated, each unit	750
HCPCS	P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	750
HCPCS	P9038	Red blood cells, irradiated, each unit	825
HCPCS	P9039	Red blood cells, deglycerolized, each unit	825
HCPCS	P9040	Red blood cells, leukocytes reduced, irradiated, each unit	825
HCPCS	P9044	Plasma, cryoprecipitate reduced, each unit	450
HCPCS	P9050	Granulocytes, pheresis, each unit	250
HCPCS	P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit	825
HCPCS	P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit	750
HCPCS	P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit	750
HCPCS	P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	825
HCPCS	P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit	750
HCPCS	P9056	Whole blood, leukocytes reduced, irradiated, each unit	825
HCPCS	P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	825
HCPCS	P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit	825

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Daman Published Rates – Non Network Services Price List

TYPE	CODE	CODE DESCRIPTION	PRICE (AED)
HCPCS	P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	450
HCPCS	P9060	Fresh frozen plasma, donor retested, each unit	450
HCPCS	S0215	Non-emergency transportation; mileage, per mile	5

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Contact Us

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Disclaimer:

Daman does not directly or indirectly practice medicine or dispense medication; hence Daman assumes no liability for the data contained herein.

While every effort is made to ensure the accuracy of the content, we cannot be held accountable for any typographical errors, errors of fact, or any other error or inconsistency found in this price list. Please refer to this list before you opt for a medical treatment at any Non-Network Provider.

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