

CAYMAN ISLANDS



Supplement No. 1 published with Extraordinary
Gazette No. 60 dated 15 August, 2014.

**CAYMAN ISLANDS HEALTH SERVICES AUTHORITY
CHARGE MASTER**

Cayman Islands Health Services Authority Charge Master

Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1	00100		00100		Anesthesia for procedures on salivary glands, including biopsy	\$ 192.50
2	00102		00102		Anesthesia for procedures involving plastic repair of cleft lip	\$ 273.00
3	00103		00103		Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	\$ 385.00
4	00104		00104		Anesthesia for electroconvulsive therapy	\$ 273.00
5	00120		00120		Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	\$ 192.50
6	00124		00124		Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy	\$ 273.00
7	00126		00126		Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy	\$ 192.50
8	00140		00140		Anesthesia for procedures on eye; not otherwise specified	\$ 192.50
9	00142		00142		Anesthesia for procedures on eye; lens surgery	\$ 385.00
10	00144		00144		Anesthesia for procedures on eye; corneal transplant	\$ 385.00
11	00145		00145		Anesthesia for procedures on eye; vitreoretinal surgery	\$ 385.00
12	00147		00147		Anesthesia for procedures on eye; iridectomy	\$ 192.50
13	00148		00148		Anesthesia for procedures on eye; ophthalmoscopy	\$ 273.00
14	00160		00160		Anesthesia for procedures on nose and accessory sinuses; not otherwise specified	\$ 192.50
15	00162		00162		Anesthesia for procedures on nose and accessory sinuses; radical surgery	\$ 385.00
16	00164		00164		Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue	\$ 273.00
17	00170		00170		Anesthesia for intraoral procedures, including biopsy; not otherwise specified	\$ 192.50
18	00172		00172		Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	\$ 273.00
19	00174		00174		Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	\$ 273.00
20	00176		00176		Anesthesia for intraoral procedures, including biopsy; radical surgery	\$ 273.00
21	00190		00190		Anesthesia for procedures on facial bones or skull; not otherwise specified	\$ 385.00
22	00192		00192		Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	\$ 273.00
23	00210		00210		Anesthesia for intracranial procedures; not otherwise specified	\$ 385.00
24	00211		00211		Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	\$ 286.00
25	00214		00214		Anesthesia for intracranial procedures; burr holes, including ventriculography	\$ 385.00
26	00215		00215		Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)	\$ 286.00
27	00218		00218		Anesthesia for intracranial procedures; procedures in sitting position	\$ 286.00
28	00300		00300		Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified	\$ 273.00
29	00320		00320		Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older	\$ 385.00
30	00322		00322		Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid	\$ 273.00
31	00326		00326		Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age	\$ 273.00
32	00350		00350		Anesthesia for procedures on major vessels of neck; not otherwise specified	\$ 273.00
33	00352		00352		Anesthesia for procedures on major vessels of neck; simple ligation	\$ 273.00
34	00400		00400		Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified	\$ 385.00
35	00402		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)	\$ 385.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
36	00404		00404		Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast	\$ 385.00
37	00406		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	\$ 385.00
38	00410		00410		Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias	\$ 192.50
39	0042T		0042T		Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	\$ 1,133.10
40	00450		00450		Anesthesia for procedures on clavicle and scapula; not otherwise specified	\$ 273.00
41	00452		00452		Anesthesia for procedures on clavicle and scapula; radical surgery	\$ 273.00
42	00454		00454		Anesthesia for procedures on clavicle and scapula; biopsy of clavicle	\$ 273.00
43	00500		00500		Anesthesia for all procedures on esophagus	\$ 192.50
44	00520		00520		Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified	\$ 192.50
45	00524		00524		Anesthesia for closed chest procedures; pneumocentesis	\$ 273.00
46	00530		00530		Anesthesia for permanent transvenous pacemaker insertion	\$ 273.00
47	00532		00532		Anesthesia for access to central venous circulation	\$ 273.00
48	00534		00534		Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator	\$ 273.00
49	00540		00540		Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified	\$ 385.00
50	00541		00541		Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation	\$ 273.00
51	00542		00542		Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication	\$ 273.00
52	00546		00546		Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty	\$ 273.00
53	00548		00548		Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi	\$ 273.00
54	00550		00550		Anesthesia for sternal debridement	\$ 273.00
55	00560		00560		Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator	\$ 273.00
56	00561		00561		Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age	\$ 273.00
57	00562		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 origi	\$ 273.00
58	00563		00563		Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest	\$ 273.00
59	00566		00566		Anesthesia for direct coronary artery bypass grafting; without pump oxygenator	\$ 273.00
60	00567		00567		Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	\$ 273.00
61	00580		00580		Anesthesia for heart transplant or heart/lung transplant	\$ 273.00
62	00600		00600		Anesthesia for procedures on cervical spine and cord; not otherwise specified	\$ 88.00
63	00604		00604		Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	\$ 273.00
64	00620		00620		Anesthesia for procedures on thoracic spine and cord; not otherwise specified	\$ 273.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
65	00622		00622		Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy	\$ 273.00
66	00625		00625		Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation	\$ 273.00
67	00626		00626		Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation	\$ 273.00
68	00630		00630		Anesthesia for procedures in lumbar region; not otherwise specified	\$ 385.00
69	00632		00632		Anesthesia for procedures in lumbar region; lumbar sympathectomy	\$ 273.00
70	00634		00634		Anesthesia for procedures in lumbar region; chemonucleolysis	\$ 273.00
71	00635		00635		Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture	\$ 273.00
72	00640		00640		Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine	\$ 273.00
73	00670		00670		Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	\$ 273.00
74	00700		00700		Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	\$ 273.00
75	00702		00702		Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy	\$ 273.00
76	00730		00730		Anesthesia for procedures on upper posterior abdominal wall	\$ 273.00
77	00740		00740		Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	\$ 192.50
78	00750		00750		Anesthesia for hernia repairs in upper abdomen; not otherwise specified	\$ 273.00
79	00752		00752		Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence	\$ 273.00
80	00754		00754		Anesthesia for hernia repairs in upper abdomen; omphalocele	\$ 273.00
81	00756		00756		Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia	\$ 273.00
82	00770		00770		Anesthesia for all procedures on major abdominal blood vessels	\$ 385.00
83	00790		00790		Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified	\$ 385.00
84	00792		00792		Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)	\$ 385.00
85	00794		00794		Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)	\$ 273.00
86	00796		00796		Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)	\$ 273.00
87	00797		00797		Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	\$ 273.00
88	00800		00800		Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified	\$ 273.00
89	00802		00802		Anesthesia for procedures on lower anterior abdominal wall; panniculectomy	\$ 273.00
90	00810		00810		Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	\$ 385.00
91	00820		00820		Anesthesia for procedures on lower posterior abdominal wall	\$ 273.00
92	00830		00830		Anesthesia for hernia repairs in lower abdomen; not otherwise specified	\$ 385.00
93	00832		00832		Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias	\$ 385.00
94	00834		00834		Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age	\$ 273.00
95	00836		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	\$ 273.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
96	00840		00840		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified	\$ 385.00
97	00842		00842		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis	\$ 273.00
98	00844		00844		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection	\$ 385.00
99	00846		00846		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy	\$ 273.00
100	00848		00848		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration	\$ 273.00
101	00851		00851		Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transsection	\$ 192.50
102	00860		00860		Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified	\$ 273.00
103	00862		00862		Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy	\$ 385.00
104	00864		00864		Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy	\$ 273.00
105	00865		00865		Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)	\$ 385.00
106	00866		00866		Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy	\$ 273.00
107	00868		00868		Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)	\$ 273.00
108	00869		00869		Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	\$ 385.00
109	00870		00870		Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy	\$ 385.00
110	00872		00872		Anesthesia for lithotripsy, extracorporeal shock wave; with water bath	\$ 273.00
111	00873		00873		Anesthesia for lithotripsy, extracorporeal shock wave; without water bath	\$ 385.00
112	00880		00880		Anesthesia for procedures on major lower abdominal vessels; not otherwise specified	\$ 273.00
113	00882		00882		Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation	\$ 273.00
114	00902		00902		Anesthesia for; anorectal procedure	\$ 192.50
115	00904		00904		Anesthesia for; radical perineal procedure	\$ 273.00
116	00906		00906		Anesthesia for; vulvectomy	\$ 273.00
117	00908		00908		Anesthesia for; perineal prostatectomy	\$ 273.00
118	00910		00910		Anesthesia for transurethral procedures (including urethroscopy); not otherwise specified	\$ 192.50
119	00912		00912		Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of bladder tumor(s)	\$ 192.50
120	00914		00914		Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of prostate	\$ 385.00
121	00916		00916		Anesthesia for transurethral procedures (including urethroscopy); post-transurethral resection bleeding	\$ 273.00
122	00918		00918		Anesthesia for transurethral procedures (including urethroscopy); with fragmentation, manipulation and/or removal of ureteral calculus	\$ 192.50
123	00920		00920		Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified	\$ 192.50
124	00921		00921		Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral	\$ 273.00
125	00922		00922		Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles	\$ 273.00
126	00924		00924		Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral	\$ 192.50
127	00926		00926		Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal	\$ 192.50

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
128	00928		00928		Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal	\$ 273.00
129	00930		00930		Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral	\$ 192.50
130	00932		00932		Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis	\$ 273.00
131	00934		00934		Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy	\$ 273.00
132	00936		00936		Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy	\$ 273.00
133	00938		00938		Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)	\$ 273.00
134	00940		00940		Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified	\$ 192.50
135	00942		00942		Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures	\$ 192.50
136	00944		00944		Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy	\$ 385.00
137	00948		00948		Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage	\$ 192.50
138	00950		00950		Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy	\$ 273.00
139	00952		00952		Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	\$ 192.50
140	01112		01112		Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest	\$ 273.00
141	01120		01120		Anesthesia for procedures on bony pelvis	\$ 273.00
142	01130		01130		Anesthesia for body cast application or revision	\$ 192.50
143	01140		01140		Anesthesia for interpelviabdominal (hindquarter) amputation	\$ 273.00
144	01150		01150		Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	\$ 273.00
145	01160		01160		Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint	\$ 273.00
146	01170		01170		Anesthesia for open procedures involving symphysis pubis or sacroiliac joint	\$ 273.00
147	01173		01173		Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum	\$ 273.00
148	01180		01180		Anesthesia for obturator neurectomy; extrapelvic	\$ 273.00
149	01190		01190		Anesthesia for obturator neurectomy; intrapelvic	\$ 273.00
150	01200		01200		Anesthesia for all closed procedures involving hip joint	\$ 192.50
151	01202		01202		Anesthesia for arthroscopic procedures of hip joint	\$ 273.00
152	01210		01210		Anesthesia for open procedures involving hip joint; not otherwise specified	\$ 385.00
153	01212		01212		Anesthesia for open procedures involving hip joint; hip disarticulation	\$ 273.00
154	01214		01214		Anesthesia for open procedures involving hip joint; total hip arthroplasty	\$ 385.00
155	01215		01215		Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty	\$ 385.00
156	01220		01220		Anesthesia for all closed procedures involving upper two-thirds of femur	\$ 273.00
157	01230		01230		Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified	\$ 385.00
158	01232		01232		Anesthesia for open procedures involving upper two-thirds of femur; amputation	\$ 273.00
159	01234		01234		Anesthesia for open procedures involving upper two-thirds of femur; radical resection	\$ 273.00
160	01250		01250		Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg	\$ 385.00
161	01260		01260		Anesthesia for all procedures involving veins of upper leg, including exploration	\$ 385.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
162	01270		01270		Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified	\$ 385.00
163	01272		01272		Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation	\$ 273.00
164	01274		01274		Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy	\$ 273.00
165	01320		01320		Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area	\$ 385.00
166	01340		01340		Anesthesia for all closed procedures on lower one-third of femur	\$ 273.00
167	01360		01360		Anesthesia for all open procedures on lower one-third of femur	\$ 273.00
168	01380		01380		Anesthesia for all closed procedures on knee joint	\$ 273.00
169	01382		01382		Anesthesia for diagnostic arthroscopic procedures of knee joint	\$ 385.00
170	01390		01390		Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella	\$ 273.00
171	01392		01392		Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella	\$ 385.00
172	01400		01400		Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified	\$ 385.00
173	01402		01402		Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty	\$ 385.00
174	01404		01404		Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	\$ 273.00
175	01420		01420		Anesthesia for all cast applications, removal, or repair involving knee joint	\$ 273.00
176	01430		01430		Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified	\$ 273.00
177	01432		01432		Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	\$ 273.00
178	01440		01440		Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified	\$ 273.00
179	01442		01442		Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft	\$ 273.00
180	01444		01444		Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm	\$ 273.00
181	01462		01462		Anesthesia for all closed procedures on lower leg, ankle, and foot	\$ 192.50
182	01464		01464		Anesthesia for arthroscopic procedures of ankle and/or foot	\$ 273.00
183	01470		01470		Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified	\$ 385.00
184	01472		01472		Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft	\$ 385.00
185	01474		01474		Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)	\$ 273.00
186	01480		01480		Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified	\$ 385.00
187	01482		01482		Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)	\$ 273.00
188	01484		01484		Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula	\$ 273.00
189	01486		01486		Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement	\$ 273.00
190	01490		01490		Anesthesia for lower leg cast application, removal, or repair	\$ 192.50
191	01500		01500		Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified	\$ 273.00
192	01502		01502		Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter	\$ 273.00
193	01520		01520		Anesthesia for procedures on veins of lower leg; not otherwise specified	\$ 273.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
194	01522		01522		Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter	\$ 385.00
195	01610		01610		Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla	\$ 385.00
196	01620		01620		Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint	\$ 273.00
197	01622		01622		Anesthesia for diagnostic arthroscopic procedures of shoulder joint	\$ 385.00
198	01630		01630		Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified	\$ 385.00
199	01634		01634		Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	\$ 273.00
200	01636		01636		Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscaphular (forequarter) amputation	\$ 273.00
201	01638		01638		Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement	\$ 273.00
202	01650		01650		Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified	\$ 273.00
203	01652		01652		Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm	\$ 273.00
204	01654		01654		Anesthesia for procedures on arteries of shoulder and axilla; bypass graft	\$ 273.00
205	01656		01656		Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft	\$ 273.00
206	01670		01670		Anesthesia for all procedures on veins of shoulder and axilla	\$ 273.00
207	01680		01680		Anesthesia for shoulder cast application, removal or repair; not otherwise specified	\$ 273.00
208	01682		01682		Anesthesia for shoulder cast application, removal or repair; shoulder spica	\$ 273.00
209	01710		01710		Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified	\$ 385.00
210	01712		01712		Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open	\$ 273.00
211	01714		01714		Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder	\$ 273.00
212	01716		01716		Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps	\$ 385.00
213	01730		01730		Anesthesia for all closed procedures on humerus and elbow	\$ 192.50
214	01732		01732		Anesthesia for diagnostic arthroscopic procedures of elbow joint	\$ 273.00
215	01740		01740		Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified	\$ 385.00
216	01742		01742		Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus	\$ 273.00
217	01744		01744		Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus	\$ 273.00
218	01756		01756		Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures	\$ 273.00
219	01758		01758		Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus	\$ 273.00
220	01760		01760		Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement	\$ 273.00
221	01770		01770		Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified	\$ 273.00
222	01772		01772		Anesthesia for procedures on arteries of upper arm and elbow; embolectomy	\$ 273.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
223	01780		01780		Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified	\$ 273.00
224	01782		01782		Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy	\$ 273.00
225	01810		01810		Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	\$ 385.00
226	01820		01820		Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones	\$ 192.50
227	01829		01829		Anesthesia for diagnostic arthroscopic procedures on the wrist	\$ 273.00
228	01830		01830		Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified	\$ 385.00
229	01832		01832		Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement	\$ 273.00
230	01840		01840		Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified	\$ 273.00
231	01842		01842		Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy	\$ 385.00
232	01844		01844		Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)	\$ 385.00
233	01850		01850		Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified	\$ 273.00
234	01852		01852		Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy	\$ 273.00
235	01860		01860		Anesthesia for forearm, wrist, or hand cast application, removal, or repair	\$ 192.50
236	01916		01916		Anesthesia for diagnostic arteriography/venography	\$ 273.00
237	01920		01920		Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)	\$ 273.00
238	01922		01922		Anesthesia for non-invasive imaging or radiation therapy	\$ 192.50
239	01924		01924		Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified	\$ 273.00
240	01925		01925		Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary	\$ 273.00
241	01926		01926		Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic	\$ 273.00
242	01930		01930		Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	\$ 273.00
243	01931		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])	\$ 273.00
244	01932		01932		Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular	\$ 273.00
245	01933		01933		Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial	\$ 273.00
246	01935		01935		Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic	\$ 273.00
247	01936		01936		Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	\$ 273.00
248	01951		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	\$ 273.00
249	01952		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	\$ 273.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
250	01953		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 separa	\$ 273.00
251	01958		01958		Anesthesia for external cephalic version procedure	\$ 273.00
252	01960		01960		Anesthesia for vaginal delivery only	\$ 273.00
253	01961		01961		Anesthesia for cesarean delivery only	\$ 214.50
254	01962		01962		Anesthesia for urgent hysterectomy following delivery	\$ 273.00
255	01963		01963		Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care	\$ 273.00
256	01965		01965		Anesthesia for incomplete or missed abortion procedures	\$ 273.00
257	01966		01966		Anesthesia for induced abortion procedures	\$ 273.00
258	01967		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)	\$ 273.00
259	01968		01968		Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	\$ 273.00
260	01969		01969		Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	\$ 286.00
261	01990		01990		Physiological support for harvesting of organ(s) from brain-dead patient	\$ 273.00
262	01991		01991		Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	\$ 286.00
263	01992		01992		Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	\$ 286.00
264	01996		01996		Daily hospital management of epidural or subarachnoid continuous drug administration	\$ 88.00
265	01999		01999		Unlisted anesthesia procedure(s)	\$ 286.00
266	0234T		0234T		Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	\$ 8,842.66
267	0235T		0235T		Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	\$ 2,580.30
268	0237T		0237T		Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	\$ 8,842.66
269	0238T		0238T		Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	\$ 8,842.66
270	10021		10021		Fine needle aspiration; without imaging guidance	\$ 196.46
271	10022		10022		Fine needle aspiration; with imaging guidance	\$ 215.09
272	10040		10040		Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	\$ 122.40
273	10060		10060		Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$ 134.44
274	10061		10061		Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$ 358.05
275	10080		10080		Incision and drainage of pilonidal cyst; simple	\$ 190.80
276	10081		10081		Incision and drainage of pilonidal cyst; complicated	\$ 450.90
277	10120		10120		Incision and removal of foreign body, subcutaneous tissues; simple	\$ 149.67
278	10121		10121		Incision and removal of foreign body, subcutaneous tissues; complicated	\$ 413.45
279	10140		10140		Incision and drainage of hematoma, seroma or fluid collection	\$ 183.32
280	10160		10160		Puncture aspiration of abscess, hematoma, bulla, or cyst	\$ 125.34
281	10180		10180		Incision and drainage, complex, postoperative wound infection	\$ 560.32

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
282	11004		11004		Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	\$ 756.94
283	11005		11005		Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	\$ 1,068.79
284	11006		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	\$ 973.26
285	11008		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)	\$ 437.12
286	11044		11044		Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	\$ 846.90
287	11100		11100		Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	\$ 134.31
288	11101		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)	\$ 77.57
289	11200		11200		Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	\$ 130.55
290	11201		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)	\$ 94.70
291	11300		11300		Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	\$ 113.80
292	11301		11301		Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	\$ 142.45
293	11302		11302		Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	\$ 178.74
294	11303		11303		Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	\$ 289.80
295	11305		11305		Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	\$ 125.15
296	11306		11306		Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	\$ 166.40
297	11307		11307		Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	\$ 232.20
298	11308		11308		Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	\$ 261.50
299	11310		11310		Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	\$ 141.10
300	11311		11311		Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	\$ 216.00
301	11312		11312		Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	\$ 252.00
302	11313		11313		Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	\$ 283.29
303	11400		11400		Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	\$ 151.78
304	11402		11402		Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	\$ 304.20
305	11403		11403		Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	\$ 323.56
306	11404		11404		Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	\$ 435.46

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
307	11441		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	\$ 262.16
308	11442		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	\$ 345.79
309	11604		11604		Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	\$ 582.43
310	11606		11606		Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	\$ 780.74
311	11623		11623		Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	\$ 568.31
312	11624		11624		Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	\$ 820.80
313	11626		11626		Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	\$ 990.00
314	11719		11719		Trimming of nondystrophic nails, any number	\$ 39.46
315	11720		11720		Debridement of nail(s) by any method(s); 1 to 5	\$ 87.30
316	11721		11721		Debridement of nail(s) by any method(s); 6 or more	\$ 122.40
317	11740		11740		Evacuation of subungual hematoma	\$ 117.00
318	11750		11750		Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	\$ 341.38
319	11765		11765		Wedge excision of skin of nail fold (eg, for ingrown toenail)	\$ 226.39
320	11900		11900		Injection, intralesional; up to and including 7 lesions	\$ 68.38
321	11901		11901		Injection, intralesional; more than 7 lesions	\$ 103.02
322	11950		11950		Subcutaneous injection of filling material (eg, collagen); 1 cc or less	\$ 348.30
323	11951		11951		Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	\$ 549.90
324	11952		11952		Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	\$ 899.10
325	11954		11954		Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	\$ 1,215.90
326	11976		11976		Removal, implantable contraceptive capsules	\$ 318.60
327	11980		11980		Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	\$ 430.20
328	11981		11981		Insertion, non-biodegradable drug delivery implant	\$ 162.00
329	11982		11982		Removal, non-biodegradable drug delivery implant	\$ 165.40
330	11983		11983		Removal with reinsertion, non-biodegradable drug delivery implant	\$ 193.58
331	12001		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	\$ 179.15
332	12002		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	\$ 230.42
333	12004		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	\$ 327.60
334	12005		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	\$ 421.20
335	12006		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	\$ 487.80
336	12007		12007		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	\$ 675.90
337	12011		12011		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$ 222.77
338	12013		12013		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$ 288.43
339	12014		12014		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$ 363.06
340	12015		12015		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$ 477.90
341	12016		12016		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$ 629.10
342	12017		12017		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$ 779.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
343	12018		12018		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	\$ 1,124.10
344	12020		12020		Treatment of superficial wound dehiscence; simple closure	\$ 388.79
345	12031		12031		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	\$ 255.60
346	12032		12032		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$ 343.80
347	12034		12034		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$ 423.00
348	12035		12035		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$ 555.30
349	12036		12036		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	\$ 719.10
350	12037		12037		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	\$ 922.50
351	12041		12041		Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	\$ 291.60
352	12042		12042		Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	\$ 352.09
353	12044		12044		Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	\$ 468.90
354	12045		12045		Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	\$ 579.60
355	12046		12046		Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	\$ 812.70
356	12047		12047		Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	\$ 963.00
357	12051		12051		Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$ 350.10
358	12052		12052		Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$ 470.70
359	12053		12053		Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$ 549.00
360	12054		12054		Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$ 704.70
361	12055		12055		Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$ 942.30
362	12056		12056		Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	\$ 1,141.20
363	12057		12057		Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	\$ 1,338.30
364	13160		13160		Secondary closure of surgical wound or dehiscence, extensive or complicated	\$ 1,059.69
365	14000		14000		Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	\$ 1,088.10
366	14301		14301		Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	\$ 2,113.30
367	14302		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)	\$ 480.88
368	15005		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	\$ 265.38
369	15040		15040		Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	\$ 563.25
370	15110		15110		Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	\$ 1,887.78
371	15111		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)	\$ 294.39
372	15116		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 co	\$ 402.77
373	15130		15130		Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	\$ 1,469.33

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374	15131		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)	\$ 246.06
375	15135		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	\$ 1,861.86
376	15136		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	\$ 227.31
377	15150		15150		Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	\$ 1,481.15
378	15151		15151		Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	\$ 297.75
379	15155		15155		Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	\$ 1,472.04
380	15156		15156		Tissue cultured skin 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)	\$ 424.98
381	15157		15157		Tissue cultured skin 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 add	\$ 481.51
382	15200		15200		Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	\$ 1,299.60
383	15738		15738		Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	\$ 5,279.40
384	15780		15780		Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	\$ 2,763.90
385	15781		15781		Dermabrasion; segmental, face	\$ 1,148.40
386	15782		15782		Dermabrasion; regional, other than face	\$ 772.20
387	15783		15783		Dermabrasion; superficial, any site (eg, tattoo removal)	\$ 772.20
388	15786		15786		Abrasion; single lesion (eg, keratosis, scar)	\$ 412.20
389	15787		15787		Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	\$ 207.90
390	15788		15788		Chemical peel, facial; epidermal	\$ 1,545.30
391	15789		15789		Chemical peel, facial; dermal	\$ 1,901.70
392	15792		15792		Chemical peel, nonfacial; epidermal	\$ 544.50
393	15793		15793		Chemical peel, nonfacial; dermal	\$ 849.60
394	15820		15820		Blepharoplasty, lower eyelid;	\$ 2,253.60
395	15822		15822		Blepharoplasty, upper eyelid;	\$ 2,542.50
396	15830		15830		Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	\$ 1,777.49
397	15847		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)	\$ 715.00
398	15851		15851		Removal of sutures under anesthesia (other than local), other surgeon	\$ 259.49
399	15852		15852		Dressing change (for other than burns) under anesthesia (other than local)	\$ 373.50
400	15877		15877		Suction assisted lipectomy; trunk	\$ 2,446.20
401	15878		15878		Suction assisted lipectomy; upper extremity	\$ 2,060.10
402	15879		15879		Suction assisted lipectomy; lower extremity	\$ 2,292.30
403	15999		15999		Unlisted procedure, excision pressure ulcer	Cost
404	16000		16000		Initial treatment, first degree burn, when no more than local treatment is required	\$ 104.40
405	16020		16020		Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	\$ 115.89
406	16025		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)	\$ 217.86

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
407	16030		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)	\$ 363.34
408	17000		17000		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	\$ 97.34
409	17003		17003		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	\$ 37.26
410	17004		17004		Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	\$ 540.00
411	17110		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	\$ 110.03
412	17111		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	\$ 178.20
413	17250		17250		Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	\$ 152.10
414	17340		17340		Cryotherapy (CO2 slush, liquid N2) for acne	\$ 74.83
415	17380		17380		Electrolysis epilation, each 30 minutes	\$ 134.10
416	19100		19100		Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	\$ 257.40
417	19105		19105		Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	\$ 3,171.04
418	19110		19110		Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	\$ 1,235.70
419	19120		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	\$ 1,105.37
420	19125		19125		Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	\$ 1,289.70
421	19281		19281		Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	\$98.25
422	19296		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	\$ 9,940.72
423	19297		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 a	\$ 218.27
424	19298		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	\$ 3,605.44
425	19301		19301		Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	\$ 933.84
426	19303		19303		Mastectomy, simple, complete	\$ 1,597.79
427	19304		19304		Mastectomy, subcutaneous	\$ 1,169.33
428	19305		19305		Mastectomy, radical, including pectoral muscles, axillary lymph nodes	\$ 2,032.87
429	19306		19306		Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	\$ 2,299.98
430	19318		19318		Reduction mammoplasty	\$ 4,137.80
431	19325		19325		Mammoplasty, augmentation; with prosthetic implant	\$ 2,711.70
432	19328		19328		Removal of intact mammary implant	\$ 1,848.60
433	19342		19342		Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	\$ 2,786.40
434	19361		19361		Breast reconstruction with latissimus dorsi flap, without prosthetic implant	\$ 5,408.10

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
435	19368		19368		Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	\$ 6,352.72
436	19369		19369		Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	\$ 5,552.58
437	19499		19499		Unlisted procedure, breast	Cost
438	20005		20005		Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)	\$ 664.63
439	20100		20100		Exploration of penetrating wound (separate procedure); neck	\$ 1,610.10
440	20101		20101		Exploration of penetrating wound (separate procedure); chest	\$ 675.00
441	20102		20102		Exploration of penetrating wound (separate procedure); abdomen/flank/back	\$ 798.30
442	20103		20103		Exploration of penetrating wound (separate procedure); extremity	\$ 1,134.00
443	20150		20150		Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	\$ 2,912.40
444	20200		20200		Biopsy, muscle; superficial	\$ 412.20
445	20205		20205		Biopsy, muscle; deep	\$ 617.40
446	20206		20206		Biopsy, muscle, percutaneous needle	\$ 272.70
447	20220		20220		Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	\$ 360.90
448	20225		20225		Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	\$ 814.50
449	20240		20240		Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	\$ 654.30
450	20245		20245		Biopsy, bone, open; deep (eg, humerus, ischium, femur)	\$ 1,028.70
451	20250		20250		Biopsy, vertebral body, open; thoracic	\$ 3,141.00
452	20251		20251		Biopsy, vertebral body, open; lumbar or cervical	\$ 2,589.30
453	20500		20500		Injection of sinus tract; therapeutic (separate procedure)	\$ 114.30
454	20501		20501		Injection of sinus tract; diagnostic (sinogram)	\$ 147.60
455	20520		20520		Removal of foreign body in muscle or tendon sheath; simple	\$ 307.46
456	20525		20525		Removal of foreign body in muscle or tendon sheath; deep or complicated	\$ 720.90
457	20526		20526		Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	\$ 135.84
458	20550		20550		Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar 'fascia')	\$ 108.18
459	20551		20551		Injection(s); single tendon origin/insertion	\$ 104.87
460	20552		20552		Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	\$ 103.78
461	20553		20553		Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	\$ 121.48
462	20555		20555		Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	\$ 582.66
463	20600		20600		Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	\$ 94.96
464	20605		20605		Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	\$ 107.28
465	20610		20610		Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	\$ 135.03
466	20612		20612		Aspiration and/or injection of ganglion cyst(s) any location	\$ 105.01
467	20615		20615		Aspiration and injection for treatment of bone cyst	\$ 527.40
468	20650		20650		Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	\$ 468.90
469	20660		20660		Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	\$ 853.20
470	20661		20661		Application of halo, including removal; cranial	\$ 1,326.60
471	20662		20662		Application of halo, including removal; pelvic	\$ 902.70
472	20663		20663		Application of halo, including removal; femoral	\$ 765.00
473	20664		20664		Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	\$ 1,032.30
474	20665		20665		Removal of tongs or halo applied by another individual	\$ 234.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
475	20670		20670		Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	\$ 463.50
476	20680		20680		Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$ 857.90
477	20690		20690		Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	\$ 1,138.50
478	20692		20692		Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	\$ 1,752.30
479	20693		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])	\$ 908.10
480	20694		20694		Removal, under anesthesia, of external fixation system	\$ 824.40
481	20696		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	\$ 1,752.70
482	20697		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	\$ 2,193.99
483	20802		20802		Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	\$ 9,720.90
484	20805		20805		Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	\$ 10,085.40
485	20808		20808		Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	\$ 11,040.30
486	20816		20816		Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	\$ 5,793.30
487	20822		20822		Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	\$ 5,794.20
488	20824		20824		Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	\$ 6,571.80
489	20827		20827		Replantation, thumb (includes distal tip to MP joint), complete amputation	\$ 5,047.20
490	20838		20838		Replantation, foot, complete amputation	\$ 9,888.30
491	20900		20900		Bone graft, any donor area; minor or small (eg, dowel or button)	\$ 947.70
492	20902		20902		Bone graft, any donor area; major or large	\$ 1,587.60
493	20910		20910		Cartilage graft; costochondral	\$ 1,491.30
494	20912		20912		Cartilage graft; nasal septum	\$ 1,467.90
495	20920		20920		Fascia lata graft; by stripper	\$ 885.60
496	20922		20922		Fascia lata graft; by incision and area exposure, complex or sheet	\$ 1,241.10
497	20924		20924		Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	\$ 1,360.80
498	20926		20926		Tissue grafts, other (eg, paratenon, fat, dermis)	\$ 1,014.30
499	20930		20930		Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	\$ 978.30
500	20931		20931		Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	\$ 618.30
501	20936		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)	\$ 1,545.30
502	20937		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)	\$ 1,235.70
503	20938		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)	\$ 1,506.60
504	20950		20950		Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	\$ 293.40
505	20955		20955		Bone graft with microvascular anastomosis; fibula	\$ 10,791.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
506	20956		20956		Bone graft with microvascular anastomosis; iliac crest	\$ 8,655.30
507	20957		20957		Bone graft with microvascular anastomosis; metatarsal	\$ 8,967.60
508	20962		20962		Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	\$ 8,168.40
509	20969		20969		Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	\$ 7,750.80
510	20970		20970		Free osteocutaneous flap with microvascular anastomosis; iliac crest	\$ 9,907.20
511	20972		20972		Free osteocutaneous flap with microvascular anastomosis; metatarsal	\$ 8,745.30
512	20973		20973		Free osteocutaneous flap with microvascular anastomosis; great toe with web space	\$ 8,745.30
513	20974		20974		Electrical stimulation to aid bone healing; noninvasive (nonoperative)	\$ 915.30
514	20975		20975		Electrical stimulation to aid bone healing; invasive (operative)	\$ 1,344.60
515	20979		20979		Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	\$ 124.20
516	20982		20982		Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	\$ 8,951.44
517	20985		20985		Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	\$ 207.47
518	20999		20999		Unlisted procedure, musculoskeletal system, general	Cost
519	21010		21010		Arthrotomy, temporomandibular joint	\$ 2,836.80
520	21011		21011		Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	\$ 441.95
521	21012		21012		Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	\$ 465.84
522	21013		21013		Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	\$ 767.09
523	21014		21014		Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	\$ 813.32
524	21015		21015		Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	\$ 1,773.90
525	21016		21016		Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	\$ 1,706.33
526	21025		21025		Excision of bone (eg, for osteomyelitis or bone abscess); mandible	\$ 1,602.00
527	21026		21026		Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	\$ 1,498.50
528	21029		21029		Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	\$ 1,532.70
529	21030		21030		Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	\$ 2,193.30
530	21031		21031		Excision of torus mandibularis	\$ 696.60
531	21032		21032		Excision of maxillary torus palatinus	\$ 1,056.60
532	21034		21034		Excision of malignant tumor of maxilla or zygoma	\$ 3,169.80
533	21040		21040		Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	\$ 1,246.50
534	21044		21044		Excision of malignant tumor of mandible;	\$ 2,851.20
535	21045		21045		Excision of malignant tumor of mandible; radical resection	\$ 5,918.40
536	21046		21046		Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	\$ 1,872.04
537	21047		21047		Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))	\$ 2,304.17
538	21048		21048		Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	\$ 1,918.12
539	21049		21049		Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))	\$ 2,210.72
540	21050		21050		Condylectomy, temporomandibular joint (separate procedure)	\$ 3,355.20
541	21060		21060		Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	\$ 3,330.00
542	21070		21070		Coronoidectomy (separate procedure)	\$ 2,724.30

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
543	21073		21073		Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	\$ 524.35
544	21076		21076		Impression and custom preparation; surgical obturator prosthesis	\$ 1,781.92
545	21077		21077		Impression and custom preparation; orbital prosthesis	\$ 4,473.18
546	21079		21079		Impression and custom preparation; interim obturator prosthesis	\$ 2,974.29
547	21080		21080		Impression and custom preparation; definitive obturator prosthesis	\$ 3,342.10
548	21081		21081		Impression and custom preparation; mandibular resection prosthesis	\$ 3,048.99
549	21083		21083		Impression and custom preparation; palatal lift prosthesis	\$ 2,579.92
550	21084		21084		Impression and custom preparation; speech aid prosthesis	\$ 3,019.99
551	21085		21085		Impression and custom preparation; oral surgical splint	\$ 398.70
552	21086		21086		Impression and custom preparation; auricular prosthesis	\$ 3,303.10
553	21087		21087		Impression and custom preparation; nasal prosthesis	\$ 3,302.27
554	21088		21088		Impression and custom preparation; facial prosthesis	
555	21089		21089		Unlisted maxillofacial prosthetic procedure	Cost
556	21100		21100		Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	\$ 566.10
557	21110		21110		Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	\$ 1,364.40
558	21116		21116		Injection procedure for temporomandibular joint arthrography	\$ 178.20
559	21120		21120		Genioplasty; augmentation (autograft, allograft, prosthetic material)	\$ 2,880.90
560	21121		21121		Genioplasty; sliding osteotomy, single piece	\$ 2,574.90
561	21122		21122		Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	\$ 2,385.00
562	21123		21123		Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	\$ 2,490.30
563	21125		21125		Augmentation, mandibular body or angle; prosthetic material	\$ 2,394.90
564	21127		21127		Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	\$ 2,266.20
565	21137		21137		Reduction forehead; contouring only	\$ 2,266.20
566	21138		21138		Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	\$ 2,652.30
567	21139		21139		Reduction forehead; contouring and setback of anterior frontal sinus wall	\$ 3,278.60
568	21141		21141		Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	\$ 4,120.20
569	21142		21142		Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	\$ 4,326.30
570	21143		21143		Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	\$ 4,428.90
571	21145		21145		Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	\$ 4,496.20
572	21146		21146		Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	\$ 5,983.20
573	21147		21147		Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	\$ 6,391.80
574	21150		21150		Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	\$ 5,568.30
575	21151		21151		Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	\$ 6,695.10
576	21154		21154		Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	\$ 6,677.10

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
577	21155		21155		Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	\$ 6,431.40
578	21159		21159		Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	\$ 9,682.20
579	21160		21160		Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	\$ 10,815.30
580	21172		21172		Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	\$ 8,767.80
581	21175		21175		Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	\$ 9,409.50
582	21179		21179		Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	\$ 7,056.00
583	21180		21180		Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	\$ 6,390.00
584	21181		21181		Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	\$ 1,539.90
585	21182		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	\$ 6,723.90
586	21183		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 grea	\$ 7,144.20
587	21184		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 grea	\$ 7,754.40
588	21188		21188		Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	\$ 4,563.00
589	21193		21193		Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	\$ 4,586.40
590	21194		21194		Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	\$ 5,648.40
591	21195		21195		Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	\$ 4,891.50
592	21196		21196		Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	\$ 5,547.60
593	21198		21198		Osteotomy, mandible, segmental;	\$ 3,804.30
594	21199		21199		Osteotomy, mandible, segmental; with genioglossus advancement	\$ 3,879.00
595	21206		21206		Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	\$ 4,425.30
596	21208		21208		Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	\$ 2,608.20
597	21209		21209		Osteoplasty, facial bones; reduction	\$ 2,713.50
598	21210		21210		Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	\$ 3,510.00
599	21215		21215		Graft, bone; mandible (includes obtaining graft)	\$ 3,878.10
600	21230		21230		Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	\$ 4,305.60
601	21235		21235		Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	\$ 2,547.90
602	21240		21240		Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	\$ 4,120.20
603	21242		21242		Arthroplasty, temporomandibular joint, with allograft	\$ 3,933.00
604	21243		21243		Arthroplasty, temporomandibular joint, with prosthetic joint replacement	\$ 5,049.90
605	21244		21244		Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	\$ 4,204.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
606	21245		21245		Reconstruction of mandible or maxilla, subperiosteal implant; partial	\$ 3,759.30
607	21246		21246		Reconstruction of mandible or maxilla, subperiosteal implant; complete	\$ 5,781.60
608	21247		21247		Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	\$ 5,665.50
609	21248		21248		Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	\$ 3,985.20
610	21249		21249		Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	\$ 7,416.00
611	21255		21255		Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	\$ 5,665.50
612	21256		21256		Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	\$ 5,800.50
613	21260		21260		Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	\$ 6,687.00
614	21261		21261		Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	\$ 8,191.80
615	21267		21267		Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	\$ 6,246.90
616	21268		21268		Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	\$ 9,558.90
617	21270		21270		Malar augmentation, prosthetic material	\$ 4,648.50
618	21275		21275		Secondary revision of orbitocraniofacial reconstruction	\$ 6,386.40
619	21280		21280		Medial canthopexy (separate procedure)	\$ 2,368.80
620	21282		21282		Lateral canthopexy	\$ 1,957.50
621	21295		21295		Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	\$ 2,487.73
622	21296		21296		Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	\$ 2,095.08
623	21299		21299		Unlisted craniofacial and maxillofacial procedure	Cost
624	21310		21310		Closed treatment of nasal bone fracture without manipulation	\$ 396.90
625	21315		21315		Closed treatment of nasal bone fracture; without stabilization	\$ 489.60
626	21320		21320		Closed treatment of nasal bone fracture; with stabilization	\$ 828.90
627	21325		21325		Open treatment of nasal fracture; uncomplicated	\$ 1,708.20
628	21330		21330		Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	\$ 2,563.20
629	21335		21335		Open treatment of nasal fracture; with concomitant open treatment of fractured septum	\$ 2,959.20
630	21336		21336		Open treatment of nasal septal fracture, with or without stabilization	\$ 1,738.80
631	21337		21337		Closed treatment of nasal septal fracture, with or without stabilization	\$ 1,325.70
632	21338		21338		Open treatment of nasoethmoid fracture; without external fixation	\$ 2,750.40
633	21339		21339		Open treatment of nasoethmoid fracture; with external fixation	\$ 3,019.50
634	21340		21340		Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	\$ 3,490.20
635	21343		21343		Open treatment of depressed frontal sinus fracture	\$ 3,550.50
636	21344		21344		Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	\$ 3,872.70
637	21345		21345		Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	\$ 3,108.60
638	21346		21346		Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	\$ 3,837.60
639	21347		21347		Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	\$ 4,275.00
640	21348		21348		Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	\$ 3,829.50
641	21355		21355		Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	\$ 2,138.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
642	21356		21356		Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	\$ 1,796.40
643	21360		21360		Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	\$ 2,407.50
644	21365		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	\$ 3,566.70
645	21366		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)	\$ 3,804.30
646	21385		21385		Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	\$ 2,743.20
647	21386		21386		Open treatment of orbital floor blowout fracture; periorbital approach	\$ 2,984.40
648	21387		21387		Open treatment of orbital floor blowout fracture; combined approach	\$ 3,267.00
649	21390		21390		Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	\$ 3,502.80
650	21395		21395		Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	\$ 3,692.70
651	21400		21400		Closed treatment of fracture of orbit, except blowout; without manipulation	\$ 879.30
652	21401		21401		Closed treatment of fracture of orbit, except blowout; with manipulation	\$ 2,475.90
653	21406		21406		Open treatment of fracture of orbit, except blowout; without implant	\$ 2,877.30
654	21407		21407		Open treatment of fracture of orbit, except blowout; with implant	\$ 3,400.20
655	21408		21408		Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	\$ 3,346.20
656	21421		21421		Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	\$ 2,632.50
657	21422		21422		Open treatment of palatal or maxillary fracture (LeFort I type);	\$ 3,348.90
658	21423		21423		Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	\$ 2,865.60
659	21431		21431		Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	\$ 2,807.10
660	21432		21432		Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	\$ 3,594.60
661	21433		21433		Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	\$ 5,049.90
662	21435		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)	\$ 4,278.60
663	21436		21436		Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	\$ 5,112.00
664	21440		21440		Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	\$ 1,808.10
665	21445		21445		Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	\$ 2,088.00
666	21450		21450		Closed treatment of mandibular fracture; without manipulation	\$ 812.70
667	21451		21451		Closed treatment of mandibular fracture; with manipulation	\$ 2,193.30
668	21452		21452		Percutaneous treatment of mandibular fracture, with external fixation	\$ 1,540.80
669	21453		21453		Closed treatment of mandibular fracture with interdental fixation	\$ 2,735.10
670	21454		21454		Open treatment of mandibular fracture with external fixation	\$ 2,820.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
671	21461		21461		Open treatment of mandibular fracture; without interdental fixation	\$ 2,774.70
672	21462		21462		Open treatment of mandibular fracture; with interdental fixation	\$ 3,288.60
673	21465		21465		Open treatment of mandibular condylar fracture	\$ 2,871.00
674	21470		21470		Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	\$ 4,006.80
675	21480		21480		Closed treatment of temporomandibular dislocation; initial or subsequent	\$ 385.20
676	21485		21485		Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	\$ 903.60
677	21490		21490		Open treatment of temporomandibular dislocation	\$ 2,578.50
678	21495		21495		Open treatment of hyoid fracture	\$ 2,726.10
679	21497		21497		Interdental wiring, for condition other than fracture	\$ 2,046.60
680	21499		21499		Unlisted musculoskeletal procedure, head	Cost
681	21501		21501		Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	\$ 779.40
682	21502		21502		Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	\$ 946.80
683	21510		21510		Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	\$ 1,161.90
684	21550		21550		Biopsy, soft tissue of neck or thorax	\$ 405.00
685	21552		21552		Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	\$ 791.93
686	21554		21554		Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	\$ 1,366.14
687	21555		21555		Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	\$ 632.14
688	21556		21556		Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	\$ 1,127.30
689	21557		21557		Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	\$ 3,090.60
690	21558		21558		Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	\$ 2,439.66
691	21600		21600		Excision of rib, partial	\$ 1,256.40
692	21610		21610		Costotransversectomy (separate procedure)	\$ 3,476.70
693	21615		21615		Excision first and/or cervical rib;	\$ 3,032.10
694	21616		21616		Excision first and/or cervical rib; with sympathectomy	\$ 2,896.20
695	21620		21620		Ostectomy of sternum, partial	\$ 3,269.70
696	21627		21627		Sternal debridement	\$ 1,960.20
697	21630		21630		Radical resection of sternum;	\$ 3,826.80
698	21632		21632		Radical resection of sternum; with mediastinal lymphadenectomy	\$ 4,892.40
699	21685		21685		Hyoid myotomy and suspension	\$ 2,168.29
700	21700		21700		Division of scalenus anticus; without resection of cervical rib	\$ 1,647.90
701	21705		21705		Division of scalenus anticus; with resection of cervical rib	\$ 2,286.90
702	21720		21720		Division of sternocleidomastoid for torticollis, open operation; without cast application	\$ 1,333.80
703	21725		21725		Division of sternocleidomastoid for torticollis, open operation; with cast application	\$ 1,486.80
704	21740		21740		Reconstructive repair of pectus excavatum or carinatum; open	\$ 3,577.50
705	21742		21742		Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	
706	21743		21743		Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	
707	21750		21750		Closure of median sternotomy separation with or without debridement (separate procedure)	\$ 2,729.70
708	21800		21800		Closed treatment of rib fracture, uncomplicated, each	\$ 219.60
709	21805		21805		Open treatment of rib fracture without fixation, each	\$ 1,426.50
710	21810		21810		Treatment of rib fracture requiring external fixation (flail chest)	\$ 3,409.20
711	21820		21820		Closed treatment of sternum fracture	\$ 456.30
712	21825		21825		Open treatment of sternum fracture with or without skeletal fixation	\$ 1,791.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
713	21899		21899		Unlisted procedure, neck or thorax	Cost
714	21920		21920		Biopsy, soft tissue of back or flank; superficial	\$ 466.20
715	21925		21925		Biopsy, soft tissue of back or flank; deep	\$ 796.50
716	21930		21930		Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	\$ 1,846.80
717	21931		21931		Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	\$ 1,124.11
718	21932		21932		Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	\$ 1,469.92
719	21933		21933		Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	\$ 1,605.17
720	21935		21935		Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	\$ 3,547.80
721	21936		21936		Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	\$ 3,109.09
722	22010		22010		Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	\$ 1,829.44
723	22015		22015		Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	\$ 1,795.54
724	22100		22100		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	\$ 1,579.50
725	22101		22101		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	\$ 1,560.60
726	22102		22102		Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	\$ 1,827.00
727	22103		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)	\$ 421.75
728	22110		22110		Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	\$ 2,437.20
729	22112		22112		Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	\$ 2,290.50
730	22114		22114		Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	\$ 1,809.90
731	22116		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)	\$ 510.03
732	22206		22206		Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	\$ 8,139.79
733	22207		22207		Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	\$ 7,918.14
734	22208		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)	\$ 2,343.90
735	22210		22210		Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	\$ 5,474.70
736	22212		22212		Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	\$ 5,826.60
737	22214		22214		Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	\$ 5,076.00
738	22216		22216		Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	\$ 1,650.31
739	22220		22220		Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	\$ 5,062.50
740	22222		22222		Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	\$ 4,892.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
741	22224		22224		Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	\$ 4,738.50
742	22226		22226		Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	\$ 1,576.45
743	22305		22305		Closed treatment of vertebral process fracture(s)	\$ 646.20
744	22310		22310		Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	\$ 1,089.00
745	22315		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	\$ 1,676.70
746	22318		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	\$ 4,835.70
747	22319		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	\$ 5,462.10
748	22325		22325		Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	\$ 3,702.60
749	22326		22326		Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	\$ 4,303.80
750	22327		22327		Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	\$ 3,861.00
751	22328		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)	\$ 1,339.20
752	22505		22505		Manipulation of spine requiring anesthesia, any region	\$ 594.00
753	22520		22520		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic	\$ 10,247.30
754	22521		22521		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar	\$ 4,183.34
755	22522		22522		Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	\$ 499.51
756	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	\$ 1,477.34
757	22524		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	\$ 1,382.74
758	22525		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	\$ 716.85
759	22526		22526		Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	\$ 3,625.48
760	22527		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)	\$ 2,933.60
761	22532		22532		Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	\$ 7,248.19

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
762	22533		22533		Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	\$ 6,841.56
763	22534		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)	\$ 1,793.42
764	22548		22548		Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	\$ 4,671.90
765	22554		22554		Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	\$ 5,047.20
766	22556		22556		Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	\$ 5,232.60
767	22558		22558		Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	\$ 4,895.10
768	22585		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)	\$ 2,109.60
769	22590		22590		Arthrodesis, posterior technique, craniocervical (occiput-C2)	\$ 6,695.10
770	22595		22595		Arthrodesis, posterior technique, atlas-axis (C1-C2)	\$ 5,839.20
771	22600		22600		Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	\$ 4,428.90
772	22610		22610		Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	\$ 4,143.60
773	22612		22612		Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	\$ 4,961.70
774	22614		22614		Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	\$ 1,858.50
775	22630		22630		Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	\$ 4,412.70
776	22632		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)	\$ 1,555.20
777	22800		22800		Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	\$ 4,953.60
778	22802		22802		Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	\$ 6,030.00
779	22804		22804		Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	\$ 6,646.50
780	22808		22808		Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	\$ 4,555.80
781	22810		22810		Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	\$ 4,892.40
782	22812		22812		Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	\$ 5,985.90
783	22818		22818		Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	\$ 6,687.90
784	22819		22819		Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	\$ 7,163.10
785	22830		22830		Exploration of spinal fusion	\$ 4,411.80
786	22840		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 proced	\$ 5,926.50

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
787	22841		22841		Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	\$ 3,862.80
788	22842		22842		Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	\$ 6,488.10
789	22843		22843		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)	\$ 2,050.20
790	22844		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)	\$ 2,503.80
791	22845		22845		Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	\$ 6,088.50
792	22846		22846		Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	\$ 6,129.00
793	22847		22847		Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	\$ 4,006.54
794	22848		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)	\$ 1,716.14
795	22849		22849		Reinsertion of spinal fixation device	\$ 3,637.80
796	22850		22850		Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	\$ 2,196.90
797	22851		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)	\$ 2,188.80
798	22852		22852		Removal of posterior segmental instrumentation	\$ 2,578.50
799	22855		22855		Removal of anterior instrumentation	\$ 3,174.30
800	22856		22856		Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	\$ 7,409.11
801	22857		22857		Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	\$ 7,481.77
802	22861		22861		Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	\$ 9,122.80
803	22862		22862		Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	\$ 8,973.95
804	22864		22864		Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	\$ 8,487.18
805	22865		22865		Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	\$ 9,570.92
806	22899		22899		Unlisted procedure, spine	\$ 1,613.81
807	22900		22900		Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	\$ 1,592.10
808	22901		22901		Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	\$ 1,370.05
809	22902		22902		Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	\$ 861.30
810	22903		22903		Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	\$ 901.22
811	22904		22904		Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	\$ 2,178.75
812	22905		22905		Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	\$ 2,821.24
813	22999		22999		Unlisted procedure, abdomen, musculoskeletal system	Cost
814	23000		23000		Removal of subdeltoid calcareous deposits, open	\$ 1,048.50
815	23020		23020		Capsular contracture release (eg, Sever type procedure)	\$ 1,676.70
816	23030		23030		Incision and drainage, shoulder area; deep abscess or hematoma	\$ 643.50
817	23031		23031		Incision and drainage, shoulder area; infected bursa	\$ 513.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
818	23035		23035		Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	\$ 1,620.00
819	23040		23040		Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	\$ 1,976.40
820	23044		23044		Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	\$ 1,288.80
821	23065		23065		Biopsy, soft tissue of shoulder area; superficial	\$ 429.30
822	23066		23066		Biopsy, soft tissue of shoulder area; deep	\$ 772.20
823	23073		23073		Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	\$ 1,601.52
824	23075		23075		Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	\$ 690.30
825	23076		23076		Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	\$ 972.00
826	23077		23077		Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	\$ 3,457.80
827	23100		23100		Arthrotomy, glenohumeral joint, including biopsy	\$ 1,900.80
828	23101		23101		Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	\$ 1,510.20
829	23105		23105		Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	\$ 2,547.90
830	23106		23106		Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	\$ 1,841.40
831	23107		23107		Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	\$ 2,521.80
832	23120		23120		Claviclectomy; partial	\$ 1,359.90
833	23125		23125		Claviclectomy; total	\$ 2,212.20
834	23130		23130		Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	\$ 1,876.50
835	23140		23140		Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	\$ 1,152.90
836	23145		23145		Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	\$ 1,894.50
837	23146		23146		Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	\$ 1,276.20
838	23150		23150		Excision or curettage of bone cyst or benign tumor of proximal humerus;	\$ 1,902.60
839	23155		23155		Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	\$ 2,513.70
840	23156		23156		Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	\$ 2,136.60
841	23170		23170		Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	\$ 1,133.10
842	23172		23172		Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	\$ 1,035.00
843	23174		23174		Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	\$ 2,029.50
844	23180		23180		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	\$ 1,142.10
845	23182		23182		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	\$ 1,146.60
846	23184		23184		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	\$ 1,805.40
847	23190		23190		Ostectomy of scapula, partial (eg, superior medial angle)	\$ 1,415.70
848	23195		23195		Resection, humeral head	\$ 2,023.20
849	23200		23200		Radical resection of tumor; clavicle	\$ 1,987.20
850	23210		23210		Radical resection of tumor; scapula	\$ 2,709.00
851	23220		23220		Radical resection of tumor, proximal humerus	\$ 2,718.90
852	23330		23330		Removal of foreign body, shoulder; subcutaneous	\$ 747.00
853	23333		23333		Removal of foreign body, shoulder; deep (subfascial or intramuscular)	\$640.91
854	23350		23350		Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	\$ 177.30
855	23395		23395		Muscle transfer, any type, shoulder or upper arm; single	\$ 2,472.30
856	23397		23397		Muscle transfer, any type, shoulder or upper arm; multiple	\$ 2,657.70
857	23400		23400		Scapulopexy (eg, Sprengels deformity or for paralysis)	\$ 2,549.70
858	23405		23405		Tenotomy, shoulder area; single tendon	\$ 1,497.60
859	23406		23406		Tenotomy, shoulder area; multiple tendons through same incision	\$ 2,154.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
860	23410		23410		Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	\$ 2,492.10
861	23412		23412		Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	\$ 3,027.60
862	23415		23415		Coracoacromial ligament release, with or without acromioplasty	\$ 1,882.80
863	23420		23420		Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	\$ 3,345.30
864	23430		23430		Tenodesis of long tendon of biceps	\$ 1,865.70
865	23440		23440		Resection or transplantation of long tendon of biceps	\$ 1,823.40
866	23450		23450		Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	\$ 3,331.80
867	23455		23455		Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	\$ 3,392.10
868	23460		23460		Capsulorrhaphy, anterior, any type; with bone block	\$ 3,116.70
869	23462		23462		Capsulorrhaphy, anterior, any type; with coracoid process transfer	\$ 3,337.20
870	23465		23465		Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	\$ 2,945.70
871	23466		23466		Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	\$ 3,508.20
872	23470		23470		Arthroplasty, glenohumeral joint; hemiarthroplasty	\$ 3,598.20
873	23472		23472		Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	\$ 5,374.80
874	23480		23480		Osteotomy, clavicle, with or without internal fixation;	\$ 1,863.00
875	23485		23485		Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	\$ 2,413.80
876	23490		23490		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	\$ 2,123.10
877	23491		23491		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	\$ 2,097.00
878	23500		23500		Closed treatment of clavicular fracture; without manipulation	\$ 342.90
879	23505		23505		Closed treatment of clavicular fracture; with manipulation	\$ 586.80
880	23515		23515		Open treatment of clavicular fracture, includes internal fixation, when performed	\$ 1,595.70
881	23520		23520		Closed treatment of sternoclavicular dislocation; without manipulation	\$ 387.90
882	23525		23525		Closed treatment of sternoclavicular dislocation; with manipulation	\$ 556.20
883	23530		23530		Open treatment of sternoclavicular dislocation, acute or chronic;	\$ 1,455.30
884	23532		23532		Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	\$ 1,701.90
885	23540		23540		Closed treatment of acromioclavicular dislocation; without manipulation	\$ 418.50
886	23545		23545		Closed treatment of acromioclavicular dislocation; with manipulation	\$ 565.20
887	23550		23550		Open treatment of acromioclavicular dislocation, acute or chronic;	\$ 1,890.00
888	23552		23552		Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	\$ 2,283.30
889	23570		23570		Closed treatment of scapular fracture; without manipulation	\$ 372.60
890	23575		23575		Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	\$ 533.70
891	23585		23585		Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	\$ 2,152.80
892	23600		23600		Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	\$ 537.30
893	23605		23605		Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	\$ 871.20
894	23615		23615		Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	\$ 2,034.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
895	23616		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	\$ 3,965.40
896	23620		23620		Closed treatment of greater humeral tuberosity fracture; without manipulation	\$ 471.60
897	23625		23625		Closed treatment of greater humeral tuberosity fracture; with manipulation	\$ 744.30
898	23630		23630		Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	\$ 1,616.40
899	23650		23650		Closed treatment of shoulder dislocation, with manipulation; without anesthesia	\$ 457.20
900	23655		23655		Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$ 669.60
901	23660		23660		Open treatment of acute shoulder dislocation	\$ 1,996.20
902	23665		23665		Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	\$ 749.70
903	23670		23670		Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	\$ 1,975.50
904	23675		23675		Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	\$ 888.30
905	23680		23680		Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	\$ 2,415.60
906	23700		23700		Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	\$ 625.50
907	23800		23800		Arthrodesis, glenohumeral joint;	\$ 3,604.50
908	23802		23802		Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	\$ 3,445.20
909	23900		23900		Interthoracoscapular amputation (forequarter)	\$ 4,063.50
910	23920		23920		Disarticulation of shoulder;	\$ 3,162.60
911	23921		23921		Disarticulation of shoulder; secondary closure or scar revision	\$ 909.90
912	23929		23929		Unlisted procedure, shoulder	Cost
913	23930		23930		Incision and drainage, upper arm or elbow area; deep abscess or hematoma	\$ 819.90
914	23931		23931		Incision and drainage, upper arm or elbow area; bursa	\$ 675.90
915	23935		23935		Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	\$ 1,374.30
916	24000		24000		Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	\$ 1,805.40
917	24006		24006		Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	\$ 1,784.70
918	24065		24065		Biopsy, soft tissue of upper arm or elbow area; superficial	\$ 385.20
919	24066		24066		Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	\$ 707.89
920	24071		24071		Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	\$ 972.78
921	24073		24073		Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	\$ 1,396.93
922	24075		24075		Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	\$ 686.70
923	24076		24076		Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	\$ 1,179.00
924	24077		24077		Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	\$ 2,430.90
925	24079		24079		Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	\$ 2,604.12
926	24100		24100		Arthrotomy, elbow; with synovial biopsy only	\$ 1,082.70
927	24101		24101		Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	\$ 1,861.20
928	24102		24102		Arthrotomy, elbow; with synovectomy	\$ 2,224.80
929	24105		24105		Excision, olecranon bursa	\$ 898.20
930	24110		24110		Excision or curettage of bone cyst or benign tumor, humerus;	\$ 1,581.30
931	24115		24115		Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	\$ 1,887.30
932	24116		24116		Excision or curettage of bone cyst or benign tumor, humerus; with allograft	\$ 1,841.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
933	24120		24120		Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	\$ 1,485.00
934	24125		24125		Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	\$ 1,740.60
935	24126		24126		Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	\$ 1,524.60
936	24130		24130		Excision, radial head	\$ 1,459.80
937	24134		24134		Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	\$ 1,854.00
938	24136		24136		Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	\$ 1,654.20
939	24138		24138		Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	\$ 1,622.70
940	24140		24140		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	\$ 2,168.10
941	24145		24145		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	\$ 1,442.70
942	24147		24147		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	\$ 1,296.00
943	24149		24149		Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	\$ 2,652.30
944	24150		24150		Radical resection of tumor, shaft or distal humerus	\$ 2,443.50
945	24152		24152		Radical resection of tumor, radial head or neck	\$ 2,158.20
946	24155		24155		Resection of elbow joint (arthrectomy)	\$ 2,199.60
947	24160		24160		Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	\$ 1,489.50
948	24164		24164		Removal of prosthesis, includes debridement and synovectomy when performed; radial head	\$ 1,359.90
949	24200		24200		Removal of foreign body, upper arm or elbow area; subcutaneous	\$ 368.10
950	24201		24201		Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	\$ 962.10
951	24220		24220		Injection procedure for elbow arthrography	\$ 177.30
952	24300		24300		Manipulation, elbow, under anesthesia	\$ 777.16
953	24301		24301		Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	\$ 1,998.00
954	24305		24305		Tendon lengthening, upper arm or elbow, each tendon	\$ 900.90
955	24310		24310		Tenotomy, open, elbow to shoulder, each tendon	\$ 955.80
956	24320		24320		Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	\$ 2,311.20
957	24330		24330		Flexor-plasty, elbow (eg, Steindler type advancement);	\$ 2,269.80
958	24331		24331		Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	\$ 2,086.20
959	24332		24332		Tenolysis, triceps	\$ 1,181.38
960	24340		24340		Tenodesis of biceps tendon at elbow (separate procedure)	\$ 1,922.40
961	24341		24341		Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	\$ 1,816.20
962	24342		24342		Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	\$ 2,416.50
963	24343		24343		Repair lateral collateral ligament, elbow, with local tissue	\$ 1,858.95
964	24344		24344		Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	\$ 2,485.31
965	24345		24345		Repair medial collateral ligament, elbow, with local tissue	\$ 1,857.96
966	24357		24357		Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	\$ 1,115.21
967	24358		24358		Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	\$ 1,270.13
968	24359		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	\$ 1,520.03
969	24360		24360		Arthroplasty, elbow; with membrane (eg, fascial)	\$ 3,267.00
970	24361		24361		Arthroplasty, elbow; with distal humeral prosthetic replacement	\$ 2,970.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
971	24362		24362		Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	\$ 3,446.10
972	24363		24363		Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	\$ 4,614.30
973	24365		24365		Arthroplasty, radial head;	\$ 1,601.10
974	24366		24366		Arthroplasty, radial head; with implant	\$ 2,054.70
975	24400		24400		Osteotomy, humerus, with or without internal fixation	\$ 2,451.60
976	24410		24410		Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	\$ 2,646.90
977	24420		24420		Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	\$ 2,397.60
978	24430		24430		Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	\$ 2,629.80
979	24435		24435		Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	\$ 3,298.50
980	24470		24470		Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	\$ 1,476.00
981	24495		24495		Decompression fasciotomy, forearm, with brachial artery exploration	\$ 2,070.00
982	24498		24498		Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	\$ 1,984.50
983	24500		24500		Closed treatment of humeral shaft fracture; without manipulation	\$ 503.10
984	24505		24505		Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	\$ 1,046.70
985	24515		24515		Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	\$ 2,314.80
986	24516		24516		Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	\$ 2,646.90
987	24530		24530		Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	\$ 612.20
988	24535		24535		Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	\$ 1,064.70
989	24538		24538		Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	\$ 1,833.30
990	24545		24545		Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	\$ 2,343.60
991	24546		24546		Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	\$ 2,875.50
992	24560		24560		Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	\$ 535.50
993	24565		24565		Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	\$ 788.40
994	24566		24566		Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	\$ 1,277.10
995	24575		24575		Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	\$ 1,759.50
996	24576		24576		Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	\$ 549.90
997	24577		24577		Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	\$ 991.80
998	24579		24579		Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	\$ 1,859.40
999	24582		24582		Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	\$ 1,494.00
1000	24586		24586		Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	\$ 2,680.20
1001	24587		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	\$ 3,429.00
1002	24600		24600		Treatment of closed elbow dislocation; without anesthesia	\$ 462.60
1003	24605		24605		Treatment of closed elbow dislocation; requiring anesthesia	\$ 753.30

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1004	24615		24615		Open treatment of acute or chronic elbow dislocation	\$ 1,831.50
1005	24620		24620		Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	\$ 952.20
1006	24635		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	\$ 2,043.00
1007	24640		24640		Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	\$ 280.80
1008	24650		24650		Closed treatment of radial head or neck fracture; without manipulation	\$ 413.10
1009	24655		24655		Closed treatment of radial head or neck fracture; with manipulation	\$ 778.50
1010	24665		24665		Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	\$ 1,544.40
1011	24666		24666		Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	\$ 1,931.40
1012	24670		24670		Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	\$ 478.80
1013	24675		24675		Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	\$ 801.00
1014	24685		24685		Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	\$ 1,825.20
1015	24800		24800		Arthrodesis, elbow joint; local	\$ 2,271.60
1016	24802		24802		Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	\$ 2,788.20
1017	24900		24900		Amputation, arm through humerus; with primary closure	\$ 1,834.20
1018	24920		24920		Amputation, arm through humerus; open, circular (guillotine)	\$ 1,599.30
1019	24925		24925		Amputation, arm through humerus; secondary closure or scar revision	\$ 774.90
1020	24930		24930		Amputation, arm through humerus; re-amputation	\$ 1,470.60
1021	24931		24931		Amputation, arm through humerus; with implant	\$ 1,900.80
1022	24935		24935		Stump elongation, upper extremity	\$ 2,499.30
1023	24940		24940		Cineplasty, upper extremity, complete procedure	\$ 2,632.50
1024	24999		24999		Unlisted procedure, humerus or elbow	Cost
1025	25000		25000		Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	\$ 1,080.90
1026	25001		25001		Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	\$ 963.51
1027	25020		25020		Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	\$ 1,390.50
1028	25023		25023		Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	\$ 1,751.40
1029	25024		25024		Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	\$ 1,555.24
1030	25025		25025		Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	\$ 2,070.11
1031	25028		25028		Incision and drainage, forearm and/or wrist; deep abscess or hematoma	\$ 981.00
1032	25031		25031		Incision and drainage, forearm and/or wrist; bursa	\$ 586.80
1033	25035		25035		Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	\$ 1,416.60
1034	25040		25040		Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	\$ 1,479.60
1035	25065		25065		Biopsy, soft tissue of forearm and/or wrist; superficial	\$ 434.70
1036	25066		25066		Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	\$ 710.10
1037	25073		25073		Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	\$ 1,806.54
1038	25075		25075		Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	\$ 650.70
1039	25076		25076		Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	\$ 1,148.40

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1040	25077		25077		Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	\$ 2,590.20
1041	25085		25085		Capsulotomy, wrist (eg, contracture)	\$ 1,601.10
1042	25100		25100		Arthrotomy, wrist joint; with biopsy	\$ 1,330.20
1043	25101		25101		Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	\$ 1,323.00
1044	25105		25105		Arthrotomy, wrist joint; with synovectomy	\$ 1,722.60
1045	25107		25107		Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	\$ 1,453.50
1046	25109		25109		Excision of tendon, forearm and/or wrist, flexor or extensor, each	\$ 1,481.65
1047	25110		25110		Excision, lesion of tendon sheath, forearm and/or wrist	\$ 801.00
1048	25111		25111		Excision of ganglion, wrist (dorsal or volar); primary	\$ 943.10
1049	25112		25112		Excision of ganglion, wrist (dorsal or volar); recurrent	\$ 1,357.20
1050	25115		25115		Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	\$ 2,098.80
1051	25116		25116		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	\$ 2,058.30
1052	25118		25118		Synovectomy, extensor tendon sheath, wrist, single compartment;	\$ 1,926.00
1053	25119		25119		Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	\$ 1,556.10
1054	25120		25120		Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	\$ 1,530.90
1055	25125		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)	\$ 1,812.60
1056	25126		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	\$ 1,601.10
1057	25130		25130		Excision or curettage of bone cyst or benign tumor of carpal bones;	\$ 1,552.50
1058	25135		25135		Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	\$ 1,781.10
1059	25136		25136		Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	\$ 1,669.50
1060	25145		25145		Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	\$ 1,837.80
1061	25150		25150		Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	\$ 1,599.30
1062	25151		25151		Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	\$ 1,522.80
1063	25170		25170		Radical resection of tumor, radius or ulna	\$ 2,446.20
1064	25210		25210		Carpectomy; 1 bone	\$ 1,483.20
1065	25215		25215		Carpectomy; all bones of proximal row	\$ 2,278.80
1066	25230		25230		Radial styloidectomy (separate procedure)	\$ 1,163.70
1067	25240		25240		Excision distal ulna partial or complete (eg, Darrach type or matched resection)	\$ 1,516.50
1068	25246		25246		Injection procedure for wrist arthrography	\$ 223.20
1069	25248		25248		Exploration with removal of deep foreign body, forearm or wrist	\$ 1,003.50
1070	25250		25250		Removal of wrist prosthesis; (separate procedure)	\$ 1,647.90
1071	25251		25251		Removal of wrist prosthesis; complicated, including total wrist	\$ 2,194.20
1072	25259		25259		Manipulation, wrist, under anesthesia	\$ 1,033.88
1073	25260		25260		Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	\$ 1,475.10
1074	25263		25263		Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	\$ 1,476.00
1075	25265		25265		Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	\$ 1,890.00
1076	25270		25270		Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	\$ 1,206.90

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1077	25272		25272		Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	\$ 1,325.70
1078	25274		25274		Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	\$ 2,003.40
1079	25275		25275		Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	\$ 1,683.67
1080	25280		25280		Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	\$ 1,415.70
1081	25290		25290		Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	\$ 943.20
1082	25295		25295		Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	\$ 1,387.80
1083	25300		25300		Tenodesis at wrist; flexors of fingers	\$ 1,893.60
1084	25301		25301		Tenodesis at wrist; extensors of fingers	\$ 1,581.30
1085	25310		25310		Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	\$ 1,870.20
1086	25312		25312		Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	\$ 2,202.30
1087	25315		25315		Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	\$ 2,035.80
1088	25316		25316		Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	\$ 2,677.50
1089	25320		25320		Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	\$ 3,002.40
1090	25332		25332		Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	\$ 2,537.10
1091	25335		25335		Centralization of wrist on ulna (eg, radial club hand)	\$ 3,493.80
1092	25337		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	\$ 1,961.10
1093	25350		25350		Osteotomy, radius; distal third	\$ 1,881.90
1094	25355		25355		Osteotomy, radius; middle or proximal third	\$ 1,962.90
1095	25360		25360		Osteotomy; ulna	\$ 1,773.00
1096	25365		25365		Osteotomy; radius AND ulna	\$ 2,209.50
1097	25370		25370		Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	\$ 2,259.00
1098	25375		25375		Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	\$ 3,060.90
1099	25390		25390		Osteoplasty, radius OR ulna; shortening	\$ 2,204.10
1100	25391		25391		Osteoplasty, radius OR ulna; lengthening with autograft	\$ 2,938.50
1101	25392		25392		Osteoplasty, radius AND ulna; shortening (excluding 64876)	\$ 2,710.80
1102	25393		25393		Osteoplasty, radius AND ulna; lengthening with autograft	\$ 3,029.40
1103	25394		25394		Osteoplasty, carpal bone, shortening	\$ 1,709.09
1104	25400		25400		Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	\$ 1,773.90
1105	25405		25405		Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	\$ 2,500.20
1106	25415		25415		Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	\$ 2,615.40
1107	25420		25420		Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	\$ 2,688.30
1108	25425		25425		Repair of defect with autograft; radius OR ulna	\$ 2,207.70
1109	25426		25426		Repair of defect with autograft; radius AND ulna	\$ 3,141.00
1110	25430		25430		Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	\$ 1,713.16
1111	25431		25431		Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	\$ 2,472.29
1112	25440		25440		Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	\$ 2,318.40
1113	25441		25441		Arthroplasty with prosthetic replacement; distal radius	\$ 2,338.20
1114	25442		25442		Arthroplasty with prosthetic replacement; distal ulna	\$ 1,840.50

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1115	25443		25443		Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	\$ 2,010.60
1116	25444		25444		Arthroplasty with prosthetic replacement; lunate	\$ 2,404.80
1117	25445		25445		Arthroplasty with prosthetic replacement; trapezium	\$ 2,321.10
1118	25446		25446		Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	\$ 3,823.20
1119	25447		25447		Arthroplasty, interposition, intercarpal or carpometacarpal joints	\$ 2,806.20
1120	25449		25449		Revision of arthroplasty, including removal of implant, wrist joint	\$ 1,763.10
1121	25450		25450		Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	\$ 1,053.00
1122	25455		25455		Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	\$ 1,548.00
1123	25490		25490		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	\$ 1,586.70
1124	25491		25491		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	\$ 1,681.20
1125	25492		25492		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	\$ 1,881.90
1126	25500		25500		Closed treatment of radial shaft fracture; without manipulation	\$ 513.00
1127	25505		25505		Closed treatment of radial shaft fracture; with manipulation	\$ 775.80
1128	25515		25515		Open treatment of radial shaft fracture, includes internal fixation, when performed	\$ 1,587.60
1129	25520		25520		Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	\$ 1,447.20
1130	25525		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	\$ 2,566.80
1131	25526		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 fibro	\$ 2,663.10
1132	25530		25530		Closed treatment of ulnar shaft fracture; without manipulation	\$ 475.20
1133	25535		25535		Closed treatment of ulnar shaft fracture; with manipulation	\$ 811.80
1134	25545		25545		Open treatment of ulnar shaft fracture, includes internal fixation, when performed	\$ 1,704.60
1135	25560		25560		Closed treatment of radial and ulnar shaft fractures; without manipulation	\$ 612.90
1136	25565		25565		Closed treatment of radial and ulnar shaft fractures; with manipulation	\$ 1,008.00
1137	25574		25574		Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	\$ 2,353.50
1138	25575		25575		Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	\$ 2,425.50
1139	25600		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	\$ 550.80
1140	25605		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	\$ 796.50
1141	25606		25606		Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	\$ 1,524.64
1142	25607		25607		Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	\$ 1,539.22
1143	25622		25622		Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	\$ 612.90
1144	25624		25624		Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	\$ 808.20
1145	25628		25628		Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	\$ 1,751.40
1146	25630		25630		Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	\$ 506.70

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1147	25635		25635		Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	\$ 699.30
1148	25645		25645		Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	\$ 1,376.10
1149	25650		25650		Closed treatment of ulnar styloid fracture	\$ 758.70
1150	25651		25651		Percutaneous skeletal fixation of ulnar styloid fracture	\$ 1,006.20
1151	25652		25652		Open treatment of ulnar styloid fracture	\$ 1,318.22
1152	25660		25660		Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	\$ 781.20
1153	25670		25670		Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	\$ 1,624.50
1154	25671		25671		Percutaneous skeletal fixation of distal radioulnar dislocation	\$ 1,128.99
1155	25675		25675		Closed treatment of distal radioulnar dislocation with manipulation	\$ 776.70
1156	25676		25676		Open treatment of distal radioulnar dislocation, acute or chronic	\$ 1,699.20
1157	25680		25680		Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	\$ 1,107.90
1158	25685		25685		Open treatment of trans-scaphoperilunar type of fracture dislocation	\$ 2,005.20
1159	25690		25690		Closed treatment of lunate dislocation, with manipulation	\$ 1,141.20
1160	25695		25695		Open treatment of lunate dislocation	\$ 1,864.80
1161	25800		25800		Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	\$ 2,785.50
1162	25805		25805		Arthrodesis, wrist; with sliding graft	\$ 2,888.10
1163	25810		25810		Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	\$ 3,366.00
1164	25820		25820		Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	\$ 2,223.00
1165	25825		25825		Arthrodesis, wrist; with autograft (includes obtaining graft)	\$ 2,680.20
1166	25830		25830		Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	\$ 2,169.90
1167	25900		25900		Amputation, forearm, through radius and ulna;	\$ 1,926.00
1168	25905		25905		Amputation, forearm, through radius and ulna; open, circular (guillotine)	\$ 1,746.00
1169	25907		25907		Amputation, forearm, through radius and ulna; secondary closure or scar revision	\$ 837.00
1170	25909		25909		Amputation, forearm, through radius and ulna; re-amputation	\$ 1,625.40
1171	25915		25915		Krukenberg procedure	\$ 2,570.40
1172	25920		25920		Disarticulation through wrist;	\$ 1,611.90
1173	25922		25922		Disarticulation through wrist; secondary closure or scar revision	\$ 945.90
1174	25924		25924		Disarticulation through wrist; re-amputation	\$ 1,646.10
1175	25927		25927		Transmetacarpal amputation;	\$ 1,952.10
1176	25929		25929		Transmetacarpal amputation; secondary closure or scar revision	\$ 870.30
1177	25931		25931		Transmetacarpal amputation; re-amputation	\$ 1,794.60
1178	25999		25999		Unlisted procedure, forearm or wrist	Cost
1179	26010		26010		Drainage of finger abscess; simple	\$ 293.40
1180	26011		26011		Drainage of finger abscess; complicated (eg, felon)	\$ 568.80
1181	26020		26020		Drainage of tendon sheath, digit and/or palm, each	\$ 1,313.10
1182	26025		26025		Drainage of palmar bursa; single, bursa	\$ 1,323.90
1183	26030		26030		Drainage of palmar bursa; multiple bursa	\$ 1,913.40
1184	26034		26034		Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	\$ 1,782.00
1185	26035		26035		Decompression fingers and/or hand, injection injury (eg, grease gun)	\$ 2,395.80
1186	26037		26037		Decompressive fasciotomy, hand (excludes 26035)	\$ 2,175.30
1187	26040		26040		Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	\$ 1,008.00
1188	26045		26045		Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	\$ 1,457.10
1189	26055		26055		Tendon sheath incision (eg, for trigger finger)	\$ 931.88
1190	26060		26060		Tenotomy, percutaneous, single, each digit	\$ 499.50
1191	26070		26070		Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	\$ 841.50

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1192	26075		26075		Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	\$ 1,145.70
1193	26080		26080		Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	\$ 895.50
1194	26100		26100		Arthrotomy with biopsy; carpometacarpal joint, each	\$ 920.70
1195	26105		26105		Arthrotomy with biopsy; metacarpophalangeal joint, each	\$ 1,050.30
1196	26110		26110		Arthrotomy with biopsy; interphalangeal joint, each	\$ 842.40
1197	26111		26111		Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	\$ 1,075.54
1198	26113		26113		Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	\$ 1,621.65
1199	26115		26115		Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	\$ 927.00
1200	26116		26116		Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	\$ 1,284.30
1201	26117		26117		Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	\$ 2,445.30
1202	26118		26118		Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	\$ 3,201.59
1203	26121		26121		Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	\$ 2,585.70
1204	26123		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);	\$ 2,606.40
1205	26125		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	\$ 2,230.20
1206	26130		26130		Synovectomy, carpometacarpal joint	\$ 1,566.00
1207	26135		26135		Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	\$ 1,762.20
1208	26140		26140		Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	\$ 1,708.20
1209	26145		26145		Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	\$ 1,744.20
1210	26160		26160		Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	\$ 913.50
1211	26170		26170		Excision of tendon, palm, flexor or extensor, single, each tendon	\$ 945.90
1212	26180		26180		Excision of tendon, finger, flexor or extensor, each tendon	\$ 834.30
1213	26185		26185		Sesamoidectomy, thumb or finger (separate procedure)	\$ 929.70
1214	26200		26200		Excision or curettage of bone cyst or benign tumor of metacarpal;	\$ 1,137.60
1215	26205		26205		Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	\$ 1,695.60
1216	26210		26210		Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	\$ 1,234.80
1217	26215		26215		Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	\$ 1,538.10
1218	26230		26230		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	\$ 1,121.40
1219	26235		26235		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	\$ 1,081.80
1220	26236		26236		Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	\$ 931.50
1221	26250		26250		Radical resection of tumor, metacarpal	\$ 1,561.50
1222	26260		26260		Radical resection of tumor, proximal or middle phalanx of finger	\$ 1,692.00
1223	26262		26262		Radical resection of tumor, distal phalanx of finger	\$ 1,568.70
1224	26320		26320		Removal of implant from finger or hand	\$ 956.70
1225	26340		26340		Manipulation, finger joint, under anesthesia, each joint	\$ 841.74

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1226	26350		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	\$ 2,094.30
1227	26352		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	\$ 2,346.30
1228	26356		26356		Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	\$ 2,266.20
1229	26357		26357		Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	\$ 2,317.50
1230	26358		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	\$ 2,396.70
1231	26370		26370		Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	\$ 1,900.80
1232	26372		26372		Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	\$ 1,975.50
1233	26373		26373		Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	\$ 1,825.20
1234	26390		26390		Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	\$ 1,753.20
1235	26392		26392		Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	\$ 2,260.80
1236	26410		26410		Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	\$ 1,064.70
1237	26412		26412		Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	\$ 1,515.60
1238	26415		26415		Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	\$ 1,444.50
1239	26416		26416		Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	\$ 1,515.60
1240	26418		26418		Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	\$ 1,251.90
1241	26420		26420		Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	\$ 1,416.60
1242	26426		26426		Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	\$ 1,654.20
1243	26428		26428		Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	\$ 1,773.00
1244	26432		26432		Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	\$ 1,139.40
1245	26433		26433		Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	\$ 1,485.00
1246	26434		26434		Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	\$ 1,368.00
1247	26437		26437		Realignment of extensor tendon, hand, each tendon	\$ 1,484.10
1248	26440		26440		Tenolysis, flexor tendon; palm OR finger, each tendon	\$ 1,247.40
1249	26442		26442		Tenolysis, flexor tendon; palm AND finger, each tendon	\$ 1,440.90
1250	26445		26445		Tenolysis, extensor tendon, hand OR finger, each tendon	\$ 1,212.30
1251	26449		26449		Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	\$ 1,699.20
1252	26450		26450		Tenotomy, flexor, palm, open, each tendon	\$ 733.50
1253	26455		26455		Tenotomy, flexor, finger, open, each tendon	\$ 847.80
1254	26460		26460		Tenotomy, extensor, hand or finger, open, each tendon	\$ 849.60
1255	26471		26471		Tenodesis; of proximal interphalangeal joint, each joint	\$ 1,384.20
1256	26474		26474		Tenodesis; of distal joint, each joint	\$ 981.00
1257	26476		26476		Lengthening of tendon, extensor, hand or finger, each tendon	\$ 1,012.50
1258	26477		26477		Shortening of tendon, extensor, hand or finger, each tendon	\$ 1,078.20
1259	26478		26478		Lengthening of tendon, flexor, hand or finger, each tendon	\$ 1,345.50
1260	26479		26479		Shortening of tendon, flexor, hand or finger, each tendon	\$ 1,348.20
1261	26480		26480		Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	\$ 1,838.70

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1262	26483		26483		Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	\$ 2,086.20
1263	26485		26485		Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	\$ 1,926.90
1264	26489		26489		Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	\$ 2,232.90
1265	26490		26490		Opponensplasty; superficialis tendon transfer type, each tendon	\$ 2,045.70
1266	26492		26492		Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	\$ 2,237.40
1267	26494		26494		Opponensplasty; hypothenar muscle transfer	\$ 2,032.20
1268	26496		26496		Opponensplasty; other methods	\$ 2,317.50
1269	26497		26497		Transfer of tendon to restore intrinsic function; ring and small finger	\$ 2,201.40
1270	26498		26498		Transfer of tendon to restore intrinsic function; all 4 fingers	\$ 2,544.30
1271	26499		26499		Correction claw finger, other methods	\$ 2,403.90
1272	26500		26500		Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	\$ 1,257.30
1273	26502		26502		Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	\$ 1,802.70
1274	26508		26508		Release of thenar muscle(s) (eg, thumb contracture)	\$ 1,460.70
1275	26510		26510		Cross intrinsic transfer, each tendon	\$ 1,870.20
1276	26516		26516		Capsulodesis, metacarpophalangeal joint; single digit	\$ 1,593.90
1277	26517		26517		Capsulodesis, metacarpophalangeal joint; 2 digits	\$ 1,629.90
1278	26518		26518		Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	\$ 2,031.30
1279	26520		26520		Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	\$ 1,548.00
1280	26525		26525		Capsulectomy or capsulotomy; interphalangeal joint, each joint	\$ 1,649.70
1281	26530		26530		Arthroplasty, metacarpophalangeal joint; each joint	\$ 1,611.90
1282	26531		26531		Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	\$ 1,847.70
1283	26535		26535		Arthroplasty, interphalangeal joint; each joint	\$ 1,657.80
1284	26536		26536		Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	\$ 1,911.60
1285	26540		26540		Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	\$ 1,791.00
1286	26541		26541		Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	\$ 2,261.70
1287	26542		26542		Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	\$ 2,025.00
1288	26545		26545		Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	\$ 1,589.40
1289	26546		26546		Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	\$ 1,758.60
1290	26548		26548		Repair and reconstruction, finger, volar plate, interphalangeal joint	\$ 1,946.70
1291	26550		26550		Pollicization of a digit	\$ 3,405.60
1292	26551		26551		Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	\$ 9,160.20
1293	26553		26553		Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	\$ 9,096.30
1294	26554		26554		Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	\$ 10,847.70
1295	26555		26555		Transfer, finger to another position without microvascular anastomosis	\$ 2,587.50
1296	26556		26556		Transfer, free toe joint, with microvascular anastomosis	\$ 9,251.10
1297	26560		26560		Repair of syndactyly (web finger) each web space; with skin flaps	\$ 1,658.70
1298	26561		26561		Repair of syndactyly (web finger) each web space; with skin flaps and grafts	\$ 2,214.90
1299	26562		26562		Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	\$ 2,721.60
1300	26565		26565		Osteotomy; metacarpal, each	\$ 1,844.10
1301	26567		26567		Osteotomy; phalanx of finger, each	\$ 1,483.20
1302	26568		26568		Osteoplasty, lengthening, metacarpal or phalanx	\$ 2,240.10

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1303	26580		26580		Repair cleft hand	\$ 3,350.70
1304	26587		26587		Reconstruction of polydactylous digit, soft tissue and bone	\$ 1,975.50
1305	26590		26590		Repair macrodactylia, each digit	\$ 2,241.00
1306	26591		26591		Repair, intrinsic muscles of hand, each muscle	\$ 1,861.20
1307	26593		26593		Release, intrinsic muscles of hand, each muscle	\$ 1,684.80
1308	26596		26596		Excision of constricting ring of finger, with multiple Z-plasties	\$ 1,884.60
1309	26600		26600		Closed treatment of metacarpal fracture, single; without manipulation, each bone	\$ 341.10
1310	26605		26605		Closed treatment of metacarpal fracture, single; with manipulation, each bone	\$ 504.00
1311	26607		26607		Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	\$ 983.70
1312	26608		26608		Percutaneous skeletal fixation of metacarpal fracture, each bone	\$ 1,079.10
1313	26615		26615		Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	\$ 1,511.10
1314	26641		26641		Closed treatment of carpometacarpal dislocation, thumb, with manipulation	\$ 526.50
1315	26645		26645		Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	\$ 703.80
1316	26650		26650		Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	\$ 1,207.80
1317	26665		26665		Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	\$ 1,818.90
1318	26670		26670		Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	\$ 373.50
1319	26675		26675		Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	\$ 617.66
1320	26676		26676		Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	\$ 885.60
1321	26685		26685		Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	\$ 1,269.00
1322	26686		26686		Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	\$ 1,341.00
1323	26700		26700		Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	\$ 340.20
1324	26705		26705		Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	\$ 525.60
1325	26706		26706		Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	\$ 847.80
1326	26715		26715		Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	\$ 1,225.80
1327	26720		26720		Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$ 278.10
1328	26725		26725		Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	\$ 462.60
1329	26727		26727		Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	\$ 967.50
1330	26735		26735		Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	\$ 1,345.50
1331	26740		26740		Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	\$ 492.30
1332	26742		26742		Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	\$ 647.10
1333	26746		26746		Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	\$ 1,380.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1334	26750		26750		Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	\$ 227.70
1335	26755		26755		Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	\$ 368.40
1336	26756		26756		Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	\$ 751.50
1337	26765		26765		Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	\$ 889.20
1338	26770		26770		Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	\$ 244.56
1339	26775		26775		Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	\$ 448.20
1340	26776		26776		Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	\$ 712.80
1341	26785		26785		Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	\$ 990.90
1342	26820		26820		Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	\$ 1,808.10
1343	26841		26841		Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	\$ 1,699.20
1344	26842		26842		Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	\$ 1,946.70
1345	26843		26843		Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	\$ 1,415.70
1346	26844		26844		Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	\$ 1,545.30
1347	26850		26850		Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	\$ 1,919.70
1348	26852		26852		Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	\$ 1,494.00
1349	26860		26860		Arthrodesis, interphalangeal joint, with or without internal fixation;	\$ 1,250.10
1350	26861		26861		Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	\$ 540.90
1351	26862		26862		Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	\$ 1,629.90
1352	26863		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)	\$ 646.20
1353	26910		26910		Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	\$ 1,870.20
1354	26951		26951		Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$ 910.80
1355	26952		26952		Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	\$ 1,376.10
1356	26989		26989		Unlisted procedure, hands or fingers	\$ 658.80
1357	26990		26990		Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	\$ 900.90
1358	26991		26991		Incision and drainage, pelvis or hip joint area; infected bursa	\$ 772.20
1359	26992		26992		Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	\$ 1,793.70
1360	27000		27000		Tenotomy, adductor of hip, percutaneous (separate procedure)	\$ 498.60
1361	27001		27001		Tenotomy, adductor of hip, open	\$ 912.60
1362	27003		27003		Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	\$ 1,064.70
1363	27005		27005		Tenotomy, hip flexor(s), open (separate procedure)	\$ 1,452.60
1364	27006		27006		Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	\$ 1,012.50
1365	27025		27025		Fasciotomy, hip or thigh, any type	\$ 1,698.30
1366	27027		27027		Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	\$ 1,637.28
1367	27030		27030		Arthrotomy, hip, with drainage (eg, infection)	\$ 2,173.50

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1368	27033		27033		Arthrotomy, hip, including exploration or removal of loose or foreign body	\$ 2,332.80
1369	27035		27035		Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	\$ 2,578.50
1370	27036		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)	\$ 2,480.40
1371	27040		27040		Biopsy, soft tissue of pelvis and hip area; superficial	\$ 462.60
1372	27041		27041		Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	\$ 767.70
1373	27043		27043		Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	\$ 877.66
1374	27045		27045		Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	\$ 1,380.69
1375	27047		27047		Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	\$ 697.50
1376	27048		27048		Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	\$ 1,323.00
1377	27049		27049		Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	\$ 3,126.60
1378	27050		27050		Arthrotomy, with biopsy; sacroiliac joint	\$ 1,007.10
1379	27052		27052		Arthrotomy, with biopsy; hip joint	\$ 2,218.50
1380	27054		27054		Arthrotomy with synovectomy, hip joint	\$ 2,638.80
1381	27057		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	\$ 1,660.89
1382	27059		27059		Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	\$ 3,359.14
1383	27060		27060		Excision; ischial bursa	\$ 999.90
1384	27062		27062		Excision; trochanteric bursa or calcification	\$ 904.50
1385	27065		27065		Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	\$ 1,318.50
1386	27066		27066		Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	\$ 1,965.60
1387	27067		27067		Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	\$ 2,286.90
1388	27070		27070		Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	\$ 1,739.70
1389	27071		27071		Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	\$ 1,902.60
1390	27075		27075		Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	\$ 3,087.90
1391	27076		27076		Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	\$ 4,360.50
1392	27077		27077		Radical resection of tumor; innominate bone, total	\$ 5,816.70
1393	27078		27078		Radical resection of tumor; ischial tuberosity and greater trochanter of femur	\$ 1,979.10
1394	27080		27080		Coccygectomy, primary	\$ 1,275.30
1395	27086		27086		Removal of foreign body, pelvis or hip; subcutaneous tissue	\$ 332.10
1396	27087		27087		Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	\$ 1,123.53
1397	27090		27090		Removal of hip prosthesis; (separate procedure)	\$ 2,482.20
1398	27091		27091		Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	\$ 5,319.90
1399	27093		27093		Injection procedure for hip arthrography; without anesthesia	\$ 275.40
1400	27095		27095		Injection procedure for hip arthrography; with anesthesia	\$ 504.00
1401	27096		27096		Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or ct) including arthrography when performed	\$ 769.50
1402	27097		27097		Release or recession, hamstring, proximal	\$ 1,754.10

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1403	27098		27098		Transfer, adductor to ischium	\$ 2,065.50
1404	27100		27100		Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	\$ 2,358.90
1405	27105		27105		Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	\$ 2,504.70
1406	27110		27110		Transfer iliopsoas; to greater trochanter of femur	\$ 2,935.80
1407	27111		27111		Transfer iliopsoas; to femoral neck	\$ 2,898.90
1408	27120		27120		Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	\$ 3,783.60
1409	27122		27122		Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	\$ 3,681.00
1410	27125		27125		Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	\$ 4,079.70
1411	27130		27130		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	\$ 5,616.90
1412	27132		27132		Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	\$ 6,371.10
1413	27134		27134		Revision of total hip arthroplasty; both components, with or without autograft or allograft	\$ 8,532.18
1414	27137		27137		Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	\$ 5,851.80
1415	27138		27138		Revision of total hip arthroplasty; femoral component only, with or without allograft	\$ 5,899.50
1416	27140		27140		Osteotomy and transfer of greater trochanter of femur (separate procedure)	\$ 2,176.20
1417	27146		27146		Osteotomy, iliac, acetabular or innominate bone;	\$ 3,255.30
1418	27147		27147		Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	\$ 3,914.10
1419	27151		27151		Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	\$ 3,619.80
1420	27156		27156		Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	\$ 4,401.00
1421	27158		27158		Osteotomy, pelvis, bilateral (eg, congenital malformation)	\$ 3,836.70
1422	27161		27161		Osteotomy, femoral neck (separate procedure)	\$ 3,132.00
1423	27165		27165		Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	\$ 3,549.60
1424	27170		27170		Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	\$ 3,708.00
1425	27175		27175		Treatment of slipped femoral epiphysis; by traction, without reduction	\$ 1,855.80
1426	27176		27176		Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	\$ 2,770.20
1427	27177		27177		Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	\$ 3,270.60
1428	27178		27178		Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	\$ 3,458.70
1429	27179		27179		Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	\$ 2,672.10
1430	27181		27181		Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	\$ 3,789.90
1431	27185		27185		Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	\$ 1,233.00
1432	27187		27187		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	\$ 4,241.70
1433	27193		27193		Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	\$ 1,030.50
1434	27194		27194		Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	\$ 1,568.70
1435	27200		27200		Closed treatment of coccygeal fracture	\$ 441.90
1436	27202		27202		Open treatment of coccygeal fracture	\$ 897.30
1437	27215		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	\$ 2,472.30

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1438	27216		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)	\$ 2,767.50
1439	27217		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)	\$ 3,654.90
1440	27218		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)	\$ 4,345.20
1441	27220		27220		Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	\$ 896.40
1442	27222		27222		Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	\$ 1,599.30
1443	27226		27226		Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	\$ 3,602.70
1444	27227		27227		Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	\$ 6,057.90
1445	27228		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	\$ 6,196.50
1446	27230		27230		Closed treatment of femoral fracture, proximal end, neck; without manipulation	\$ 1,077.30
1447	27232		27232		Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	\$ 1,769.40
1448	27235		27235		Percutaneous skeletal fixation of femoral fracture, proximal end, neck	\$ 3,135.60
1449	27236		27236		Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	\$ 3,712.50
1450	27238		27238		Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	\$ 1,142.10
1451	27240		27240		Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	\$ 2,139.30
1452	27244		27244		Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	\$ 3,339.00
1453	27245		27245		Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	\$ 3,947.40
1454	27246		27246		Closed treatment of greater trochanteric fracture, without manipulation	\$ 903.60
1455	27248		27248		Open treatment of greater trochanteric fracture, includes internal fixation, when performed	\$ 2,221.20
1456	27250		27250		Closed treatment of hip dislocation, traumatic; without anesthesia	\$ 764.10
1457	27252		27252		Closed treatment of hip dislocation, traumatic; requiring anesthesia	\$ 1,134.90
1458	27253		27253		Open treatment of hip dislocation, traumatic, without internal fixation	\$ 2,451.60
1459	27254		27254		Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	\$ 3,348.00
1460	27256		27256		Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	\$ 1,652.40
1461	27257		27257		Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	\$ 1,835.10
1462	27258		27258		Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	\$ 2,468.70

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1463	27259		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	\$ 2,904.30
1464	27265		27265		Closed treatment of post hip arthroplasty dislocation; without anesthesia	\$ 772.20
1465	27266		27266		Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	\$ 1,535.40
1466	27267		27267		Closed treatment of femoral fracture, proximal end, head; without manipulation	\$ 864.17
1467	27268		27268		Closed treatment of femoral fracture, proximal end, head; with manipulation	\$ 1,109.74
1468	27269		27269		Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	\$ 2,878.69
1469	27275		27275		Manipulation, hip joint, requiring general anesthesia	\$ 505.80
1470	27280		27280		Arthrodesis, sacroiliac joint (including obtaining graft)	\$ 2,464.20
1471	27282		27282		Arthrodesis, symphysis pubis (including obtaining graft)	\$ 2,461.50
1472	27284		27284		Arthrodesis, hip joint (including obtaining graft);	\$ 4,975.20
1473	27286		27286		Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	\$ 4,097.70
1474	27290		27290		Interpelviabdominal amputation (hindquarter amputation)	\$ 5,978.70
1475	27295		27295		Disarticulation of hip	\$ 4,355.10
1476	27299		27299		Unlisted procedure, pelvis or hip joint	Cost
1477	27301		27301		Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$ 832.94
1478	27303		27303		Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	\$ 1,818.00
1479	27305		27305		Fasciotomy, iliotibial (tenotomy), open	\$ 1,055.70
1480	27306		27306		Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	\$ 681.30
1481	27307		27307		Tenotomy, percutaneous, adductor or hamstring; multiple tendons	\$ 1,024.20
1482	27310		27310		Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	\$ 1,787.40
1483	27323		27323		Biopsy, soft tissue of thigh or knee area; superficial	\$ 360.90
1484	27324		27324		Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	\$ 807.30
1485	27325		27325		Neurectomy, hamstring muscle	\$ 1,757.66
1486	27326		27326		Neurectomy, popliteal (gastrocnemius)	\$ 1,605.75
1487	27327		27327		Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	\$ 720.00
1488	27328		27328		Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	\$ 1,256.40
1489	27329		27329		Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	\$ 2,625.30
1490	27330		27330		Arthrotomy, knee; with synovial biopsy only	\$ 2,022.30
1491	27331		27331		Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	\$ 1,806.30
1492	27332		27332		Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	\$ 2,399.40
1493	27333		27333		Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	\$ 3,174.14
1494	27334		27334		Arthrotomy, with synovectomy, knee; anterior OR posterior	\$ 2,421.00
1495	27335		27335		Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	\$ 2,895.30
1496	27337		27337		Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	\$ 1,376.91
1497	27339		27339		Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	\$ 2,414.25
1498	27340		27340		Excision, prepatellar bursa	\$ 1,103.40
1499	27345		27345		Excision of synovial cyst of popliteal space (eg, Baker's cyst)	\$ 1,524.60
1500	27347		27347		Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	\$ 784.80
1501	27350		27350		Patellectomy or hemipatellectomy	\$ 2,124.00
1502	27355		27355		Excision or curettage of bone cyst or benign tumor of femur;	\$ 1,802.70
1503	27356		27356		Excision or curettage of bone cyst or benign tumor of femur; with allograft	\$ 2,199.60
1504	27357		27357		Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	\$ 2,436.30

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1505	27358		27358		Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	\$ 2,508.30
1506	27360		27360		Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	\$ 1,926.90
1507	27364		27364		Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	\$ 4,912.84
1508	27365		27365		Radical resection of tumor, femur or knee	\$ 3,127.50
1509	27370		27370		Injection procedure for knee arthrography	\$ 197.10
1510	27372		27372		Removal of foreign body, deep, thigh region or knee area	\$ 955.80
1511	27380		27380		Suture of infrapatellar tendon; primary	\$ 1,602.00
1512	27381		27381		Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	\$ 2,480.40
1513	27385		27385		Suture of quadriceps or hamstring muscle rupture; primary	\$ 1,827.90
1514	27386		27386		Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	\$ 2,734.20
1515	27390		27390		Tenotomy, open, hamstring, knee to hip; single tendon	\$ 1,061.10
1516	27391		27391		Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	\$ 1,390.50
1517	27392		27392		Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	\$ 2,008.80
1518	27393		27393		Lengthening of hamstring tendon; single tendon	\$ 1,071.00
1519	27394		27394		Lengthening of hamstring tendon; multiple tendons, 1 leg	\$ 1,632.60
1520	27395		27395		Lengthening of hamstring tendon; multiple tendons, bilateral	\$ 2,038.50
1521	27396		27396		Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	\$ 2,131.20
1522	27397		27397		Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	\$ 2,707.20
1523	27400		27400		Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	\$ 1,980.00
1524	27403		27403		Arthrotomy with meniscus repair, knee	\$ 2,745.00
1525	27405		27405		Repair, primary, torn ligament and/or capsule, knee; collateral	\$ 2,272.50
1526	27407		27407		Repair, primary, torn ligament and/or capsule, knee; cruciate	\$ 3,190.50
1527	27409		27409		Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	\$ 3,634.20
1528	27412		27412		Autologous chondrocyte implantation, knee	\$ 5,606.85
1529	27415		27415		Osteochondral allograft, knee, open	\$ 4,366.31
1530	27416		27416		Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	\$ 2,968.11
1531	27418		27418		Anterior tibial tubercleplasty (eg, Maquet type procedure)	\$ 3,002.40
1532	27420		27420		Reconstruction of dislocating patella; (eg, Hauser type procedure)	\$ 2,293.20
1533	27422		27422		Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	\$ 2,475.00
1534	27424		27424		Reconstruction of dislocating patella; with patellectomy	\$ 2,765.70
1535	27425		27425		Lateral retinacular release, open	\$ 2,367.00
1536	27427		27427		Ligamentous reconstruction (augmentation), knee; extra-articular	\$ 3,698.10
1537	27428		27428		Ligamentous reconstruction (augmentation), knee; intra-articular (open)	\$ 3,715.20
1538	27429		27429		Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	\$ 4,960.80
1539	27430		27430		Quadricepsplasty (eg, Bennett or Thompson type)	\$ 2,210.40
1540	27435		27435		Capsulotomy, posterior capsular release, knee	\$ 2,236.50
1541	27437		27437		Arthroplasty, patella; without prosthesis	\$ 2,274.30
1542	27438		27438		Arthroplasty, patella; with prosthesis	\$ 2,720.70
1543	27440		27440		Arthroplasty, knee, tibial plateau;	\$ 3,292.20
1544	27441		27441		Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	\$ 3,002.40
1545	27442		27442		Arthroplasty, femoral condyles or tibial plateau(s), knee;	\$ 3,510.00
1546	27443		27443		Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	\$ 3,554.10
1547	27445		27445		Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	\$ 4,499.10
1548	27446		27446		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	\$ 4,126.63

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1549	27447		27447		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	\$ 5,226.12
1550	27448		27448		Osteotomy, femur, shaft or supracondylar; without fixation	\$ 2,877.30
1551	27450		27450		Osteotomy, femur, shaft or supracondylar; with fixation	\$ 2,826.90
1552	27454		27454		Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	\$ 3,295.80
1553	27455		27455		Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	\$ 2,394.90
1554	27457		27457		Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	\$ 2,886.30
1555	27465		27465		Osteoplasty, femur; shortening (excluding 64876)	\$ 3,267.90
1556	27466		27466		Osteoplasty, femur; lengthening	\$ 3,707.10
1557	27468		27468		Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	\$ 4,853.70
1558	27470		27470		Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	\$ 3,579.30
1559	27472		27472		Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	\$ 4,050.00
1560	27475		27475		Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	\$ 2,453.40
1561	27477		27477		Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	\$ 2,636.10
1562	27479		27479		Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	\$ 3,160.80
1563	27485		27485		Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	\$ 1,805.40
1564	27486		27486		Revision of total knee arthroplasty, with or without allograft; 1 component	\$ 5,175.90
1565	27487		27487		Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	\$ 6,452.10
1566	27488		27488		Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	\$ 3,144.60
1567	27495		27495		Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	\$ 3,450.60
1568	27496		27496		Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	\$ 1,184.40
1569	27497		27497		Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	\$ 1,555.20
1570	27498		27498		Decompression fasciotomy, thigh and/or knee, multiple compartments;	\$ 2,394.90
1571	27499		27499		Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	\$ 2,421.00
1572	27500		27500		Closed treatment of femoral shaft fracture, without manipulation	\$ 1,207.80
1573	27501		27501		Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	\$ 1,495.80
1574	27502		27502		Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	\$ 1,648.80
1575	27503		27503		Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	\$ 2,035.80
1576	27506		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	\$ 3,828.60
1577	27507		27507		Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	\$ 3,386.70
1578	27508		27508		Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	\$ 1,017.00
1579	27509		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	\$ 1,913.40

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1580	27510		27510		Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	\$ 1,447.20
1581	27511		27511		Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	\$ 3,213.90
1582	27513		27513		Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	\$ 3,411.90
1583	27514		27514		Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	\$ 3,283.20
1584	27516		27516		Closed treatment of distal femoral epiphyseal separation; without manipulation	\$ 1,274.40
1585	27517		27517		Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	\$ 1,467.90
1586	27519		27519		Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	\$ 3,119.40
1587	27520		27520		Closed treatment of patellar fracture, without manipulation	\$ 578.70
1588	27524		27524		Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	\$ 2,121.30
1589	27530		27530		Closed treatment of tibial fracture, proximal (plateau); without manipulation	\$ 852.30
1590	27532		27532		Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	\$ 1,169.10
1591	27535		27535		Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	\$ 2,665.80
1592	27536		27536		Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	\$ 2,615.40
1593	27538		27538		Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	\$ 950.40
1594	27540		27540		Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	\$ 2,468.70
1595	27550		27550		Closed treatment of knee dislocation; without anesthesia	\$ 669.60
1596	27552		27552		Closed treatment of knee dislocation; requiring anesthesia	\$ 1,050.30
1597	27556		27556		Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	\$ 2,856.60
1598	27557		27557		Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	\$ 3,537.90
1599	27558		27558		Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	\$ 3,331.80
1600	27560		27560		Closed treatment of patellar dislocation; without anesthesia	\$ 461.70
1601	27562		27562		Closed treatment of patellar dislocation; requiring anesthesia	\$ 789.30
1602	27566		27566		Open treatment of patellar dislocation, with or without partial or total patellectomy	\$ 2,060.10
1603	27570		27570		Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	\$ 529.96
1604	27580		27580		Arthrodesis, knee, any technique	\$ 3,822.30
1605	27590		27590		Amputation, thigh, through femur, any level;	\$ 2,446.20
1606	27591		27591		Amputation, thigh, through femur, any level; immediate fitting technique including first cast	\$ 2,583.00
1607	27592		27592		Amputation, thigh, through femur, any level; open, circular (guillotine)	\$ 2,543.40
1608	27594		27594		Amputation, thigh, through femur, any level; secondary closure or scar revision	\$ 1,235.70
1609	27596		27596		Amputation, thigh, through femur, any level; re-amputation	\$ 2,379.60
1610	27598		27598		Disarticulation at knee	\$ 2,443.50
1611	27599		27599		Unlisted procedure, femur or knee	Cost
1612	27600		27600		Decompression fasciotomy, leg; anterior and/or lateral compartments only	\$ 991.80
1613	27601		27601		Decompression fasciotomy, leg; posterior compartment(s) only	\$ 1,097.10
1614	27602		27602		Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	\$ 1,403.10

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1615	27603		27603		Incision and drainage, leg or ankle; deep abscess or hematoma	\$ 799.29
1616	27604		27604		Incision and drainage, leg or ankle; infected bursa	\$ 529.20
1617	27605		27605		Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	\$ 489.60
1618	27606		27606		Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	\$ 918.90
1619	27607		27607		Incision (eg, osteomyelitis or bone abscess), leg or ankle	\$ 1,390.50
1620	27610		27610		Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	\$ 1,504.80
1621	27612		27612		Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	\$ 1,591.20
1622	27613		27613		Biopsy, soft tissue of leg or ankle area; superficial	\$ 421.20
1623	27614		27614		Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	\$ 842.40
1624	27615		27615		Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	\$ 2,870.10
1625	27616		27616		Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	\$ 3,296.27
1626	27618		27618		Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	\$ 846.00
1627	27619		27619		Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	\$ 1,333.80
1628	27620		27620		Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	\$ 1,577.70
1629	27625		27625		Arthrotomy, with synovectomy, ankle;	\$ 2,103.30
1630	27626		27626		Arthrotomy, with synovectomy, ankle; including tenosynovectomy	\$ 2,202.30
1631	27630		27630		Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	\$ 867.60
1632	27632		27632		Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	\$ 802.95
1633	27634		27634		Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	\$ 1,801.95
1634	27635		27635		Excision or curettage of bone cyst or benign tumor, tibia or fibula;	\$ 1,979.10
1635	27637		27637		Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	\$ 2,095.20
1636	27638		27638		Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	\$ 2,301.30
1637	27640		27640		Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	\$ 2,338.20
1638	27641		27641		Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	\$ 1,883.70
1639	27645		27645		Radical resection of tumor; tibia	\$ 2,884.50
1640	27646		27646		Radical resection of tumor; fibula	\$ 2,287.80
1641	27647		27647		Radical resection of tumor; talus or calcaneus	\$ 2,766.60
1642	27648		27648		Injection procedure for ankle arthrography	\$ 187.20
1643	27650		27650		Repair, primary, open or percutaneous, ruptured Achilles tendon;	\$ 1,908.66
1644	27652		27652		Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	\$ 2,335.50
1645	27654		27654		Repair, secondary, Achilles tendon, with or without graft	\$ 2,672.10
1646	27656		27656		Repair, fascial defect of leg	\$ 1,035.90
1647	27658		27658		Repair, flexor tendon, leg; primary, without graft, each tendon	\$ 1,115.10
1648	27659		27659		Repair, flexor tendon, leg; secondary, with or without graft, each tendon	\$ 1,606.50
1649	27664		27664		Repair, extensor tendon, leg; primary, without graft, each tendon	\$ 1,085.40
1650	27665		27665		Repair, extensor tendon, leg; secondary, with or without graft, each tendon	\$ 1,157.40
1651	27675		27675		Repair, dislocating peroneal tendons; without fibular osteotomy	\$ 1,295.10
1652	27676		27676		Repair, dislocating peroneal tendons; with fibular osteotomy	\$ 1,339.20
1653	27680		27680		Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	\$ 1,331.10
1654	27681		27681		Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	\$ 1,042.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1655	27685		27685		Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	\$ 1,200.60
1656	27686		27686		Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	\$ 1,363.50
1657	27687		27687		Gastrocnemius recession (eg, Strayer procedure)	\$ 1,171.80
1658	27690		27690		Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	\$ 1,647.90
1659	27691		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)	\$ 1,859.40
1660	27692		27692		Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	\$ 544.50
1661	27695		27695		Repair, primary, disrupted ligament, ankle; collateral	\$ 1,703.70
1662	27696		27696		Repair, primary, disrupted ligament, ankle; both collateral ligaments	\$ 2,338.20
1663	27698		27698		Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	\$ 2,367.00
1664	27700		27700		Arthroplasty, ankle;	\$ 2,807.10
1665	27702		27702		Arthroplasty, ankle; with implant (total ankle)	\$ 4,042.80
1666	27703		27703		Arthroplasty, ankle; revision, total ankle	\$ 3,919.50
1667	27704		27704		Removal of ankle implant	\$ 2,137.50
1668	27705		27705		Osteotomy; tibia	\$ 2,241.00
1669	27707		27707		Osteotomy; fibula	\$ 1,283.40
1670	27709		27709		Osteotomy; tibia and fibula	\$ 2,755.80
1671	27712		27712		Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	\$ 2,601.00
1672	27715		27715		Osteoplasty, tibia and fibula, lengthening or shortening	\$ 3,445.20
1673	27720		27720		Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	\$ 2,987.10
1674	27722		27722		Repair of nonunion or malunion, tibia; with sliding graft	\$ 3,027.60
1675	27724		27724		Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	\$ 3,375.90
1676	27725		27725		Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	\$ 3,711.60
1677	27726		27726		Repair of fibula nonunion and/or malunion with internal fixation	\$ 2,950.61
1678	27727		27727		Repair of congenital pseudarthrosis, tibia	\$ 2,699.10
1679	27730		27730		Arrest, epiphyseal (epiphysiodesis), open; distal tibia	\$ 1,624.50
1680	27732		27732		Arrest, epiphyseal (epiphysiodesis), open; distal fibula	\$ 1,235.70
1681	27734		27734		Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	\$ 1,830.60
1682	27740		27740		Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	\$ 2,415.60
1683	27742		27742		Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	\$ 3,129.30
1684	27745		27745		Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	\$ 2,493.00
1685	27750		27750		Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	\$ 702.97
1686	27752		27752		Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	\$ 1,081.80
1687	27756		27756		Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	\$ 2,086.20
1688	27758		27758		Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	\$ 2,968.20
1689	27759		27759		Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	\$ 3,328.20
1690	27760		27760		Closed treatment of medial malleolus fracture; without manipulation	\$ 503.10
1691	27762		27762		Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	\$ 824.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1692	27766		27766		Open treatment of medial malleolus fracture, includes internal fixation, when performed	\$ 1,553.40
1693	27767		27767		Closed treatment of posterior malleolus fracture; without manipulation	\$ 548.09
1694	27768		27768		Closed treatment of posterior malleolus fracture; with manipulation	\$ 868.53
1695	27769		27769		Open treatment of posterior malleolus fracture, includes internal fixation, when performed	\$ 1,707.43
1696	27780		27780		Closed treatment of proximal fibula or shaft fracture; without manipulation	\$ 562.50
1697	27781		27781		Closed treatment of proximal fibula or shaft fracture; with manipulation	\$ 893.70
1698	27784		27784		Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	\$ 1,605.60
1699	27786		27786		Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	\$ 463.50
1700	27788		27788		Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	\$ 818.10
1701	27792		27792		Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	\$ 1,539.90
1702	27808		27808		Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli); without manipulation	\$ 643.50
1703	27810		27810		Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli); with manipulation	\$ 1,189.80
1704	27814		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	\$ 2,196.90
1705	27816		27816		Closed treatment of trimalleolar ankle fracture; without manipulation	\$ 842.40
1706	27818		27818		Closed treatment of trimalleolar ankle fracture; with manipulation	\$ 1,312.20
1707	27822		27822		Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	\$ 2,358.90
1708	27823		27823		Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	\$ 2,880.90
1709	27824		27824		Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	\$ 813.60
1710	27825		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 manipulation	\$ 1,673.10
1711	27826		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	\$ 2,421.00
1712	27827		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	\$ 2,786.40
1713	27828		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	\$ 3,352.50
1714	27829		27829		Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	\$ 1,629.90
1715	27830		27830		Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	\$ 607.50
1716	27831		27831		Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	\$ 695.70
1717	27832		27832		Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	\$ 1,254.60
1718	27840		27840		Closed treatment of ankle dislocation; without anesthesia	\$ 537.30
1719	27842		27842		Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	\$ 761.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1720	27846		27846		Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	\$ 1,946.70
1721	27848		27848		Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	\$ 2,139.30
1722	27860		27860		Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	\$ 425.70
1723	27870		27870		Arthrodesis, ankle, open	\$ 2,708.10
1724	27871		27871		Arthrodesis, tibiofibular joint, proximal or distal	\$ 2,174.40
1725	27880		27880		Amputation, leg, through tibia and fibula;	\$ 2,462.40
1726	27881		27881		Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	\$ 2,837.70
1727	27882		27882		Amputation, leg, through tibia and fibula; open, circular (guillotine)	\$ 2,366.10
1728	27884		27884		Amputation, leg, through tibia and fibula; secondary closure or scar revision	\$ 1,488.60
1729	27886		27886		Amputation, leg, through tibia and fibula; re-amputation	\$ 2,375.10
1730	27888		27888		Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	\$ 2,007.90
1731	27889		27889		Ankle disarticulation	\$ 1,886.40
1732	27892		27892		Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	\$ 1,674.00
1733	27893		27893		Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	\$ 1,622.70
1734	27894		27894		Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	\$ 1,946.70
1735	27899		27899		Unlisted procedure, leg or ankle	Cost
1736	28001		28001		Incision and drainage, bursa, foot	\$ 412.20
1737	28002		28002		Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	\$ 779.40
1738	28003		28003		Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	\$ 973.80
1739	28005		28005		Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	\$ 991.80
1740	28008		28008		Fasciotomy, foot and/or toe	\$ 700.20
1741	28010		28010		Tenotomy, percutaneous, toe; single tendon	\$ 425.70
1742	28011		28011		Tenotomy, percutaneous, toe; multiple tendons	\$ 526.50
1743	28020		28020		Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	\$ 1,106.10
1744	28022		28022		Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	\$ 725.40
1745	28024		28024		Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	\$ 669.60
1746	28035		28035		Release, tarsal tunnel (posterior tibial nerve decompression)	\$ 1,653.30
1747	28039		28039		Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	\$ 805.26
1748	28041		28041		Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	\$ 941.09
1749	28043		28043		Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	\$ 525.60
1750	28045		28045		Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	\$ 1,077.30
1751	28046		28046		Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	\$ 1,923.30
1752	28047		28047		Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	\$ 1,845.03
1753	28050		28050		Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	\$ 1,000.80
1754	28052		28052		Arthrotomy with biopsy; metatarsophalangeal joint	\$ 690.30
1755	28054		28054		Arthrotomy with biopsy; interphalangeal joint	\$ 588.60
1756	28055		28055		Neurectomy, intrinsic musculature of foot	\$ 757.64
1757	28060		28060		Fasciectomy, plantar fascia; partial (separate procedure)	\$ 1,038.60
1758	28062		28062		Fasciectomy, plantar fascia; radical (separate procedure)	\$ 1,872.90
1759	28070		28070		Synovectomy; intertarsal or tarsometatarsal joint, each	\$ 1,097.10
1760	28072		28072		Synovectomy; metatarsophalangeal joint, each	\$ 727.20
1761	28080		28080		Excision, interdigital (Morton) neuroma, single, each	\$ 817.76

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1762	28086		28086		Synovectomy, tendon sheath, foot; flexor	\$ 1,244.70
1763	28088		28088		Synovectomy, tendon sheath, foot; extensor	\$ 873.90
1764	28090		28090		Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	\$ 762.08
1765	28092		28092		Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	\$ 675.00
1766	28100		28100		Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	\$ 1,274.40
1767	28102		28102		Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	\$ 1,674.00
1768	28103		28103		Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	\$ 1,577.70
1769	28104		28104		Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	\$ 1,057.50
1770	28106		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)	\$ 1,435.50
1771	28107		28107		Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	\$ 1,215.90
1772	28108		28108		Excision or curettage of bone cyst or benign tumor, phalanges of foot	\$ 862.20
1773	28110		28110		Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	\$ 828.90
1774	28111		28111		Ostectomy, complete excision; first metatarsal head	\$ 1,013.40
1775	28112		28112		Ostectomy, complete excision; other metatarsal head (second, third or fourth)	\$ 956.70
1776	28113		28113		Ostectomy, complete excision; fifth metatarsal head	\$ 973.80
1777	28114		28114		Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	\$ 2,032.20
1778	28116		28116		Ostectomy, excision of tarsal coalition	\$ 1,553.40
1779	28118		28118		Ostectomy, calcaneus;	\$ 1,267.20
1780	28119		28119		Ostectomy, calcaneus; for spur, with or without plantar fascial release	\$ 1,184.40
1781	28120		28120		Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	\$ 1,287.90
1782	28122		28122		Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	\$ 1,105.20
1783	28124		28124		Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	\$ 754.20
1784	28126		28126		Resection, partial or complete, phalangeal base, each toe	\$ 708.30
1785	28130		28130		Talectomy (astragalectomy)	\$ 1,640.70
1786	28140		28140		Metatarsectomy	\$ 1,133.10
1787	28150		28150		Phalangectomy, toe, each toe	\$ 699.30
1788	28153		28153		Resection, condyle(s), distal end of phalanx, each toe	\$ 751.50
1789	28160		28160		Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	\$ 651.60
1790	28171		28171		Radical resection of tumor; tarsal (except talus or calcaneus)	\$ 1,622.70
1791	28173		28173		Radical resection of tumor; metatarsal	\$ 1,408.50
1792	28175		28175		Radical resection of tumor; phalanx of toe	\$ 999.00
1793	28190		28190		Removal of foreign body, foot; subcutaneous	\$ 346.50
1794	28192		28192		Removal of foreign body, foot; deep	\$ 671.40
1795	28193		28193		Removal of foreign body, foot; complicated	\$ 1,028.70
1796	28200		28200		Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	\$ 1,134.00
1797	28202		28202		Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	\$ 1,766.70
1798	28208		28208		Repair, tendon, extensor, foot; primary or secondary, each tendon	\$ 967.50
1799	28210		28210		Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	\$ 1,038.60
1800	28222		28222		Tenolysis, flexor, foot; multiple tendons	\$ 1,048.50
1801	28225		28225		Tenolysis, extensor, foot; single tendon	\$ 580.50
1802	28226		28226		Tenolysis, extensor, foot; multiple tendons	\$ 747.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1803	28230		28230		Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	\$ 724.50
1804	28232		28232		Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	\$ 399.60
1805	28234		28234		Tenotomy, open, extensor, foot or toe, each tendon	\$ 517.50
1806	28238		28238		Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	\$ 1,545.30
1807	28240		28240		Tenotomy, lengthening, or release, abductor hallucis muscle	\$ 711.90
1808	28250		28250		Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	\$ 1,148.40
1809	28260		28260		Capsulotomy, midfoot; medial release only (separate procedure)	\$ 1,608.30
1810	28261		28261		Capsulotomy, midfoot; with tendon lengthening	\$ 1,545.30
1811	28262		28262		Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	\$ 2,923.20
1812	28264		28264		Capsulotomy, midtarsal (eg, Heyman type procedure)	\$ 2,145.60
1813	28270		28270		Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	\$ 712.80
1814	28272		28272		Capsulotomy; interphalangeal joint, each joint (separate procedure)	\$ 654.30
1815	28280		28280		Syndactylization, toes (eg, webbing or Kelikian type procedure)	\$ 747.00
1816	28285		28285		Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	\$ 813.60
1817	28286		28286		Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	\$ 875.70
1818	28288		28288		Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	\$ 1,009.80
1819	28289		28289		Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint	\$ 896.40
1820	28290		28290		Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	\$ 1,244.70
1821	28292		28292		Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	\$ 1,545.30
1822	28293		28293		Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	\$ 1,776.60
1823	28294		28294		Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	\$ 1,939.50
1824	28296		28296		Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	\$ 1,827.42
1825	28297		28297		Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	\$ 1,831.50
1826	28298		28298		Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	\$ 1,392.30
1827	28299		28299		Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	\$ 1,931.40
1828	28300		28300		Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	\$ 1,506.60
1829	28302		28302		Osteotomy; talus	\$ 1,606.50
1830	28304		28304		Osteotomy, tarsal bones, other than calcaneus or talus;	\$ 1,385.10
1831	28305		28305		Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	\$ 1,545.30
1832	28306		28306		Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	\$ 1,287.90
1833	28307		28307		Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	\$ 1,416.60
1834	28308		28308		Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	\$ 1,104.30
1835	28309		28309		Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	\$ 1,880.10

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1836	28310		28310		Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	\$ 986.40
1837	28312		28312		Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	\$ 724.50
1838	28313		28313		Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	\$ 919.80
1839	28315		28315		Sesamoidectomy, first toe (separate procedure)	\$ 1,097.10
1840	28320		28320		Repair, nonunion or malunion; tarsal bones	\$ 1,640.70
1841	28322		28322		Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	\$ 1,387.80
1842	28340		28340		Reconstruction, toe, macrodactyly; soft tissue resection	\$ 1,427.40
1843	28341		28341		Reconstruction, toe, macrodactyly; requiring bone resection	\$ 1,542.60
1844	28344		28344		Reconstruction, toe(s); polydactyly	\$ 1,073.70
1845	28345		28345		Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	\$ 1,471.50
1846	28360		28360		Reconstruction, cleft foot	\$ 2,493.00
1847	28400		28400		Closed treatment of calcaneal fracture; without manipulation	\$ 621.90
1848	28405		28405		Closed treatment of calcaneal fracture; with manipulation	\$ 1,003.50
1849	28406		28406		Percutaneous skeletal fixation of calcaneal fracture, with manipulation	\$ 1,278.00
1850	28415		28415		Open treatment of calcaneal fracture, includes internal fixation, when performed;	\$ 2,162.70
1851	28420		28420		Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	\$ 2,753.10
1852	28430		28430		Closed treatment of talus fracture; without manipulation	\$ 514.80
1853	28435		28435		Closed treatment of talus fracture; with manipulation	\$ 768.60
1854	28436		28436		Percutaneous skeletal fixation of talus fracture, with manipulation	\$ 918.00
1855	28445		28445		Open treatment of talus fracture, includes internal fixation, when performed	\$ 1,998.00
1856	28446		28446		Open osteochondral autograft, talus (includes obtaining graft[s])	\$ 2,581.39
1857	28450		28450		Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	\$ 496.80
1858	28455		28455		Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	\$ 643.50
1859	28456		28456		Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	\$ 710.10
1860	28465		28465		Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	\$ 1,416.60
1861	28470		28470		Closed treatment of metatarsal fracture; without manipulation, each	\$ 459.00
1862	28475		28475		Closed treatment of metatarsal fracture; with manipulation, each	\$ 514.80
1863	28476		28476		Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	\$ 925.20
1864	28485		28485		Open treatment of metatarsal fracture, includes internal fixation, when performed, each	\$ 1,177.20
1865	28490		28490		Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	\$ 266.40
1866	28495		28495		Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	\$ 378.90
1867	28496		28496		Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	\$ 576.90
1868	28505		28505		Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	\$ 783.90
1869	28510		28510		Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	\$ 208.80
1870	28515		28515		Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	\$ 297.00
1871	28525		28525		Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	\$ 744.30
1872	28530		28530		Closed treatment of sesamoid fracture	\$ 348.30

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1873	28531		28531		Open treatment of sesamoid fracture, with or without internal fixation	\$ 880.47
1874	28540		28540		Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	\$ 410.40
1875	28545		28545		Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	\$ 564.30
1876	28546		28546		Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	\$ 690.30
1877	28555		28555		Open treatment of tarsal bone dislocation, includes internal fixation, when performed	\$ 1,030.50
1878	28570		28570		Closed treatment of talotarsal joint dislocation; without anesthesia	\$ 425.70
1879	28575		28575		Closed treatment of talotarsal joint dislocation; requiring anesthesia	\$ 577.80
1880	28576		28576		Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	\$ 801.00
1881	28585		28585		Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	\$ 1,476.00
1882	28600		28600		Closed treatment of tarsometatarsal joint dislocation; without anesthesia	\$ 530.10
1883	28605		28605		Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	\$ 592.20
1884	28606		28606		Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	\$ 1,009.80
1885	28615		28615		Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	\$ 1,235.70
1886	28630		28630		Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	\$ 335.70
1887	28635		28635		Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	\$ 369.90
1888	28636		28636		Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	\$ 566.10
1889	28645		28645		Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	\$ 782.10
1890	28660		28660		Closed treatment of interphalangeal joint dislocation; without anesthesia	\$ 239.40
1891	28665		28665		Closed treatment of interphalangeal joint dislocation; requiring anesthesia	\$ 320.40
1892	28666		28666		Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	\$ 564.30
1893	28675		28675		Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	\$ 684.90
1894	28705		28705		Arthrodesis; pantalar	\$ 2,897.10
1895	28715		28715		Arthrodesis; triple	\$ 3,185.10
1896	28725		28725		Arthrodesis; subtalar	\$ 2,137.50
1897	28730		28730		Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	\$ 2,230.20
1898	28735		28735		Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	\$ 2,173.50
1899	28737		28737		Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	\$ 1,982.70
1900	28740		28740		Arthrodesis, midtarsal or tarsometatarsal, single joint	\$ 1,674.00
1901	28750		28750		Arthrodesis, great toe; metatarsophalangeal joint	\$ 1,392.70
1902	28755		28755		Arthrodesis, great toe; interphalangeal joint	\$ 1,186.20
1903	28760		28760		Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	\$ 1,071.90
1904	28800		28800		Amputation, foot; midtarsal (eg, Chopart type procedure)	\$ 1,847.70
1905	28805		28805		Amputation, foot; transmetatarsal	\$ 2,238.30
1906	28810		28810		Amputation, metatarsal, with toe, single	\$ 1,152.90
1907	28820		28820		Amputation, toe; metatarsophalangeal joint	\$ 875.70
1908	28825		28825		Amputation, toe; interphalangeal joint	\$ 782.10
1909	28890		28890		Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	\$ 905.09
1910	28899		28899		Unlisted procedure, foot or toes	Cost
1911	29000		29000		Application of halo type body cast (see 20661-20663 for insertion)	\$ 608.40

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1912	29010		29010		Application of Risser jacket, localizer, body; only	\$ 492.30
1913	29015		29015		Application of Risser jacket, localizer, body; including head	\$ 670.50
1914	29020		29020		Application of turnbuckle jacket, body; only	\$ 534.60
1915	29025		29025		Application of turnbuckle jacket, body; including head	\$ 578.70
1916	29035		29035		Application of body cast, shoulder to hips;	\$ 475.20
1917	29040		29040		Application of body cast, shoulder to hips; including head, Minerva type	\$ 495.90
1918	29044		29044		Application of body cast, shoulder to hips; including 1 thigh	\$ 380.70
1919	29046		29046		Application of body cast, shoulder to hips; including both thighs	\$ 469.80
1920	29049		29049		Application, cast; figure-of-eight	\$ 194.40
1921	29055		29055		Application, cast; shoulder spica	\$ 389.70
1922	29058		29058		Application, cast; plaster Velpeau	\$ 198.90
1923	29065		29065		Application, cast; shoulder to hand (long arm)	\$ 206.10
1924	29075		29075		Application, cast; elbow to finger (short arm)	\$ 157.50
1925	29085		29085		Application, cast; hand and lower forearm (gauntlet)	\$ 156.05
1926	29086		29086		Application, cast; finger (eg, contracture)	\$ 110.50
1927	29105		29105		Application of long arm splint (shoulder to hand)	\$ 128.70
1928	29125		29125		Application of short arm splint (forearm to hand); static	\$ 99.00
1929	29126		29126		Application of short arm splint (forearm to hand); dynamic	\$ 134.10
1930	29130		29130		Application of finger splint; static	\$ 82.80
1931	29131		29131		Application of finger splint; dynamic	\$ 134.10
1932	29200		29200		Strapping; thorax	\$ 81.00
1933	29240		29240		Strapping; shoulder (eg, Velpeau)	\$ 90.00
1934	29260		29260		Strapping; elbow or wrist	\$ 65.68
1935	29280		29280		Strapping; hand or finger	\$ 86.40
1936	29305		29305		Application of hip spica cast; 1 leg	\$ 540.90
1937	29325		29325		Application of hip spica cast; 1 and one-half spica or both legs	\$ 494.10
1938	29345		29345		Application of long leg cast (thigh to toes);	\$ 297.00
1939	29355		29355		Application of long leg cast (thigh to toes); walker or ambulatory type	\$ 270.90
1940	29358		29358		Application of long leg cast brace	\$ 451.80
1941	29365		29365		Application of cylinder cast (thigh to ankle)	\$ 236.70
1942	29405		29405		Application of short leg cast (below knee to toes);	\$ 215.17
1943	29425		29425		Application of short leg cast (below knee to toes); walking or ambulatory type	\$ 237.60
1944	29435		29435		Application of patellar tendon bearing (PTB) cast	\$ 282.60
1945	29440		29440		Adding walker to previously applied cast	\$ 83.70
1946	29445		29445		Application of rigid total contact leg cast	\$ 339.30
1947	29450		29450		Application of clubfoot cast with molding or manipulation, long or short leg	\$ 173.70
1948	29505		29505		Application of long leg splint (thigh to ankle or toes)	\$ 153.90
1949	29515		29515		Application of short leg splint (calf to foot)	\$ 120.60
1950	29520		29520		Strapping; hip	\$ 98.10
1951	29530		29530		Strapping; knee	\$ 95.40
1952	29540		29540		Strapping; ankle and/or foot	\$ 73.52
1953	29550		29550		Strapping; toes	\$ 66.60
1954	29580		29580		Strapping; Unna boot	\$ 96.09
1955	29581		29581		Application of multi-layer compression system; leg (below knee), including ankle and foot	\$ 132.61
1956	29700		29700		Removal or bivalving; gauntlet, boot or body cast	\$ 92.42
1957	29705		29705		Removal or bivalving; full arm or full leg cast	\$ 90.31
1958	29710		29710		Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	\$ 186.30
1959	29715		29715		Removal or bivalving; turnbuckle jacket	\$ 124.20
1960	29720		29720		Repair of spica, body cast or jacket	\$ 87.30
1961	29730		29730		Windowing of cast	\$ 85.50
1962	29740		29740		Wedging of cast (except clubfoot casts)	\$ 136.80
1963	29750		29750		Wedging of clubfoot cast	\$ 97.20
1964	29799		29799		Unlisted procedure, casting or strapping	\$ 100.21
1965	29800		29800		Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	\$ 1,545.30
1966	29804		29804		Arthroscopy, temporomandibular joint, surgical	\$ 2,266.20
1967	29805		29805		Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	\$ 1,129.02
1968	29806		29806		Arthroscopy, shoulder, surgical; capsulorrhaphy	\$ 2,796.86
1969	29807		29807		Arthroscopy, shoulder, surgical; repair of SLAP lesion	\$ 2,663.48
1970	29819		29819		Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	\$ 2,304.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
1971	29820		29820		Arthroscopy, shoulder, surgical; synovectomy, partial	\$ 2,215.80
1972	29821		29821		Arthroscopy, shoulder, surgical; synovectomy, complete	\$ 2,396.70
1973	29822		29822		Arthroscopy, shoulder, surgical; debridement, limited	\$ 2,419.20
1974	29823		29823		Arthroscopy, shoulder, surgical; debridement, extensive	\$ 2,801.70
1975	29824		29824		Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$ 1,813.74
1976	29825		29825		Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	\$ 2,412.00
1977	29826		29826		Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch)release, when performed (List separately in addition to code for primary procedure)	\$ 2,722.75
1978	29827		29827		Arthroscopy, shoulder, surgical; with rotator cuff repair	\$ 2,928.75
1979	29828		29828		Arthroscopy, shoulder, surgical; biceps tenodesis	\$ 2,558.94
1980	29830		29830		Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	\$ 1,206.00
1981	29834		29834		Arthroscopy, elbow, surgical; with removal of loose body or foreign body	\$ 2,052.00
1982	29835		29835		Arthroscopy, elbow, surgical; synovectomy, partial	\$ 2,308.50
1983	29836		29836		Arthroscopy, elbow, surgical; synovectomy, complete	\$ 2,322.90
1984	29837		29837		Arthroscopy, elbow, surgical; debridement, limited	\$ 1,981.80
1985	29838		29838		Arthroscopy, elbow, surgical; debridement, extensive	\$ 2,250.90
1986	29840		29840		Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	\$ 1,214.10
1987	29843		29843		Arthroscopy, wrist, surgical; for infection, lavage and drainage	\$ 1,751.40
1988	29844		29844		Arthroscopy, wrist, surgical; synovectomy, partial	\$ 1,881.00
1989	29845		29845		Arthroscopy, wrist, surgical; synovectomy, complete	\$ 1,916.10
1990	29846		29846		Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	\$ 2,266.20
1991	29847		29847		Arthroscopy, wrist, surgical; internal fixation for fracture or instability	\$ 2,093.40
1992	29848		29848		Endoscopy, wrist, surgical, with release of transverse carpal ligament	\$ 1,758.60
1993	29850		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)	\$ 2,285.10
1994	29851		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)	\$ 2,887.20
1995	29855		29855		Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	\$ 2,574.90
1996	29856		29856		Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	\$ 2,907.90
1997	29860		29860		Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	\$ 1,547.10
1998	29861		29861		Arthroscopy, hip, surgical; with removal of loose body or foreign body	\$ 2,295.90
1999	29862		29862		Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	\$ 2,525.40
2000	29863		29863		Arthroscopy, hip, surgical; with synovectomy	\$ 2,306.70
2001	29866		29866		Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	\$ 2,666.26
2002	29867		29867		Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	\$ 4,120.16
2003	29868		29868		Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	\$ 5,488.61
2004	29870		29870		Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	\$ 1,352.70
2005	29871		29871		Arthroscopy, knee, surgical; for infection, lavage and drainage	\$ 1,984.50
2006	29873		29873		Arthroscopy, knee, surgical; with lateral release	\$ 1,675.37

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2007	29874		29874		Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	\$ 2,348.10
2008	29875		29875		Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	\$ 2,459.70
2009	29876		29876		Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	\$ 2,733.79
2010	29877		29877		Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	\$ 2,552.87
2011	29879		29879		Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	\$ 2,652.30
2012	29880		29880		Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	\$ 3,254.71
2013	29882		29882		Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	\$ 2,919.72
2014	29883		29883		Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	\$ 3,747.60
2015	29884		29884		Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	\$ 2,337.30
2016	29885		29885		Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	\$ 2,697.30
2017	29886		29886		Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	\$ 2,547.90
2018	29887		29887		Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	\$ 3,380.40
2019	29888		29888		Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$ 4,793.75
2020	29889		29889		Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	\$ 4,867.20
2021	29891		29891		Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	\$ 2,214.90
2022	29892		29892		Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	\$ 2,223.90
2023	29893		29893		Endoscopic plantar fasciotomy	\$ 1,233.00
2024	29894		29894		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	\$ 2,206.80
2025	29895		29895		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	\$ 2,299.50
2026	29897		29897		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	\$ 2,115.00
2027	29898		29898		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	\$ 2,721.60
2028	29899		29899		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	\$ 2,665.75
2029	29900		29900		Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	\$ 1,121.89
2030	29901		29901		Arthroscopy, metacarpophalangeal joint, surgical; with debridement	\$ 1,598.44
2031	29902		29902		Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	\$ 1,839.03
2032	29904		29904		Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	\$ 2,032.59
2033	29905		29905		Arthroscopy, subtalar joint, surgical; with synovectomy	\$ 2,146.58
2034	29906		29906		Arthroscopy, subtalar joint, surgical; with debridement	\$ 2,078.55
2035	29907		29907		Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	\$ 2,547.20
2036	29999		29999		Unlisted procedure, arthroscopy	Cost
2037	30000		30000		Drainage abscess or hematoma, nasal, internal approach	\$ 329.40
2038	30020		30020		Drainage abscess or hematoma, nasal septum	\$ 311.40
2039	30100		30100		Biopsy, intranasal	\$ 187.20
2040	30110		30110		Excision, nasal polyp(s), simple	\$ 385.20
2041	30115		30115		Excision, nasal polyp(s), extensive	\$ 992.70

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2042	30117		30117		Excision or destruction (eg, laser), intranasal lesion; internal approach	\$ 871.20
2043	30118		30118		Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	\$ 2,187.00
2044	30120		30120		Excision or surgical planing of skin of nose for rhinophyma	\$ 2,003.40
2045	30124		30124		Excision dermoid cyst, nose; simple, skin, subcutaneous	\$ 774.00
2046	30125		30125		Excision dermoid cyst, nose; complex, under bone or cartilage	\$ 1,936.80
2047	30130		30130		Excision inferior turbinate, partial or complete, any method	\$ 785.70
2048	30140		30140		Submucous resection inferior turbinate, partial or complete, any method	\$ 1,149.30
2049	30150		30150		Rhinectomy; partial	\$ 2,242.80
2050	30160		30160		Rhinectomy; total	\$ 2,889.00
2051	30200		30200		Injection into turbinate(s), therapeutic	\$ 129.60
2052	30210		30210		Displacement therapy (Proetz type)	\$ 211.50
2053	30220		30220		Insertion, nasal septal prosthesis (button)	\$ 401.40
2054	30300		30300		Removal foreign body, intranasal; office type procedure	\$ 134.21
2055	30310		30310		Removal foreign body, intranasal; requiring general anesthesia	\$ 567.90
2056	30320		30320		Removal foreign body, intranasal; by lateral rhinotomy	\$ 1,482.30
2057	30400		30400		Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	\$ 3,656.70
2058	30410		30410		Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	\$ 3,969.90
2059	30420		30420		Rhinoplasty, primary; including major septal repair	\$ 4,673.70
2060	30430		30430		Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	\$ 1,877.40
2061	30435		30435		Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	\$ 2,531.70
2062	30450		30450		Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	\$ 4,104.90
2063	30460		30460		Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	\$ 2,551.50
2064	30462		30462		Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	\$ 4,778.10
2065	30465		30465		Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	\$ 2,367.57
2066	30520		30520		Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	\$ 2,891.27
2067	30540		30540		Repair choanal atresia; intranasal	\$ 2,054.70
2068	30545		30545		Repair choanal atresia; transpalatine	\$ 3,063.60
2069	30560		30560		Lysis intranasal synechia	\$ 240.30
2070	30580		30580		Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	\$ 1,683.00
2071	30600		30600		Repair fistula; oronasal	\$ 1,819.80
2072	30620		30620		Septal or other intranasal dermatoplasty (does not include obtaining graft)	\$ 2,832.30
2073	30630		30630		Repair nasal septal perforations	\$ 2,162.70
2074	30801		30801		Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	\$ 264.60
2075	30802		30802		Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	\$ 407.70
2076	30901		30901		Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	\$ 189.81
2077	30903		30903		Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	\$ 280.57
2078	30905		30905		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	\$ 495.90
2079	30906		30906		Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	\$ 449.10
2080	30915		30915		Ligation arteries; ethmoidal	\$ 1,781.10
2081	30920		30920		Ligation arteries; internal maxillary artery, transantral	\$ 2,600.10
2082	30930		30930		Fracture nasal inferior turbinate(s), therapeutic	\$ 437.40
2083	30999		30999		Unlisted procedure, nose	Cost

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2084	31000		31000		Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	\$ 134.23
2085	31002		31002		Lavage by cannulation; sphenoid sinus	\$ 291.60
2086	31020		31020		Sinusotomy, maxillary (antrotomy); intranasal	\$ 822.60
2087	31030		31030		Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	\$ 1,966.50
2088	31032		31032		Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	\$ 2,162.70
2089	31040		31040		Pterygomaxillary fossa surgery, any approach	\$ 3,172.50
2090	31050		31050		Sinusotomy, sphenoid, with or without biopsy;	\$ 1,484.10
2091	31051		31051		Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	\$ 2,057.40
2092	31070		31070		Sinusotomy frontal; external, simple (trephine operation)	\$ 1,499.40
2093	31075		31075		Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	\$ 2,574.00
2094	31080		31080		Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	\$ 3,005.10
2095	31081		31081		Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	\$ 2,971.80
2096	31084		31084		Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	\$ 3,605.40
2097	31085		31085		Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	\$ 3,885.30
2098	31086		31086		Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	\$ 3,278.70
2099	31087		31087		Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	\$ 3,210.30
2100	31090		31090		Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	\$ 4,236.30
2101	31200		31200		Ethmoidectomy; intranasal, anterior	\$ 1,301.40
2102	31201		31201		Ethmoidectomy; intranasal, total	\$ 2,008.80
2103	31205		31205		Ethmoidectomy; extranasal, total	\$ 2,160.00
2104	31225		31225		Maxillectomy; without orbital exenteration	\$ 4,426.20
2105	31230		31230		Maxillectomy; with orbital exenteration (en bloc)	\$ 5,388.30
2106	31231		31231		Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	\$ 244.28
2107	31233		31233		Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	\$ 683.10
2108	31235		31235		Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	\$ 760.50
2109	31237		31237		Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	\$ 871.20
2110	31238		31238		Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	\$ 909.90
2111	31239		31239		Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	\$ 2,768.40
2112	31240		31240		Nasal/sinus endoscopy, surgical; with concha bullosa resection	\$ 842.40
2113	31254		31254		Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	\$ 1,690.20
2114	31255		31255		Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	\$ 1,789.35
2115	31256		31256		Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	\$ 1,530.00
2116	31267		31267		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	\$ 1,867.50
2117	31276		31276		Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	\$ 1,931.40
2118	31287		31287		Nasal/sinus endoscopy, surgical, with sphenoidotomy;	\$ 1,337.40
2119	31288		31288		Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	\$ 1,647.90
2120	31290		31290		Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	\$ 3,514.50
2121	31291		31291		Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	\$ 3,903.30
2122	31292		31292		Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	\$ 3,122.10
2123	31293		31293		Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	\$ 3,414.60

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2124	31294		31294		Nasal/sinus endoscopy, surgical; with optic nerve decompression	\$ 3,854.70
2125	31299		31299		Unlisted procedure, accessory sinuses	Cost
2126	31300		31300		Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	\$ 2,842.20
2127	31320		31320		Laryngotomy (thyrotomy, laryngofissure); diagnostic	\$ 1,349.10
2128	31360		31360		Laryngectomy; total, without radical neck dissection	\$ 3,825.90
2129	31365		31365		Laryngectomy; total, with radical neck dissection	\$ 5,740.20
2130	31367		31367		Laryngectomy; subtotal supraglottic, without radical neck dissection	\$ 4,111.20
2131	31368		31368		Laryngectomy; subtotal supraglottic, with radical neck dissection	\$ 6,336.00
2132	31370		31370		Partial laryngectomy (hemilaryngectomy); horizontal	\$ 4,670.10
2133	31375		31375		Partial laryngectomy (hemilaryngectomy); laterovertical	\$ 3,898.80
2134	31380		31380		Partial laryngectomy (hemilaryngectomy); anterovertical	\$ 3,970.80
2135	31382		31382		Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	\$ 4,020.30
2136	31390		31390		Pharyngolaryngectomy, with radical neck dissection; without reconstruction	\$ 5,854.50
2137	31395		31395		Pharyngolaryngectomy, with radical neck dissection; with reconstruction	\$ 6,849.90
2138	31400		31400		Arytenoidectomy or arytenoidopexy, external approach	\$ 2,953.80
2139	31420		31420		Epiglottidectomy	\$ 2,694.60
2140	31500		31500		Intubation, endotracheal, emergency procedure	\$ 307.80
2141	31502		31502		Tracheotomy tube change prior to establishment of fistula tract	\$ 195.30
2142	31505		31505		Laryngoscopy, indirect; diagnostic (separate procedure)	\$ 217.68
2143	31510		31510		Laryngoscopy, indirect; with biopsy	\$ 306.90
2144	31511		31511		Laryngoscopy, indirect; with removal of foreign body	\$ 391.50
2145	31512		31512		Laryngoscopy, indirect; with removal of lesion	\$ 429.30
2146	31513		31513		Laryngoscopy, indirect; with vocal cord injection	\$ 585.90
2147	31515		31515		Laryngoscopy direct, with or without tracheoscopy; for aspiration	\$ 377.10
2148	31520		31520		Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	\$ 460.04
2149	31525		31525		Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	\$ 647.10
2150	31526		31526		Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	\$ 978.30
2151	31527		31527		Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	\$ 1,164.60
2152	31528		31528		Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	\$ 824.40
2153	31529		31529		Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	\$ 772.20
2154	31530		31530		Laryngoscopy, direct, operative, with foreign body removal;	\$ 896.40
2155	31531		31531		Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	\$ 1,302.30
2156	31535		31535		Laryngoscopy, direct, operative, with biopsy;	\$ 903.60
2157	31536		31536		Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	\$ 1,141.20
2158	31540		31540		Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	\$ 1,155.60
2159	31541		31541		Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	\$ 1,328.82
2160	31545		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)	\$ 1,137.51
2161	31546		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)	\$ 1,746.43
2162	31560		31560		Laryngoscopy, direct, operative, with arytenoidectomy;	\$ 2,224.80
2163	31561		31561		Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	\$ 2,378.70
2164	31570		31570		Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	\$ 1,323.90

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2165	31571		31571		Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	\$ 1,458.90
2166	31575		31575		Laryngoscopy, flexible fiberoptic; diagnostic	\$ 323.11
2167	31576		31576		Laryngoscopy, flexible fiberoptic; with biopsy	\$ 568.80
2168	31577		31577		Laryngoscopy, flexible fiberoptic; with removal of foreign body	\$ 982.80
2169	31578		31578		Laryngoscopy, flexible fiberoptic; with removal of lesion	\$ 1,133.10
2170	31579		31579		Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	\$ 626.40
2171	31580		31580		Laryngoplasty; for laryngeal web, 2- stage, with keel insertion and removal	\$ 3,399.30
2172	31582		31582		Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	\$ 4,155.30
2173	31584		31584		Laryngoplasty; with open reduction of fracture	\$ 3,971.70
2174	31587		31587		Laryngoplasty, cricoid split	\$ 2,544.30
2175	31588		31588		Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	\$ 3,209.40
2176	31590		31590		Laryngeal reinnervation by neuromuscular pedicle	\$ 2,811.60
2177	31595		31595		Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	\$ 2,338.20
2178	31599		31599		Unlisted procedure, larynx	Cost
2179	31600		31600		Tracheostomy, planned (separate procedure);	\$ 1,148.40
2180	31601		31601		Tracheostomy, planned (separate procedure); younger than 2 years	\$ 1,423.80
2181	31605		31605		Tracheostomy, emergency procedure; cricothyroid membrane	\$ 957.60
2182	31610		31610		Tracheostomy, fenestration procedure with skin flaps	\$ 1,731.60
2183	31611		31611		Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	\$ 1,748.70
2184	31612		31612		Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	\$ 232.20
2185	31613		31613		Tracheostoma revision; simple, without flap rotation	\$ 767.70
2186	31614		31614		Tracheostoma revision; complex, with flap rotation	\$ 1,881.90
2187	31615		31615		Tracheobronchoscopy through established tracheostomy incision	\$ 555.30
2188	31620		31620		Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])	\$ 798.23
2189	31622		31622		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	\$ 715.50
2190	31623		31623		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	\$ 686.70
2191	31624		31624		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	\$ 693.00
2192	31625		31625		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	\$ 822.60
2193	31626		31626		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	\$ 823.11
2194	31627		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])	\$ 948.86
2195	31628		31628		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	\$ 915.30
2196	31629		31629		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	\$ 922.50
2197	31630		31630		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	\$ 874.80
2198	31632		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)	\$ 221.90

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2199	31633		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)	\$ 302.61
2200	31635		31635		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	\$ 992.70
2201	31636		31636		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	\$ 822.83
2202	31637		31637		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	\$ 274.30
2203	31638		31638		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	\$ 907.48
2204	31640		31640		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	\$ 1,161.00
2205	31641		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)	\$ 1,545.30
2206	31643		31643		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	\$ 606.60
2207	31645		31645		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	\$ 801.00
2208	31646		31646		Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent	\$ 706.50
2209	31717		31717		Catheterization with bronchial brush biopsy	\$ 230.40
2210	31720		31720		Catheter aspiration (separate procedure); nasotracheal	\$ 169.20
2211	31725		31725		Catheter aspiration (separate procedure); tracheobronchial with fiberoptic, bedside	\$ 406.80
2212	31730		31730		Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	\$ 668.70
2213	31750		31750		Tracheoplasty; cervical	\$ 3,236.40
2214	31755		31755		Tracheoplasty; tracheopharyngeal fistulization, each stage	\$ 3,572.10
2215	31760		31760		Tracheoplasty; intrathoracic	\$ 3,681.00
2216	31766		31766		Carinal reconstruction	\$ 4,428.90
2217	31770		31770		Bronchoplasty; graft repair	\$ 3,687.30
2218	31775		31775		Bronchoplasty; excision stenosis and anastomosis	\$ 4,083.30
2219	31780		31780		Excision tracheal stenosis and anastomosis; cervical	\$ 3,804.30
2220	31781		31781		Excision tracheal stenosis and anastomosis; cervicothoracic	\$ 4,003.20
2221	31785		31785		Excision of tracheal tumor or carcinoma; cervical	\$ 3,078.00
2222	31786		31786		Excision of tracheal tumor or carcinoma; thoracic	\$ 4,113.90
2223	31800		31800		Suture of tracheal wound or injury; cervical	\$ 2,929.50
2224	31805		31805		Suture of tracheal wound or injury; intrathoracic	\$ 2,932.20
2225	31820		31820		Surgical closure tracheostomy or fistula; without plastic repair	\$ 899.10
2226	31825		31825		Surgical closure tracheostomy or fistula; with plastic repair	\$ 1,259.10
2227	31830		31830		Revision of tracheostomy scar	\$ 927.00
2228	31899		31899		Unlisted procedure, trachea, bronchi	\$ 951.62
2229	32035		32035		Thoracostomy; with rib resection for empyema	\$ 1,596.60
2230	32036		32036		Thoracostomy; with open flap drainage for empyema	\$ 1,944.00
2231	32096		32096		Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	\$ 2,016.26
2232	32097		32097		Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	\$ 2,016.26
2233	32098		32098		Thoracotomy, with biopsy(ies) of pleura	\$ 1,955.37
2234	32100		32100		Thoracotomy; with exploration	\$ 2,701.80
2235	32110		32110		Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	\$ 3,024.90
2236	32120		32120		Thoracotomy; for postoperative complications	\$ 2,522.70
2237	32124		32124		Thoracotomy; with open intrapleural pneumolysis	\$ 2,365.20
2238	32140		32140		Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	\$ 2,574.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2239	32141		32141		Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	\$ 2,962.80
2240	32150		32150		Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	\$ 2,801.70
2241	32151		32151		Thoracotomy; with removal of intrapulmonary foreign body	\$ 2,255.40
2242	32160		32160		Thoracotomy; with cardiac massage	\$ 2,646.00
2243	32200		32200		Pneumonostomy, with open drainage of abscess or cyst	\$ 2,478.60
2244	32215		32215		Pleural scarification for repeat pneumothorax	\$ 2,565.90
2245	32220		32220		Decortication, pulmonary (separate procedure); total	\$ 3,480.30
2246	32225		32225		Decortication, pulmonary (separate procedure); partial	\$ 2,477.70
2247	32310		32310		Pleurectomy, parietal (separate procedure)	\$ 3,073.50
2248	32320		32320		Decortication and parietal pleurectomy	\$ 4,303.80
2249	32400		32400		Biopsy, pleura; percutaneous needle	\$ 387.90
2250	32405		32405		Biopsy, lung or mediastinum, percutaneous needle;	\$ 518.40
2251	32440		32440		Removal of lung, pneumonectomy;	\$ 4,605.30
2252	32442		32442		Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	\$ 4,649.40
2253	32445		32445		Removal of lung, pneumonectomy; extrapleural	\$ 4,839.30
2254	32480		32480		Removal of lung, other than pneumonectomy; single lobe (lobectomy)	\$ 4,327.20
2255	32482		32482		Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	\$ 4,661.10
2256	32484		32484		Removal of lung, other than pneumonectomy; single segment (segmentectomy)	\$ 4,255.20
2257	32486		32486		Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	\$ 4,365.00
2258	32488		32488		Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	\$ 5,346.00
2259	32491		32491		Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	\$ 3,131.92
2260	32501		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)	\$ 529.40
2261	32503		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)	\$ 4,016.73
2262	32504		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	\$ 4,300.61
2263	32505		32505		Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	\$ 2,383.63
2264	32506		32506		Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$ 409.31
2265	32507		32507		Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$ 409.31
2266	32540		32540		Extrapleural enucleation of empyema (empyemectomy)	\$ 3,656.70
2267	32550		32550		Insertion of indwelling tunneled pleural catheter with cuff	\$ 739.02
2268	32551		32551		Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	\$ 397.73
2269	32552		32552		Removal of indwelling tunneled pleural catheter with cuff	\$ 393.46
2270	32553		32553		Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	\$ 603.94
2271	32554		32554		Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	\$ 1,393.37
2272	32555		32555		Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	\$ 1,606.11
2273	32560		32560		Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	\$ 300.45

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2274	32561		32561		Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	\$ 184.63
2275	32562		32562		Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	\$ 170.85
2276	32601		32601		Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	\$ 1,074.60
2277	32604		32604		Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	\$ 1,803.60
2278	32606		32606		Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	\$ 1,832.40
2279	32607		32607		Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	\$ 795.40
2280	32608		32608		Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	\$ 979.00
2281	32609		32609		Thoracoscopy; with biopsy(ies) of pleura	\$ 675.96
2282	32650		32650		Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	\$ 2,230.20
2283	32651		32651		Thoracoscopy, surgical; with partial pulmonary decortication	\$ 2,722.50
2284	32652		32652		Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	\$ 3,548.70
2285	32653		32653		Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	\$ 2,567.70
2286	32654		32654		Thoracoscopy, surgical; with control of traumatic hemorrhage	\$ 2,729.70
2287	32655		32655		Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	\$ 2,972.70
2288	32656		32656		Thoracoscopy, surgical; with parietal pleurectomy	\$ 2,995.20
2289	32658		32658		Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	\$ 2,766.60
2290	32659		32659		Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	\$ 2,986.20
2291	32661		32661		Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	\$ 3,141.90
2292	32662		32662		Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	\$ 3,102.30
2293	32663		32663		Thoracoscopy, surgical; with lobectomy (single lobe)	\$ 3,747.60
2294	32664		32664		Thoracoscopy, surgical; with thoracic sympathectomy	\$ 2,699.10
2295	32665		32665		Thoracoscopy, surgical; with esophagomyotomy (Heller type)	\$ 3,350.70
2296	32666		32666		Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	\$ 2,222.05
2297	32667		32667		Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$ 409.31
2298	32668		32668		Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$ 411.71
2299	32669		32669		Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$ 3,335.83
2300	32670		32670		Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$ 3,974.02
2301	32671		32671		Thoracoscopy, surgical; with removal of lung (pneumonectomy)	\$ 4,409.85
2302	32672		32672		Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	\$ 3,774.81
2303	32673		32673		Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$ 2,957.25
2304	32674		32674		Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	\$ 531.96
2305	32800		32800		Repair lung hernia through chest wall	\$ 2,565.00
2306	32810		32810		Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	\$ 2,710.80
2307	32815		32815		Open closure of major bronchial fistula	\$ 4,140.90
2308	32820		32820		Major reconstruction, chest wall (posttraumatic)	\$ 3,856.50

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2309	32850		32850		Donor pneumonectomy(s) (including cold preservation), from cadaver donor	\$ -
2310	32851		32851		Lung transplant, single; without cardiopulmonary bypass	\$ 8,134.00
2311	32852		32852		Lung transplant, single; with cardiopulmonary bypass	\$ 8,881.42
2312	32853		32853		Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	\$ 11,365.84
2313	32854		32854		Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	\$ 12,075.71
2314	32855		32855		Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	\$ -
2315	32856		32856		Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	\$ -
2316	32900		32900		Resection of ribs, extrapleural, all stages	\$ 2,188.80
2317	32905		32905		Thoracoplasty, Schede type or extrapleural (all stages);	\$ 2,652.30
2318	32906		32906		Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	\$ 3,554.10
2319	32940		32940		Pneumonolysis, extraperiosteal, including filling or packing procedures	\$ 2,266.20
2320	32960		32960		Pneumothorax, therapeutic, intrapleural injection of air	\$ 261.00
2321	32997		32997		Total lung lavage (unilateral)	\$ 993.60
2322	32998		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	\$ 2,369.98
2323	32999		32999		Unlisted procedure, lungs and pleura	Cost
2324	33010		33010		Pericardiocentesis; initial	\$ 483.30
2325	33011		33011		Pericardiocentesis; subsequent	\$ 407.70
2326	33015		33015		Tube pericardiostomy	\$ 1,074.60
2327	33020		33020		Pericardiotomy for removal of clot or foreign body (primary procedure)	\$ 2,667.60
2328	33025		33025		Creation of pericardial window or partial resection for drainage	\$ 3,193.20
2329	33030		33030		Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	\$ 4,041.00
2330	33031		33031		Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	\$ 5,037.30
2331	33050		33050		Resection of pericardial cyst or tumor	\$ 3,219.30
2332	33120		33120		Excision of intracardiac tumor, resection with cardiopulmonary bypass	\$ 6,552.90
2333	33130		33130		Resection of external cardiac tumor	\$ 4,139.10
2334	33140		33140		Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	\$ 3,384.56
2335	33141		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)	\$ 1,649.90
2336	33202		33202		Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	\$ 2,051.82
2337	33203		33203		Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	\$ 2,105.33
2338	33206		33206		Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	\$ 2,232.90
2339	33207		33207		Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	\$ 2,424.60
2340	33208		33208		Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	\$ 3,028.50
2341	33210		33210		Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	\$ 874.80
2342	33211		33211		Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	\$ 1,017.90
2343	33212		33212		Insertion of pacemaker pulse generator only; with existing single lead	\$ 1,445.40
2344	33213		33213		Insertion of pacemaker pulse generator only; with existing dual leads	\$ 1,467.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2345	33214		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)	\$ 1,986.30
2346	33215		33215		Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode	\$ 829.37
2347	33216		33216		Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	\$ 1,427.40
2348	33217		33217		Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	\$ 1,512.90
2349	33218		33218		Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	\$ 1,392.30
2350	33220		33220		Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	\$ 1,192.50
2351	33222		33222		Relocation of skin pocket for pacemaker	\$ 1,442.70
2352	33223		33223		Relocation of skin pocket for cardioverter-defibrillator	\$ 1,238.40
2353	33224		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	\$ 1,345.09
2354	33225		33225		Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for pri	\$ 1,199.61
2355	33226		33226		Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	\$ 1,296.07
2356	33233		33233		Removal of permanent pacemaker pulse generator only	\$ 995.40
2357	33234		33234		Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	\$ 1,511.10
2358	33235		33235		Removal of transvenous pacemaker electrode(s); dual lead system	\$ 1,649.70
2359	33236		33236		Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	\$ 1,722.60
2360	33237		33237		Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	\$ 2,735.10
2361	33238		33238		Removal of permanent transvenous electrode(s) by thoracotomy	\$ 2,816.10
2362	33240		33240		Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead	\$ 1,513.80
2363	33241		33241		Removal of pacing cardioverter-defibrillator pulse generator only	\$ 1,061.10
2364	33243		33243		Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy	\$ 3,192.30
2365	33244		33244		Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction	\$ 2,707.20
2366	33249		33249		Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	\$ 3,577.50
2367	33250		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	\$ 3,759.30
2368	33251		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	\$ 5,150.70
2369	33254		33254		Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	\$ 2,975.87
2370	33255		33255		Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	\$ 3,580.01
2371	33256		33256		Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	\$ 4,278.05

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2372	33257		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)	\$ 1,362.89
2373	33258		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)	\$ 1,535.93
2374	33259		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)	\$ 2,004.34
2375	33261		33261		Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	\$ 5,135.40
2376	33265		33265		Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	\$ 2,970.81
2377	33266		33266		Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	\$ 4,068.64
2378	33282		33282		Implantation of patient-activated cardiac event recorder	\$ 786.37
2379	33284		33284		Removal of an implantable, patient-activated cardiac event recorder	\$ 567.29
2380	33300		33300		Repair of cardiac wound; without bypass	\$ 3,836.70
2381	33305		33305		Repair of cardiac wound; with cardiopulmonary bypass	\$ 5,122.80
2382	33310		33310		Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	\$ 3,654.90
2383	33315		33315		Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	\$ 5,318.10
2384	33320		33320		Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	\$ 4,713.30
2385	33321		33321		Suture repair of aorta or great vessels; with shunt bypass	\$ 3,833.13
2386	33322		33322		Suture repair of aorta or great vessels; with cardiopulmonary bypass	\$ 5,744.70
2387	33330		33330		Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	\$ 6,261.30
2388	33332		33332		Insertion of graft, aorta or great vessels; with shunt bypass	\$ 5,066.72
2389	33335		33335		Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	\$ 6,984.00
2390	33400		33400		Valvuloplasty, aortic valve; open, with cardiopulmonary bypass	\$ 5,665.50
2391	33401		33401		Valvuloplasty, aortic valve; open, with inflow occlusion	\$ 5,706.90
2392	33403		33403		Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass	\$ 6,159.60
2393	33404		33404		Construction of apical-aortic conduit	\$ 6,695.10
2394	33405		33405		Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	\$ 7,717.50
2395	33406		33406		Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	\$ 7,029.90
2396	33410		33410		Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	\$ 6,661.86
2397	33411		33411		Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	\$ 7,921.80
2398	33412		33412		Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	\$ 8,019.00
2399	33413		33413		Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	\$ 7,622.10
2400	33414		33414		Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	\$ 6,825.57
2401	33415		33415		Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	\$ 6,087.60
2402	33416		33416		Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	\$ 6,592.50
2403	33417		33417		Aortoplasty (gusset) for supra-aortic stenosis	\$ 6,952.50

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2404	33420		33420		Valvotomy, mitral valve; closed heart	\$ 5,495.40
2405	33422		33422		Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	\$ 6,451.20
2406	33425		33425		Valvuloplasty, mitral valve, with cardiopulmonary bypass;	\$ 6,628.50
2407	33426		33426		Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	\$ 7,905.60
2408	33427		33427		Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	\$ 6,978.60
2409	33430		33430		Replacement, mitral valve, with cardiopulmonary bypass	\$ 7,627.50
2410	33460		33460		Valvectomy, tricuspid valve, with cardiopulmonary bypass	\$ 6,223.50
2411	33463		33463		Valvuloplasty, tricuspid valve; without ring insertion	\$ 7,105.50
2412	33464		33464		Valvuloplasty, tricuspid valve; with ring insertion	\$ 6,801.30
2413	33465		33465		Replacement, tricuspid valve, with cardiopulmonary bypass	\$ 6,721.20
2414	33468		33468		Tricuspid valve repositioning and plication for Ebstein anomaly	\$ 6,988.50
2415	33470		33470		Valvotomy, pulmonary valve, closed heart; transventricular	\$ 5,030.10
2416	33471		33471		Valvotomy, pulmonary valve, closed heart; via pulmonary artery	\$ 4,708.80
2417	33472		33472		Valvotomy, pulmonary valve, open heart; with inflow occlusion	\$ 4,979.70
2418	33474		33474		Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass	\$ 5,535.90
2419	33475		33475		Replacement, pulmonary valve	\$ 7,105.50
2420	33476		33476		Right ventricular resection for infundibular stenosis, with or without commissurotomy	\$ 5,840.10
2421	33478		33478		Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	\$ 5,840.10
2422	33496		33496		Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	\$ 5,799.60
2423	33500		33500		Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	\$ 5,355.90
2424	33501		33501		Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	\$ 4,027.50
2425	33502		33502		Repair of anomalous coronary artery from pulmonary artery origin; by ligation	\$ 3,878.10
2426	33503		33503		Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	\$ 4,377.60
2427	33504		33504		Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	\$ 6,170.40
2428	33505		33505		Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	\$ 5,183.04
2429	33506		33506		Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	\$ 5,719.19
2430	33507		33507		Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	\$ 5,300.00
2431	33508		33508		Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	\$ 260.39
2432	33510		33510		Coronary artery bypass, vein only; single coronary venous graft	\$ 7,254.00
2433	33511		33511		Coronary artery bypass, vein only; 2 coronary venous grafts	\$ 7,448.40
2434	33512		33512		Coronary artery bypass, vein only; 3 coronary venous grafts	\$ 8,284.50
2435	33513		33513		Coronary artery bypass, vein only; 4 coronary venous grafts	\$ 9,268.20
2436	33514		33514		Coronary artery bypass, vein only; 5 coronary venous grafts	\$ 10,083.60
2437	33516		33516		Coronary artery bypass, vein only; 6 or more coronary venous grafts	\$ 10,809.00
2438	33517		33517		Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	\$ 1,161.90
2439	33518		33518		Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	\$ 1,747.80
2440	33519		33519		Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	\$ 2,054.70
2441	33521		33521		Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	\$ 2,816.10

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2442	33522		33522		Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	\$ 3,634.20
2443	33523		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)	\$ 4,606.20
2444	33530		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)	\$ 2,003.40
2445	33533		33533		Coronary artery bypass, using arterial graft(s); single arterial graft	\$ 6,878.70
2446	33534		33534		Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	\$ 7,822.80
2447	33535		33535		Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	\$ 8,479.80
2448	33536		33536		Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	\$ 8,454.60
2449	33542		33542		Myocardial resection (eg, ventricular aneurysmectomy)	\$ 6,769.80
2450	33545		33545		Repair of postinfarction ventricular septal defect, with or without myocardial resection	\$ 7,679.70
2451	33548		33548		Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	\$ 7,924.63
2452	33572		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)	\$ 1,008.00
2453	33600		33600		Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	\$ 6,489.00
2454	33602		33602		Closure of semilunar valve (aortic or pulmonary) by suture or patch	\$ 6,479.10
2455	33606		33606		Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	\$ 6,581.70
2456	33608		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	\$ 6,643.80
2457	33610		33610		Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	\$ 6,591.66
2458	33611		33611		Repair of double outlet right ventricle with intraventricular tunnel repair;	\$ 6,644.56
2459	33612		33612		Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	\$ 7,416.00
2460	33615		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)	\$ 7,004.70
2461	33617		33617		Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	\$ 7,584.08
2462	33619		33619		Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	\$ 8,214.30
2463	33641		33641		Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	\$ 5,459.40
2464	33645		33645		Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	\$ 6,368.40
2465	33647		33647		Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	\$ 7,210.80
2466	33660		33660		Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	\$ 6,916.50
2467	33665		33665		Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	\$ 7,938.00
2468	33670		33670		Repair of complete atrioventricular canal, with or without prosthetic valve	\$ 7,625.70
2469	33675		33675		Closure of multiple ventricular septal defects;	\$ 6,647.90
2470	33676		33676		Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	\$ 6,341.84

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2471	33677		33677		Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	\$ 6,334.62
2472	33681		33681		Closure of single ventricular septal defect, with or without patch;	\$ 6,144.30
2473	33684		33684		Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	\$ 6,494.40
2474	33688		33688		Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	\$ 6,613.20
2475	33690		33690		Banding of pulmonary artery	\$ 3,090.60
2476	33692		33692		Complete repair tetralogy of Fallot without pulmonary atresia;	\$ 6,437.70
2477	33694		33694		Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	\$ 7,090.20
2478	33697		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	\$ 7,173.90
2479	33702		33702		Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	\$ 5,951.70
2480	33710		33710		Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	\$ 7,786.80
2481	33720		33720		Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	\$ 6,746.40
2482	33722		33722		Closure of aortico-left ventricular tunnel	\$ 6,437.70
2483	33724		33724		Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	\$ 5,384.20
2484	33726		33726		Repair of pulmonary venous stenosis	\$ 6,373.14
2485	33730		33730		Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	\$ 6,602.40
2486	33732		33732		Repair of cor triatriatum or supra-valvular mitral ring by resection of left atrial membrane	\$ 5,942.70
2487	33735		33735		Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	\$ 4,538.70
2488	33736		33736		Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	\$ 5,480.10
2489	33737		33737		Atrial septectomy or septostomy; open heart, with inflow occlusion	\$ 4,892.40
2490	33750		33750		Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	\$ 4,233.60
2491	33755		33755		Shunt; ascending aorta to pulmonary artery (Waterston type operation)	\$ 4,748.40
2492	33762		33762		Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	\$ 4,645.80
2493	33764		33764		Shunt; central, with prosthetic graft	\$ 4,686.30
2494	33766		33766		Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	\$ 4,068.90
2495	33767		33767		Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	\$ 4,686.30
2496	33768		33768		Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	\$ 1,373.84
2497	33770		33770		Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	\$ 7,014.60
2498	33771		33771		Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	\$ 7,655.60
2499	33774		33774		Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	\$ 6,746.40
2500	33775		33775		Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	\$ 6,685.20
2501	33776		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	\$ 8,601.30

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2502	33777		33777		Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	\$ 8,343.00
2503	33778		33778		Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	\$ 9,038.70
2504	33779		33779		Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	\$ 8,766.00
2505	33780		33780		Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	\$ 8,766.00
2506	33781		33781		Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	\$ 8,766.00
2507	33782		33782		Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	\$ 12,843.24
2508	33783		33783		Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	\$ 13,932.80
2509	33786		33786		Total repair, truncus arteriosus (Rastelli type operation)	\$ 7,416.00
2510	33788		33788		Reimplantation of an anomalous pulmonary artery	\$ 5,548.50
2511	33800		33800		Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	\$ 2,654.10
2512	33802		33802		Division of aberrant vessel (vascular ring);	\$ 3,554.10
2513	33803		33803		Division of aberrant vessel (vascular ring); with reanastomosis	\$ 3,893.40
2514	33813		33813		Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	\$ 4,243.50
2515	33814		33814		Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	\$ 5,994.90
2516	33820		33820		Repair of patent ductus arteriosus; by ligation	\$ 3,869.10
2517	33822		33822		Repair of patent ductus arteriosus; by division, younger than 18 years	\$ 3,641.40
2518	33824		33824		Repair of patent ductus arteriosus; by division, 18 years and older	\$ 4,058.10
2519	33840		33840		Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	\$ 4,342.50
2520	33845		33845		Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	\$ 6,087.60
2521	33851		33851		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	\$ 5,986.48
2522	33852		33852		Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	\$ 5,514.30
2523	33853		33853		Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	\$ 6,901.20
2524	33860		33860		Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	\$ 7,323.30
2525	33863		33863		Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	\$ 7,577.10
2526	33864		33864		Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	\$ 7,601.41
2527	33870		33870		Transverse arch graft, with cardiopulmonary bypass	\$ 9,652.50
2528	33875		33875		Descending thoracic aorta graft, with or without bypass	\$ 7,810.20
2529	33877		33877		Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	\$ 9,241.20
2530	33880		33880		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 thora	\$ 5,712.22

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2531	33881		33881		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 t	\$ 4,930.62
2532	33883		33883		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	\$ 3,643.31
2533	33884		33884		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 separatel	\$ 1,385.57
2534	33886		33886		Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	\$ 3,119.61
2535	33889		33889		Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	\$ 2,690.56
2536	33891		33891		Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	\$ 3,430.57
2537	33910		33910		Pulmonary artery embolectomy; with cardiopulmonary bypass	\$ 6,566.40
2538	33915		33915		Pulmonary artery embolectomy; without cardiopulmonary bypass	\$ 3,965.40
2539	33916		33916		Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	\$ 4,653.00
2540	33917		33917		Repair of pulmonary artery stenosis by reconstruction with patch or graft	\$ 6,633.90
2541	33920		33920		Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	\$ 6,891.30
2542	33922		33922		Transection of pulmonary artery with cardiopulmonary bypass	\$ 5,562.00
2543	33924		33924		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)	\$ 1,096.26
2544	33925		33925		Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	\$ 6,455.33
2545	33926		33926		Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	\$ 8,708.02
2546	33930		33930		Donor cardiectomy-pneumonectomy (including cold preservation)	\$ -
2547	33933		33933		Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	\$ -
2548	33935		33935		Heart-lung transplant with recipient cardiectomy-pneumonectomy	\$ 12,504.94
2549	33940		33940		Donor cardiectomy (including cold preservation)	\$ 4,149.00
2550	33944		33944		Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for impla	\$ -
2551	33945		33945		Heart transplant, with or without recipient cardiectomy	\$ 11,331.00
2552	33960		33960		Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day	\$ 2,981.70
2553	33961		33961		Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day	\$ 1,626.30
2554	33967		33967		Insertion of intra-aortic balloon assist device, percutaneous	\$ 681.97
2555	33968		33968		Removal of intra-aortic balloon assist device, percutaneous	\$ 98.27
2556	33970		33970		Insertion of intra-aortic balloon assist device through the femoral artery, open approach	\$ 2,032.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2557	33971		33971		Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	\$ 1,911.60
2558	33973		33973		Insertion of intra-aortic balloon assist device through the ascending aorta	\$ 2,047.50
2559	33974		33974		Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	\$ 2,317.50
2560	33975		33975		Insertion of ventricular assist device; extracorporeal, single ventricle	\$ 4,377.60
2561	33976		33976		Insertion of ventricular assist device; extracorporeal, biventricular	\$ 4,364.10
2562	33977		33977		Removal of ventricular assist device; extracorporeal, single ventricle	\$ 3,388.50
2563	33978		33978		Removal of ventricular assist device; extracorporeal, biventricular	\$ 3,780.00
2564	33979		33979		Insertion of ventricular assist device, implantable intracorporeal, single ventricle	\$ 6,113.20
2565	33980		33980		Removal of ventricular assist device, implantable intracorporeal, single ventricle	\$ 9,056.83
2566	33981		33981		Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	\$ 2,099.36
2567	33982		33982		Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	\$ 5,143.44
2568	33983		33983		Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	\$ 5,744.73
2569	33999		33999		Unlisted procedure, cardiac surgery	\$ -
2570	34001		34001		Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	\$ 2,654.10
2571	34051		34051		Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	\$ 2,909.70
2572	34101		34101		Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	\$ 2,623.50
2573	34111		34111		Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	\$ 2,964.60
2574	34151		34151		Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	\$ 3,651.30
2575	34201		34201		Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	\$ 2,886.30
2576	34203		34203		Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	\$ 2,952.90
2577	34401		34401		Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	\$ 2,884.50
2578	34421		34421		Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	\$ 2,549.70
2579	34451		34451		Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	\$ 2,923.20
2580	34471		34471		Thrombectomy, direct or with catheter; subclavian vein, by neck incision	\$ 2,317.50
2581	34490		34490		Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	\$ 2,148.30
2582	34501		34501		Valvuloplasty, femoral vein	\$ 2,421.00
2583	34502		34502		Reconstruction of vena cava, any method	\$ 5,296.50
2584	34510		34510		Venous valve transposition, any vein donor	\$ 2,574.90
2585	34520		34520		Cross-over vein graft to venous system	\$ 3,444.30
2586	34530		34530		Saphenopopliteal vein anastomosis	\$ 2,738.70
2587	34800		34800		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	\$ 3,621.60
2588	34802		34802		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	\$ 3,996.90
2589	34803		34803		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	\$ 4,301.78
2590	34804		34804		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	\$ 3,996.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2591	34805		34805		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis	\$ 3,987.05
2592	34806		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 pr	\$ 420.95
2593	34808		34808		Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	\$ 688.50
2594	34812		34812		Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	\$ 1,125.90
2595	34813		34813		Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	\$ 800.10
2596	34820		34820		Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	\$ 1,626.30
2597	34825		34825		Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	\$ 2,162.70
2598	34826		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)	\$ 688.50
2599	34830		34830		Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	\$ 5,635.80
2600	34831		34831		Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	\$ 6,093.00
2601	34832		34832		Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	\$ 6,093.00
2602	34833		34833		Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	\$ 1,682.17
2603	34834		34834		Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	\$ 965.20
2604	34900		34900		Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis	\$ 2,239.64
2605	35001		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	\$ 3,978.00
2606	35002		35002		Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	\$ 4,092.30
2607	35005		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	\$ 3,744.00
2608	35011		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	\$ 3,550.50
2609	35013		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	\$ 3,780.90
2610	35021		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	\$ 4,011.30

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2611	35022		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	\$ 4,035.60
2612	35045		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	\$ 3,766.50
2613	35081		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	\$ 5,967.00
2614	35082		35082		Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	\$ 7,056.00
2615	35091		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, ren	\$ 6,876.00
2616	35092		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)	\$ 7,870.50
2617	35102		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, exter	\$ 6,484.50
2618	35103		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)	\$ 6,972.30
2619	35111		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	\$ 4,826.70
2620	35112		35112		Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	\$ 3,327.30
2621	35121		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	\$ 4,541.40
2622	35122		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	\$ 4,851.90
2623	35131		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)	\$ 4,762.80
2624	35132		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)	\$ 4,635.00
2625	35141		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)	\$ 4,068.90
2626	35142		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)	\$ 4,619.70

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2627	35151		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	\$ 4,226.40
2628	35152		35152		Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	\$ 3,790.80
2629	35180		35180		Repair, congenital arteriovenous fistula; head and neck	\$ 3,141.90
2630	35182		35182		Repair, congenital arteriovenous fistula; thorax and abdomen	\$ 4,532.40
2631	35184		35184		Repair, congenital arteriovenous fistula; extremities	\$ 3,888.00
2632	35188		35188		Repair, acquired or traumatic arteriovenous fistula; head and neck	\$ 3,234.60
2633	35189		35189		Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	\$ 4,228.20
2634	35190		35190		Repair, acquired or traumatic arteriovenous fistula; extremities	\$ 3,682.80
2635	35201		35201		Repair blood vessel, direct; neck	\$ 3,811.50
2636	35206		35206		Repair blood vessel, direct; upper extremity	\$ 3,393.00
2637	35207		35207		Repair blood vessel, direct; hand, finger	\$ 3,836.70
2638	35211		35211		Repair blood vessel, direct; intrathoracic, with bypass	\$ 4,775.40
2639	35216		35216		Repair blood vessel, direct; intrathoracic, without bypass	\$ 4,719.60
2640	35221		35221		Repair blood vessel, direct; intra-abdominal	\$ 4,332.60
2641	35226		35226		Repair blood vessel, direct; lower extremity	\$ 4,322.70
2642	35231		35231		Repair blood vessel with vein graft; neck	\$ 3,770.10
2643	35236		35236		Repair blood vessel with vein graft; upper extremity	\$ 5,035.50
2644	35241		35241		Repair blood vessel with vein graft; intrathoracic, with bypass	\$ 4,771.80
2645	35246		35246		Repair blood vessel with vein graft; intrathoracic, without bypass	\$ 4,289.40
2646	35251		35251		Repair blood vessel with vein graft; intra-abdominal	\$ 5,365.80
2647	35256		35256		Repair blood vessel with vein graft; lower extremity	\$ 4,428.90
2648	35261		35261		Repair blood vessel with graft other than vein; neck	\$ 3,811.50
2649	35266		35266		Repair blood vessel with graft other than vein; upper extremity	\$ 3,907.80
2650	35271		35271		Repair blood vessel with graft other than vein; intrathoracic, with bypass	\$ 5,134.50
2651	35276		35276		Repair blood vessel with graft other than vein; intrathoracic, without bypass	\$ 3,682.80
2652	35281		35281		Repair blood vessel with graft other than vein; intra-abdominal	\$ 4,377.60
2653	35286		35286		Repair blood vessel with graft other than vein; lower extremity	\$ 4,189.50
2654	35301		35301		Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	\$ 4,066.20
2655	35302		35302		Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	\$ 3,050.03
2656	35303		35303		Thromboendarterectomy, including patch graft, if performed; popliteal artery	\$ 3,211.06
2657	35304		35304		Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	\$ 3,248.55
2658	35305		35305		Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	\$ 3,210.32
2659	35306		35306		Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	\$ 1,331.62
2660	35311		35311		Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	\$ 3,872.70
2661	35321		35321		Thromboendarterectomy, including patch graft, if performed; axillary-brachial	\$ 3,862.80
2662	35331		35331		Thromboendarterectomy, including patch graft, if performed; abdominal aorta	\$ 5,119.20
2663	35341		35341		Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	\$ 4,953.60
2664	35351		35351		Thromboendarterectomy, including patch graft, if performed; iliac	\$ 4,340.70
2665	35355		35355		Thromboendarterectomy, including patch graft, if performed; iliofemoral	\$ 4,176.00
2666	35361		35361		Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	\$ 5,794.20

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2667	35363		35363		Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	\$ 4,686.30
2668	35371		35371		Thromboendarterectomy, including patch graft, if performed; common femoral	\$ 3,605.40
2669	35372		35372		Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	\$ 4,039.20
2670	35390		35390		Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	\$ 855.00
2671	35400		35400		Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	\$ 570.60
2672	35450		35450		Transluminal balloon angioplasty, open; renal or other visceral artery	\$ 2,514.60
2673	35452		35452		Transluminal balloon angioplasty, open; aortic	\$ 1,345.50
2674	35458		35458		Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	\$ 2,317.50
2675	35460		35460		Transluminal balloon angioplasty, open; venous	\$ 1,596.60
2676	35471		35471		Transluminal balloon angioplasty, percutaneous; renal or visceral artery	\$ 2,348.10
2677	35472		35472		Transluminal balloon angioplasty, percutaneous; aortic	\$ 2,743.20
2678	35475		35475		Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	\$ 2,426.40
2679	35476		35476		Transluminal balloon angioplasty, percutaneous; venous	\$ 1,415.70
2680	35500		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)	\$ 871.62
2681	35501		35501		Bypass graft, with vein; common carotid-ipsilateral internal carotid	\$ 3,636.00
2682	35506		35506		Bypass graft, with vein; carotid-subclavian or subclavian-carotid	\$ 4,938.30
2683	35508		35508		Bypass graft, with vein; carotid-vertebral	\$ 3,759.30
2684	35509		35509		Bypass graft, with vein; carotid-contralateral carotid	\$ 3,682.80
2685	35510		35510		Bypass graft, with vein; carotid-brachial	\$ 3,271.58
2686	35511		35511		Bypass graft, with vein; subclavian-subclavian	\$ 3,365.10
2687	35512		35512		Bypass graft, with vein; subclavian-brachial	\$ 3,264.42
2688	35515		35515		Bypass graft, with vein; subclavian-vertebral	\$ 3,420.00
2689	35516		35516		Bypass graft, with vein; subclavian-axillary	\$ 3,505.50
2690	35518		35518		Bypass graft, with vein; axillary-axillary	\$ 4,264.20
2691	35521		35521		Bypass graft, with vein; axillary-femoral	\$ 4,596.30
2692	35522		35522		Bypass graft, with vein; axillary-brachial	\$ 3,209.65
2693	35523		35523		Bypass graft, with vein; brachial-ulnar or -radial	\$ 3,277.08
2694	35525		35525		Bypass graft, with vein; brachial-brachial	\$ 3,187.18
2695	35526		35526		Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	\$ 4,275.00
2696	35531		35531		Bypass graft, with vein; aortoceliac or aortomesenteric	\$ 4,910.40
2697	35533		35533		Bypass graft, with vein; axillary-femoral-femoral	\$ 4,089.60
2698	35535		35535		Bypass graft, with vein; hepatorenal	\$ 4,060.85
2699	35536		35536		Bypass graft, with vein; splenorenal	\$ 4,485.60
2700	35537		35537		Bypass graft, with vein; aortoiliac	\$ 4,523.50
2701	35538		35538		Bypass graft, with vein; aortobi-iliac	\$ 5,514.25
2702	35539		35539		Bypass graft, with vein; aortofemoral	\$ 5,177.02
2703	35540		35540		Bypass graft, with vein; aortobifemoral	\$ 5,915.40
2704	35556		35556		Bypass graft, with vein; femoral-popliteal	\$ 4,336.20
2705	35558		35558		Bypass graft, with vein; femoral-femoral	\$ 4,312.80
2706	35560		35560		Bypass graft, with vein; aortorenal	\$ 4,439.70
2707	35563		35563		Bypass graft, with vein; ilioiliac	\$ 3,582.90
2708	35565		35565		Bypass graft, with vein; iliofemoral	\$ 4,176.90
2709	35566		35566		Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	\$ 5,097.60
2710	35570		35570		Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	\$ 3,570.22
2711	35571		35571		Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	\$ 4,784.40
2712	35572		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)	\$ 878.05
2713	35583		35583		In-situ vein bypass; femoral-popliteal	\$ 4,646.70

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2714	35585		35585		In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	\$ 5,580.90
2715	35587		35587		In-situ vein bypass; popliteal-tibial, peroneal	\$ 5,259.60
2716	35600		35600		Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	\$ 922.50
2717	35601		35601		Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	\$ 3,828.60
2718	35606		35606		Bypass graft, with other than vein; carotid-subclavian	\$ 4,417.20
2719	35612		35612		Bypass graft, with other than vein; subclavian-subclavian	\$ 4,006.80
2720	35616		35616		Bypass graft, with other than vein; subclavian-axillary	\$ 3,502.80
2721	35621		35621		Bypass graft, with other than vein; axillary-femoral	\$ 4,295.70
2722	35623		35623		Bypass graft, with other than vein; axillary-popliteal or -tibial	\$ 4,099.50
2723	35626		35626		Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	\$ 5,134.50
2724	35631		35631		Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	\$ 4,752.00
2725	35632		35632		Bypass graft, with other than vein; ilio-celiac	\$ 3,986.67
2726	35633		35633		Bypass graft, with other than vein; ilio-mesenteric	\$ 4,261.60
2727	35634		35634		Bypass graft, with other than vein; iliorenal	\$ 3,929.70
2728	35636		35636		Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	\$ 4,275.00
2729	35637		35637		Bypass graft, with other than vein; aortoiliac	\$ 3,861.68
2730	35638		35638		Bypass graft, with other than vein; aortobi-iliac	\$ 3,898.02
2731	35642		35642		Bypass graft, with other than vein; carotid-vertebral	\$ 3,672.00
2732	35645		35645		Bypass graft, with other than vein; subclavian-vertebral	\$ 3,720.60
2733	35646		35646		Bypass graft, with other than vein; aortobifemoral	\$ 5,142.60
2734	35647		35647		Bypass graft, with other than vein; aortofemoral	\$ 3,664.37
2735	35650		35650		Bypass graft, with other than vein; axillary-axillary	\$ 4,328.10
2736	35654		35654		Bypass graft, with other than vein; axillary-femoral-femoral	\$ 5,381.10
2737	35656		35656		Bypass graft, with other than vein; femoral-popliteal	\$ 4,311.00
2738	35661		35661		Bypass graft, with other than vein; femoral-femoral	\$ 4,134.60
2739	35663		35663		Bypass graft, with other than vein; ilioiliac	\$ 3,662.10
2740	35665		35665		Bypass graft, with other than vein; iliofemoral	\$ 4,484.70
2741	35666		35666		Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	\$ 4,851.90
2742	35671		35671		Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	\$ 4,197.60
2743	35681		35681		Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	\$ 3,032.10
2744	35682		35682		Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	\$ 1,248.30
2745	35683		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)	\$ 1,425.60
2746	35685		35685		Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	\$ 840.77
2747	35686		35686		Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	\$ 858.30
2748	35691		35691		Transposition and/or reimplantation; vertebral to carotid artery	\$ 3,834.00
2749	35693		35693		Transposition and/or reimplantation; vertebral to subclavian artery	\$ 3,316.50
2750	35694		35694		Transposition and/or reimplantation; subclavian to carotid artery	\$ 3,399.30
2751	35695		35695		Transposition and/or reimplantation; carotid to subclavian artery	\$ 3,321.00
2752	35697		35697		Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	\$ 1,617.23
2753	35700		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)	\$ 978.30
2754	35701		35701		Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	\$ 1,827.90

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2755	35721		35721		Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	\$ 1,711.80
2756	35741		35741		Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	\$ 1,733.40
2757	35761		35761		Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	\$ 1,645.20
2758	35800		35800		Exploration for postoperative hemorrhage, thrombosis or infection; neck	\$ 1,757.70
2759	35820		35820		Exploration for postoperative hemorrhage, thrombosis or infection; chest	\$ 2,691.90
2760	35840		35840		Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	\$ 2,632.50
2761	35860		35860		Exploration for postoperative hemorrhage, thrombosis or infection; extremity	\$ 1,816.20
2762	35870		35870		Repair of graft-enteric fistula	\$ 5,026.50
2763	35875		35875		Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	\$ 2,820.60
2764	35876		35876		Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	\$ 3,186.90
2765	35879		35879		Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	\$ 3,326.40
2766	35881		35881		Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	\$ 3,647.70
2767	35883		35883		Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	\$ 3,256.61
2768	35884		35884		Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	\$ 3,453.76
2769	35901		35901		Excision of infected graft; neck	\$ 2,307.60
2770	35903		35903		Excision of infected graft; extremity	\$ 2,663.10
2771	35905		35905		Excision of infected graft; thorax	\$ 2,797.20
2772	35907		35907		Excision of infected graft; abdomen	\$ 3,213.90
2773	36000		36000		Introduction of needle or intracatheter, vein	\$ 128.91
2774	36002		36002		Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	\$ 282.31
2775	36005		36005		Injection procedure for extremity venography (including introduction of needle or intracatheter)	\$ 186.30
2776	36010		36010		Introduction of catheter, superior or inferior vena cava	\$ 647.10
2777	36011		36011		Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	\$ 510.30
2778	36012		36012		Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	\$ 679.50
2779	36013		36013		Introduction of catheter, right heart or main pulmonary artery	\$ 789.30
2780	36014		36014		Selective catheter placement, left or right pulmonary artery	\$ 591.30
2781	36015		36015		Selective catheter placement, segmental or subsegmental pulmonary artery	\$ 628.20
2782	36100		36100		Introduction of needle or intracatheter, carotid or vertebral artery	\$ 628.20
2783	36120		36120		Introduction of needle or intracatheter; retrograde brachial artery	\$ 741.60
2784	36140		36140		Introduction of needle or intracatheter; extremity artery	\$ 503.10
2785	36147		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, inj	\$ 1,052.96
2786	36148		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)	\$ 325.12
2787	36160		36160		Introduction of needle or intracatheter, aortic, translumbar	\$ 650.70
2788	36200		36200		Introduction of catheter, aorta	\$ 624.60
2789	36215		36215		Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	\$ 710.10
2790	36216		36216		Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	\$ 729.00

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2791	36217		36217		Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	\$ 978.30
2792	36218		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)	\$ 232.20
2793	36221		36221		Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the ce	\$ 2,880.37
2794	36222		36222		Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the c	\$ 3,561.38
2795	36223		36223		Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the e	\$ 3,896.31
2796	36224		36224		Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and ce	\$ 4,230.34
2797	36225		36225		Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when per	\$ 3,867.22
2798	36226		36226		Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	\$ 4,313.16
2799	36227		36227		Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	\$ 614.41
2800	36245		36245		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$ 768.60
2801	36246		36246		Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$ 875.70
2802	36247		36247		Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	\$ 1,114.20
2803	36248		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 appropriat	\$ 236.70
2804	36252		36252		Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of	\$ 4,101.15
2805	36254		36254		Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image post	\$ 5,947.12
2806	36260		36260		Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	\$ 2,344.50
2807	36261		36261		Revision of implanted intra-arterial infusion pump	\$ 919.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2808	36262		36262		Removal of implanted intra-arterial infusion pump	\$ 849.60
2809	36299		36299		Unlisted procedure, vascular injection	Cost
2810	36400		36400		Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	\$ 57.60
2811	36405		36405		Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein	\$ 87.30
2812	36406		36406		Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	\$ 93.20
2813	36410		36410		Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	\$ 75.26
2814	36415		36415		Collection of venous blood by venipuncture	\$ 17.04
2815	36416		36416		Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$ -
2816	36420		36420		Venipuncture, cutdown; younger than age 1 year	\$ 212.40
2817	36425		36425		Venipuncture, cutdown; age 1 or over	\$ 236.70
2818	36430		36430		Transfusion, blood or blood components	\$ 122.40
2819	36440		36440		Push transfusion, blood, 2 years or younger	\$ 212.40
2820	36450		36450		Exchange transfusion, blood; newborn	\$ 824.40
2821	36455		36455		Exchange transfusion, blood; other than newborn	\$ 875.70
2822	36460		36460		Transfusion, intrauterine, fetal	\$ 1,153.80
2823	36468		36468		Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	\$ 327.60
2824	36469		36469		Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	\$ 202.50
2825	36470		36470		Injection of sclerosing solution; single vein	\$ 152.52
2826	36471		36471		Injection of sclerosing solution; multiple veins, same leg	\$ 246.87
2827	36475		36475		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	\$ 3,072.75
2828	36476		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 a	\$ 1,042.37
2829	36478		36478		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	\$ 2,978.33
2830	36479		36479		Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition t	\$ 1,045.01
2831	36481		36481		Percutaneous portal vein catheterization by any method	\$ 1,143.00
2832	36500		36500		Venous catheterization for selective organ blood sampling	\$ 475.20
2833	36510		36510		Catheterization of umbilical vein for diagnosis or therapy, newborn	\$ 265.50
2834	36511		36511		Therapeutic apheresis; for white blood cells	\$ 274.52
2835	36512		36512		Therapeutic apheresis; for red blood cells	\$ 273.39
2836	36513		36513		Therapeutic apheresis; for platelets	\$ 276.08
2837	36515		36515		Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	\$ 2,040.30
2838	36516		36516		Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	\$ 2,129.80
2839	36522		36522		Photopheresis, extracorporeal	\$ 550.80
2840	36555		36555		Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	\$ 500.71
2841	36556		36556		Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$ 373.52
2842	36557		36557		Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	\$ 1,519.07

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2843	36558		36558		Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	\$ 1,287.53
2844	36560		36560		Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	\$ 1,595.76
2845	36561		36561		Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	\$ 1,280.08
2846	36563		36563		Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	\$ 1,557.18
2847	36565		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)	\$ 1,535.22
2848	36566		36566		Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	\$ 2,580.53
2849	36568		36568		Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	\$ 548.20
2850	36569		36569		Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	\$ 459.11
2851	36570		36570		Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	\$ 1,264.84
2852	36571		36571		Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	\$ 1,302.40
2853	36575		36575		Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	\$ 294.90
2854	36576		36576		Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	\$ 671.12
2855	36578		36578		Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	\$ 1,052.89
2856	36580		36580		Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$ 402.39
2857	36581		36581		Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	\$ 1,347.18
2858	36582		36582		Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	\$ 1,777.44
2859	36583		36583		Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	\$ 1,809.20
2860	36584		36584		Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	\$ 423.34
2861	36585		36585		Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	\$ 1,778.45
2862	36589		36589		Removal of tunneled central venous catheter, without subcutaneous port or pump	\$ 388.65
2863	36590		36590		Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	\$ 579.93
2864	36591		36591		Collection of blood specimen from a completely implantable venous access device	\$ 40.50
2865	36592		36592		Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	\$ 52.78
2866	36593		36593		Declotting by thrombolytic agent of implanted vascular access device or catheter	\$ 146.47
2867	36595		36595		Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	\$ 1,257.21
2868	36596		36596		Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	\$ 265.15

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2869	36597		36597		Repositioning of previously placed central venous catheter under fluoroscopic guidance	\$ 238.99
2870	36598		36598		Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	\$ 282.77
2871	36600		36600		Arterial puncture, withdrawal of blood for diagnosis	\$ 91.80
2872	36620		36620		Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	\$ 256.50
2873	36625		36625		Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	\$ 391.50
2874	36640		36640		Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	\$ 550.80
2875	36660		36660		Catheterization, umbilical artery, newborn, for diagnosis or therapy	\$ 322.20
2876	36680		36680		Placement of needle for intraosseous infusion	\$ 256.50
2877	36800		36800		Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	\$ 885.60
2878	36810		36810		Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	\$ 1,357.20
2879	36815		36815		Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	\$ 1,125.90
2880	36818		36818		Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	\$ 1,990.48
2881	36819		36819		Arteriovenous anastomosis, open; by upper arm basilic vein transposition	\$ 4,174.20
2882	36820		36820		Arteriovenous anastomosis, open; by forearm vein transposition	\$ 2,132.80
2883	36821		36821		Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	\$ 2,295.00
2884	36823		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	\$ 3,310.72
2885	36825		36825		Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	\$ 3,141.90
2886	36831		36831		Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	\$ 1,346.40
2887	36832		36832		Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$ 2,439.90
2888	36833		36833		Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	\$ 1,944.90
2889	36835		36835		Insertion of Thomas shunt (separate procedure)	\$ 1,480.23
2890	36838		36838		Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	\$ 3,556.18
2891	36860		36860		External cannula declotting (separate procedure); without balloon catheter	\$ 412.20
2892	36861		36861		External cannula declotting (separate procedure); with balloon catheter	\$ 891.00
2893	36870		36870		Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	\$ 3,973.50
2894	37140		37140		Venous anastomosis, open; portocaval	\$ 5,608.80
2895	37145		37145		Venous anastomosis, open; renoportal	\$ 3,990.60
2896	37160		37160		Venous anastomosis, open; caval-mesenteric	\$ 5,255.10
2897	37180		37180		Venous anastomosis, open; splenorenal, proximal	\$ 4,969.80
2898	37181		37181		Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	\$ 5,961.60
2899	37182		37182		Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imag	\$ 1,959.09

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2900	37183		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	\$ 15,255.65
2901	37184		37184		Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	\$ 2,214.84
2902	37185		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 v	\$ 872.39
2903	37186		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, pro	\$ 1,250.30
2904	37187		37187		Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	\$ 1,941.11
2905	37188		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	\$ 1,473.77
2906	37191		37191		Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$ 6,918.36
2907	37192		37192		Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$ 4,487.46
2908	37193		37193		Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	\$ 4,282.95
2909	37195		37195		Thrombolysis, cerebral, by intravenous infusion	\$ 846.90
2910	37197		37197		Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	\$ 3,887.58
2911	37200		37200		Transcatheter biopsy	\$ 814.79
2912	37202		37202		Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)	\$ 973.80
2913	37211		37211		Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	\$ 972.47
2914	37212		37212		Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$ 858.67
2915	37213		37213		Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up ca	\$ 599.49
2916	37214		37214		Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up ca	\$ 353.25
2917	37215		37215		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	\$ 3,812.78

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2918	37216		37216		Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	\$ 3,498.17
2919	37220		37220		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	\$ 2,257.95
2920	37221		37221		Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$ 3,035.71
2921	37222		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)	\$ 861.42
2922	37223		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 prima	\$ 1,606.46
2923	37224		37224		Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	\$ 2,605.53
2924	37225		37225		Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	\$ 5,405.06
2925	37226		37226		Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	\$ 4,490.45
2926	37227		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	\$ 7,098.85
2927	37228		37228		Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	\$ 3,436.34
2928	37229		37229		Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	\$ 5,676.63
2929	37230		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	\$ 4,780.81
2930	37231		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	\$ 6,604.22
2931	37232		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)	\$ 1,046.39
2932	37233		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)	\$ 1,367.77
2933	37234		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 p	\$ 2,092.73
2934	37235		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 additi	\$ 2,470.73

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2935	37236		37236		Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and in	\$ 9,119.70
2936	37237		37237		Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and in	\$ 4,410.41
2937	37238		37238		Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	\$ 9,119.70
2938	37239		37239		Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code f	\$ 4,410.41
2939	37241		37241		Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous ma	\$ 8,842.66
2940	37242		37242		Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquire	\$ 8,842.66
2941	37243		37243		Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	\$ 8,842.66
2942	37244		37244		Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	\$ 8,842.66
2943	37250		37250		Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	\$ 408.08
2944	37251		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)	\$ 319.58
2945	37500		37500		Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	\$ 2,240.80
2946	37501		37501		Unlisted vascular endoscopy procedure	Cost
2947	37565		37565		Ligation, internal jugular vein	\$ 1,462.50
2948	37600		37600		Ligation; external carotid artery	\$ 1,596.60
2949	37605		37605		Ligation; internal or common carotid artery	\$ 1,402.20
2950	37606		37606		Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	\$ 1,670.40
2951	37607		37607		Ligation or banding of angioaccess arteriovenous fistula	\$ 1,293.30
2952	37609		37609		Ligation or biopsy, temporal artery	\$ 689.40
2953	37615		37615		Ligation, major artery (eg, post-traumatic, rupture); neck	\$ 1,608.30
2954	37616		37616		Ligation, major artery (eg, post-traumatic, rupture); chest	\$ 2,796.30
2955	37617		37617		Ligation, major artery (eg, post-traumatic, rupture); abdomen	\$ 2,619.00
2956	37618		37618		Ligation, major artery (eg, post-traumatic, rupture); extremity	\$ 1,545.30
2957	37619		37619		Ligation of inferior vena cava	\$ 4,215.75
2958	37650		37650		Ligation of femoral vein	\$ 1,337.40
2959	37660		37660		Ligation of common iliac vein	\$ 1,606.50
2960	37700		37700		Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	\$ 998.10
2961	37718		37718		Ligation, division, and stripping, short saphenous vein	\$ 1,006.21
2962	37722		37722		Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	\$ 1,208.89

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
2963	37735		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	\$ 2,844.00
2964	37760		37760		Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	\$ 2,987.10
2965	37761		37761		Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	\$ 1,390.71
2966	37765		37765		Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	\$ 1,167.91
2967	37766		37766		Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	\$ 1,416.38
2968	37780		37780		Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	\$ 641.70
2969	37785		37785		Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	\$ 739.80
2970	37788		37788		Penile revascularization, artery, with or without vein graft	\$ 4,092.33
2971	37790		37790		Penile venous occlusive procedure	\$ 1,527.94
2972	37799		37799		Unlisted procedure, vascular surgery	Cost
2973	38100		38100		Splenectomy; total (separate procedure)	\$ 2,660.40
2974	38101		38101		Splenectomy; partial (separate procedure)	\$ 2,975.40
2975	38102		38102		Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	\$ 1,835.10
2976	38115		38115		Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	\$ 2,743.20
2977	38120		38120		Laparoscopy, surgical, splenectomy	\$ 3,954.23
2978	38129		38129		Unlisted laparoscopy procedure, spleen	Cost
2979	38200		38200		Injection procedure for splenoportography	\$ 351.00
2980	38204		38204		Management of recipient hematopoietic progenitor cell donor search and cell acquisition	\$ 232.57
2981	38205		38205		Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	\$ 718.59
2982	38206		38206		Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	\$ 718.94
2983	38207		38207		Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	\$ 78.09
2984	38208		38208		Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	\$ 50.46
2985	38209		38209		Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	\$ 20.85
2986	38210		38210		Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	\$ 140.03
2987	38211		38211		Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	\$ 128.01
2988	38212		38212		Transplant preparation of hematopoietic progenitor cells; red blood cell removal	\$ 82.28
2989	38213		38213		Transplant preparation of hematopoietic progenitor cells; platelet depletion	\$ 20.85
2990	38214		38214		Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	\$ 71.84
2991	38215		38215		Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	\$ 82.28
2992	38220		38220		Bone marrow; aspiration only	\$ 293.47
2993	38221		38221		Bone marrow; biopsy, needle or trocar	\$ 316.63
2994	38230		38230		Bone marrow harvesting for transplantation; allogeneic	\$ 1,390.50
2995	38240		38240		Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	\$ 1,089.69
2996	38241		38241		Hematopoietic progenitor cell (HPC); autologous transplantation	\$ 986.52
2997	38242		38242		Allogeneic lymphocyte infusions	\$ 1,082.79
2998	38300		38300		Drainage of lymph node abscess or lymphadenitis; simple	\$ 293.40
2999	38305		38305		Drainage of lymph node abscess or lymphadenitis; extensive	\$ 729.00
3000	38308		38308		Lymphangiomyotomy or other operations on lymphatic channels	\$ 884.70
3001	38380		38380		Suture and/or ligation of thoracic duct; cervical approach	\$ 1,355.40

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3002	38381		38381		Suture and/or ligation of thoracic duct; thoracic approach	\$ 2,421.00
3003	38382		38382		Suture and/or ligation of thoracic duct; abdominal approach	\$ 2,037.60
3004	38500		38500		Biopsy or excision of lymph node(s); open, superficial	\$ 587.77
3005	38505		38505		Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	\$ 399.60
3006	38510		38510		Biopsy or excision of lymph node(s); open, deep cervical node(s)	\$ 850.50
3007	38520		38520		Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	\$ 918.90
3008	38525		38525		Biopsy or excision of lymph node(s); open, deep axillary node(s)	\$ 1,233.90
3009	38542		38542		Dissection, deep jugular node(s)	\$ 1,244.70
3010	38550		38550		Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	\$ 1,267.20
3011	38555		38555		Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	\$ 2,374.20
3012	38562		38562		Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	\$ 2,771.10
3013	38564		38564		Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	\$ 2,665.80
3014	38570		38570		Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	\$ 2,667.60
3015	38571		38571		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$ 3,213.90
3016	38572		38572		Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	\$ 3,295.80
3017	38589		38589		Unlisted laparoscopy procedure, lymphatic system	Cost
3018	38700		38700		Suprahyoid lymphadenectomy	\$ 2,449.80
3019	38720		38720		Cervical lymphadenectomy (complete)	\$ 3,872.70
3020	38724		38724		Cervical lymphadenectomy (modified radical neck dissection)	\$ 3,672.00
3021	38740		38740		Axillary lymphadenectomy; superficial	\$ 1,797.30
3022	38745		38745		Axillary lymphadenectomy; complete	\$ 2,779.20
3023	38746		38746		Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	\$ 846.00
3024	38747		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)	\$ 1,178.10
3025	38760		38760		Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)	\$ 2,240.10
3026	38765		38765		Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	\$ 3,024.90
3027	38770		38770		Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	\$ 3,276.00
3028	38780		38780		Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	\$ 4,169.70
3029	38790		38790		Injection procedure; lymphangiography	\$ 396.90
3030	38792		38792		Injection procedure; radioactive tracer for identification of sentinel node	\$ 174.37
3031	38794		38794		Cannulation, thoracic duct	\$ 1,099.47
3032	38999		38999		Unlisted procedure, hemic or lymphatic system	Cost
3033	39000		39000		Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	\$ 1,619.10
3034	39200		39200		Resection of mediastinal cyst	\$ 2,801.70
3035	39220		39220		Resection of mediastinal tumor	\$ 3,410.10
3036	39400		39400		Mediastinoscopy, includes biopsy(ies), when performed	\$ 1,290.60
3037	39499		39499		Unlisted procedure, mediastinum	Cost
3038	39501		39501		Repair, laceration of diaphragm, any approach	\$ 2,970.00
3039	39503		39503		Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	\$ 3,626.10
3040	39540		39540		Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	\$ 3,577.50

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3041	39541		39541		Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	\$ 3,515.40
3042	39545		39545		Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	\$ 3,464.10
3043	39560		39560		Resection, diaphragm; with simple repair (eg, primary suture)	\$ 3,485.19
3044	39561		39561		Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	\$ 5,241.89
3045	39599		39599		Unlisted procedure, diaphragm	Cost
3046	40490		40490		Biopsy of lip	\$ 206.10
3047	40500		40500		Vermilionectomy (lip shave), with mucosal advancement	\$ 1,545.30
3048	40510		40510		Excision of lip; transverse wedge excision with primary closure	\$ 1,710.90
3049	40520		40520		Excision of lip; V-excision with primary direct linear closure	\$ 1,390.50
3050	40525		40525		Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	\$ 3,300.30
3051	40527		40527		Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	\$ 3,558.60
3052	40530		40530		Resection of lip, more than one-fourth, without reconstruction	\$ 1,647.90
3053	40650		40650		Repair lip, full thickness; vermilion only	\$ 1,409.40
3054	40652		40652		Repair lip, full thickness; up to half vertical height	\$ 1,440.00
3055	40654		40654		Repair lip, full thickness; over one-half vertical height, or complex	\$ 1,681.20
3056	40700		40700		Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	\$ 2,646.90
3057	40701		40701		Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	\$ 4,107.60
3058	40702		40702		Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	\$ 2,590.20
3059	40720		40720		Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	\$ 2,788.20
3060	40761		40761		Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	\$ 3,038.40
3061	40799		40799		Unlisted procedure, lips	Cost
3062	40800		40800		Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	\$ 201.60
3063	40801		40801		Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	\$ 579.60
3064	40804		40804		Removal of embedded foreign body, vestibule of mouth; simple	\$ 236.70
3065	40805		40805		Removal of embedded foreign body, vestibule of mouth; complicated	\$ 657.90
3066	40806		40806		Incision of labial frenum (frenotomy)	\$ 315.90
3067	40808		40808		Biopsy, vestibule of mouth	\$ 202.50
3068	40810		40810		Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	\$ 262.80
3069	40812		40812		Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	\$ 398.70
3070	40814		40814		Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	\$ 870.30
3071	40816		40816		Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	\$ 1,030.50
3072	40818		40818		Excision of mucosa of vestibule of mouth as donor graft	\$ 627.30
3073	40819		40819		Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	\$ 414.00
3074	40820		40820		Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	\$ 349.20
3075	40830		40830		Closure of laceration, vestibule of mouth; 2.5 cm or less	\$ 232.24
3076	40831		40831		Closure of laceration, vestibule of mouth; over 2.5 cm or complex	\$ 528.30
3077	40840		40840		Vestibuloplasty; anterior	\$ 1,712.70
3078	40842		40842		Vestibuloplasty; posterior, unilateral	\$ 1,566.90
3079	40843		40843		Vestibuloplasty; posterior, bilateral	\$ 2,436.30
3080	40844		40844		Vestibuloplasty; entire arch	\$ 3,133.80
3081	40845		40845		Vestibuloplasty; complex (including ridge extension, muscle repositioning)	\$ 3,672.90
3082	40899		40899		Unlisted procedure, vestibule of mouth	Cost
3083	41000		41000		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	\$ 256.50

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3084	41005		41005		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	\$ 286.20
3085	41006		41006		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, suprathyoid	\$ 610.20
3086	41007		41007		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	\$ 703.80
3087	41008		41008		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	\$ 718.20
3088	41009		41009		Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	\$ 810.00
3089	41010		41010		Incision of lingual frenum (frenotomy)	\$ 247.50
3090	41015		41015		Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	\$ 772.20
3091	41016		41016		Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	\$ 839.70
3092	41017		41017		Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	\$ 829.80
3093	41018		41018		Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	\$ 956.70
3094	41019		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	\$ 1,028.05
3095	41100		41100		Biopsy of tongue; anterior two-thirds	\$ 261.00
3096	41105		41105		Biopsy of tongue; posterior one-third	\$ 309.60
3097	41108		41108		Biopsy of floor of mouth	\$ 239.40
3098	41110		41110		Excision of lesion of tongue without closure	\$ 393.30
3099	41112		41112		Excision of lesion of tongue with closure; anterior two-thirds	\$ 642.60
3100	41113		41113		Excision of lesion of tongue with closure; posterior one-third	\$ 954.00
3101	41114		41114		Excision of lesion of tongue with closure; with local tongue flap	\$ 2,168.10
3102	41115		41115		Excision of lingual frenum (frenectomy)	\$ 426.60
3103	41116		41116		Excision, lesion of floor of mouth	\$ 715.50
3104	41120		41120		Glossectomy; less than one-half tongue	\$ 1,905.30
3105	41130		41130		Glossectomy; hemiglossectomy	\$ 2,204.10
3106	41135		41135		Glossectomy; partial, with unilateral radical neck dissection	\$ 4,789.80
3107	41140		41140		Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	\$ 4,610.70
3108	41145		41145		Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	\$ 5,366.70
3109	41150		41150		Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	\$ 4,663.80
3110	41153		41153		Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	\$ 4,880.70
3111	41155		41155		Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	\$ 6,470.10
3112	41250		41250		Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	\$ 361.80
3113	41251		41251		Repair of laceration 2.5 cm or less; posterior one-third of tongue	\$ 513.00
3114	41252		41252		Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	\$ 838.80
3115	41500		41500		Fixation of tongue, mechanical, other than suture (eg, K-wire)	\$ 766.80
3116	41510		41510		Suture of tongue to lip for micrognathia (Douglas type procedure)	\$ 1,354.50
3117	41512		41512		Tongue base suspension, permanent suture technique	\$ 1,094.85
3118	41520		41520		Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	\$ 647.10
3119	41530		41530		Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	\$ 6,950.37
3120	41599		41599		Unlisted procedure, tongue, floor of mouth	Cost
3121	41800		41800		Drainage of abscess, cyst, hematoma from dentoalveolar structures	\$ 229.50

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3122	41805		41805		Removal of embedded foreign body from dentoalveolar structures; soft tissues	\$ 298.80
3123	41806		41806		Removal of embedded foreign body from dentoalveolar structures; bone	\$ 493.20
3124	41821		41821		Operculectomy, excision pericoronal tissues	\$ -
3125	41822		41822		Excision of fibrous tuberosities, dentoalveolar structures	\$ 429.30
3126	41823		41823		Excision of osseous tuberosities, dentoalveolar structures	\$ 705.60
3127	41825		41825		Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	\$ 369.00
3128	41826		41826		Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	\$ 546.30
3129	41827		41827		Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	\$ 849.60
3130	41828		41828		Excision of hyperplastic alveolar mucosa, each quadrant (specify)	\$ 726.30
3131	41830		41830		Alveolectomy, including curettage of osteitis or sequestrectomy	\$ 849.60
3132	41850		41850		Destruction of lesion (except excision), dentoalveolar structures	\$ 180.00
3133	41870		41870		Periodontal mucosal grafting	\$ 726.30
3134	41872		41872		Gingivoplasty, each quadrant (specify)	\$ 669.60
3135	41874		41874		Alveoloplasty, each quadrant (specify)	\$ 756.90
3136	41899		41899		Unlisted procedure, dentoalveolar structures	Cost
3137	42000		42000		Drainage of abscess of palate, uvula	\$ 236.70
3138	42100		42100		Biopsy of palate, uvula	\$ 273.60
3139	42104		42104		Excision, lesion of palate, uvula; without closure	\$ 478.80
3140	42106		42106		Excision, lesion of palate, uvula; with simple primary closure	\$ 618.30
3141	42107		42107		Excision, lesion of palate, uvula; with local flap closure	\$ 1,787.40
3142	42120		42120		Resection of palate or extensive resection of lesion	\$ 2,958.30
3143	42140		42140		Uvulectomy, excision of uvula	\$ 470.70
3144	42145		42145		Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	\$ 2,509.20
3145	42160		42160		Destruction of lesion, palate or uvula (thermal, cryo or chemical)	\$ 448.20
3146	42180		42180		Repair, laceration of palate; up to 2 cm	\$ 416.96
3147	42182		42182		Repair, laceration of palate; over 2 cm or complex	\$ 825.30
3148	42200		42200		Palatoplasty for cleft palate, soft and/or hard palate only	\$ 2,801.70
3149	42205		42205		Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	\$ 3,186.00
3150	42210		42210		Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	\$ 4,377.60
3151	42215		42215		Palatoplasty for cleft palate; major revision	\$ 2,664.90
3152	42220		42220		Palatoplasty for cleft palate; secondary lengthening procedure	\$ 2,497.50
3153	42225		42225		Palatoplasty for cleft palate; attachment pharyngeal flap	\$ 2,811.60
3154	42226		42226		Lengthening of palate, and pharyngeal flap	\$ 3,475.80
3155	42227		42227		Lengthening of palate, with island flap	\$ 2,935.80
3156	42235		42235		Repair of anterior palate, including vomer flap	\$ 2,310.30
3157	42260		42260		Repair of nasolabial fistula	\$ 1,653.30
3158	42280		42280		Maxillary impression for palatal prosthesis	\$ 309.60
3159	42281		42281		Insertion of pin-retained palatal prosthesis	\$ 355.50
3160	42299		42299		Unlisted procedure, palate, uvula	Cost
3161	42300		42300		Drainage of abscess; parotid, simple	\$ 324.90
3162	42305		42305		Drainage of abscess; parotid, complicated	\$ 806.40
3163	42310		42310		Drainage of abscess; submaxillary or sublingual, intraoral	\$ 360.90
3164	42320		42320		Drainage of abscess; submaxillary, external	\$ 597.60
3165	42330		42330		Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	\$ 415.95
3166	42335		42335		Sialolithotomy; submandibular (submaxillary), complicated, intraoral	\$ 789.30
3167	42340		42340		Sialolithotomy; parotid, extraoral or complicated intraoral	\$ 1,092.60
3168	42400		42400		Biopsy of salivary gland; needle	\$ 250.20
3169	42405		42405		Biopsy of salivary gland; incisional	\$ 578.70
3170	42408		42408		Excision of sublingual salivary cyst (ranula)	\$ 1,061.10
3171	42409		42409		Marsupialization of sublingual salivary cyst (ranula)	\$ 772.20
3172	42410		42410		Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	\$ 2,012.40
3173	42415		42415		Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	\$ 3,630.60

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3174	42420		42420		Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	\$ 4,627.80
3175	42425		42425		Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	\$ 3,363.30
3176	42426		42426		Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	\$ 6,180.30
3177	42440		42440		Excision of submandibular (submaxillary) gland	\$ 2,312.10
3178	42450		42450		Excision of sublingual gland	\$ 1,911.60
3179	42500		42500		Plastic repair of salivary duct, sialodochoplasty; primary or simple	\$ 1,374.30
3180	42505		42505		Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	\$ 1,757.70
3181	42507		42507		Parotid duct diversion, bilateral (Wilke type procedure);	\$ 2,302.20
3182	42508		42508		Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland	\$ 2,601.00
3183	42509		42509		Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	\$ 3,194.10
3184	42510		42510		Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	\$ 2,726.10
3185	42550		42550		Injection procedure for sialography	\$ 193.50
3186	42600		42600		Closure salivary fistula	\$ 1,476.00
3187	42650		42650		Dilation salivary duct	\$ 143.10
3188	42660		42660		Dilation and catheterization of salivary duct, with or without injection	\$ 215.10
3189	42665		42665		Ligation salivary duct, intraoral	\$ 456.30
3190	42699		42699		Unlisted procedure, salivary glands or ducts	Cost
3191	42700		42700		Incision and drainage abscess; peritonsillar	\$ 318.60
3192	42720		42720		Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	\$ 688.50
3193	42725		42725		Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	\$ 1,467.00
3194	42800		42800		Biopsy; oropharynx	\$ 250.20
3195	42804		42804		Biopsy; nasopharynx, visible lesion, simple	\$ 308.70
3196	42806		42806		Biopsy; nasopharynx, survey for unknown primary lesion	\$ 373.50
3197	42808		42808		Excision or destruction of lesion of pharynx, any method	\$ 592.20
3198	42809		42809		Removal of foreign body from pharynx	\$ 312.30
3199	42810		42810		Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	\$ 878.40
3200	42815		42815		Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	\$ 1,880.10
3201	42820		42820		Tonsillectomy and adenoidectomy; younger than age 12	\$ 816.61
3202	42821		42821		Tonsillectomy and adenoidectomy; age 12 or over	\$ 1,031.40
3203	42825		42825		Tonsillectomy, primary or secondary; younger than age 12	\$ 820.80
3204	42826		42826		Tonsillectomy, primary or secondary; age 12 or over	\$ 841.50
3205	42830		42830		Adenoidectomy, primary; younger than age 12	\$ 581.64
3206	42831		42831		Adenoidectomy, primary; age 12 or over	\$ 675.00
3207	42835		42835		Adenoidectomy, secondary; younger than age 12	\$ 536.40
3208	42836		42836		Adenoidectomy, secondary; age 12 or over	\$ 669.60
3209	42842		42842		Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	\$ 2,421.00
3210	42844		42844		Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	\$ 3,346.20
3211	42845		42845		Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	\$ 4,507.20
3212	42860		42860		Excision of tonsil tags	\$ 570.60
3213	42870		42870		Excision or destruction lingual tonsil, any method (separate procedure)	\$ 844.20
3214	42890		42890		Limited pharyngectomy	\$ 2,689.20
3215	42892		42892		Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	\$ 3,450.60
3216	42894		42894		Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	\$ 4,776.30
3217	42900		42900		Suture pharynx for wound or injury	\$ 977.40
3218	42950		42950		Pharyngoplasty (plastic or reconstructive operation on pharynx)	\$ 1,989.90
3219	42953		42953		Pharyngoesophageal repair	\$ 2,523.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3220	42955		42955		Pharyngostomy (fistulization of pharynx, external for feeding)	\$ 1,579.50
3221	42960		42960		Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	\$ 366.30
3222	42961		42961		Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	\$ 600.30
3223	42962		42962		Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	\$ 947.70
3224	42970		42970		Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	\$ 629.10
3225	42971		42971		Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	\$ 945.00
3226	42972		42972		Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	\$ 1,179.00
3227	42999		42999		Unlisted procedure, pharynx, adenoids, or tonsils	Cost
3228	43020		43020		Esophagotomy, cervical approach, with removal of foreign body	\$ 1,996.20
3229	43030		43030		Cricopharyngeal myotomy	\$ 2,510.10
3230	43045		43045		Esophagotomy, thoracic approach, with removal of foreign body	\$ 3,352.50
3231	43100		43100		Excision of lesion, esophagus, with primary repair; cervical approach	\$ 2,568.60
3232	43101		43101		Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	\$ 3,299.40
3233	43107		43107		Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	\$ 5,637.60
3234	43108		43108		Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	\$ 6,282.90
3235	43112		43112		Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty	\$ 6,437.70
3236	43113		43113		Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$ 5,426.85
3237	43116		43116		Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	\$ 6,171.24
3238	43117		43117		Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	\$ 6,574.50
3239	43118		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)	\$ 5,531.39
3240	43121		43121		Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	\$ 6,251.40
3241	43122		43122		Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	\$ 5,902.20
3242	43123		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)	\$ 6,437.70
3243	43124		43124		Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	\$ 4,452.63
3244	43130		43130		Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	\$ 2,642.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3245	43135		43135		Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	\$ 3,141.90
3246	43200		43200		Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$ 567.90
3247	43201		43201		Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	\$ 754.53
3248	43202		43202		Esophagoscopy, flexible, transoral; with biopsy, single or multiple	\$ 654.30
3249	43204		43204		Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	\$ 973.80
3250	43205		43205		Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	\$ 978.30
3251	43212		43212		Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$2,371.40
3252	43215		43215		Esophagoscopy, flexible, transoral; with removal of foreign body	\$ 832.50
3253	43216		43216		Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$ 839.70
3254	43217		43217		Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$ 929.70
3255	43220		43220		Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	\$ 760.50
3256	43226		43226		Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	\$ 681.30
3257	43227		43227		Esophagoscopy, flexible, transoral; with control of bleeding, any method	\$ 1,059.30
3258	43229		43229		Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	\$1,968.75
3259	43231		43231		Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	\$ 762.30
3260	43232		43232		Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	\$ 782.57
3261	43235		43235		Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$ 575.48
3262	43236		43236		Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	\$ 833.87
3263	43237		43237		Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	\$ 605.29
3264	43238		43238		Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent stru	\$ 712.37
3265	43239		43239		Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	\$ 645.72
3266	43240		43240		Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	\$ 1,233.90
3267	43241		43241		Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	\$ 972.00
3268	43242		43242		Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgical	\$ 968.40
3269	43243		43243		Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	\$ 953.10
3270	43244		43244		Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	\$ 978.30
3271	43245		43245		Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	\$ 822.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3272	43246		43246		Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	\$ 1,133.10
3273	43247		43247		Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	\$ 828.90
3274	43248		43248		Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	\$ 733.50
3275	43249		43249		Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	\$ 747.00
3276	43250		43250		Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$ 972.00
3277	43251		43251		Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$ 953.10
3278	43255		43255		Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	\$ 992.70
3279	43257		43257		Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	\$ 1,070.28
3280	43259		43259		Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	\$ 844.20
3281	43260		43260		Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	\$ 1,159.20
3282	43261		43261		Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	\$ 1,349.10
3283	43262		43262		Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	\$ 1,642.50
3284	43263		43263		Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	\$ 1,542.60
3285	43264		43264		Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	\$ 1,781.10
3286	43265		43265		Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	\$ 1,833.30
3287	43266		43266		Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	\$2,371.40
3288	43270		43270		Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	\$1,013.05
3289	43273		43273		Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	\$ 320.58
3290	43274		43274		Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	\$ 1,933.69
3291	43275		43275		Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	\$ 1,933.69
3292	43276		43276		Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchange	\$ 1,933.69
3293	43277		43277		Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	\$ 1,933.69

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3294	43278		43278		Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	\$ 1,933.69
3295	43279		43279		Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	\$ 2,872.69
3296	43280		43280		Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	\$ 3,501.90
3297	43281		43281		Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	\$ 3,859.31
3298	43282		43282		Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$ 4,088.80
3299	43289		43289		Unlisted laparoscopy procedure, esophagus	Cost
3300	43300		43300		Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	\$ 3,110.40
3301	43305		43305		Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	\$ 3,627.90
3302	43310		43310		Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	\$ 4,030.20
3303	43312		43312		Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	\$ 4,640.40
3304	43313		43313		Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	\$ 5,873.36
3305	43314		43314		Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	\$ 6,478.08
3306	43320		43320		Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	\$ 3,590.10
3307	43325		43325		Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	\$ 3,429.90
3308	43330		43330		Esophagomyotomy (Heller type); abdominal approach	\$ 2,917.80
3309	43331		43331		Esophagomyotomy (Heller type); thoracic approach	\$ 3,198.60
3310	43332		43332		Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	\$ 2,635.13
3311	43333		43333		Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	\$ 2,873.14
3312	43334		43334		Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	\$ 2,906.96
3313	43335		43335		Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	\$ 3,144.71
3314	43336		43336		Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	\$ 3,422.52
3315	43337		43337		Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	\$ 3,761.84
3316	43340		43340		Esophagojejunostomy (without total gastrectomy); abdominal approach	\$ 3,551.40
3317	43350		43350		Esophagostomy, fistulization of esophagus, external; abdominal approach	\$ 2,381.40
3318	43351		43351		Esophagostomy, fistulization of esophagus, external; thoracic approach	\$ 2,477.70
3319	43352		43352		Esophagostomy, fistulization of esophagus, external; cervical approach	\$ 2,368.80
3320	43360		43360		Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	\$ 5,664.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3321	43361		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	\$ 6,695.10
3322	43400		43400		Ligation, direct, esophageal varices	\$ 3,172.50
3323	43401		43401		Transection of esophagus with repair, for esophageal varices	\$ 3,348.00
3324	43405		43405		Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	\$ 3,349.80
3325	43410		43410		Suture of esophageal wound or injury; cervical approach	\$ 2,574.90
3326	43415		43415		Suture of esophageal wound or injury; transthoracic or transabdominal approach	\$ 3,114.00
3327	43420		43420		Closure of esophagostomy or fistula; cervical approach	\$ 1,954.80
3328	43425		43425		Closure of esophagostomy or fistula; transthoracic or transabdominal approach	\$ 3,115.80
3329	43450		43450		Dilation of esophagus, by unguided sound or bougie, single or multiple passes	\$ 285.30
3330	43453		43453		Dilation of esophagus, over guide wire	\$ 414.90
3331	43460		43460		Esophagogastric tamponade, with balloon (Sengstaken type)	\$ 697.50
3332	43496		43496		Free jejunum transfer with microvascular anastomosis	\$ -
3333	43499		43499		Unlisted procedure, esophagus	Cost
3334	43500		43500		Gastrotomy; with exploration or foreign body removal	\$ 1,981.80
3335	43501		43501		Gastrotomy; with suture repair of bleeding ulcer	\$ 2,765.70
3336	43502		43502		Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	\$ 2,601.00
3337	43510		43510		Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	\$ 2,067.30
3338	43520		43520		Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	\$ 1,850.40
3339	43605		43605		Biopsy of stomach, by laparotomy	\$ 1,977.30
3340	43610		43610		Excision, local; ulcer or benign tumor of stomach	\$ 2,572.20
3341	43611		43611		Excision, local; malignant tumor of stomach	\$ 2,837.70
3342	43620		43620		Gastrectomy, total; with esophagoenterostomy	\$ 4,644.90
3343	43621		43621		Gastrectomy, total; with Roux-en-Y reconstruction	\$ 4,995.90
3344	43622		43622		Gastrectomy, total; with formation of intestinal pouch, any type	\$ 5,047.20
3345	43631		43631		Gastrectomy, partial, distal; with gastroduodenostomy	\$ 3,541.50
3346	43632		43632		Gastrectomy, partial, distal; with gastrojejunostomy	\$ 3,864.60
3347	43633		43633		Gastrectomy, partial, distal; with Roux-en-Y reconstruction	\$ 3,953.70
3348	43634		43634		Gastrectomy, partial, distal; with formation of intestinal pouch	\$ 4,851.90
3349	43635		43635		Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	\$ 1,287.90
3350	43640		43640		Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	\$ 3,064.50
3351	43641		43641		Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	\$ 2,904.30
3352	43644		43644		Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	\$ 5,644.84
3353	43645		43645		Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	\$ 6,078.45
3354	43647		43647		Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	\$ -
3355	43648		43648		Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	\$ -
3356	43651		43651		Laparoscopy, surgical; transection of vagus nerves, truncal	\$ 2,584.61
3357	43652		43652		Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	\$ 2,984.62
3358	43653		43653		Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	\$ 1,909.82
3359	43659		43659		Unlisted laparoscopy procedure, stomach	Cost
3360	43752		43752		Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	\$ 87.45

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3361	43753		43753		Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	\$ 51.44
3362	43754		43754		Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	\$ 92.15
3363	43755		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	\$ 216.19
3364	43760		43760		Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	\$ 192.60
3365	43761		43761		Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	\$ 320.40
3366	43770		43770		Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	\$ 3,192.15
3367	43771		43771		Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	\$ 2,947.87
3368	43772		43772		Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	\$ 2,562.77
3369	43773		43773		Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	\$ 3,259.75
3370	43774		43774		Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	\$ 2,594.55
3371	43775		43775		Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	\$ 3,427.22
3372	43800		43800		Pyloroplasty	\$ 2,172.60
3373	43810		43810		Gastroduodenostomy	\$ 2,296.80
3374	43820		43820		Gastrojejunostomy; without vagotomy	\$ 2,688.30
3375	43825		43825		Gastrojejunostomy; with vagotomy, any type	\$ 3,096.00
3376	43830		43830		Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	\$ 1,784.70
3377	43831		43831		Gastrostomy, open; neonatal, for feeding	\$ 1,642.50
3378	43832		43832		Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	\$ 2,553.30
3379	43840		43840		Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	\$ 2,344.50
3380	43842		43842		Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	\$ 3,656.70
3381	43843		43843		Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	\$ 3,605.40
3382	43845		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)	\$ 5,446.89
3383	43846		43846		Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	\$ 4,532.40
3384	43847		43847		Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	\$ 5,096.43
3385	43848		43848		Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	\$ 5,284.93
3386	43850		43850		Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	\$ 4,078.80
3387	43855		43855		Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	\$ 4,171.50
3388	43860		43860		Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	\$ 4,131.90
3389	43865		43865		Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	\$ 3,879.90
3390	43870		43870		Closure of gastrostomy, surgical	\$ 1,687.50
3391	43880		43880		Closure of gastrocolic fistula	\$ 3,295.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3392	43881		43881		Implantation or replacement of gastric neurostimulator electrodes, antrum, open	\$ -
3393	43882		43882		Revision or removal of gastric neurostimulator electrodes, antrum, open	\$ -
3394	43886		43886		Gastric restrictive procedure, open; revision of subcutaneous port component only	\$ 925.03
3395	43887		43887		Gastric restrictive procedure, open; removal of subcutaneous port component only	\$ 886.07
3396	43888		43888		Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	\$ 1,353.63
3397	43999		43999		Unlisted procedure, stomach	Cost
3398	44005		44005		Enterolysis (freeing of intestinal adhesion) (separate procedure)	\$ 2,305.69
3399	44010		44010		Duodenotomy, for exploration, biopsy(s), or foreign body removal	\$ 2,306.70
3400	44015		44015		Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	\$ 1,448.10
3401	44020		44020		Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	\$ 2,232.00
3402	44021		44021		Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	\$ 2,319.30
3403	44025		44025		Colotomy, for exploration, biopsy(s), or foreign body removal	\$ 2,389.50
3404	44050		44050		Reduction of volvulus, intussusception, internal hernia, by laparotomy	\$ 2,321.10
3405	44055		44055		Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	\$ 2,601.00
3406	44100		44100		Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	\$ 485.10
3407	44110		44110		Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	\$ 2,351.70
3408	44111		44111		Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	\$ 3,157.20
3409	44120		44120		Enterectomy, resection of small intestine; single resection and anastomosis	\$ 2,880.00
3410	44121		44121		Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	\$ 918.90
3411	44125		44125		Enterectomy, resection of small intestine; with enterostomy	\$ 3,114.00
3412	44126		44126		Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	\$ 5,370.66
3413	44127		44127		Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	\$ 5,598.46
3414	44128		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)	\$ 1,016.67
3415	44130		44130		Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	\$ 2,694.60
3416	44132		44132		Donor enterectomy (including cold preservation), open; from cadaver donor	\$ -
3417	44133		44133		Donor enterectomy (including cold preservation), open; partial, from living donor	\$ -
3418	44136		44136		Intestinal allotransplantation; from living donor	\$ -
3419	44137		44137		Removal of transplanted intestinal allograft, complete	\$ -
3420	44139		44139		Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	\$ 514.80
3421	44140		44140		Colectomy, partial; with anastomosis	\$ 3,340.80
3422	44141		44141		Colectomy, partial; with skin level cecostomy or colostomy	\$ 3,333.65
3423	44143		44143		Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$ 3,331.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3424	44144		44144		Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$ 3,348.00
3425	44145		44145		Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	\$ 3,887.10
3426	44146		44146		Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$ 4,293.90
3427	44147		44147		Colectomy, partial; abdominal and transanal approach	\$ 4,626.90
3428	44150		44150		Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$ 4,718.70
3429	44151		44151		Colectomy, total, abdominal, without proctectomy; with continent ileostomy	\$ 5,408.10
3430	44155		44155		Colectomy, total, abdominal, with proctectomy; with ileostomy	\$ 5,751.90
3431	44156		44156		Colectomy, total, abdominal, with proctectomy; with continent ileostomy	\$ 5,768.10
3432	44157		44157		Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$ 4,865.79
3433	44158		44158		Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$ 5,014.80
3434	44160		44160		Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$ 4,014.90
3435	44180		44180		Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	\$ 1,859.50
3436	44186		44186		Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	\$ 1,441.07
3437	44187		44187		Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	\$ 2,229.44
3438	44188		44188		Laparoscopy, surgical, colostomy or skin level cecostomy	\$ 2,477.27
3439	44202		44202		Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	\$ 4,013.10
3440	44203		44203		Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	\$ 742.32
3441	44204		44204		Laparoscopy, surgical; colectomy, partial, with anastomosis	\$ 3,237.04
3442	44205		44205		Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	\$ 3,053.39
3443	44206		44206		Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	\$ 3,562.31
3444	44207		44207		Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	\$ 3,989.43
3445	44208		44208		Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	\$ 4,162.98
3446	44210		44210		Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	\$ 3,925.87
3447	44211		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	\$ 5,320.26
3448	44212		44212		Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	\$ 4,588.99
3449	44213		44213		Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	\$ 455.45
3450	44227		44227		Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	\$ 3,432.69
3451	44238		44238		Unlisted laparoscopy procedure, intestine (except rectum)	\$ -
3452	44300		44300		Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	\$ 2,121.30
3453	44310		44310		Ileostomy or jejunostomy, non-tube	\$ 2,271.60
3454	44312		44312		Revision of ileostomy; simple (release of superficial scar) (separate procedure)	\$ 1,269.00
3455	44314		44314		Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	\$ 2,343.60
3456	44316		44316		Continent ileostomy (Kock procedure) (separate procedure)	\$ 3,295.80
3457	44320		44320		Colostomy or skin level cecostomy;	\$ 2,201.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3458	44322		44322		Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	\$ 2,568.60
3459	44340		44340		Revision of colostomy; simple (release of superficial scar) (separate procedure)	\$ 918.00
3460	44345		44345		Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	\$ 2,093.40
3461	44346		44346		Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	\$ 2,365.20
3462	44360		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)	\$ 864.90
3463	44361		44361		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	\$ 863.10
3464	44363		44363		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body	\$ 804.60
3465	44364		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	\$ 978.30
3466	44365		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	\$ 978.30
3467	44366		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)	\$ 1,076.40
3468	44369		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	\$ 1,133.10
3469	44370		44370		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	\$ 760.50
3470	44372		44372		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	\$ 1,199.70
3471	44373		44373		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	\$ 904.50
3472	44376		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)	\$ 1,007.10
3473	44377		44377		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	\$ 1,061.10
3474	44378		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)	\$ 1,359.90
3475	44379		44379		Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	\$ 1,137.60
3476	44380		44380		Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$ 546.30
3477	44382		44382		Ileoscopy, through stoma; with biopsy, single or multiple	\$ 681.30
3478	44383		44383		Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	\$ 917.99
3479	44385		44385		Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$ 715.50
3480	44386		44386		Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple	\$ 741.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3481	44388		44388		Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$ 739.80
3482	44389		44389		Colonoscopy through stoma; with biopsy, single or multiple	\$ 796.50
3483	44390		44390		Colonoscopy through stoma; with removal of foreign body	\$ 841.50
3484	44391		44391		Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$ 1,166.40
3485	44392		44392		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$ 1,255.50
3486	44393		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	\$ 1,321.20
3487	44394		44394		Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$ 1,102.50
3488	44397		44397		Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	\$ 596.70
3489	44500		44500		Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	\$ 123.30
3490	44602		44602		Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	\$ 2,248.20
3491	44603		44603		Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	\$ 2,656.80
3492	44604		44604		Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	\$ 2,258.45
3493	44605		44605		Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	\$ 2,991.60
3494	44615		44615		Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	\$ 2,626.20
3495	44620		44620		Closure of enterostomy, large or small intestine;	\$ 1,713.65
3496	44625		44625		Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	\$ 3,033.90
3497	44626		44626		Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	\$ 3,744.90
3498	44640		44640		Closure of intestinal cutaneous fistula	\$ 2,372.40
3499	44650		44650		Closure of enteroenteric or enterocolic fistula	\$ 3,090.60
3500	44660		44660		Closure of enterovesical fistula; without intestinal or bladder resection	\$ 2,729.70
3501	44661		44661		Closure of enterovesical fistula; with intestine and/or bladder resection	\$ 3,927.60
3502	44680		44680		Intestinal plication (separate procedure)	\$ 2,871.90
3503	44700		44700		Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	\$ 2,709.90
3504	44701		44701		Intraoperative colonic lavage (List separately in addition to code for primary procedure)	\$ 305.32
3505	44715		44715		Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	\$ -
3506	44720		44720		Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	\$ 581.85
3507	44721		44721		Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	\$ 929.76
3508	44799		44799		Unlisted procedure, intestine	Cost
3509	44800		44800		Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	\$ 1,913.40
3510	44820		44820		Excision of lesion of mesentery (separate procedure)	\$ 2,034.00
3511	44850		44850		Suture of mesentery (separate procedure)	\$ 1,802.70
3512	44899		44899		Unlisted procedure, Meckel's diverticulum and the mesentery	Cost
3513	44900		44900		Incision and drainage of appendiceal abscess, open	\$ 1,545.30
3514	44950		44950		Appendectomy;	\$ 1,537.19

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3515	44955		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)	\$ 1,133.10
3516	44960		44960		Appendectomy; for ruptured appendix with abscess or generalized peritonitis	\$ 2,357.10
3517	44970		44970		Laparoscopy, surgical, appendectomy	\$ 2,130.30
3518	44979		44979		Unlisted laparoscopy procedure, appendix	Cost
3519	45000		45000		Transrectal drainage of pelvic abscess	\$ 953.10
3520	45005		45005		Incision and drainage of submucosal abscess, rectum	\$ 522.90
3521	45020		45020		Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	\$ 893.70
3522	45100		45100		Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	\$ 767.70
3523	45108		45108		Anorectal myomectomy	\$ 1,184.40
3524	45110		45110		Proctectomy; complete, combined abdominoperineal, with colostomy	\$ 4,392.90
3525	45111		45111		Proctectomy; partial resection of rectum, transabdominal approach	\$ 3,498.30
3526	45112		45112		Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	\$ 4,645.80
3527	45113		45113		Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	\$ 4,837.19
3528	45114		45114		Proctectomy, partial, with anastomosis; abdominal and transsacral approach	\$ 4,489.20
3529	45116		45116		Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	\$ 3,295.80
3530	45119		45119		Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	\$ 4,377.60
3531	45120		45120		Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	\$ 4,650.30
3532	45121		45121		Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	\$ 4,738.50
3533	45123		45123		Proctectomy, partial, without anastomosis, perineal approach	\$ 3,149.10
3534	45126		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(\$ 6,470.10
3535	45130		45130		Excision of rectal procidentia, with anastomosis; perineal approach	\$ 2,864.70
3536	45135		45135		Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	\$ 4,033.80
3537	45136		45136		Excision of ileoanal reservoir with ileostomy	\$ 4,548.02
3538	45150		45150		Division of stricture of rectum	\$ 1,278.00
3539	45160		45160		Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	\$ 2,827.80
3540	45171		45171		Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	\$ 1,349.29
3541	45172		45172		Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	\$ 1,853.35
3542	45190		45190		Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	\$ 1,441.80
3543	45300		45300		Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$ 142.39
3544	45303		45303		Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	\$ 220.50
3545	45305		45305		Proctosigmoidoscopy, rigid; with biopsy, single or multiple	\$ 257.40
3546	45307		45307		Proctosigmoidoscopy, rigid; with removal of foreign body	\$ 386.10
3547	45308		45308		Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	\$ 417.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3548	45309		45309		Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	\$ 430.20
3549	45315		45315		Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	\$ 582.30
3550	45317		45317		Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$ 585.00
3551	45320		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)	\$ 639.00
3552	45321		45321		Proctosigmoidoscopy, rigid; with decompression of volvulus	\$ 534.60
3553	45327		45327		Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	\$ 219.12
3554	45330		45330		Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$ 253.73
3555	45331		45331		Sigmoidoscopy, flexible; with biopsy, single or multiple	\$ 339.86
3556	45332		45332		Sigmoidoscopy, flexible; with removal of foreign body	\$ 449.10
3557	45333		45333		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	\$ 558.90
3558	45334		45334		Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$ 570.60
3559	45335		45335		Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	\$ 714.94
3560	45337		45337		Sigmoidoscopy, flexible; with decompression of volvulus, any method	\$ 772.20
3561	45338		45338		Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$ 605.70
3562	45339		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	\$ 604.80
3563	45340		45340		Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	\$ 400.18
3564	45341		45341		Sigmoidoscopy, flexible; with endoscopic ultrasound examination	\$ 607.50
3565	45342		45342		Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$ 700.20
3566	45345		45345		Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	\$ 468.90
3567	45355		45355		Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	\$ 785.70
3568	45378		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)	\$ 858.15
3569	45378-53	53	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)	\$ 304.71
3570	45379		45379		Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	\$ 1,099.80
3571	45380		45380		Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	\$ 961.77
3572	45381		45381		Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	\$ 975.00
3573	45382		45382		Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$ 1,107.00
3574	45383		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	\$ 1,203.49

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3575	45384		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	\$ 1,162.09
3576	45385		45385		Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$ 1,287.91
3577	45386		45386		Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	\$ 958.72
3578	45387		45387		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	\$ 950.40
3579	45391		45391		Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	\$ 568.04
3580	45392		45392		Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	\$ 718.20
3581	45395		45395		Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	\$ 3,966.46
3582	45397		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	\$ 4,303.15
3583	45400		45400		Laparoscopy, surgical; proctopexy (for prolapse)	\$ 2,322.57
3584	45402		45402		Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	\$ 3,124.42
3585	45499		45499		Unlisted laparoscopy procedure, rectum	Cost
3586	45500		45500		Proctoplasty; for stenosis	\$ 1,570.50
3587	45505		45505		Proctoplasty; for prolapse of mucous membrane	\$ 1,647.90
3588	45520		45520		Perirectal injection of sclerosing solution for prolapse	\$ 144.00
3589	45540		45540		Proctopexy (eg, for prolapse); abdominal approach	\$ 3,206.70
3590	45541		45541		Proctopexy (eg, for prolapse); perineal approach	\$ 2,523.60
3591	45550		45550		Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	\$ 3,591.00
3592	45560		45560		Repair of rectocele (separate procedure)	\$ 1,494.00
3593	45562		45562		Exploration, repair, and presacral drainage for rectal injury;	\$ 2,657.70
3594	45563		45563		Exploration, repair, and presacral drainage for rectal injury; with colostomy	\$ 3,095.10
3595	45800		45800		Closure of rectovesical fistula;	\$ 3,066.30
3596	45805		45805		Closure of rectovesical fistula; with colostomy	\$ 3,103.20
3597	45820		45820		Closure of rectourethral fistula;	\$ 2,729.70
3598	45825		45825		Closure of rectourethral fistula; with colostomy	\$ 3,057.30
3599	45900		45900		Reduction of procidentia (separate procedure) under anesthesia	\$ 497.70
3600	45905		45905		Dilation of anal sphincter (separate procedure) under anesthesia other than local	\$ 360.90
3601	45910		45910		Dilation of rectal stricture (separate procedure) under anesthesia other than local	\$ 384.30
3602	45915		45915		Removal of fecal impaction or foreign body (separate procedure) under anesthesia	\$ 425.70
3603	45990		45990		Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	\$ 219.72
3604	45999		45999		Unlisted procedure, rectum	Cost
3605	46020		46020		Placement of seton	\$ 230.01
3606	46030		46030		Removal of anal seton, other marker	\$ 293.40
3607	46040		46040		Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	\$ 703.80
3608	46045		46045		Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	\$ 775.80
3609	46050		46050		Incision and drainage, perianal abscess, superficial	\$ 282.60
3610	46060		46060		Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	\$ 1,665.00
3611	46070		46070		Incision, anal septum (infant)	\$ 432.90
3612	46080		46080		Sphincterotomy, anal, division of sphincter (separate procedure)	\$ 820.80
3613	46083		46083		Incision of thrombosed hemorrhoid, external	\$ 214.20
3614	46200		46200		Fissurectomy, including sphincterotomy, when performed	\$ 867.60
3615	46220		46220		Excision of single external papilla or tag, anus	\$ 343.80
3616	46221		46221		Hemorrhoidectomy, internal, by rubber band ligation(s)	\$ 391.50
3617	46230		46230		Excision of multiple external papillae or tags, anus	\$ 380.70
3618	46250		46250		Hemorrhoidectomy, external, 2 or more columns/groups	\$ 952.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3619	46255		46255		Hemorrhoidectomy, internal and external, single column/group;	\$ 1,133.02
3620	46257		46257		Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	\$ 1,395.90
3621	46258		46258		Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	\$ 1,494.90
3622	46260		46260		Hemorrhoidectomy, internal and external, 2 or more columns/groups;	\$ 1,744.20
3623	46261		46261		Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	\$ 1,469.73
3624	46262		46262		Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	\$ 1,658.70
3625	46270		46270		Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	\$ 813.60
3626	46275		46275		Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	\$ 1,426.50
3627	46280		46280		Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	\$ 1,668.60
3628	46285		46285		Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	\$ 578.70
3629	46288		46288		Closure of anal fistula with rectal advancement flap	\$ 1,596.60
3630	46320		46320		Excision of thrombosed hemorrhoid, external	\$ 252.07
3631	46500		46500		Injection of sclerosing solution, hemorrhoids	\$ 104.40
3632	46505		46505		Chemodenervation of internal anal sphincter	\$ 620.82
3633	46600		46600		Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$ 70.85
3634	46604		46604		Anoscopy; with dilation (eg, balloon, guide wire, bougie)	\$ 197.10
3635	46606		46606		Anoscopy; with biopsy, single or multiple	\$ 156.60
3636	46608		46608		Anoscopy; with removal of foreign body	\$ 236.70
3637	46610		46610		Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	\$ 277.20
3638	46611		46611		Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	\$ 283.50
3639	46612		46612		Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	\$ 343.80
3640	46614		46614		Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	\$ 407.70
3641	46615		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	\$ 414.00
3642	46700		46700		Anoplasty, plastic operation for stricture; adult	\$ 1,498.68
3643	46705		46705		Anoplasty, plastic operation for stricture; infant	\$ 1,416.60
3644	46706		46706		Repair of anal fistula with fibrin glue	\$ 389.22
3645	46707		46707		Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	\$ 1,162.37
3646	46710		46710		Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	\$ 2,534.97
3647	46712		46712		Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	\$ 4,490.29
3648	46715		46715		Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	\$ 1,563.30
3649	46716		46716		Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	\$ 1,954.80
3650	46730		46730		Repair of high imperforate anus without fistula; perineal or sacroperineal approach	\$ 3,294.00
3651	46735		46735		Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	\$ 3,994.20
3652	46740		46740		Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	\$ 4,257.00
3653	46742		46742		Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	\$ 5,047.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3654	46744		46744		Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	\$ 5,304.60
3655	46746		46746		Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	\$ 6,437.70
3656	46748		46748		Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	\$ 7,020.00
3657	46750		46750		Sphincteroplasty, anal, for incontinence or prolapse; adult	\$ 1,944.72
3658	46751		46751		Sphincteroplasty, anal, for incontinence or prolapse; child	\$ 1,653.30
3659	46753		46753		Graft (Thiersch operation) for rectal incontinence and/or prolapse	\$ 1,352.70
3660	46754		46754		Removal of Thiersch wire or suture, anal canal	\$ 287.10
3661	46760		46760		Sphincteroplasty, anal, for incontinence, adult; muscle transplant	\$ 1,932.30
3662	46761		46761		Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	\$ 2,142.41
3663	46762		46762		Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter	\$ 2,033.00
3664	46900		46900		Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	\$ 190.80
3665	46910		46910		Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	\$ 325.80
3666	46916		46916		Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	\$ 330.30
3667	46917		46917		Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	\$ 570.60
3668	46922		46922		Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	\$ 441.90
3669	46924		46924		Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$ 861.30
3670	46930		46930		Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	\$ 309.16
3671	46940		46940		Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	\$ 342.90
3672	46942		46942		Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	\$ 241.20
3673	46945		46945		Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	\$ 319.50
3674	46946		46946		Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	\$ 372.60
3675	46947		46947		Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	\$ 578.58
3676	46999		46999		Unlisted procedure, anus	\$ 472.86
3677	47000		47000		Biopsy of liver, needle; percutaneous	\$ 378.90
3678	47001		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)	\$ 362.70
3679	47010		47010		Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	\$ 2,399.40
3680	47015		47015		Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	\$ 1,859.40
3681	47120		47120		Hepatectomy, resection of liver; partial lobectomy	\$ 4,094.10
3682	47122		47122		Hepatectomy, resection of liver; trisegmentectomy	\$ 5,055.30
3683	47125		47125		Hepatectomy, resection of liver; total left lobectomy	\$ 5,123.70
3684	47130		47130		Hepatectomy, resection of liver; total right lobectomy	\$ 5,660.10
3685	47133		47133		Donor hepatectomy (including cold preservation), from cadaver donor	\$ -
3686	47135		47135		Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	\$ 11,907.94
3687	47136		47136		Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	\$ 10,222.38

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3688	47140		47140		Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	\$ 8,705.32
3689	47141		47141		Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	\$ 9,173.83
3690	47142		47142		Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	\$ 11,446.63
3691	47143		47143		Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and comm	\$ -
3692	47144		47144		Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and comm	\$ -
3693	47145		47145		Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and comm	\$ -
3694	47146		47146		Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	\$ 795.89
3695	47147		47147		Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	\$ 928.21
3696	47300		47300		Marsupialization of cyst or abscess of liver	\$ 2,345.40
3697	47350		47350		Management of liver hemorrhage; simple suture of liver wound or injury	\$ 2,863.80
3698	47360		47360		Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	\$ 3,404.70
3699	47361		47361		Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	\$ 5,294.70
3700	47362		47362		Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	\$ 2,229.30
3701	47370		47370		Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	\$ 3,013.06
3702	47371		47371		Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	\$ 3,066.51
3703	47379		47379		Unlisted laparoscopic procedure, liver	Cost
3704	47380		47380		Ablation, open, of 1 or more liver tumor(s); radiofrequency	\$ 3,485.82
3705	47381		47381		Ablation, open, of 1 or more liver tumor(s); cryosurgical	\$ 3,608.38
3706	47382		47382		Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	\$ 12,779.28
3707	47399		47399		Unlisted procedure, liver	Cost
3708	47400		47400		Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	\$ 2,941.20
3709	47420		47420		Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	\$ 2,731.50
3710	47425		47425		Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	\$ 3,064.50
3711	47460		47460		Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	\$ 3,170.70
3712	47480		47480		Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	\$ 1,964.70
3713	47490		47490		Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	\$ 947.70
3714	47500		47500		Injection procedure for percutaneous transhepatic cholangiography	\$ 501.30
3715	47505		47505		Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	\$ 239.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3716	47510		47510		Introduction of percutaneous transhepatic catheter for biliary drainage	\$ 825.30
3717	47511		47511		Introduction of percutaneous transhepatic stent for internal and external biliary drainage	\$ 932.40
3718	47525		47525		Change of percutaneous biliary drainage catheter	\$ 473.40
3719	47530		47530		Revision and/or reinsertion of transhepatic tube	\$ 613.80
3720	47550		47550		Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	\$ 785.70
3721	47552		47552		Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	\$ 1,030.50
3722	47553		47553		Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	\$ 978.30
3723	47554		47554		Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	\$ 1,421.10
3724	47555		47555		Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	\$ 1,138.50
3725	47556		47556		Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	\$ 1,133.10
3726	47560		47560		Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	\$ 1,510.58
3727	47561		47561		Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy	\$ 1,159.20
3728	47562		47562		Laparoscopy, surgical; cholecystectomy	\$ 2,884.50
3729	47563		47563		Laparoscopy, surgical; cholecystectomy with cholangiography	\$ 2,978.08
3730	47564		47564		Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$ 3,501.90
3731	47570		47570		Laparoscopy, surgical; cholecystoenterostomy	\$ 2,934.90
3732	47579		47579		Unlisted laparoscopy procedure, biliary tract	Cost
3733	47600		47600		Cholecystectomy;	\$ 2,425.73
3734	47605		47605		Cholecystectomy; with cholangiography	\$ 2,408.40
3735	47610		47610		Cholecystectomy with exploration of common duct;	\$ 3,090.60
3736	47612		47612		Cholecystectomy with exploration of common duct; with choledochenterostomy	\$ 3,743.10
3737	47620		47620		Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	\$ 3,605.40
3738	47630		47630		Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)	\$ 1,591.20
3739	47700		47700		Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	\$ 2,565.00
3740	47701		47701		Portoenterostomy (eg, Kasai procedure)	\$ 3,919.50
3741	47711		47711		Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	\$ 3,893.40
3742	47712		47712		Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	\$ 4,233.60
3743	47715		47715		Excision of choledochal cyst	\$ 2,894.40
3744	47720		47720		Cholecystoenterostomy; direct	\$ 2,518.20
3745	47721		47721		Cholecystoenterostomy; with gastroenterostomy	\$ 3,141.90
3746	47740		47740		Cholecystoenterostomy; Roux-en-Y	\$ 3,231.00
3747	47741		47741		Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	\$ 3,558.60
3748	47760		47760		Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	\$ 3,577.50
3749	47765		47765		Anastomosis, of intrahepatic ducts and gastrointestinal tract	\$ 3,862.80
3750	47780		47780		Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	\$ 4,051.80
3751	47785		47785		Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	\$ 4,861.80
3752	47800		47800		Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	\$ 3,579.30
3753	47801		47801		Placement of choledochal stent	\$ 2,097.00
3754	47802		47802		U-tube hepaticoenterostomy	\$ 3,399.30
3755	47900		47900		Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	\$ 3,095.10
3756	47999		47999		Unlisted procedure, biliary tract	Cost
3757	48000		48000		Placement of drains, peripancreatic, for acute pancreatitis;	\$ 2,626.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3758	48001		48001		Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	\$ 2,832.30
3759	48020		48020		Removal of pancreatic calculus	\$ 2,904.30
3760	48100		48100		Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	\$ 2,138.40
3761	48102		48102		Biopsy of pancreas, percutaneous needle	\$ 634.50
3762	48105		48105		Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	\$ 5,451.85
3763	48120		48120		Excision of lesion of pancreas (eg, cyst, adenoma)	\$ 2,574.90
3764	48140		48140		Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	\$ 3,533.40
3765	48145		48145		Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	\$ 3,700.80
3766	48146		48146		Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	\$ 3,965.40
3767	48148		48148		Excision of ampulla of Vater	\$ 3,132.00
3768	48150		48150		Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	\$ 6,010.20
3769	48152		48152		Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy	\$ 5,525.10
3770	48153		48153		Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy	\$ 6,282.90
3771	48154		48154		Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy	\$ 5,545.84
3772	48155		48155		Pancreatectomy, total	\$ 5,987.70
3773	48160		48160		Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	\$ -
3774	48400		48400		Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	\$ 278.10
3775	48500		48500		Marsupialization of pancreatic cyst	\$ 2,574.90
3776	48510		48510		External drainage, pseudocyst of pancreas, open	\$ 3,393.00
3777	48520		48520		Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	\$ 3,391.20
3778	48540		48540		Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	\$ 3,727.80
3779	48545		48545		Pancreatorrhaphy for injury	\$ 2,807.10
3780	48547		48547		Duodenal exclusion with gastrojejunostomy for pancreatic injury	\$ 4,583.70
3781	48548		48548		Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	\$ 3,894.97
3782	48550		48550		Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	\$ -
3783	48551		48551		Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arte	\$ -
3784	48552		48552		Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	\$ 568.43
3785	48554		48554		Transplantation of pancreatic allograft	\$ 5,886.90
3786	48556		48556		Removal of transplanted pancreatic allograft	\$ 2,919.60
3787	48999		48999		Unlisted procedure, pancreas	Cost
3788	49000		49000		Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	\$ 2,088.85
3789	49002		49002		Reopening of recent laparotomy	\$ 1,898.10
3790	49010		49010		Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	\$ 2,083.50
3791	49020		49020		Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	\$ 1,682.10
3792	49040		49040		Drainage of subdiaphragmatic or subphrenic abscess, open	\$ 1,975.50
3793	49060		49060		Drainage of retroperitoneal abscess, open	\$ 1,845.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3794	49062		49062		Drainage of extraperitoneal lymphocele to peritoneal cavity, open	\$ 1,874.70
3795	49082		49082		Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$ 439.20
3796	49083		49083		Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	\$ 793.44
3797	49084		49084		Peritoneal lavage, including imaging guidance, when performed	\$ 237.37
3798	49180		49180		Biopsy, abdominal or retroperitoneal mass, percutaneous needle	\$ 811.80
3799	49203		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	\$ 2,801.62
3800	49204		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	\$ 3,508.35
3801	49205		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	\$ 4,192.01
3802	49215		49215		Excision of presacral or sacrococcygeal tumor	\$ 3,955.50
3803	49220		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)	\$ 3,829.50
3804	49250		49250		Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	\$ 1,416.60
3805	49255		49255		Omentectomy, epiploectomy, resection of omentum (separate procedure)	\$ 1,802.70
3806	49320		49320		Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$ 1,557.11
3807	49321		49321		Laparoscopy, surgical; with biopsy (single or multiple)	\$ 1,716.30
3808	49322		49322		Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	\$ 1,802.70
3809	49323		49323		Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	\$ 1,908.90
3810	49324		49324		Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	\$ 943.82
3811	49325		49325		Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	\$ 950.46
3812	49326		49326		Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	\$ 706.80
3813	49329		49329		Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Cost
3814	49400		49400		Injection of air or contrast into peritoneal cavity (separate procedure)	\$ 233.10
3815	49402		49402		Removal of peritoneal foreign body from peritoneal cavity	\$ 1,902.20
3816	49405		49405		Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	\$ 1,223.25
3817	49406		49406		Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	\$ 1,223.25
3818	49407		49407		Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	\$ 757.76
3819	49411		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	\$ 880.63

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3820	49418		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 superv	\$ 1,335.02
3821	49419		49419		Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	\$ 985.96
3822	49421		49421		Insertion of tunneled intraperitoneal catheter for dialysis, open	\$ 1,449.00
3823	49422		49422		Removal of tunneled intraperitoneal catheter	\$ 1,191.60
3824	49423		49423		Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	\$ 277.20
3825	49424		49424		Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	\$ 144.00
3826	49425		49425		Insertion of peritoneal-venous shunt	\$ 2,162.70
3827	49426		49426		Revision of peritoneal-venous shunt	\$ 1,984.50
3828	49427		49427		Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	\$ 216.00
3829	49428		49428		Ligation of peritoneal-venous shunt	\$ 953.79
3830	49429		49429		Removal of peritoneal-venous shunt	\$ 1,148.24
3831	49435		49435		Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	\$ 343.46
3832	49436		49436		Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	\$ 485.16
3833	49440		49440		Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$ 2,849.89
3834	49441		49441		Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$ 3,205.41
3835	49442		49442		Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$ 2,719.49
3836	49446		49446		Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$ 2,770.54
3837	49450		49450		Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$ 2,007.64
3838	49451		49451		Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$ 2,121.12
3839	49452		49452		Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$ 2,487.98
3840	49460		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 an	\$ 2,124.43
3841	49465		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	\$ 492.81
3842	49491		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	\$ 1,510.04
3843	49492		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	\$ 1,735.71
3844	49495		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	\$ 1,575.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3845	49496		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	\$ 1,755.00
3846	49500		49500		Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	\$ 1,390.50
3847	49501		49501		Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	\$ 1,555.20
3848	49505		49505		Repair initial inguinal hernia, age 5 years or older; reducible	\$ 1,547.55
3849	49507		49507		Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$ 1,889.72
3850	49520		49520		Repair recurrent inguinal hernia, any age; reducible	\$ 2,031.30
3851	49521		49521		Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$ 2,214.90
3852	49525		49525		Repair inguinal hernia, sliding, any age	\$ 1,647.90
3853	49540		49540		Repair lumbar hernia	\$ 1,574.10
3854	49550		49550		Repair initial femoral hernia, any age; reducible	\$ 1,616.40
3855	49553		49553		Repair initial femoral hernia, any age; incarcerated or strangulated	\$ 1,931.40
3856	49555		49555		Repair recurrent femoral hernia; reducible	\$ 1,916.10
3857	49557		49557		Repair recurrent femoral hernia; incarcerated or strangulated	\$ 2,497.50
3858	49560		49560		Repair initial incisional or ventral hernia; reducible	\$ 1,978.57
3859	49561		49561		Repair initial incisional or ventral hernia; incarcerated or strangulated	\$ 2,116.80
3860	49565		49565		Repair recurrent incisional or ventral hernia; reducible	\$ 2,480.40
3861	49566		49566		Repair recurrent incisional or ventral hernia; incarcerated or strangulated	\$ 2,693.70
3862	49568		49568		Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	\$ 736.24
3863	49570		49570		Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	\$ 1,421.10
3864	49572		49572		Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	\$ 1,670.40
3865	49580		49580		Repair umbilical hernia, younger than age 5 years; reducible	\$ 1,189.80
3866	49582		49582		Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	\$ 1,545.30
3867	49585		49585		Repair umbilical hernia, age 5 years or older; reducible	\$ 1,441.80
3868	49587		49587		Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	\$ 1,646.00
3869	49590		49590		Repair spigelian hernia	\$ 1,654.20
3870	49600		49600		Repair of small omphalocele, with primary closure	\$ 1,622.70
3871	49605		49605		Repair of large omphalocele or gastroschisis; with or without prosthesis	\$ 3,263.40
3872	49606		49606		Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	\$ 2,832.30
3873	49610		49610		Repair of omphalocele (Gross type operation); first stage	\$ 2,008.80
3874	49611		49611		Repair of omphalocele (Gross type operation); second stage	\$ 1,946.70
3875	49650		49650		Laparoscopy, surgical; repair initial inguinal hernia	\$ 1,924.20
3876	49651		49651		Laparoscopy, surgical; repair recurrent inguinal hernia	\$ 2,074.50
3877	49652		49652		Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	\$ 2,109.14
3878	49653		49653		Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$ 2,603.68
3879	49654		49654		Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	\$ 2,373.28
3880	49655		49655		Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$ 2,891.21
3881	49656		49656		Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	\$ 2,400.68

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3882	49657		49657		Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	\$ 3,469.04
3883	49659		49659		Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Cost
3884	49900		49900		Suture, secondary, of abdominal wall for evisceration or dehiscence	\$ 1,555.20
3885	49904		49904		Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	\$ 3,010.88
3886	49905		49905		Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	\$ 1,532.70
3887	49906		49906		Free omental flap with microvascular anastomosis	\$ -
3888	49999		49999		Unlisted procedure, abdomen, peritoneum and omentum	Cost
3889	50010		50010		Renal exploration, not necessitating other specific procedures	\$ 2,369.70
3890	50020		50020		Drainage of perirenal or renal abscess, open	\$ 2,348.10
3891	50040		50040		Nephrostomy, nephrotomy with drainage	\$ 2,388.60
3892	50045		50045		Nephrotomy, with exploration	\$ 2,695.50
3893	50060		50060		Nephrolithotomy; removal of calculus	\$ 3,464.10
3894	50065		50065		Nephrolithotomy; secondary surgical operation for calculus	\$ 3,301.20
3895	50070		50070		Nephrolithotomy; complicated by congenital kidney abnormality	\$ 3,739.50
3896	50075		50075		Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)	\$ 3,556.80
3897	50080		50080		Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	\$ 3,374.10
3898	50081		50081		Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	\$ 3,953.70
3899	50100		50100		Transection or repositioning of aberrant renal vessels (separate procedure)	\$ 2,421.00
3900	50120		50120		Pyelotomy; with exploration	\$ 2,788.20
3901	50125		50125		Pyelotomy; with drainage, pyelostomy	\$ 2,860.20
3902	50130		50130		Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	\$ 3,258.00
3903	50135		50135		Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	\$ 3,535.20
3904	50200		50200		Renal biopsy; percutaneous, by trocar or needle	\$ 563.40
3905	50205		50205		Renal biopsy; by surgical exposure of kidney	\$ 1,523.70
3906	50220		50220		Nephrectomy, including partial ureterectomy, any open approach including rib resection;	\$ 3,236.40
3907	50225		50225		Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	\$ 3,862.80
3908	50230		50230		Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	\$ 4,735.80
3909	50234		50234		Nephrectomy with total ureterectomy and bladder cuff; through same incision	\$ 4,532.40
3910	50236		50236		Nephrectomy with total ureterectomy and bladder cuff; through separate incision	\$ 4,327.20
3911	50240		50240		Nephrectomy, partial	\$ 3,764.70
3912	50250		50250		Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	\$ 3,098.95
3913	50280		50280		Excision or unroofing of cyst(s) of kidney	\$ 2,828.70
3914	50290		50290		Excision of perinephric cyst	\$ 2,653.20
3915	50300		50300		Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	\$ 2,830.50
3916	50320		50320		Donor nephrectomy (including cold preservation); open, from living donor	\$ 4,686.30
3917	50323		50323		Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal ve	\$ -

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3918	50325		50325		Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as nec	\$ -
3919	50327		50327		Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	\$ 518.41
3920	50328		50328		Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	\$ 452.32
3921	50329		50329		Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	\$ 410.96
3922	50340		50340		Recipient nephrectomy (separate procedure)	\$ 2,797.20
3923	50360		50360		Renal allotransplantation, implantation of graft; without recipient nephrectomy	\$ 6,304.50
3924	50365		50365		Renal allotransplantation, implantation of graft; with recipient nephrectomy	\$ 7,696.80
3925	50370		50370		Removal of transplanted renal allograft	\$ 2,430.90
3926	50380		50380		Renal autotransplantation, reimplantation of kidney	\$ 4,360.50
3927	50382		50382		Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	\$ 1,292.64
3928	50384		50384		Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	\$ 1,139.86
3929	50385		50385		Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	\$ 1,174.03
3930	50386		50386		Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	\$ 916.76
3931	50387		50387		Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	\$ 540.10
3932	50389		50389		Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	\$ 344.26
3933	50390		50390		Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	\$ 465.30
3934	50391		50391		Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	\$ 374.44
3935	50392		50392		Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	\$ 666.00
3936	50393		50393		Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	\$ 703.80
3937	50394		50394		Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	\$ 221.40
3938	50395		50395		Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	\$ 870.30
3939	50396		50396		Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	\$ 164.70
3940	50398		50398		Change of nephrostomy or pyelostomy tube	\$ 257.40
3941	50400		50400		Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	\$ 3,541.50
3942	50405		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 kidn	\$ 3,802.50
3943	50500		50500		Nephrorrhaphy, suture of kidney wound or injury	\$ 3,298.50
3944	50520		50520		Closure of nephrocutaneous or pyelocutaneous fistula	\$ 2,853.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3945	50525		50525		Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	\$ 3,438.00
3946	50526		50526		Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	\$ 3,501.90
3947	50540		50540		Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	\$ 4,071.60
3948	50541		50541		Laparoscopy, surgical; ablation of renal cysts	\$ 2,673.90
3949	50542		50542		Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	\$ 2,662.34
3950	50543		50543		Laparoscopy, surgical; partial nephrectomy	\$ 3,268.75
3951	50544		50544		Laparoscopy, surgical; pyeloplasty	\$ 3,692.70
3952	50545		50545		Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	\$ 3,990.60
3953	50546		50546		Laparoscopy, surgical; nephrectomy, including partial ureterectomy	\$ 3,727.80
3954	50547		50547		Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	\$ 4,762.80
3955	50548		50548		Laparoscopy, surgical; nephrectomy with total ureterectomy	\$ 5,098.50
3956	50549		50549		Unlisted laparoscopy procedure, renal	Cost
3957	50551		50551		Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	\$ 777.60
3958	50553		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	\$ 774.00
3959	50555		50555		Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	\$ 995.40
3960	50557		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	\$ 1,017.90
3961	50561		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	\$ 1,484.10
3962	50562		50562		Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	\$ 1,158.89
3963	50570		50570		Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	\$ 1,117.80
3964	50572		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	\$ 2,024.10
3965	50574		50574		Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	\$ 2,061.00
3966	50575		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, inci	\$ 2,292.30
3967	50576		50576		Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	\$ 1,647.90
3968	50580		50580		Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	\$ 2,277.00
3969	50590		50590		Lithotripsy, extracorporeal shock wave	\$ 3,424.50

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
3970	50592		50592		Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	\$ 2,900.54
3971	50593		50593		Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	\$ 3,501.52
3972	50600		50600		Ureterotomy with exploration or drainage (separate procedure)	\$ 2,530.80
3973	50605		50605		Ureterotomy for insertion of indwelling stent, all types	\$ 2,730.60
3974	50610		50610		Ureterolithotomy; upper one-third of ureter	\$ 3,156.30
3975	50620		50620		Ureterolithotomy; middle one-third of ureter	\$ 3,373.20
3976	50630		50630		Ureterolithotomy; lower one-third of ureter	\$ 3,577.50
3977	50650		50650		Ureterectomy, with bladder cuff (separate procedure)	\$ 3,143.70
3978	50660		50660		Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	\$ 3,429.00
3979	50684		50684		Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	\$ 153.90
3980	50686		50686		Manometric studies through ureterostomy or indwelling ureteral catheter	\$ 120.60
3981	50688		50688		Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	\$ 162.00
3982	50690		50690		Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	\$ 143.10
3983	50700		50700		Ureteroplasty, plastic operation on ureter (eg, stricture)	\$ 2,943.00
3984	50715		50715		Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	\$ 2,781.00
3985	50722		50722		Ureterolysis for ovarian vein syndrome	\$ 2,421.00
3986	50725		50725		Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	\$ 3,769.20
3987	50727		50727		Revision of urinary-cutaneous anastomosis (any type urostomy);	\$ 1,869.30
3988	50728		50728		Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	\$ 2,663.10
3989	50740		50740		Ureteropyelostomy, anastomosis of ureter and renal pelvis	\$ 3,374.10
3990	50750		50750		Ureterocalycostomy, anastomosis of ureter to renal calyx	\$ 3,605.40
3991	50760		50760		Ureteroureterostomy	\$ 3,244.50
3992	50770		50770		Transureteroureterostomy, anastomosis of ureter to contralateral ureter	\$ 3,445.20
3993	50780		50780		Ureteroneocystostomy; anastomosis of single ureter to bladder	\$ 3,356.10
3994	50782		50782		Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	\$ 3,492.90
3995	50783		50783		Ureteroneocystostomy; with extensive ureteral tailoring	\$ 3,594.60
3996	50785		50785		Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	\$ 3,877.20
3997	50800		50800		Ureteroenterostomy, direct anastomosis of ureter to intestine	\$ 3,301.20
3998	50810		50810		Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	\$ 4,635.00
3999	50815		50815		Ureterocolon conduit, including intestine anastomosis	\$ 4,789.80
4000	50820		50820		Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	\$ 5,985.00
4001	50825		50825		Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	\$ 5,768.10
4002	50830		50830		Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	\$ 5,469.30
4003	50840		50840		Replacement of all or part of ureter by intestine segment, including intestine anastomosis	\$ 3,718.80
4004	50845		50845		Cutaneous appendico-vesicostomy	\$ 4,222.80
4005	50860		50860		Ureterostomy, transplantation of ureter to skin	\$ 2,807.10
4006	50900		50900		Ureterorrhaphy, suture of ureter (separate procedure)	\$ 2,652.30
4007	50920		50920		Closure of ureterocutaneous fistula	\$ 2,907.90
4008	50930		50930		Closure of ureterovisceral fistula (including visceral repair)	\$ 3,404.70
4009	50940		50940		Deligation of ureter	\$ 2,729.70
4010	50945		50945		Laparoscopy, surgical; ureterolithotomy	\$ 2,889.90
4011	50947		50947		Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	\$ 4,301.10

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4012	50948		50948		Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	\$ 3,933.00
4013	50949		50949		Unlisted laparoscopy procedure, ureter	Cost
4014	50951		50951		Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	\$ 607.50
4015	50953		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	\$ 669.60
4016	50955		50955		Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	\$ 731.70
4017	50957		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	\$ 751.50
4018	50961		50961		Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	\$ 978.30
4019	50970		50970		Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	\$ 824.40
4020	50972		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	\$ 791.10
4021	50974		50974		Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	\$ 1,133.10
4022	50976		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	\$ 1,040.40
4023	50980		50980		Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	\$ 936.90
4024	51020		51020		Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	\$ 1,968.30
4025	51030		51030		Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	\$ 1,923.30
4026	51040		51040		Cystostomy, cystotomy with drainage	\$ 1,717.20
4027	51045		51045		Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	\$ 1,909.80
4028	51050		51050		Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	\$ 2,162.70
4029	51060		51060		Transvesical ureterolithotomy	\$ 2,581.20
4030	51065		51065		Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	\$ 2,421.00
4031	51080		51080		Drainage of perivesical or prevesical space abscess	\$ 1,701.90
4032	51100		51100		Aspiration of bladder; by needle	\$ 178.51
4033	51101		51101		Aspiration of bladder; by trocar or intracatheter	\$ 271.08
4034	51102		51102		Aspiration of bladder; with insertion of suprapubic catheter	\$ 591.70
4035	51500		51500		Excision of urachal cyst or sinus, with or without umbilical hernia repair	\$ 2,151.00
4036	51520		51520		Cystotomy; for simple excision of vesical neck (separate procedure)	\$ 2,277.00
4037	51525		51525		Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	\$ 2,837.70
4038	51530		51530		Cystotomy; for excision of bladder tumor	\$ 2,457.00
4039	51535		51535		Cystotomy for excision, incision, or repair of ureterocele	\$ 2,631.60
4040	51550		51550		Cystectomy, partial; simple	\$ 2,953.80
4041	51555		51555		Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	\$ 3,749.40
4042	51565		51565		Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	\$ 4,053.60
4043	51570		51570		Cystectomy, complete; (separate procedure)	\$ 5,027.40

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4044	51575		51575		Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$ 6,365.70
4045	51580		51580		Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	\$ 5,994.00
4046	51585		51585		Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$ 6,684.30
4047	51590		51590		Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	\$ 7,559.10
4048	51595		51595		Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$ 8,475.30
4049	51596		51596		Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	\$ 8,883.90
4050	51597		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 there	\$ 10,661.40
4051	51600		51600		Injection procedure for cystography or voiding urethrocytography	\$ 147.60
4052	51605		51605		Injection procedure and placement of chain for contrast and/or chain urethrocytography	\$ 128.70
4053	51610		51610		Injection procedure for retrograde urethrocytography	\$ 185.40
4054	51700		51700		Bladder irrigation, simple, lavage and/or instillation	\$ 116.10
4055	51701		51701		Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	\$ 119.17
4056	51702		51702		Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$ 222.55
4057	51705		51705		Change of cystostomy tube; simple	\$ 105.30
4058	51710		51710		Change of cystostomy tube; complicated	\$ 319.50
4059	51715		51715		Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	\$ 925.20
4060	51720		51720		Bladder instillation of anticarcinogenic agent (including retention time)	\$ 173.70
4061	51725		51725		Simple cystometrogram (CMG) (eg, spinal manometer)	\$ 301.50
4062	51725-26	26	51725		Simple cystometrogram (CMG) (eg, spinal manometer)	\$ 253.80
4063	51725-TC	TC	51725		Simple cystometrogram (CMG) (eg, spinal manometer)	\$ 187.19
4064	51726		51726		Complex cystometrogram (ie, calibrated electronic equipment);	\$ 369.00
4065	51726-26	26	51726		Complex cystometrogram (ie, calibrated electronic equipment);	\$ 369.00
4066	51726-TC	TC	51726		Complex cystometrogram (ie, calibrated electronic equipment);	\$ 369.00
4067	51727		51727		Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	\$ 686.90
4068	51728		51728		Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	\$ 686.02
4069	51729		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	\$ 704.40
4070	51736		51736		Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	\$ 157.50
4071	51736-26	26	51736		Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	\$ 131.40
4072	51736-TC	TC	51736		Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	\$ 77.28
4073	51741		51741		Complex uroflowmetry (eg, calibrated electronic equipment)	\$ 159.30
4074	51741-26	26	51741		Complex uroflowmetry (eg, calibrated electronic equipment)	\$ 134.10
4075	51741-TC	TC	51741		Complex uroflowmetry (eg, calibrated electronic equipment)	\$ 79.98

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4076	51784		51784		Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	\$ 236.70
4077	51784-26	26	51784		Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	\$ 201.60
4078	51784-TC	TC	51784		Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	\$ 148.69
4079	51785		51785		Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	\$ 247.50
4080	51785-26	26	51785		Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	\$ 207.00
4081	51785-TC	TC	51785		Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	\$ 175.98
4082	51792		51792		Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	\$ 239.40
4083	51792-26	26	51792		Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	\$ 202.50
4084	51792-TC	TC	51792		Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	\$ 181.58
4085	51797		51797		Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	\$ 247.50
4086	51797-26	26	51797		Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	\$ 207.00
4087	51797-TC	TC	51797		Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	\$ 166.46
4088	51798		51798		Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	\$ 51.15
4089	51800		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	\$ 2,849.40
4090	51820		51820		Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	\$ 3,780.00
4091	51840		51840		Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	\$ 2,495.70
4092	51841		51841		Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	\$ 2,781.00
4093	51845		51845		Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	\$ 2,781.00
4094	51860		51860		Cystorrhaphy, suture of bladder wound, injury or rupture; simple	\$ 2,200.50
4095	51865		51865		Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	\$ 2,982.60
4096	51880		51880		Closure of cystostomy (separate procedure)	\$ 1,339.20
4097	51900		51900		Closure of vesicovaginal fistula, abdominal approach	\$ 3,454.20
4098	51920		51920		Closure of vesicouterine fistula;	\$ 2,559.60
4099	51925		51925		Closure of vesicouterine fistula; with hysterectomy	\$ 3,301.20
4100	51940		51940		Closure, exstrophy of bladder	\$ 4,738.50
4101	51960		51960		Enterocystoplasty, including intestinal anastomosis	\$ 4,652.10
4102	51980		51980		Cutaneous vesicostomy	\$ 2,439.00
4103	51990		51990		Laparoscopy, surgical; urethral suspension for stress incontinence	\$ 2,447.10
4104	51992		51992		Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	\$ 2,637.00
4105	51999		51999		Unlisted laparoscopy procedure, bladder	Cost
4106	52000		52000		Cystourethroscopy (separate procedure)	\$ 405.34
4107	52001		52001		Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	\$ 676.66
4108	52005		52005		Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	\$ 579.60
4109	52007		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	\$ 640.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4110	52010		52010		Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	\$ 576.00
4111	52204		52204		Cystourethroscopy, with biopsy(s)	\$ 595.75
4112	52214		52214		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	\$ 769.50
4113	52224		52224		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	\$ 747.00
4114	52234		52234		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$ 1,017.90
4115	52235		52235		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	\$ 1,761.30
4116	52240		52240		Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	\$ 2,543.40
4117	52250		52250		Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	\$ 849.60
4118	52260		52260		Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	\$ 592.18
4119	52265		52265		Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	\$ 540.90
4120	52270		52270		Cystourethroscopy, with internal urethrotomy; female	\$ 819.00
4121	52275		52275		Cystourethroscopy, with internal urethrotomy; male	\$ 882.00
4122	52276		52276		Cystourethroscopy with direct vision internal urethrotomy	\$ 1,261.80
4123	52277		52277		Cystourethroscopy, with resection of external sphincter (sphincterotomy)	\$ 1,206.90
4124	52281		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	\$ 580.93
4125	52282		52282		Cystourethroscopy, with insertion of permanent urethral stent	\$ 1,030.50
4126	52283		52283		Cystourethroscopy, with steroid injection into stricture	\$ 563.40
4127	52285		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	\$ 686.56
4128	52290		52290		Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	\$ 737.10
4129	52300		52300		Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	\$ 975.60
4130	52301		52301		Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	\$ 1,035.00
4131	52305		52305		Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	\$ 1,019.70
4132	52310		52310		Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$ 751.50
4133	52315		52315		Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	\$ 1,328.40
4134	52317		52317		Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	\$ 1,377.90
4135	52318		52318		Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	\$ 1,948.50
4136	52320		52320		Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	\$ 1,344.60
4137	52325		52325		Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	\$ 1,559.70
4138	52327		52327		Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	\$ 1,081.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4139	52330		52330		Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	\$ 953.10
4140	52332		52332		Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	\$ 924.30
4141	52334		52334		Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	\$ 875.70
4142	52341		52341		Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$ 1,350.00
4143	52342		52342		Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$ 1,461.60
4144	52343		52343		Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$ 1,619.10
4145	52344		52344		Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$ 1,776.60
4146	52345		52345		Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$ 1,845.00
4147	52346		52346		Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	\$ 2,074.50
4148	52351		52351		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	\$ 1,377.90
4149	52352		52352		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	\$ 1,629.42
4150	52353		52353		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$ 2,027.72
4151	52354		52354		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	\$ 1,728.00
4152	52355		52355		Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	\$ 2,030.40
4153	52400		52400		Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	\$ 2,414.70
4154	52402		52402		Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	\$ 641.48
4155	52450		52450		Transurethral incision of prostate	\$ 1,562.40
4156	52500		52500		Transurethral resection of bladder neck (separate procedure)	\$ 1,719.90
4157	52601		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)	\$ 2,701.80
4158	52630		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)	\$ 2,482.20
4159	52640		52640		Transurethral resection; of postoperative bladder neck contracture	\$ 2,140.20
4160	52647		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)	\$ 2,169.90
4161	52648		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)	\$ 2,472.30
4162	52649		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 transurethral resection of prostate are inc	\$ 2,156.95
4163	52700		52700		Transurethral drainage of prostatic abscess	\$ 1,305.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4164	53000		53000		Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	\$ 414.90
4165	53010		53010		Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	\$ 914.40
4166	53020		53020		Meatotomy, cutting of meatus (separate procedure); except infant	\$ 583.86
4167	53025		53025		Meatotomy, cutting of meatus (separate procedure); infant	\$ 236.70
4168	53040		53040		Drainage of deep periurethral abscess	\$ 692.10
4169	53060		53060		Drainage of Skene's gland abscess or cyst	\$ 322.20
4170	53080		53080		Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	\$ 761.40
4171	53085		53085		Drainage of perineal urinary extravasation; complicated	\$ 1,825.20
4172	53200		53200		Biopsy of urethra	\$ 473.40
4173	53210		53210		Urethrectomy, total, including cystostomy; female	\$ 2,104.20
4174	53215		53215		Urethrectomy, total, including cystostomy; male	\$ 2,781.00
4175	53220		53220		Excision or fulguration of carcinoma of urethra	\$ 1,617.30
4176	53230		53230		Excision of urethral diverticulum (separate procedure); female	\$ 2,214.90
4177	53235		53235		Excision of urethral diverticulum (separate procedure); male	\$ 2,060.10
4178	53240		53240		Marsupialization of urethral diverticulum, male or female	\$ 852.30
4179	53250		53250		Excision of bulbourethral gland (Cowper's gland)	\$ 1,313.10
4180	53260		53260		Excision or fulguration; urethral polyp(s), distal urethra	\$ 520.20
4181	53265		53265		Excision or fulguration; urethral caruncle	\$ 530.10
4182	53270		53270		Excision or fulguration; Skene's glands	\$ 564.30
4183	53275		53275		Excision or fulguration; urethral prolapse	\$ 622.80
4184	53400		53400		Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)	\$ 1,926.90
4185	53405		53405		Urethroplasty; second stage (formation of urethra), including urinary diversion	\$ 2,250.90
4186	53410		53410		Urethroplasty, 1-stage reconstruction of male anterior urethra	\$ 2,686.50
4187	53415		53415		Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	\$ 3,239.10
4188	53420		53420		Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	\$ 2,888.10
4189	53425		53425		Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	\$ 2,995.20
4190	53430		53430		Urethroplasty, reconstruction of female urethra	\$ 2,496.60
4191	53431		53431		Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	\$ 2,797.78
4192	53440		53440		Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	\$ 2,991.60
4193	53442		53442		Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	\$ 1,171.80
4194	53444		53444		Insertion of tandem cuff (dual cuff)	\$ 2,081.89
4195	53445		53445		Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	\$ 5,150.70
4196	53446		53446		Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	\$ 1,825.77
4197	53447		53447		Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	\$ 2,507.40
4198	53448		53448		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	\$ 3,364.59
4199	53449		53449		Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	\$ 1,864.80
4200	53450		53450		Urethromeatoplasty, with mucosal advancement	\$ 720.90
4201	53460		53460		Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	\$ 726.30
4202	53500		53500		Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	\$ 1,914.08
4203	53502		53502		Urethrorrhaphy, suture of urethral wound or injury, female	\$ 1,486.80
4204	53505		53505		Urethrorrhaphy, suture of urethral wound or injury; penile	\$ 1,532.70
4205	53510		53510		Urethrorrhaphy, suture of urethral wound or injury; perineal	\$ 1,917.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4206	53515		53515		Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	\$ 2,654.10
4207	53520		53520		Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	\$ 1,213.20
4208	53600		53600		Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	\$ 154.80
4209	53601		53601		Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	\$ 149.40
4210	53605		53605		Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	\$ 230.40
4211	53620		53620		Dilation of urethral stricture by passage of filiform and follower, male; initial	\$ 218.70
4212	53621		53621		Dilation of urethral stricture by passage of filiform and follower, male; subsequent	\$ 137.70
4213	53660		53660		Dilation of female urethra including suppository and/or instillation; initial	\$ 114.30
4214	53661		53661		Dilation of female urethra including suppository and/or instillation; subsequent	\$ 120.60
4215	53665		53665		Dilation of female urethra, general or conduction (spinal) anesthesia	\$ 215.10
4216	53850		53850		Transurethral destruction of prostate tissue; by microwave thermotherapy	\$ 1,637.10
4217	53852		53852		Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	\$ 1,448.10
4218	53855		53855		Insertion of a temporary prostatic urethral stent, including urethral measurement	\$ 1,749.79
4219	53899		53899		Unlisted procedure, urinary system	Cost
4220	54000		54000		Slitting of prepuce, dorsal or lateral (separate procedure); newborn	\$ 164.70
4221	54001		54001		Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	\$ 314.10
4222	54015		54015		Incision and drainage of penis, deep	\$ 437.40
4223	54050		54050		Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	\$ 134.50
4224	54055		54055		Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	\$ 271.58
4225	54056		54056		Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	\$ 239.88
4226	54057		54057		Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	\$ 601.20
4227	54060		54060		Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	\$ 481.62
4228	54065		54065		Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$ 906.65
4229	54100		54100		Biopsy of penis; (separate procedure)	\$ 266.40
4230	54105		54105		Biopsy of penis; deep structures	\$ 447.30
4231	54110		54110		Excision of penile plaque (Peyronie disease);	\$ 1,395.90
4232	54111		54111		Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	\$ 2,362.50
4233	54112		54112		Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	\$ 2,682.90
4234	54115		54115		Removal foreign body from deep penile tissue (eg, plastic implant)	\$ 1,062.00
4235	54120		54120		Amputation of penis; partial	\$ 2,043.00
4236	54125		54125		Amputation of penis; complete	\$ 2,709.00
4237	54130		54130		Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy	\$ 3,754.80
4238	54135		54135		Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$ 4,963.50
4239	54150		54150		Circumcision, using clamp or other device with regional dorsal penile or ring block	\$ 272.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4240	54160		54160		Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	\$ 403.94
4241	54161		54161		Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	\$ 860.79
4242	54162		54162		Lysis or excision of penile post-circumcision adhesions	\$ 426.82
4243	54163		54163		Repair incomplete circumcision	\$ 415.19
4244	54164		54164		Frenulotomy of penis	\$ 409.15
4245	54200		54200		Injection procedure for Peyronie disease;	\$ 129.60
4246	54205		54205		Injection procedure for Peyronie disease; with surgical exposure of plaque	\$ 1,035.00
4247	54220		54220		Irrigation of corpora cavernosa for priapism	\$ 500.40
4248	54230		54230		Injection procedure for corpora cavernosography	\$ 298.80
4249	54231		54231		Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	\$ 468.90
4250	54235		54235		Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	\$ 206.10
4251	54240		54240		Penile plethysmography	\$ 298.80
4252	54240-26	26	54240		Penile plethysmography	\$ 250.20
4253	54240-TC	TC	54240		Penile plethysmography	\$ 114.40
4254	54250		54250		Nocturnal penile tumescence and/or rigidity test	\$ 354.60
4255	54250-26	26	54250		Nocturnal penile tumescence and/or rigidity test	\$ 300.60
4256	54250-TC	TC	54250		Nocturnal penile tumescence and/or rigidity test	\$ 36.49
4257	54300		54300		Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	\$ 1,865.70
4258	54304		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	\$ 2,242.80
4259	54308		54308		Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	\$ 2,268.00
4260	54312		54312		Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	\$ 2,523.60
4261	54316		54316		Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	\$ 3,016.80
4262	54318		54318		Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	\$ 1,798.20
4263	54322		54322		1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	\$ 2,155.50
4264	54324		54324		1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)	\$ 2,382.30
4265	54326		54326		1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	\$ 2,894.40
4266	54328		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	\$ 3,250.80
4267	54332		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	\$ 3,355.20
4268	54336		54336		1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	\$ 3,821.40
4269	54340		54340		Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	\$ 1,658.70
4270	54344		54344		Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	\$ 2,642.40
4271	54348		54348		Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	\$ 2,793.60
4272	54352		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 f	\$ 4,481.10

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4273	54360		54360		Plastic operation on penis to correct angulation	\$ 2,171.70
4274	54380		54380		Plastic operation on penis for epispadias distal to external sphincter;	\$ 1,931.40
4275	54385		54385		Plastic operation on penis for epispadias distal to external sphincter; with incontinence	\$ 2,791.80
4276	54390		54390		Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	\$ 3,728.70
4277	54400		54400		Insertion of penile prosthesis; non-inflatable (semi-rigid)	\$ 2,731.50
4278	54401		54401		Insertion of penile prosthesis; inflatable (self-contained)	\$ 3,038.40
4279	54405		54405		Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	\$ 4,616.10
4280	54406		54406		Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	\$ 1,880.16
4281	54408		54408		Repair of component(s) of a multi-component, inflatable penile prosthesis	\$ 1,921.58
4282	54410		54410		Removal and replacement of all component(s) of a multi- component, inflatable penile prosthesis at the same operative session	\$ 2,100.99
4283	54411		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	\$ 2,627.25
4284	54415		54415		Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	\$ 1,371.75
4285	54416		54416		Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	\$ 1,604.70
4286	54417		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	\$ 2,244.96
4287	54420		54420		Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	\$ 2,497.50
4288	54430		54430		Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral	\$ 2,107.80
4289	54435		54435		Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	\$ 1,043.10
4290	54440		54440		Plastic operation of penis for injury	\$ 2,582.10
4291	54450		54450		Foreskin manipulation including lysis of preputial adhesions and stretching	\$ 306.90
4292	54500		54500		Biopsy of testis, needle (separate procedure)	\$ 216.90
4293	54505		54505		Biopsy of testis, incisional (separate procedure)	\$ 644.40
4294	54512		54512		Excision of extraparenchymal lesion of testis	\$ 1,581.30
4295	54520		54520		Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$ 1,175.40
4296	54522		54522		Orchiectomy, partial	\$ 1,944.00
4297	54530		54530		Orchiectomy, radical, for tumor; inguinal approach	\$ 1,833.30
4298	54535		54535		Orchiectomy, radical, for tumor; with abdominal exploration	\$ 2,160.00
4299	54550		54550		Exploration for undescended testis (inguinal or scrotal area)	\$ 1,594.80
4300	54560		54560		Exploration for undescended testis with abdominal exploration	\$ 1,918.80
4301	54600		54600		Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	\$ 1,393.65
4302	54620		54620		Fixation of contralateral testis (separate procedure)	\$ 835.20
4303	54640		54640		Orchiopexy, inguinal approach, with or without hernia repair	\$ 1,790.10
4304	54650		54650		Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	\$ 2,026.80
4305	54660		54660		Insertion of testicular prosthesis (separate procedure)	\$ 810.90
4306	54670		54670		Suture or repair of testicular injury	\$ 1,364.40
4307	54680		54680		Transplantation of testis(es) to thigh (because of scrotal destruction)	\$ 1,658.70
4308	54690		54690		Laparoscopy, surgical; orchiectomy	\$ 1,737.90
4309	54692		54692		Laparoscopy, surgical; orchiopexy for intra-abdominal testis	\$ 1,801.80
4310	54699		54699		Unlisted laparoscopy procedure, testis	Cost
4311	54700		54700		Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	\$ 458.10

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4312	54800		54800		Biopsy of epididymis, needle	\$ 265.50
4313	54830		54830		Excision of local lesion of epididymis	\$ 927.90
4314	54840		54840		Excision of spermatocele, with or without epididymectomy	\$ 1,296.00
4315	54860		54860		Epididymectomy; unilateral	\$ 1,228.50
4316	54861		54861		Epididymectomy; bilateral	\$ 1,728.00
4317	54865		54865		Exploration of epididymis, with or without biopsy	\$ 355.87
4318	54900		54900		Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	\$ 2,325.60
4319	54901		54901		Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	\$ 3,038.40
4320	55000		55000		Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	\$ 195.30
4321	55040		55040		Excision of hydrocele; unilateral	\$ 1,405.80
4322	55041		55041		Excision of hydrocele; bilateral	\$ 2,132.10
4323	55060		55060		Repair of tunica vaginalis hydrocele (Bottle type)	\$ 1,287.90
4324	55100		55100		Drainage of scrotal wall abscess	\$ 311.40
4325	55110		55110		Scrotal exploration	\$ 1,147.50
4326	55120		55120		Removal of foreign body in scrotum	\$ 633.60
4327	55150		55150		Resection of scrotum	\$ 1,387.80
4328	55175		55175		Scrotoplasty; simple	\$ 1,220.40
4329	55180		55180		Scrotoplasty; complicated	\$ 2,162.70
4330	55200		55200		Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	\$ 648.90
4331	55250		55250		Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	\$ 699.30
4332	55300		55300		Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	\$ 647.10
4333	55400		55400		Vasovasostomy, vasovasorrhaphy	\$ 2,832.30
4334	55450		55450		Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	\$ 628.20
4335	55500		55500		Excision of hydrocele of spermatic cord, unilateral (separate procedure)	\$ 1,228.50
4336	55520		55520		Excision of lesion of spermatic cord (separate procedure)	\$ 1,085.40
4337	55530		55530		Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	\$ 1,527.30
4338	55535		55535		Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	\$ 1,635.30
4339	55540		55540		Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	\$ 1,801.80
4340	55550		55550		Laparoscopy, surgical, with ligation of spermatic veins for varicocele	\$ 1,717.20
4341	55559		55559		Unlisted laparoscopy procedure, spermatic cord	Cost
4342	55600		55600		Vesiculotomy;	\$ 1,231.20
4343	55605		55605		Vesiculotomy; complicated	\$ 1,653.30
4344	55650		55650		Vesiculectomy, any approach	\$ 2,868.30
4345	55680		55680		Excision of Mullerian duct cyst	\$ 2,533.50
4346	55700		55700		Biopsy, prostate; needle or punch, single or multiple, any approach	\$ 395.58
4347	55705		55705		Biopsy, prostate; incisional, any approach	\$ 1,171.80
4348	55706		55706		Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	\$ 1,380.90
4349	55720		55720		Prostatotomy, external drainage of prostatic abscess, any approach; simple	\$ 1,424.70
4350	55725		55725		Prostatotomy, external drainage of prostatic abscess, any approach; complicated	\$ 1,768.50
4351	55801		55801		Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	\$ 2,970.00
4352	55810		55810		Prostatectomy, perineal radical;	\$ 3,842.10
4353	55812		55812		Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$ 4,482.00
4354	55815		55815		Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$ 6,071.40
4355	55821		55821		Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	\$ 3,183.30

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4356	55831		55831		Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	\$ 3,345.30
4357	55840		55840		Prostatectomy, retropubic radical, with or without nerve sparing;	\$ 3,969.90
4358	55842		55842		Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$ 4,228.20
4359	55845		55845		Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$ 5,271.39
4360	55860		55860		Exposure of prostate, any approach, for insertion of radioactive substance;	\$ 2,182.50
4361	55862		55862		Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$ 3,091.50
4362	55865		55865		Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$ 3,793.50
4363	55866		55866		Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	\$ 4,611.87
4364	55870		55870		Electroejaculation	\$ 236.70
4365	55873		55873		Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	\$ 2,685.60
4366	55875		55875		Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	\$ 1,796.65
4367	55876		55876		Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	\$ 323.66
4368	55899		55899		Unlisted procedure, male genital system	Cost
4369	55920		55920		Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	\$ 1,072.06
4370	55970		55970		Intersex surgery; male to female	\$ -
4371	55980		55980		Intersex surgery; female to male	\$ -
4372	56405		56405		Incision and drainage of vulva or perineal abscess	\$ 259.20
4373	56420		56420		Incision and drainage of Bartholin's gland abscess	\$ 243.90
4374	56440		56440		Marsupialization of Bartholin's gland cyst	\$ 718.20
4375	56441		56441		Lysis of labial adhesions	\$ 456.30
4376	56442		56442		Hymenotomy, simple incision	\$ 126.23
4377	56501		56501		Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$ 259.47
4378	56515		56515		Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$ 850.10
4379	56605		56605		Biopsy of vulva or perineum (separate procedure); 1 lesion	\$ 199.48
4380	56606		56606		Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	\$ 102.60
4381	56620		56620		Vulvectomy simple; partial	\$ 2,186.10
4382	56625		56625		Vulvectomy simple; complete	\$ 2,652.30
4383	56630		56630		Vulvectomy, radical, partial;	\$ 3,249.90
4384	56631		56631		Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy	\$ 4,042.80
4385	56632		56632		Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy	\$ 4,846.50
4386	56633		56633		Vulvectomy, radical, complete;	\$ 4,097.70
4387	56634		56634		Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy	\$ 4,748.40
4388	56637		56637		Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy	\$ 5,682.60
4389	56640		56640		Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy	\$ 5,745.60
4390	56700		56700		Partial hymenectomy or revision of hymenal ring	\$ 637.20
4391	56740		56740		Excision of Bartholin's gland or cyst	\$ 920.70
4392	56800		56800		Plastic repair of introitus	\$ 898.20
4393	56805		56805		Clitoroplasty for intersex state	\$ 2,296.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4394	56810		56810		Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	\$ 1,035.90
4395	56820		56820		Colposcopy of the vulva;	\$ 198.44
4396	56821		56821		Colposcopy of the vulva; with biopsy(s)	\$ 293.12
4397	57000		57000		Colpotomy; with exploration	\$ 914.40
4398	57010		57010		Colpotomy; with drainage of pelvic abscess	\$ 1,030.50
4399	57020		57020		Colpocentesis (separate procedure)	\$ 249.30
4400	57022		57022		Incision and drainage of vaginal hematoma; obstetrical/postpartum	\$ 398.70
4401	57023		57023		Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	\$ 398.70
4402	57061		57061		Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$ 442.80
4403	57065		57065		Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$ 1,008.47
4404	57100		57100		Biopsy of vaginal mucosa; simple (separate procedure)	\$ 232.20
4405	57105		57105		Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	\$ 724.50
4406	57106		57106		Vaginectomy, partial removal of vaginal wall;	\$ 1,195.20
4407	57107		57107		Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	\$ 3,107.70
4408	57109		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)	\$ 3,578.40
4409	57110		57110		Vaginectomy, complete removal of vaginal wall;	\$ 2,316.60
4410	57111		57111		Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	\$ 3,666.60
4411	57112		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)	\$ 3,849.30
4412	57120		57120		Colpocleisis (Le Fort type)	\$ 2,274.30
4413	57130		57130		Excision of vaginal septum	\$ 940.50
4414	57135		57135		Excision of vaginal cyst or tumor	\$ 710.87
4415	57150		57150		Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	\$ 100.80
4416	57155		57155		Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	\$ 1,064.04
4417	57160		57160		Fitting and insertion of pessary or other intravaginal support device	\$ 113.40
4418	57170		57170		Diaphragm or cervical cap fitting with instructions	\$ 99.00
4419	57180		57180		Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	\$ 322.20
4420	57200		57200		Colporrhaphy, suture of injury of vagina (nonobstetrical)	\$ 978.30
4421	57210		57210		Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	\$ 1,352.70
4422	57220		57220		Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	\$ 1,349.10
4423	57230		57230		Plastic repair of urethrocele	\$ 1,215.90
4424	57240		57240		Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	\$ 1,586.70
4425	57250		57250		Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	\$ 1,559.70
4426	57260		57260		Combined anteroposterior colporrhaphy;	\$ 2,090.70
4427	57265		57265		Combined anteroposterior colporrhaphy; with enterocele repair	\$ 2,418.62
4428	57267		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)	\$ 693.09
4429	57268		57268		Repair of enterocele, vaginal approach (separate procedure)	\$ 1,725.30
4430	57270		57270		Repair of enterocele, abdominal approach (separate procedure)	\$ 2,124.90
4431	57280		57280		Colpopexy, abdominal approach	\$ 2,472.30
4432	57282		57282		Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	\$ 2,729.70

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4433	57283		57283		Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$ 1,612.15
4434	57284		57284		Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	\$ 2,523.60
4435	57287		57287		Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	\$ 2,081.70
4436	57288		57288		Sling operation for stress incontinence (eg, fascia or synthetic)	\$ 2,816.10
4437	57289		57289		Pereyra procedure, including anterior colporrhaphy	\$ 2,429.10
4438	57291		57291		Construction of artificial vagina; without graft	\$ 3,295.80
4439	57292		57292		Construction of artificial vagina; with graft	\$ 3,924.90
4440	57295		57295		Revision (including removal) of prosthetic vaginal graft; vaginal approach	\$ 1,167.58
4441	57296		57296		Revision (including removal) of prosthetic vaginal graft; open abdominal approach	\$ 2,490.17
4442	57300		57300		Closure of rectovaginal fistula; vaginal or transanal approach	\$ 1,933.20
4443	57305		57305		Closure of rectovaginal fistula; abdominal approach	\$ 2,477.70
4444	57307		57307		Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	\$ 2,581.20
4445	57308		57308		Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	\$ 2,317.50
4446	57310		57310		Closure of urethrovaginal fistula;	\$ 2,374.20
4447	57311		57311		Closure of urethrovaginal fistula; with bulbo cavernosus transplant	\$ 2,729.70
4448	57320		57320		Closure of vesicovaginal fistula; vaginal approach	\$ 2,652.30
4449	57330		57330		Closure of vesicovaginal fistula; transvesical and vaginal approach	\$ 2,680.20
4450	57335		57335		Vaginoplasty for intersex state	\$ 3,069.90
4451	57400		57400		Dilation of vagina under anesthesia (other than local)	\$ 370.80
4452	57410		57410		Pelvic examination under anesthesia (other than local)	\$ 318.60
4453	57415		57415		Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	\$ 415.80
4454	57420		57420		Colposcopy of the entire vagina, with cervix if present;	\$ 238.08
4455	57421		57421		Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	\$ 339.81
4456	57423		57423		Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	\$ 2,061.99
4457	57425		57425		Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	\$ 2,099.02
4458	57426		57426		Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	\$ 1,885.00
4459	57452		57452		Colposcopy of the cervix including upper/adjacent vagina;	\$ 242.93
4460	57454		57454		Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	\$ 343.46
4461	57455		57455		Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	\$ 169.72
4462	57456		57456		Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	\$ 187.31
4463	57460		57460		Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	\$ 953.23
4464	57461		57461		Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	\$ 893.18
4465	57500		57500		Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$ 251.05
4466	57505		57505		Endocervical curettage (not done as part of a dilation and curettage)	\$ 221.40
4467	57510		57510		Cautery of cervix; electro or thermal	\$ 308.03
4468	57511		57511		Cautery of cervix; cryocautery, initial or repeat	\$ 287.10
4469	57513		57513		Cautery of cervix; laser ablation	\$ 1,030.50
4470	57520		57520		Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$ 1,079.10
4471	57522		57522		Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	\$ 1,080.48
4472	57530		57530		Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	\$ 979.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4473	57531		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)	\$ 4,499.10
4474	57540		57540		Excision of cervical stump, abdominal approach;	\$ 2,022.30
4475	57545		57545		Excision of cervical stump, abdominal approach; with pelvic floor repair	\$ 2,276.10
4476	57550		57550		Excision of cervical stump, vaginal approach;	\$ 1,606.50
4477	57555		57555		Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	\$ 2,096.10
4478	57556		57556		Excision of cervical stump, vaginal approach; with repair of enterocele	\$ 2,295.90
4479	57558		57558		Dilation and curettage of cervical stump	\$ 286.85
4480	57700		57700		Cerclage of uterine cervix, nonobstetrical	\$ 1,133.10
4481	57720		57720		Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	\$ 1,098.90
4482	57800		57800		Dilation of cervical canal, instrumental (separate procedure)	\$ 262.80
4483	58100		58100		Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$ 266.06
4484	58110		58110		Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$ 146.06
4485	58120		58120		Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	\$ 903.20
4486	58140		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	\$ 2,851.59
4487	58145		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	\$ 2,299.50
4488	58146		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	\$ 2,845.00
4489	58150		58150		Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	\$ 3,175.21
4490	58152		58152		Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch)	\$ 3,904.20
4491	58180		58180		Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	\$ 3,280.50
4492	58200		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)	\$ 3,940.20
4493	58210		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)	\$ 6,048.90
4494	58240		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 rese	\$ 8,435.70
4495	58260		58260		Vaginal hysterectomy, for uterus 250 g or less;	\$ 3,085.20
4496	58262		58262		Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	\$ 3,554.10
4497	58263		58263		Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	\$ 3,879.90
4498	58267		58267		Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	\$ 3,544.20
4499	58270		58270		Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	\$ 3,762.90
4500	58275		58275		Vaginal hysterectomy, with total or partial vaginectomy;	\$ 3,759.30

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4501	58280		58280		Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	\$ 3,493.80
4502	58285		58285		Vaginal hysterectomy, radical (Schauta type operation)	\$ 3,948.30
4503	58290		58290		Vaginal hysterectomy, for uterus greater than 250 g;	\$ 3,249.20
4504	58291		58291		Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$ 3,588.32
4505	58292		58292		Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	\$ 3,867.52
4506	58293		58293		Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	\$ 4,011.49
4507	58294		58294		Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	\$ 3,502.18
4508	58300		58300		Insertion of intrauterine device (IUD)	\$ 308.70
4509	58301		58301		Removal of intrauterine device (IUD)	\$ 124.20
4510	58321		58321		Artificial insemination; intra-cervical	\$ 183.60
4511	58322		58322		Artificial insemination; intra-uterine	\$ 226.80
4512	58323		58323		Sperm washing for artificial insemination	\$ 200.70
4513	58340		58340		Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	\$ 279.39
4514	58345		58345		Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	\$ 1,163.70
4515	58346		58346		Insertion of Heyman capsules for clinical brachytherapy	\$ 1,416.42
4516	58350		58350		Chromotubation of oviduct, including materials	\$ 360.90
4517	58353		58353		Endometrial ablation, thermal, without hysteroscopic guidance	\$ 681.30
4518	58356		58356		Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	\$ 2,930.73
4519	58400		58400		Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	\$ 1,903.50
4520	58410		58410		Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	\$ 2,566.80
4521	58520		58520		Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	\$ 1,658.70
4522	58540		58540		Hysteroplasty, repair of uterine anomaly (Strassman type)	\$ 2,497.50
4523	58541		58541		Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	\$ 2,275.20
4524	58542		58542		Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$ 2,512.31
4525	58543		58543		Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	\$ 2,546.70
4526	58544		58544		Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$ 2,839.57
4527	58545		58545		Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$ 2,496.86
4528	58546		58546		Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	\$ 3,009.13
4529	58548		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	\$ 4,382.63
4530	58550		58550		Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	\$ 3,277.49
4531	58552		58552		Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$ 2,608.28
4532	58553		58553		Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	\$ 3,010.69
4533	58554		58554		Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$ 3,357.56
4534	58555		58555		Hysteroscopy, diagnostic (separate procedure)	\$ 857.70
4535	58558		58558		Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	\$ 1,402.27

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4536	58559		58559		Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	\$ 1,555.20
4537	58560		58560		Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	\$ 1,865.70
4538	58561		58561		Hysteroscopy, surgical; with removal of leiomyomata	\$ 2,065.50
4539	58562		58562		Hysteroscopy, surgical; with removal of impacted foreign body	\$ 1,035.00
4540	58563		58563		Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	\$ 2,528.26
4541	58565		58565		Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	\$ 4,424.15
4542	58570		58570		Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	\$ 2,503.83
4543	58571		58571		Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$ 2,801.61
4544	58572		58572		Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	\$ 3,013.79
4545	58573		58573		Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$ 3,509.08
4546	58578		58578		Unlisted laparoscopy procedure, uterus	Cost
4547	58579		58579		Unlisted hysteroscopy procedure, uterus	Cost
4548	58600		58600		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	\$ 1,508.40
4549	58605		58605		Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	\$ 1,312.20
4550	58611		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)	\$ 861.75
4551	58615		58615		Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	\$ 1,441.80
4552	58660		58660		Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	\$ 2,250.71
4553	58661		58661		Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$ 2,277.00
4554	58662		58662		Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$ 2,523.37
4555	58670		58670		Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	\$ 1,802.70
4556	58671		58671		Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	\$ 1,802.70
4557	58672		58672		Laparoscopy, surgical; with fimbrioplasty	\$ 2,601.00
4558	58673		58673		Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	\$ 1,854.00
4559	58679		58679		Unlisted laparoscopy procedure, oviduct, ovary	Cost
4560	58700		58700		Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	\$ 2,060.10
4561	58720		58720		Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	\$ 2,178.51
4562	58740		58740		Lysis of adhesions (salpingolysis, ovariolysis)	\$ 2,415.84
4563	58750		58750		Tubotubal anastomosis	\$ 3,936.60
4564	58752		58752		Tubouterine implantation	\$ 3,450.60
4565	58760		58760		Fimbrioplasty	\$ 3,038.40
4566	58770		58770		Salpingostomy (salpingoneostomy)	\$ 3,193.20
4567	58800		58800		Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	\$ 1,184.40
4568	58805		58805		Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	\$ 1,800.90
4569	58820		58820		Drainage of ovarian abscess; vaginal approach, open	\$ 1,287.90
4570	58822		58822		Drainage of ovarian abscess; abdominal approach	\$ 1,772.10
4571	58825		58825		Transposition, ovary(s)	\$ 1,837.80
4572	58900		58900		Biopsy of ovary, unilateral or bilateral (separate procedure)	\$ 1,833.30
4573	58920		58920		Wedge resection or bisection of ovary, unilateral or bilateral	\$ 2,329.20
4574	58925		58925		Ovarian cystectomy, unilateral or bilateral	\$ 2,331.00
4575	58940		58940		Oophorectomy, partial or total, unilateral or bilateral;	\$ 2,069.10

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4576	58943		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 salpingecto	\$ 3,457.80
4577	58950		58950		Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	\$ 3,549.60
4578	58951		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	\$ 4,583.70
4579	58952		58952		Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	\$ 5,935.50
4580	58953		58953		Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	\$ 7,745.77
4581	58954		58954		Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	\$ 8,407.75
4582	58956		58956		Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	\$ 5,467.49
4583	58957		58957		Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	\$ 5,807.52
4584	58958		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	\$ 6,432.44
4585	58960		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-aorti	\$ 3,839.96
4586	58970		58970		Follicle puncture for oocyte retrieval, any method	\$ 1,406.70
4587	58974		58974		Embryo transfer, intrauterine	\$ 537.30
4588	58976		58976		Gamete, zygote, or embryo intrafallopian transfer, any method	\$ 1,545.30
4589	58999		58999		Unlisted procedure, female genital system (nonobstetrical)	Cost
4590	59000		59000		Amniocentesis; diagnostic	\$ 332.21
4591	59001		59001		Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	\$ 440.43
4592	59012		59012		Cordocentesis (intrauterine), any method	\$ 669.60
4593	59015		59015		Chorionic villus sampling, any method	\$ 360.90
4594	59020		59020		Fetal contraction stress test	\$ 178.81
4595	59020-26	26	59020		Fetal contraction stress test	\$ 90.59
4596	59020-TC	TC	59020		Fetal contraction stress test	\$ 88.22
4597	59025		59025		Fetal non-stress test	\$ 115.69
4598	59025-26	26	59025		Fetal non-stress test	\$ 69.45
4599	59025-TC	TC	59025		Fetal non-stress test	\$ 46.24
4600	59030		59030		Fetal scalp blood sampling	\$ 194.40
4601	59050		59050		Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	\$ 285.30
4602	59051		59051		Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	\$ 109.29
4603	59070		59070		Transabdominal amnioinfusion, including ultrasound guidance	\$ 959.77
4604	59072		59072		Fetal umbilical cord occlusion, including ultrasound guidance	\$ 1,227.78
4605	59074		59074		Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	\$ 935.82
4606	59076		59076		Fetal shunt placement, including ultrasound guidance	\$ 1,204.41

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4607	59100		59100		Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	\$ 1,908.00
4608	59120		59120		Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	\$ 2,453.40
4609	59121		59121		Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	\$ 2,041.20
4610	59130		59130		Surgical treatment of ectopic pregnancy; abdominal pregnancy	\$ 2,061.90
4611	59135		59135		Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	\$ 2,800.80
4612	59136		59136		Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	\$ 2,285.10
4613	59140		59140		Surgical treatment of ectopic pregnancy; cervical, with evacuation	\$ 1,562.40
4614	59150		59150		Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	\$ 2,317.50
4615	59151		59151		Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	\$ 2,414.78
4616	59160		59160		Curettage, postpartum	\$ 765.00
4617	59200		59200		Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	\$ 276.79
4618	59300		59300		Episiotomy or vaginal repair, by other than attending	\$ 566.10
4619	59320		59320		Cerclage of cervix, during pregnancy; vaginal	\$ 1,122.47
4620	59325		59325		Cerclage of cervix, during pregnancy; abdominal	\$ 1,416.60
4621	59350		59350		Hysterorrhaphy of ruptured uterus	\$ 2,176.20
4622	59400		59400		Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	\$ 2,781.00
4623	59409		59409		Vaginal delivery only (with or without episiotomy and/or forceps);	\$ 1,588.98
4624	59410		59410		Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	\$ 1,924.97
4625	59412		59412		External cephalic version, with or without tocolysis	\$ 540.90
4626	59414		59414		Delivery of placenta (separate procedure)	\$ 484.20
4627	59425		59425		Antepartum care only; 4-6 visits	\$ 747.00
4628	59426		59426		Antepartum care only; 7 or more visits	\$ 1,168.00
4629	59430		59430		Postpartum care only (separate procedure)	\$ 240.30
4630	59514		59514		Cesarean delivery only;	\$ 2,233.35
4631	59515		59515		Cesarean delivery only; including postpartum care	\$ 2,676.17
4632	59525		59525		Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	\$ 1,751.40
4633	59610		59610		Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	\$ 3,295.80
4634	59612		59612		Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	\$ 2,271.60
4635	59614		59614		Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	\$ 2,339.10
4636	59618		59618		Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	\$ 3,965.40
4637	59620		59620		Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	\$ 2,781.00
4638	59622		59622		Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	\$ 2,632.19
4639	59812		59812		Treatment of incomplete abortion, any trimester, completed surgically	\$ 800.34
4640	59820		59820		Treatment of missed abortion, completed surgically; first trimester	\$ 815.24
4641	59821		59821		Treatment of missed abortion, completed surgically; second trimester	\$ 1,081.80
4642	59830		59830		Treatment of septic abortion, completed surgically	\$ 1,153.80
4643	59840		59840		Induced abortion, by dilation and curettage	\$ 947.70
4644	59841		59841		Induced abortion, by dilation and evacuation	\$ 1,118.90
4645	59850		59850		Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	\$ 1,398.60

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4646	59851		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	\$ 1,555.20
4647	59852		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)	\$ 1,869.30
4648	59855		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;	\$ 1,235.70
4649	59856		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	\$ 1,441.80
4650	59857		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)	\$ 1,810.80
4651	59866		59866		Multifetal pregnancy reduction(s) (MPR)	\$ 796.50
4652	59870		59870		Uterine evacuation and curettage for hydatidiform mole	\$ 1,081.80
4653	59871		59871		Removal of cerclage suture under anesthesia (other than local)	\$ 444.60
4654	59897		59897		Unlisted fetal invasive procedure, including ultrasound guidance, when performed	Cost
4655	59898		59898		Unlisted laparoscopy procedure, maternity care and delivery	Cost
4656	59899		59899		Unlisted procedure, maternity care and delivery	Cost
4657	60000		60000		Incision and drainage of thyroglossal duct cyst, infected	\$ 305.10
4658	60100		60100		Biopsy thyroid, percutaneous core needle	\$ 279.00
4659	60200		60200		Excision of cyst or adenoma of thyroid, or transection of isthmus	\$ 1,590.30
4660	60210		60210		Partial thyroid lobectomy, unilateral; with or without isthmusectomy	\$ 2,587.50
4661	60212		60212		Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	\$ 3,165.30
4662	60220		60220		Total thyroid lobectomy, unilateral; with or without isthmusectomy	\$ 2,613.60
4663	60225		60225		Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	\$ 3,329.10
4664	60240		60240		Thyroidectomy, total or complete	\$ 3,250.80
4665	60252		60252		Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	\$ 3,743.10
4666	60254		60254		Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	\$ 5,427.00
4667	60260		60260		Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	\$ 2,396.70
4668	60270		60270		Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	\$ 4,066.20
4669	60271		60271		Thyroidectomy, including substernal thyroid; cervical approach	\$ 3,284.10
4670	60280		60280		Excision of thyroglossal duct cyst or sinus;	\$ 2,004.30
4671	60281		60281		Excision of thyroglossal duct cyst or sinus; recurrent	\$ 2,155.50
4672	60300		60001		Aspiration and/or injection, thyroid cyst	\$ 304.43
4673	60500		60500		Parathyroidectomy or exploration of parathyroid(s);	\$ 3,088.80
4674	60502		60502		Parathyroidectomy or exploration of parathyroid(s); re-exploration	\$ 3,404.70
4675	60505		60505		Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	\$ 3,624.30
4676	60512		60512		Parathyroid autotransplantation (List separately in addition to code for primary procedure)	\$ 802.80
4677	60520		60520		Thymectomy, partial or total; transcervical approach (separate procedure)	\$ 3,260.70
4678	60521		60521		Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	\$ 3,193.20

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4679	60522		60522		Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	\$ 4,230.00
4680	60540		60540		Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	\$ 3,249.90
4681	60545		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	\$ 3,646.80
4682	60600		60600		Excision of carotid body tumor; without excision of carotid artery	\$ 3,170.70
4683	60605		60605		Excision of carotid body tumor; with excision of carotid artery	\$ 3,828.60
4684	60650		60650		Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	\$ 2,901.27
4685	60659		60659		Unlisted laparoscopy procedure, endocrine system	Cost
4686	60699		60699		Unlisted procedure, endocrine system	Cost
4687	61000		61000		Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	\$ 347.40
4688	61001		61001		Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	\$ 268.20
4689	61020		61020		Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	\$ 477.00
4690	61026		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	\$ 539.10
4691	61050		61050		Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	\$ 422.10
4692	61055		61055		Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)	\$ 605.70
4693	61070		61070		Puncture of shunt tubing or reservoir for aspiration or injection procedure	\$ 314.10
4694	61105		61105		Twist drill hole for subdural or ventricular puncture	\$ 1,647.90
4695	61107		61107		Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	\$ 2,286.90
4696	61108		61108		Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	\$ 3,141.90
4697	61120				Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	\$ 1,748.70
4698	61140				Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	\$ 3,785.40
4699	61150				Burr hole(s) or trephine; with drainage of brain abscess or cyst	\$ 3,656.70
4700	61151				Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	\$ 1,149.30
4701	61154		61154		Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	\$ 4,333.50
4702	61156		61156		Burr hole(s); with aspiration of hematoma or cyst, intracerebral	\$ 3,850.20
4703	61210				Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	\$ 2,266.20
4704	61215				Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	\$ 2,421.00
4705	61250				Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	\$ 2,483.10
4706	61253		61253		Burr hole(s) or trephine, infratentorial, unilateral or bilateral	\$ 3,609.90
4707	61304				Craniectomy or craniotomy, exploratory; supratentorial	\$ 5,562.00
4708	61305				Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	\$ 5,964.30
4709	61312		61312		Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	\$ 6,644.70

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4710	61313				Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	\$ 6,731.10
4711	61314				Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	\$ 6,798.60
4712	61315				Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	\$ 7,305.30
4713	61316		61316		Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	\$ 1,146.13
4714	61320				Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	\$ 6,000.30
4715	61321				Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	\$ 5,699.70
4716	61322				Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	\$ 5,756.79
4717	61323				Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	\$ 6,798.55
4718	61330				Decompression of orbit only, transcranial approach	\$ 4,500.90
4719	61332				Exploration of orbit (transcranial approach); with biopsy	\$ 5,355.00
4720	61333				Exploration of orbit (transcranial approach); with removal of lesion	\$ 5,422.50
4721	61334				Exploration of orbit (transcranial approach); with removal of foreign body	\$ 5,355.00
4722	61340				Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	\$ 4,254.30
4723	61343				Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	\$ 7,812.00
4724	61345		61345		Other cranial decompression, posterior fossa	\$ 3,861.00
4725	61440		61440		Craniotomy for section of tentorium cerebelli (separate procedure)	\$ 3,904.20
4726	61450		61450		Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	\$ 5,769.00
4727	61458		61458		Craniectomy, suboccipital; for exploration or decompression of cranial nerves	\$ 6,541.20
4728	61460		61460		Craniectomy, suboccipital; for section of 1 or more cranial nerves	\$ 6,573.60
4729	61470		61470		Craniectomy, suboccipital; for medullary tractotomy	\$ 5,194.80
4730	61480		61480		Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy	\$ 4,833.00
4731	61490		61490		Craniotomy for lobotomy, including cingulotomy	\$ 3,848.40
4732	61500		61500		Craniectomy; with excision of tumor or other bone lesion of skull	\$ 5,799.60
4733	61501		61501		Craniectomy; for osteomyelitis	\$ 5,518.80
4734	61510		61510		Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	\$ 7,210.80
4735	61512		61512		Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	\$ 7,498.80
4736	61514		61514		Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	\$ 6,441.30
4737	61516		61516		Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	\$ 6,448.50
4738	61517		61517		Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	\$ 317.57
4739	61518		61518		Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	\$ 7,177.50
4740	61519		61519		Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	\$ 7,713.00
4741	61520		61520		Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	\$ 8,054.10
4742	61521		61521		Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	\$ 8,868.60
4743	61522		61522		Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	\$ 6,534.00
4744	61524		61524		Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	\$ 6,491.70

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4745	61526		61526		Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	\$ 7,533.00
4746	61530		61530		Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	\$ 7,915.50
4747	61531		61531		Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	\$ 4,017.60
4748	61533		61533		Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	\$ 5,459.40
4749	61534		61534		Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	\$ 5,832.00
4750	61535		61535		Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	\$ 3,613.50
4751	61536		61536		Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	\$ 6,593.40
4752	61537		61537		Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	\$ 5,691.54
4753	61538		61538		Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	\$ 7,169.40
4754	61539		61539		Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	\$ 6,920.10
4755	61540		61540		Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	\$ 6,750.11
4756	61541		61541		Craniotomy with elevation of bone flap; for transection of corpus callosum	\$ 7,540.20
4757	61542		61542		Craniotomy with elevation of bone flap; for total hemispherectomy	\$ 7,416.00
4758	61543		61543		Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	\$ 6,798.60
4759	61544		61544		Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	\$ 5,931.00
4760	61545		61545		Craniotomy with elevation of bone flap; for excision of craniopharyngioma	\$ 9,750.60
4761	61546		61546		Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	\$ 7,222.50
4762	61548		61548		Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	\$ 6,168.60
4763	61550		61550		Craniectomy for craniosynostosis; single cranial suture	\$ 3,863.70
4764	61552		61552		Craniectomy for craniosynostosis; multiple cranial sutures	\$ 4,626.90
4765	61556		61556		Craniotomy for craniosynostosis; frontal or parietal bone flap	\$ 4,708.80
4766	61557		61557		Craniotomy for craniosynostosis; bifrontal bone flap	\$ 5,355.90
4767	61558		61558		Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	\$ 6,180.30
4768	61559		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)	\$ 7,004.70
4769	61563		61563		Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	\$ 5,598.00
4770	61564		61564		Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	\$ 7,004.70
4771	61566		61566		Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	\$ 6,648.74
4772	61567		61567		Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	\$ 7,585.18
4773	61570		61570		Craniectomy or craniotomy; with excision of foreign body from brain	\$ 6,655.50

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4774	61571		61571		Craniectomy or craniotomy; with treatment of penetrating wound of brain	\$ 7,112.70
4775	61575		61575		Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	\$ 5,925.60
4776	61576		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)	\$ 6,066.00
4777	61580		61580		Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	\$ 5,279.40
4778	61581		61581		Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	\$ 6,869.70
4779	61582		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	\$ 6,235.20
4780	61583		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	\$ 6,881.40
4781	61584		61584		Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	\$ 6,746.40
4782	61585		61585		Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	\$ 7,112.70
4783	61586		61586		Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	\$ 4,247.10
4784	61590		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	\$ 8,847.90
4785	61591		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	\$ 9,154.80
4786	61592		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	\$ 7,725.60
4787	61595		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	\$ 6,030.00
4788	61596		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	\$ 6,489.00
4789	61597		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	\$ 7,729.20
4790	61598		61598		Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	\$ 6,545.70
4791	61600		61600		Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	\$ 5,345.10
4792	61601		61601		Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	\$ 6,008.40
4793	61605		61605		Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	\$ 5,562.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4794	61606		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	\$ 7,875.00
4795	61607		61607		Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	\$ 7,877.70
4796	61608		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	\$ 8,641.80
4797	61609		61609		Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)	\$ 2,159.10
4798	61610		61610		Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	\$ 5,758.20
4799	61611		61611		Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	\$ 1,481.40
4800	61612		61612		Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	\$ 5,562.00
4801	61613		61613		Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	\$ 8,973.90
4802	61615		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	\$ 6,874.20
4803	61616				Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	\$ 8,987.40
4804	61618		61618		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)	\$ 3,795.30
4805	61619		61619		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 occi	\$ 6,327.00
4806	61623		61623		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 s	\$ 2,587.65
4807	61624		61624		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)	\$ 4,705.20
4808	61626		61626		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)	\$ 3,346.20
4809	61630		61630		Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	\$ 4,445.59
4810	61635		61635		Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	\$ 5,059.80
4811	61640		61640		Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	\$ 3,692.54
4812	61641		61641		Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)	\$ 1,825.26
4813	61642		61642		Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)	\$ 1,874.98

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4814	61680		61680		Surgery of intracranial arteriovenous malformation; supratentorial, simple	\$ 7,841.70
4815	61682		61682		Surgery of intracranial arteriovenous malformation; supratentorial, complex	\$ 9,553.50
4816	61684		61684		Surgery of intracranial arteriovenous malformation; infratentorial, simple	\$ 8,433.00
4817	61686		61686		Surgery of intracranial arteriovenous malformation; infratentorial, complex	\$ 10,935.90
4818	61690		61690		Surgery of intracranial arteriovenous malformation; dural, simple	\$ 7,769.70
4819	61692		61692		Surgery of intracranial arteriovenous malformation; dural, complex	\$ 8,279.10
4820	61697		61697		Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	\$ 8,145.00
4821	61698		61698		Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	\$ 7,839.00
4822	61700		61700		Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	\$ 8,034.30
4823	61702		61702		Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	\$ 7,725.60
4824	61703		61703		Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	\$ 3,445.20
4825	61705		61705		Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	\$ 8,181.00
4826	61708		61708		Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	\$ 6,218.10
4827	61710		61710		Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	\$ 5,119.20
4828	61711		61711		Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	\$ 6,508.80
4829	61720		61720		Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	\$ 4,897.80
4830	61735		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	\$ 5,054.40
4831	61750		61750		Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	\$ 5,047.20
4832	61751		61751		Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	\$ 5,544.00
4833	61760		61760		Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	\$ 5,960.70
4834	61770		61770		Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	\$ 5,312.70
4835	61790		61790		Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	\$ 4,118.40
4836	61791		61791		Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	\$ 3,960.90
4837	61796		61796		Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	\$ 4,260.08
4838	61797		61797		Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	\$ 1,148.15
4839	61798		61798		Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	\$ 4,339.38
4840	61799		61799		Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	\$ 1,612.19
4841	61800		61800		Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	\$ 806.16

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4842	61850		61850		Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	\$ 3,304.80
4843	61860		61860		Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	\$ 4,075.20
4844	61863		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 intraoperat	\$ 3,473.61
4845	61864		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 intraoperat	\$ 1,609.63
4846	61867		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	\$ 5,176.91
4847	61868		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	\$ 2,433.01
4848	61870		61870		Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	\$ 3,723.30
4849	61875		61875		Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical	\$ 3,501.90
4850	61880		61880		Revision or removal of intracranial neurostimulator electrodes	\$ 2,471.40
4851	61885		61885		Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	\$ 943.20
4852	61886		61886		Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	\$ 1,390.50
4853	61888		61888		Revision or removal of cranial neurostimulator pulse generator or receiver	\$ 1,009.80
4854	62000		62000		Elevation of depressed skull fracture; simple, extradural	\$ 3,420.00
4855	62005				Elevation of depressed skull fracture; compound or comminuted, extradural	\$ 4,185.00
4856	62010		62010		Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	\$ 5,310.00
4857	62100		62100		Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	\$ 5,804.10
4858	62115		62115		Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	\$ 2,946.76
4859	62116		62116		Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty	\$ 4,497.88
4860	62117		62117		Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	\$ 4,892.40
4861	62120		62120		Repair of encephalocele, skull vault, including cranioplasty	\$ 4,874.40
4862	62121		62121		Craniotomy for repair of encephalocele, skull base	\$ 4,878.00
4863	62140		62140		Cranioplasty for skull defect; up to 5 cm diameter	\$ 4,598.10
4864	62141		62141		Cranioplasty for skull defect; larger than 5 cm diameter	\$ 4,816.80
4865	62142		62142		Removal of bone flap or prosthetic plate of skull	\$ 3,197.70
4866	62143		62143		Replacement of bone flap or prosthetic plate of skull	\$ 3,862.80
4867	62145		62145		Cranioplasty for skull defect with reparative brain surgery	\$ 4,948.20
4868	62146		62146		Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	\$ 4,377.60
4869	62147		62147		Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	\$ 4,841.10
4870	62148		62148		Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	\$ 445.59
4871	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)	\$ 479.08

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4872	62161				Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	\$ 5,992.94
4873	62162				Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	\$ 6,085.95
4874	62163				Neuroendoscopy, intracranial; with retrieval of foreign body	\$ 6,926.90
4875	62164				Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	\$ 7,165.41
4876	62165				Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	\$ 6,442.36
4877	62180				Ventriculocisternostomy (Torkildsen type operation)	\$ 4,006.80
4878	62190				Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	\$ 3,469.50
4879	62192				Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	\$ 3,523.50
4880	62194				Replacement or irrigation, subarachnoid/subdural catheter	\$ 1,296.90
4881	62200				Ventriculocisternostomy, third ventricle;	\$ 4,726.80
4882	62201				Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	\$ 4,996.62
4883	62220				Creation of shunt; ventriculo-atrial, -jugular, -auricular	\$ 4,307.40
4884	62223				Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	\$ 4,331.70
4885	62225				Replacement or irrigation, ventricular catheter	\$ 1,852.20
4886	62230				Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	\$ 3,162.60
4887	62252		62252		Reprogramming of programmable cerebrospinal shunt	\$ 236.70
4888	62252-26	26	62252		Reprogramming of programmable cerebrospinal shunt	\$ 122.96
4889	62252-TC	TC	62252		Reprogramming of programmable cerebrospinal shunt	\$ 113.74
4890	62256				Removal of complete cerebrospinal fluid shunt system; without replacement	\$ 1,863.00
4891	62258				Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	\$ 4,531.50
4892	62263		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	\$ 1,090.80
4893	62264		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	\$ 1,042.86
4894	62267				Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	\$ 816.24
4895	62268				Percutaneous aspiration, spinal cord cyst or syrinx	\$ 1,906.20
4896	62269				Biopsy of spinal cord, percutaneous needle	\$ 1,579.50
4897	62270		62270		Spinal puncture, lumbar, diagnostic	\$ 215.10
4898	62272		62272		Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	\$ 283.50
4899	62273		62273		Injection, epidural, of blood or clot patch	\$ 512.10
4900	62280				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	\$ 483.30
4901	62281				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	\$ 566.10
4902	62282				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	\$ 636.30
4903	62284		62284		Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	\$ 522.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
4904	62287				Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with d	\$ 3,543.30
4905	62290		62290		Injection procedure for discography, each level; lumbar	\$ 551.70
4906	62291		62291		Injection procedure for discography, each level; cervical or thoracic	\$ 524.70
4907	62292		62292		Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	\$ 2,452.50
4908	62294		62294		Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	\$ 1,232.10
4909	62310		62310		Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,	\$ 875.70
4910	62311				Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,	\$ 933.30
4911	62318		62318		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includ	\$ 968.40
4912	62319		62319		Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includ	\$ 942.30
4913	62350		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	\$ 1,545.30
4914	62351		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	\$ 2,763.90
4915	62355		62355		Removal of previously implanted intrathecal or epidural catheter	\$ 1,368.00
4916	62360		62360		Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	\$ 566.10
4917	62361				Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	\$ 1,849.28
4918	62362		62362		Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	\$ 1,653.30
4919	62365		62365		Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	\$ 1,313.10
4920	62367		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 or refill	\$ 103.05
4921	62368		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	\$ 136.97
4922	63001		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	\$ 4,944.60
4923	63003		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	\$ 5,364.90

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4924	63005		63005		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; lumbar, except for spondylolisthesis	\$ 4,862.70
4925	63011		63011		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	\$ 4,583.70
4926	63012		63012		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)	\$ 4,892.40
4927	63015		63015		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	\$ 6,095.70
4928	63016		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; thoracic	\$ 5,768.10
4929	63017		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; lumbar	\$ 5,402.70
4930	63020		63020		Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	\$ 4,932.00
4931	63030		63030		Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	\$ 5,275.80
4932	63035		63035		Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primar	\$ 1,433.70
4933	63040		63040		Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	\$ 5,602.50
4934	63042		63042		Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	\$ 6,077.70
4935	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 addi	\$ 304.43
4936	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 interspace (List separately in additi	\$ -
4937	63045		63045		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	\$ 5,896.80
4938	63046		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	\$ 5,850.90
4939	63047		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	\$ 6,197.40

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4940	63048		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 lu	\$ 2,574.90
4941	63050				Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	\$ 5,247.21
4942	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-pl	\$ 5,950.77
4943	63055		63055		Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	\$ 6,694.20
4944	63056		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)	\$ 5,550.30
4945	63057		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)	\$ 1,699.20
4946	63064		63064		Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	\$ 5,833.80
4947	63066		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)	\$ 1,287.90
4948	63075		63075		Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace	\$ 5,081.40
4949	63076		63076		Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	\$ 1,952.10
4950	63077		63077		Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace	\$ 4,871.70
4951	63078		63078		Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	\$ 1,342.80
4952	63081		63081		Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	\$ 6,626.70
4953	63082		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)	\$ 1,591.20
4954	63085		63085		Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	\$ 7,022.70
4955	63086		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)	\$ 1,986.30
4956	63087		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	\$ 6,282.90
4957	63088		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	\$ 1,699.20

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4958	63090		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	\$ 6,551.10
4959	63091		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	\$ 1,787.40
4960	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	\$ 6,101.26
4961	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	\$ 6,074.85
4962	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 se	\$ 1,901.26
4963	63170		63170		Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	\$ 5,840.10
4964	63172		63172		Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	\$ 5,694.30
4965	63173		63173		Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	\$ 5,922.90
4966	63180		63180		Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	\$ 5,348.70
4967	63182		63182		Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	\$ 5,603.40
4968	63185		63185		Laminectomy with rhizotomy; 1 or 2 segments	\$ 4,599.00
4969	63190		63190		Laminectomy with rhizotomy; more than 2 segments	\$ 5,452.20
4970	63191		63191		Laminectomy with section of spinal accessory nerve	\$ 3,994.20
4971	63194		63194		Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	\$ 4,356.90
4972	63195		63195		Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	\$ 4,849.20
4973	63196		63196		Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	\$ 4,980.60
4974	63197		63197		Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	\$ 5,346.00
4975	63198		63198		Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	\$ 5,892.30
4976	63199		63199		Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	\$ 5,892.30
4977	63200		63200		Laminectomy, with release of tethered spinal cord, lumbar	\$ 4,874.40
4978	63250		63250		Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	\$ 6,437.70
4979	63251		63251		Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	\$ 6,669.90
4980	63252		63252		Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	\$ 7,471.80
4981	63265		63265		Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	\$ 5,824.80
4982	63266		63266		Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	\$ 6,412.50
4983	63267		63267		Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	\$ 5,632.20
4984	63268		63268		Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	\$ 4,805.10
4985	63270		63270		Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	\$ 5,739.30
4986	63271		63271		Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	\$ 5,804.10
4987	63272		63272		Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	\$ 5,796.00

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4988	63273		63273		Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	\$ 5,023.80
4989	63275		63275		Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	\$ 6,346.80
4990	63276		63276		Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	\$ 6,246.90
4991	63277		63277		Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	\$ 5,616.90
4992	63278		63278		Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	\$ 5,306.40
4993	63280		63280		Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	\$ 6,412.50
4994	63281		63281		Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	\$ 6,556.50
4995	63282		63282		Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	\$ 6,702.30
4996	63283		63283		Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	\$ 5,282.10
4997	63285		63285		Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	\$ 6,808.50
4998	63286		63286		Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	\$ 7,128.00
4999	63287		63287		Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	\$ 7,533.00
5000	63290		63290		Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	\$ 7,120.80
5001	63295				Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	\$ 876.68
5002	63300		63300		Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	\$ 6,033.60
5003	63301		63301		Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	\$ 6,150.60
5004	63302		63302		Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	\$ 6,551.10
5005	63303		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	\$ 6,489.00
5006	63304		63304		Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	\$ 6,502.50
5007	63305		63305		Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	\$ 6,653.70
5008	63306		63306		Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	\$ 6,643.80
5009	63307		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	\$ 7,065.90
5010	63308		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)	\$ 1,661.40
5011	63600		63600		Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	\$ 3,244.50
5012	63610		63610		Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	\$ 2,502.90
5013	63615		63615		Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	\$ 3,785.40
5014	63620		63620		Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	\$ 1,894.72

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5015	63621		63621		Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	\$ 590.80
5016	63650		63650		Percutaneous implantation of neurostimulator electrode array, epidural	\$ 3,397.50
5017	63655		63655		Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	\$ 4,462.20
5018	63661				Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$ 1,863.09
5019	63662				Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	\$ 3,176.79
5020	63663				Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	\$ 2,705.03
5021	63664				Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	\$ 3,472.26
5022	63685		63685		Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	\$ 2,304.90
5023	63688				Revision or removal of implanted spinal neurostimulator pulse generator or receiver	\$ 1,452.60
5024	63700		63700		Repair of meningocele; less than 5 cm diameter	\$ 3,715.20
5025	63702		63702		Repair of meningocele; larger than 5 cm diameter	\$ 3,716.10
5026	63704		63704		Repair of myelomeningocele; less than 5 cm diameter	\$ 4,053.60
5027	63706		63706		Repair of myelomeningocele; larger than 5 cm diameter	\$ 4,401.00
5028	63707		63707		Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	\$ 4,411.80
5029	63709		63709		Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	\$ 5,055.30
5030	63710		63710		Dural graft, spinal	\$ 4,424.40
5031	63740		63740		Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	\$ 4,424.40
5032	63741		63741		Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	\$ 2,841.30
5033	63744		63744		Replacement, irrigation or revision of lumbosubarachnoid shunt	\$ 2,214.90
5034	63746		63746		Removal of entire lumbosubarachnoid shunt system without replacement	\$ 1,661.40
5035	64400				Injection, anesthetic agent; trigeminal nerve, any division or branch	\$ 369.00
5036	64402		64402		Injection, anesthetic agent; facial nerve	\$ 243.90
5037	64405		64405		Injection, anesthetic agent; greater occipital nerve	\$ 242.10
5038	64408		64408		Injection, anesthetic agent; vagus nerve	\$ 284.40
5039	64410		64410		Injection, anesthetic agent; phrenic nerve	\$ 250.20
5040	64412		64412		Injection, anesthetic agent; spinal accessory nerve	\$ 242.10
5041	64413		64413		Injection, anesthetic agent; cervical plexus	\$ 299.70
5042	64415		64415		Injection, anesthetic agent; brachial plexus, single	\$ 268.20
5043	64416		64416		Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	\$ 305.64
5044	64417		64417		Injection, anesthetic agent; axillary nerve	\$ 250.20
5045	64418		64418		Injection, anesthetic agent; suprascapular nerve	\$ 274.07
5046	64420		64420		Injection, anesthetic agent; intercostal nerve, single	\$ 261.90
5047	64421		64421		Injection, anesthetic agent; intercostal nerves, multiple, regional block	\$ 486.90
5048	64425		64425		Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	\$ 257.40
5049	64430		64430		Injection, anesthetic agent; pudendal nerve	\$ 261.00
5050	64435		64435		Injection, anesthetic agent; paracervical (uterine) nerve	\$ 234.90
5051	64445		64445		Injection, anesthetic agent; sciatic nerve, single	\$ 326.70
5052	64446		64446		Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	\$ 305.97
5053	64447		64447		Injection, anesthetic agent; femoral nerve, single	\$ 228.81
5054	64448		64448		Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	\$ 275.13
5055	64449		64449		Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	\$ 306.30

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5056	64450		64450		Injection, anesthetic agent; other peripheral nerve or branch	\$ 185.40
5057	64455		64455		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	\$ 157.67
5058	64479		64479		Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	\$ 485.10
5059	64480		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)	\$ 436.50
5060	64483		64483		Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	\$ 398.11
5061	64484		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)	\$ 447.30
5062	64490		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	\$ 404.72
5063	64491		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 proced	\$ 287.25
5064	64492		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 co	\$ 287.36
5065	64493		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	\$ 398.98
5066	64494		64494		Injection(s), diagnostic or therapeutic agent, paravertebral 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)	\$ 227.39
5067	64495		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 f	\$ 227.49
5068	64505		64505		Injection, anesthetic agent; sphenopalatine ganglion	\$ 244.80
5069	64508		64508		Injection, anesthetic agent; carotid sinus (separate procedure)	\$ 262.80
5070	64510		64510		Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	\$ 295.20
5071	64517		64517		Injection, anesthetic agent; superior hypogastric plexus	\$ 385.18
5072	64520		64520		Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	\$ 490.41
5073	64530		64530		Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	\$ 540.90
5074	64550		64550		Application of surface (transcutaneous) neurostimulator	\$ 123.54
5075	64553		64553		Percutaneous implantation of neurostimulator electrode array; cranial nerve	\$ 360.90
5076	64555		64555		Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	\$ 309.60
5077	64561		64561		Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	\$ 1,611.28
5078	64565		64565		Percutaneous implantation of neurostimulator electrode array; neuromuscular	\$ 293.40
5079	64566		64566		Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	\$ 266.83

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5080	64568		64568		Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	\$ 1,127.59
5081	64569		64569		Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	\$ 1,130.12
5082	64570		64570		Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	\$ 999.18
5083	64575		64575		Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	\$ 963.90
5084	64580		64580		Incision for implantation of neurostimulator electrode array; neuromuscular	\$ 793.80
5085	64581		64581		Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	\$ 1,141.09
5086	64585		64585		Revision or removal of peripheral neurostimulator electrode array	\$ 678.60
5087	64590		64590		Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	\$ 738.90
5088	64595		64595		Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	\$ 530.10
5089	64600		64600		Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	\$ 540.90
5090	64605		64605		Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	\$ 669.60
5091	64610		64610		Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	\$ 1,837.80
5092	64612		64612		Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	\$ 377.10
5093	64616		64616		Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	\$ 202.21
5094	64617		64617		Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	\$ 353.99
5095	64620		64620		Destruction by neurolytic agent, intercostal nerve	\$ 417.60
5096	64630		64630		Destruction by neurolytic agent; pudendal nerve	\$ 391.50
5097	64632		64632		Destruction by neurolytic agent; plantar common digital nerve	\$ 278.02
5098	64633		64633		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	\$ 1,004.45
5099	64634		64634		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	\$ 457.76
5100	64635		64635		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$ 986.15
5101	64636		64636		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	\$ 412.31
5102	64640		64640		Destruction by neurolytic agent; other peripheral nerve or branch	\$ 394.20
5103	64642		64642		Chemodenervation of one extremity; 1-4 muscle(s)	\$ 353.99
5104	64643		64643		Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	\$ 73.55
5105	64644		64644		Chemodenervation of one extremity; 5 or more muscle(s)	\$ 353.99
5106	64645		64645		Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	\$ 84.31
5107	64646		64646		Chemodenervation of trunk muscle(s); 1-5 muscle(s)	\$ 353.99
5108	64647		64647		Chemodenervation of trunk muscle(s); 6 or more muscle(s)	\$ 353.99
5109	64650		64650		Chemodenervation of eccrine glands; both axillae	\$ 106.28
5110	64653		64653		Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	\$ 139.04

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5111	64680		64680		Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	\$ 685.80
5112	64681		64681		Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	\$ 734.56
5113	64702		64702		Neuroplasty; digital, 1 or both, same digit	\$ 1,325.70
5114	64704		64704		Neuroplasty; nerve of hand or foot	\$ 1,467.90
5115	64708		64708		Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	\$ 1,944.90
5116	64712		64712		Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	\$ 2,121.30
5117	64713		64713		Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	\$ 2,725.20
5118	64714		64714		Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	\$ 2,422.80
5119	64716		64716		Neuroplasty and/or transposition; cranial nerve (specify)	\$ 2,464.20
5120	64718		64718		Neuroplasty and/or transposition; ulnar nerve at elbow	\$ 2,523.60
5121	64719		64719		Neuroplasty and/or transposition; ulnar nerve at wrist	\$ 1,989.90
5122	64721		64721		Neuroplasty and/or transposition; median nerve at carpal tunnel	\$ 1,854.00
5123	64722		64722		Decompression; unspecified nerve(s) (specify)	\$ 2,050.20
5124	64726		64726		Decompression; plantar digital nerve	\$ 751.50
5125	64727		64727		Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	\$ 2,111.40
5126	64732		64732		Transection or avulsion of; supraorbital nerve	\$ 1,287.90
5127	64734		64734		Transection or avulsion of; infraorbital nerve	\$ 1,476.00
5128	64736		64736		Transection or avulsion of; mental nerve	\$ 1,255.50
5129	64738		64738		Transection or avulsion of; inferior alveolar nerve by osteotomy	\$ 1,447.20
5130	64740		64740		Transection or avulsion of; lingual nerve	\$ 1,586.70
5131	64742		64742		Transection or avulsion of; facial nerve, differential or complete	\$ 1,668.60
5132	64744		64744		Transection or avulsion of; greater occipital nerve	\$ 1,597.50
5133	64746		64746		Transection or avulsion of; phrenic nerve	\$ 803.70
5134	64752		64752		Transection or avulsion of; vagus nerve (vagotomy), transthoracic	\$ 2,326.50
5135	64755		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)	\$ 3,316.50
5136	64760		64760		Transection or avulsion of; vagus nerve (vagotomy), abdominal	\$ 1,964.70
5137	64761		64761		Transection or avulsion of; pudendal nerve	\$ 855.00
5138	64763		64763		Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	\$ 1,021.50
5139	64766		64766		Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	\$ 1,606.50
5140	64771		64771		Transection or avulsion of other cranial nerve, extradural	\$ 1,647.90
5141	64772		64772		Transection or avulsion of other spinal nerve, extradural	\$ 2,052.90
5142	64774		64774		Excision of neuroma; cutaneous nerve, surgically identifiable	\$ 922.50
5143	64776		64776		Excision of neuroma; digital nerve, 1 or both, same digit	\$ 1,074.60
5144	64778		64778		Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	\$ 461.70
5145	64782		64782		Excision of neuroma; hand or foot, except digital nerve	\$ 1,261.80
5146	64783		64783		Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	\$ 669.60
5147	64784		64784		Excision of neuroma; major peripheral nerve, except sciatic	\$ 1,841.40
5148	64786		64786		Excision of neuroma; sciatic nerve	\$ 2,403.00
5149	64787		64787		Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	\$ 1,390.50
5150	64788		64788		Excision of neurofibroma or neurolemmoma; cutaneous nerve	\$ 1,159.20
5151	64790		64790		Excision of neurofibroma or neurolemmoma; major peripheral nerve	\$ 2,151.90
5152	64792		64792		Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	\$ 2,224.80
5153	64795		64795		Biopsy of nerve	\$ 914.40
5154	64802		64802		Sympathectomy, cervical	\$ 2,657.70

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5155	64804		64804		Sympathectomy, cervicothoracic	\$ 3,587.40
5156	64809		64809		Sympathectomy, thoracolumbar	\$ 2,945.70
5157	64818		64818		Sympathectomy, lumbar	\$ 2,699.10
5158	64820		64820		Sympathectomy; digital arteries, each digit	\$ 1,219.55
5159	64821		64821		Sympathectomy; radial artery	\$ 1,203.16
5160	64822		64822		Sympathectomy; ulnar artery	\$ 1,201.92
5161	64823		64823		Sympathectomy; superficial palmar arch	\$ 1,223.47
5162	64831		64831		Suture of digital nerve, hand or foot; 1 nerve	\$ 1,704.60
5163	64832		64832		Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	\$ 927.90
5164	64834		64834		Suture of 1 nerve; hand or foot, common sensory nerve	\$ 1,899.00
5165	64835		64835		Suture of 1 nerve; median motor thenar	\$ 1,967.40
5166	64836		64836		Suture of 1 nerve; ulnar motor	\$ 2,360.70
5167	64837		64837		Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	\$ 1,134.90
5168	64840		64840		Suture of posterior tibial nerve	\$ 2,778.30
5169	64856		64856		Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	\$ 2,831.40
5170	64857		64857		Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	\$ 2,518.20
5171	64858		64858		Suture of sciatic nerve	\$ 2,503.80
5172	64859		64859		Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	\$ 1,147.50
5173	64861		64861		Suture of; brachial plexus	\$ 2,703.60
5174	64862		64862		Suture of; lumbar plexus	\$ 3,292.20
5175	64864		64864		Suture of facial nerve; extracranial	\$ 2,355.30
5176	64865		64865		Suture of facial nerve; infratemporal, with or without grafting	\$ 3,441.60
5177	64866		64866		Anastomosis; facial-spinal accessory	\$ 3,690.90
5178	64868		64868		Anastomosis; facial-hypoglossal	\$ 4,108.50
5179	64870		64870		Anastomosis; facial-phrenic	\$ 3,644.10
5180	64872		64872		Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)	\$ 1,768.50
5181	64874		64874		Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	\$ 2,524.50
5182	64876		64876		Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	\$ 441.19
5183	64885				Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	\$ 3,759.30
5184	64886				Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	\$ 3,234.60
5185	64890				Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	\$ 3,495.60
5186	64891				Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	\$ 2,845.80
5187	64892				Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	\$ 2,796.30
5188	64893				Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	\$ 3,074.40
5189	64895				Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	\$ 3,388.50
5190	64896				Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	\$ 3,841.20
5191	64897				Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	\$ 3,540.60
5192	64898				Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	\$ 3,940.20
5193	64901				Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	\$ 2,362.50
5194	64902		64902		Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	\$ 2,455.20
5195	64905				Nerve pedicle transfer; first stage	\$ 2,021.40
5196	64907				Nerve pedicle transfer; second stage	\$ 2,226.60
5197	64910				Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	\$ 1,599.15
5198	64911				Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	\$ 1,901.18
5199	64999		64999		Unlisted procedure, nervous system	\$ 468.58

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5200	65091		65091		Evisceration of ocular contents; without implant	\$ 1,363.50
5201	65093		65093		Evisceration of ocular contents; with implant	\$ 1,705.50
5202	65101		65101		Enucleation of eye; without implant	\$ 2,083.44
5203	65103		65103		Enucleation of eye; with implant, muscles not attached to implant	\$ 1,895.40
5204	65105		65105		Enucleation of eye; with implant, muscles attached to implant	\$ 2,379.60
5205	65110		65110		Exenteration of orbit (does not include skin graft), removal of orbital contents; only	\$ 3,046.50
5206	65112		65112		Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	\$ 3,127.50
5207	65114		65114		Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	\$ 3,379.50
5208	65125		65125		Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	\$ 772.20
5209	65130		65130		Insertion of ocular implant secondary; after evisceration, in scleral shell	\$ 1,467.90
5210	65135		65135		Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	\$ 1,566.00
5211	65140		65140		Insertion of ocular implant secondary; after enucleation, muscles attached to implant	\$ 2,068.20
5212	65150		65150		Reinsertion of ocular implant; with or without conjunctival graft	\$ 1,441.80
5213	65155		65155		Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	\$ 1,653.30
5214	65175		65175		Removal of ocular implant	\$ 1,166.40
5215	65205		65205		Removal of foreign body, external eye; conjunctival superficial	\$ 116.74
5216	65210		65210		Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	\$ 131.60
5217	65220		65220		Removal of foreign body, external eye; corneal, without slit lamp	\$ 112.50
5218	65222		65222		Removal of foreign body, external eye; corneal, with slit lamp	\$ 163.91
5219	65235		65235		Removal of foreign body, intraocular; from anterior chamber of eye or lens	\$ 1,715.40
5220	65260		65260		Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	\$ 1,864.80
5221	65265		65265		Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	\$ 2,199.60
5222	65270		65270		Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	\$ 275.02
5223	65272		65272		Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	\$ 494.10
5224	65273		65273		Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	\$ 726.30
5225	65275		65275		Repair of laceration; cornea, nonperforating, with or without removal foreign body	\$ 821.70
5226	65280		65280		Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	\$ 2,082.60
5227	65285		65285		Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	\$ 3,026.69
5228	65286		65286		Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	\$ 927.00
5229	65290		65290		Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	\$ 1,153.80
5230	65400		65400		Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	\$ 1,133.10
5231	65410		65410		Biopsy of cornea	\$ 466.20
5232	65420		65420		Excision or transposition of pterygium; without graft	\$ 944.78
5233	65426		65426		Excision or transposition of pterygium; with graft	\$ 1,369.33
5234	65430		65430		Scraping of cornea, diagnostic, for smear and/or culture	\$ 122.40
5235	65435		65435		Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	\$ 157.50
5236	65436		65436		Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	\$ 463.50
5237	65450		65450		Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	\$ 483.30

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5238	65600		65600		Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	\$ 817.20
5239	65710		65710		Keratoplasty (corneal transplant); anterior lamellar	\$ 3,068.10
5240	65730		65730		Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	\$ 3,759.30
5241	65750		65750		Keratoplasty (corneal transplant); penetrating (in aphakia)	\$ 3,811.50
5242	65755		65755		Keratoplasty (corneal transplant); penetrating (in pseudophakia)	\$ 3,698.10
5243	65756		65756		Keratoplasty (corneal transplant); endothelial	\$ 2,478.45
5244	65757		65757		Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	\$ -
5245	65760		65760		Keratomileusis	\$ 3,709.80
5246	65765		65765		Keratophakia	\$ 3,844.80
5247	65767		65767		Epikeratoplasty	\$ 3,079.80
5248	65770		65770		Keratoprosthesis	\$ 3,605.40
5249	65771		65771		Radial keratotomy	\$ 1,617.30
5250	65772		65772		Corneal relaxing incision for correction of surgically induced astigmatism	\$ 1,199.70
5251	65775		65775		Corneal wedge resection for correction of surgically induced astigmatism	\$ 1,380.60
5252	65780		65780		Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	\$ 1,555.66
5253	65781		65781		Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	\$ 2,458.31
5254	65782		65782		Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	\$ 1,989.88
5255	65800		65800		Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	\$ 360.90
5256	65810		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	\$ 1,247.40
5257	65815		65815		Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	\$ 1,110.60
5258	65820		65820		Goniotomy	\$ 1,758.60
5259	65850		65850		Trabeculotomy ab externo	\$ 2,154.60
5260	65855		65855		Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)	\$ 1,647.90
5261	65860		65860		Severing adhesions of anterior segment, laser technique (separate procedure)	\$ 1,277.10
5262	65865		65865		Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	\$ 1,256.40
5263	65870		65870		Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	\$ 1,376.10
5264	65875		65875		Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	\$ 1,417.50
5265	65880		65880		Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	\$ 1,403.10
5266	65900		65900		Removal of epithelial downgrowth, anterior chamber of eye	\$ 1,668.60
5267	65920		65920		Removal of implanted material, anterior segment of eye	\$ 1,873.17
5268	65930		65930		Removal of blood clot, anterior segment of eye	\$ 1,298.70
5269	66020		66020		Injection, anterior chamber of eye (separate procedure); air or liquid	\$ 360.90
5270	66030		66030		Injection, anterior chamber of eye (separate procedure); medication	\$ 232.20
5271	66130		66130		Excision of lesion, sclera	\$ 1,153.80
5272	66150		66150		Fistulization of sclera for glaucoma; trephination with iridectomy	\$ 1,913.40
5273	66155		66155		Fistulization of sclera for glaucoma; thermocauterization with iridectomy	\$ 1,854.00
5274	66160		66160		Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	\$ 1,874.70

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5275	66165		66165		Fistulization of sclera for glaucoma; iridencleisis or iridotasis	\$ 1,788.30
5276	66170		66170		Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	\$ 2,064.60
5277	66172		66172		Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	\$ 2,304.00
5278	66180		66180		Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)	\$ 2,621.70
5279	66185		66185		Revision of aqueous shunt to extraocular reservoir	\$ 1,754.10
5280	66220		66220		Repair of scleral staphyloma; without graft	\$ 2,317.50
5281	66225		66225		Repair of scleral staphyloma; with graft	\$ 3,115.80
5282	66250		66250		Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	\$ 1,555.20
5283	66500		66500		Iridotomy by stab incision (separate procedure); except transfixion	\$ 891.00
5284	66505		66505		Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	\$ 844.20
5285	66600		66600		Iridectomy, with corneoscleral or corneal section; for removal of lesion	\$ 1,434.60
5286	66605		66605		Iridectomy, with corneoscleral or corneal section; with cyclectomy	\$ 2,086.20
5287	66625		66625		Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	\$ 1,401.30
5288	66630		66630		Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	\$ 1,356.30
5289	66635		66635		Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	\$ 1,356.30
5290	66680		66680		Repair of iris, ciliary body (as for iridodialysis)	\$ 1,522.80
5291	66682		66682		Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	\$ 1,645.20
5292	66700		66700		Ciliary body destruction; diathermy	\$ 1,231.20
5293	66710		66710		Ciliary body destruction; cyclophotocoagulation, transscleral	\$ 1,313.10
5294	66711		66711		Ciliary body destruction; cyclophotocoagulation, endoscopic	\$ 1,283.69
5295	66720		66720		Ciliary body destruction; cryotherapy	\$ 1,313.10
5296	66740		66740		Ciliary body destruction; cyclodialysis	\$ 1,275.30
5297	66761		66761		Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	\$ 1,380.60
5298	66762		66762		Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	\$ 1,241.10
5299	66770		66770		Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	\$ 1,347.30
5300	66820		66820		Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	\$ 1,007.10
5301	66821		66821		Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	\$ 1,117.54
5302	66825		66825		Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	\$ 1,701.90
5303	66830		66830		Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	\$ 1,787.40
5304	66840		66840		Removal of lens material; aspiration technique, 1 or more stages	\$ 2,086.20
5305	66850		66850		Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	\$ 2,266.20
5306	66852		66852		Removal of lens material; pars plana approach, with or without vitrectomy	\$ 2,191.50
5307	66920		66920		Removal of lens material; intracapsular	\$ 2,442.60
5308	66930		66930		Removal of lens material; intracapsular, for dislocated lens	\$ 2,337.30
5309	66940		66940		Removal of lens material; extracapsular (other than 66840, 66850, 66852)	\$ 2,358.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5310	66982		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 techniques not generally used in routine	\$ 2,692.80
5311	66983		66983		Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	\$ 2,913.30
5312	66984		66984		Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	\$ 2,961.00
5313	66985		66985		Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	\$ 2,276.10
5314	66986		66986		Exchange of intraocular lens	\$ 2,513.70
5315	66990		66990		Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	\$ 208.58
5316	66999		66999		Unlisted procedure, anterior segment of eye	Cost
5317	67005		67005		Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	\$ 2,368.80
5318	67010		67010		Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	\$ 3,078.00
5319	67015		67015		Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	\$ 1,328.40
5320	67025		67025		Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	\$ 1,447.20
5321	67027		67027		Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	\$ 2,884.50
5322	67028		67028		Intravitreal injection of a pharmacologic agent (separate procedure)	\$ 677.70
5323	67030		67030		Discission of vitreous strands (without removal), pars plana approach	\$ 1,555.20
5324	67031		67031		Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	\$ 1,725.30
5325	67036		67036		Vitrectomy, mechanical, pars plana approach;	\$ 3,816.00
5326	67039		67039		Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	\$ 4,336.20
5327	67040		67040		Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	\$ 4,686.30
5328	67041		67041		Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	\$ 3,643.85
5329	67042		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)	\$ 4,430.03
5330	67043		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	\$ 4,581.88
5331	67101		67101		Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid	\$ 2,293.20
5332	67105		67105		Repair of retinal detachment, 1 or more sessions; photocoagulation, with or without drainage of subretinal fluid	\$ 2,421.00
5333	67107		67107		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	\$ 3,351.60
5334	67108		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	\$ 4,954.50
5335	67110		67110		Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	\$ 2,899.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5336	67112		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	\$ 3,100.50
5337	67113		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	\$ 4,729.72
5338	67115		67115		Release of encircling material (posterior segment)	\$ 1,184.40
5339	67120		67120		Removal of implanted material, posterior segment; extraocular	\$ 1,269.90
5340	67121		67121		Removal of implanted material, posterior segment; intraocular	\$ 1,663.20
5341	67141		67141		Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy	\$ 1,359.90
5342	67145		67145		Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	\$ 1,518.03
5343	67208		67208		Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	\$ 1,661.40
5344	67210		67210		Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	\$ 1,524.43
5345	67218		67218		Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	\$ 2,276.10
5346	67220		67220		Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	\$ 1,760.40
5347	67221		67221		Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	\$ 1,009.80
5348	67225		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)	\$ 424.48
5349	67227		67227		Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), 1 or more sessions, cryotherapy, diathermy	\$ 1,713.60
5350	67228		67228		Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation	\$ 1,702.39
5351	67229		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	\$ 1,631.69
5352	67250		67250		Scleral reinforcement (separate procedure); without graft	\$ 1,955.70
5353	67255		67255		Scleral reinforcement (separate procedure); with graft	\$ 2,400.30
5354	67299		67299		Unlisted procedure, posterior segment	Cost
5355	67311		67311		Strabismus surgery, recession or resection procedure; 1 horizontal muscle	\$ 1,532.70
5356	67312		67312		Strabismus surgery, recession or resection procedure; 2 horizontal muscles	\$ 2,008.80
5357	67314		67314		Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	\$ 1,854.00
5358	67316		67316		Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	\$ 2,276.10
5359	67318		67318		Strabismus surgery, any procedure, superior oblique muscle	\$ 2,106.90
5360	67320		67320		Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	\$ 2,286.90
5361	67331		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)	\$ 1,467.90

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5362	67332		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)	\$ 2,152.80
5363	67334		67334		Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	\$ 1,441.80
5364	67335		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)	\$ 720.90
5365	67340		67340		Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	\$ 1,802.70
5366	67343		67343		Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	\$ 1,390.50
5367	67345		67345		Chemodeneration of extraocular muscle	\$ 539.10
5368	67346		67346		Biopsy of extraocular muscle	\$ 544.18
5369	67399		67399		Unlisted procedure, ocular muscle	Cost
5370	67400		67400		Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	\$ 2,160.00
5371	67405		67405		Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	\$ 1,980.90
5372	67412		67412		Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	\$ 2,352.60
5373	67413		67413		Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	\$ 2,716.20
5374	67414		67414		Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	\$ 2,228.40
5375	67415		67415		Fine needle aspiration of orbital contents	\$ 437.40
5376	67420		67420		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	\$ 3,352.50
5377	67430		67430		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	\$ 2,887.20
5378	67440		67440		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	\$ 3,031.20
5379	67445		67445		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	\$ 2,722.50
5380	67450		67450		Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	\$ 2,966.40
5381	67500		67500		Retrobulbar injection; medication (separate procedure, does not include supply of medication)	\$ 175.50
5382	67505		67505		Retrobulbar injection; alcohol	\$ 280.80
5383	67515		67515		Injection of medication or other substance into Tenon's capsule	\$ 139.50
5384	67550		67550		Orbital implant (implant outside muscle cone); insertion	\$ 1,802.70
5385	67560		67560		Orbital implant (implant outside muscle cone); removal or revision	\$ 1,784.70
5386	67570		67570		Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	\$ 2,440.80
5387	67599		67599		Unlisted procedure, orbit	Cost
5388	67700		67700		Blepharotomy, drainage of abscess, eyelid	\$ 184.47
5389	67710		67710		Severing of tarsorrhaphy	\$ 311.40
5390	67715		67715		Canthotomy (separate procedure)	\$ 366.30
5391	67800		67800		Excision of chalazion; single	\$ 218.88
5392	67801		67801		Excision of chalazion; multiple, same lid	\$ 304.59
5393	67805		67805		Excision of chalazion; multiple, different lids	\$ 356.44
5394	67808		67808		Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	\$ 565.20
5395	67810		67810		Incisional biopsy of eyelid skin including lid margin	\$ 250.20
5396	67820		67820		Correction of trichiasis; epilation, by forceps only	\$ 94.99
5397	67825		67825		Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	\$ 178.20
5398	67830		67830		Correction of trichiasis; incision of lid margin	\$ 503.10
5399	67835		67835		Correction of trichiasis; incision of lid margin, with free mucous membrane graft	\$ 1,691.10
5400	67840		67840		Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	\$ 353.47
5401	67850		67850		Destruction of lesion of lid margin (up to 1 cm)	\$ 252.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5402	67875		67875		Temporary closure of eyelids by suture (eg, Frost suture)	\$ 442.80
5403	67880		67880		Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	\$ 864.00
5404	67882		67882		Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	\$ 1,364.40
5405	67900		67900		Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	\$ 1,399.50
5406	67901		67901		Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	\$ 2,169.00
5407	67902		67902		Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	\$ 2,372.40
5408	67903		67903		Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	\$ 2,374.20
5409	67904		67904		Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	\$ 2,879.10
5410	67906		67906		Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	\$ 2,122.20
5411	67908		67908		Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	\$ 1,909.80
5412	67909		67909		Reduction of overcorrection of ptosis	\$ 1,689.30
5413	67911		67911		Correction of lid retraction	\$ 2,162.70
5414	67912		67912		Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	\$ 2,145.90
5415	67914		67914		Repair of ectropion; suture	\$ 977.40
5416	67915		67915		Repair of ectropion; thermocauterization	\$ 483.30
5417	67916		67916		Repair of ectropion; excision tarsal wedge	\$ 1,341.90
5418	67917		67917		Repair of ectropion; extensive (eg, tarsal strip operations)	\$ 1,854.00
5419	67921		67921		Repair of entropion; suture	\$ 769.50
5420	67922		67922		Repair of entropion; thermocauterization	\$ 378.90
5421	67923		67923		Repair of entropion; excision tarsal wedge	\$ 1,467.90
5422	67924		67924		Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	\$ 1,857.60
5423	67930		67930		Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	\$ 949.50
5424	67935		67935		Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	\$ 1,545.30
5425	67938		67938		Removal of embedded foreign body, eyelid	\$ 222.30
5426	67950		67950		Canthoplasty (reconstruction of canthus)	\$ 1,822.50
5427	67961		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	\$ 2,062.80
5428	67966		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	\$ 2,368.80
5429	67971		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	\$ 2,272.50
5430	67973		67973		Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	\$ 3,181.50
5431	67974		67974		Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	\$ 3,420.90
5432	67975		67975		Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	\$ 1,535.40
5433	67999		67999		Unlisted procedure, eyelids	Cost
5434	68020		68020		Incision of conjunctiva, drainage of cyst	\$ 166.30
5435	68040		68040		Expression of conjunctival follicles (eg, for trachoma)	\$ 128.70
5436	68100		68100		Biopsy of conjunctiva	\$ 187.20
5437	68110		68110		Excision of lesion, conjunctiva; up to 1 cm	\$ 365.72
5438	68115		68115		Excision of lesion, conjunctiva; over 1 cm	\$ 454.50
5439	68130		68130		Excision of lesion, conjunctiva; with adjacent sclera	\$ 813.60
5440	68135		68135		Destruction of lesion, conjunctiva	\$ 247.50
5441	68200		68200		Subconjunctival injection	\$ 178.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5442	68320		68320		Conjunctivoplasty; with conjunctival graft or extensive rearrangement	\$ 1,654.20
5443	68325		68325		Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	\$ 2,090.70
5444	68326		68326		Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	\$ 2,130.30
5445	68328		68328		Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	\$ 2,104.20
5446	68330		68330		Repair of symblepharon; conjunctivoplasty, without graft	\$ 1,292.40
5447	68335		68335		Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	\$ 1,466.10
5448	68340		68340		Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	\$ 1,123.20
5449	68360		68360		Conjunctival flap; bridge or partial (separate procedure)	\$ 978.30
5450	68362		68362		Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	\$ 1,544.40
5451	68371		68371		Harvesting conjunctival allograft, living donor	\$ 817.41
5452	68399		68399		Unlisted procedure, conjunctiva	Cost
5453	68400		68400		Incision, drainage of lacrimal gland	\$ 301.50
5454	68420		68420		Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	\$ 362.70
5455	68440		68440		Snip incision of lacrimal punctum	\$ 276.30
5456	68500		68500		Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	\$ 1,859.40
5457	68505		68505		Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	\$ 1,574.10
5458	68510		68510		Biopsy of lacrimal gland	\$ 674.10
5459	68520		68520		Excision of lacrimal sac (dacryocystectomy)	\$ 1,632.60
5460	68525		68525		Biopsy of lacrimal sac	\$ 518.40
5461	68530		68530		Removal of foreign body or dacryolith, lacrimal passages	\$ 947.70
5462	68540		68540		Excision of lacrimal gland tumor; frontal approach	\$ 2,062.80
5463	68550		68550		Excision of lacrimal gland tumor; involving osteotomy	\$ 2,482.20
5464	68700		68700		Plastic repair of canaliculi	\$ 1,694.70
5465	68705		68705		Correction of everted punctum, cautery	\$ 265.50
5466	68720		68720		Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	\$ 2,123.10
5467	68745		68745		Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	\$ 2,060.10
5468	68750		68750		Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	\$ 2,332.80
5469	68760		68760		Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	\$ 283.50
5470	68761		68761		Closure of the lacrimal punctum; by plug, each	\$ 256.50
5471	68770		68770		Closure of lacrimal fistula (separate procedure)	\$ 925.20
5472	68801		68801		Dilation of lacrimal punctum, with or without irrigation	\$ 136.80
5473	68810		68810		Probing of nasolacrimal duct, with or without irrigation;	\$ 195.30
5474	68811		68811		Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	\$ 422.10
5475	68815		68815		Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	\$ 532.80
5476	68816		68816		Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	\$ 1,322.33
5477	68840		68840		Probing of lacrimal canaliculi, with or without irrigation	\$ 178.20
5478	68850		68850		Injection of contrast medium for dacryocystography	\$ 170.10
5479	68899		68899		Unlisted procedure, lacrimal system	Cost
5480	69000		69000		Drainage external ear, abscess or hematoma; simple	\$ 190.80
5481	69005		69005		Drainage external ear, abscess or hematoma; complicated	\$ 526.50
5482	69020		69020		Drainage external auditory canal, abscess	\$ 200.70
5483	69090		69090		Ear piercing	\$ 105.30
5484	69100		69100		Biopsy external ear	\$ 164.70
5485	69105		69105		Biopsy external auditory canal	\$ 234.90
5486	69110		69110		Excision external ear; partial, simple repair	\$ 848.70
5487	69120		69120		Excision external ear; complete amputation	\$ 1,729.80
5488	69140		69140		Excision exostosis(es), external auditory canal	\$ 1,996.20
5489	69145		69145		Excision soft tissue lesion, external auditory canal	\$ 643.50
5490	69150		69150		Radical excision external auditory canal lesion; without neck dissection	\$ 2,611.80
5491	69155		69155		Radical excision external auditory canal lesion; with neck dissection	\$ 4,492.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5492	69200		69200		Removal foreign body from external auditory canal; without general anesthesia	\$ 128.70
5493	69205		69205		Removal foreign body from external auditory canal; with general anesthesia	\$ 525.89
5494	69210		69210		Removal impacted cerumen requiring instrumentation, unilateral	\$ 64.34
5495	69220		69220		Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	\$ 104.73
5496	69222		69222		Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	\$ 315.90
5497	69300		69300		Otoplasty, protruding ear, with or without size reduction	\$ 2,126.70
5498	69310		69310		Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	\$ 3,252.60
5499	69320		69320		Reconstruction external auditory canal for congenital atresia, single stage	\$ 3,473.10
5500	69399		69399		Unlisted procedure, external ear	Cost
5501	69400		69400		Eustachian tube inflation, transnasal; with catheterization	\$ 144.90
5502	69401		69401		Eustachian tube inflation, transnasal; without catheterization	\$ 108.90
5503	69405		69405		Eustachian tube catheterization, transtympanic	\$ 154.80
5504	69420		69420		Myringotomy including aspiration and/or eustachian tube inflation	\$ 268.20
5505	69421		69421		Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	\$ 380.70
5506	69424		69424		Ventilating tube removal requiring general anesthesia	\$ 226.80
5507	69433		69433		Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	\$ 426.42
5508	69436		69436		Tympanostomy (requiring insertion of ventilating tube), general anesthesia	\$ 621.90
5509	69440		69440		Middle ear exploration through postauricular or ear canal incision	\$ 2,028.60
5510	69450		69450		Tympanolysis, transcanal	\$ 2,083.50
5511	69501		69501		Transmastoid antrotomy (simple mastoidectomy)	\$ 2,442.60
5512	69502		69502		Mastoidectomy; complete	\$ 3,323.70
5513	69505		69505		Mastoidectomy; modified radical	\$ 3,462.30
5514	69511		69511		Mastoidectomy; radical	\$ 3,429.00
5515	69530		69530		Petrous apicectomy including radical mastoidectomy	\$ 4,139.10
5516	69535		69535		Resection temporal bone, external approach	\$ 6,341.40
5517	69540		69540		Excision aural polyp	\$ 322.20
5518	69550		69550		Excision aural glomus tumor; transcanal	\$ 3,636.90
5519	69552		69552		Excision aural glomus tumor; transmastoid	\$ 4,195.80
5520	69554		69554		Excision aural glomus tumor; extended (extratemporal)	\$ 5,842.80
5521	69601		69601		Revision mastoidectomy; resulting in complete mastoidectomy	\$ 3,073.50
5522	69602		69602		Revision mastoidectomy; resulting in modified radical mastoidectomy	\$ 3,607.20
5523	69603		69603		Revision mastoidectomy; resulting in radical mastoidectomy	\$ 3,481.20
5524	69604		69604		Revision mastoidectomy; resulting in tympanoplasty	\$ 3,876.30
5525	69605		69605		Revision mastoidectomy; with apicectomy	\$ 3,746.70
5526	69610		69610		Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	\$ 432.90
5527	69620		69620		Myringoplasty (surgery confined to drumhead and donor area)	\$ 2,461.50
5528	69631		69631		Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	\$ 3,134.70
5529	69632		69632		Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	\$ 3,681.00
5530	69633		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 repl	\$ 3,594.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5531	69635		69635		Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	\$ 3,904.20
5532	69636		69636		Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	\$ 4,133.70
5533	69637		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	\$ 4,131.90
5534	69641		69641		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	\$ 3,818.70
5535	69642		69642		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	\$ 4,161.60
5536	69643		69643		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	\$ 4,333.50
5537	69644		69644		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	\$ 4,814.10
5538	69645		69645		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	\$ 4,619.70
5539	69646		69646		Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	\$ 5,045.40
5540	69650		69650		Stapes mobilization	\$ 2,429.10
5541	69660		69660		Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	\$ 3,344.40
5542	69661		69661		Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	\$ 3,737.70
5543	69662		69662		Revision of stapedectomy or stapedotomy	\$ 4,239.90
5544	69666		69666		Repair oval window fistula	\$ 3,217.50
5545	69667		69667		Repair round window fistula	\$ 3,156.30
5546	69670		69670		Mastoid obliteration (separate procedure)	\$ 3,295.80
5547	69676		69676		Tympanic neurectomy	\$ 2,268.90
5548	69700		69700		Closure postauricular fistula, mastoid (separate procedure)	\$ 1,625.40
5549	69710		69710		Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	\$ 1,761.30
5550	69711		69711		Removal or repair of electromagnetic bone conduction hearing device in temporal bone	\$ 1,287.90
5551	69714		69714		Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	\$ 2,985.05
5552	69715		69715		Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	\$ 3,580.56
5553	69717		69717		Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	\$ 3,079.84
5554	69718		69718		Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	\$ 3,691.07
5555	69720		69720		Decompression facial nerve, intratemporal; lateral to geniculate ganglion	\$ 3,883.50
5556	69725		69725		Decompression facial nerve, intratemporal; including medial to geniculate ganglion	\$ 5,624.10
5557	69740		69740		Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	\$ 4,449.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5558	69745		69745		Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	\$ 5,244.30
5559	69799		69799		Unlisted procedure, middle ear	Cost
5560	69801		69801		Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal	\$ 3,175.20
5561	69805		69805		Endolymphatic sac operation; without shunt	\$ 3,862.80
5562	69806		69806		Endolymphatic sac operation; with shunt	\$ 4,377.60
5563	69820		69820		Fenestration semicircular canal	\$ 3,438.00
5564	69840		69840		Revision fenestration operation	\$ 2,353.50
5565	69905		69905		Labyrinthectomy; transcanal	\$ 3,857.40
5566	69910		69910		Labyrinthectomy; with mastoidectomy	\$ 4,439.70
5567	69915		69915		Vestibular nerve section, translabyrinthine approach	\$ 5,052.60
5568	69930		69930		Cochlear device implantation, with or without mastoidectomy	\$ 5,318.10
5569	69949		69949		Unlisted procedure, inner ear	Cost
5570	69950		69950		Vestibular nerve section, transcranial approach	\$ 5,448.60
5571	69955		69955		Total facial nerve decompression and/or repair (may include graft)	\$ 5,846.40
5572	69960		69960		Decompression internal auditory canal	\$ 5,529.60
5573	69970		69970		Removal of tumor, temporal bone	\$ 6,309.00
5574	69979		69979		Unlisted procedure, temporal bone, middle fossa approach	Cost
5575	69990		69990		Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	\$ 834.30
5576	90291		90291		Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	\$ 72.90
5577	90296		90296		Diphtheria antitoxin, equine, any route	\$ 77.40
5578	90474		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)	\$ 17.03
5579	90703		90703		Tetanus toxoid adsorbed, for intramuscular use	\$ 19.30
5580	90785		90785		Interactive complexity (List separately in addition to the code for primary procedure)	\$ 8.74
5581	90791		90791		Psychiatric diagnostic evaluation	\$ 276.51
5582	90792		90792		Psychiatric diagnostic evaluation with medical services	\$ 222.74
5583	90832		90832		Psychotherapy, 30 minutes with patient and/or family member	\$ 114.22
5584	90833		90833		Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 74.62
5585	90834		90834		Psychotherapy, 45 minutes with patient and/or family member	\$ 144.87
5586	90836		90836		Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 120.89
5587	90837		90837		Psychotherapy, 60 minutes with patient and/or family member	\$ 211.77
5588	90838		90838		Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 195.68
5589	90845		90845		Psychoanalysis	\$ 166.50
5590	90846		90846		Family psychotherapy (without the patient present)	\$ 159.30
5591	90847		90847		Family psychotherapy (conjoint psychotherapy) (with patient present)	\$ 151.62
5592	90849		90849		Multiple-family group psychotherapy	\$ 129.60
5593	90853		90853		Group psychotherapy (other than of a multiple-family group)	\$ 87.30
5594	90863		90863		Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	\$ 93.77
5595	90865		90865		Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	\$ 271.80
5596	90870		90870		Electroconvulsive therapy (includes necessary monitoring)	\$ 209.70

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5597	90875		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); 30 minutes	\$ 117.06
5598	90876		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); 45 minutes	\$ 226.80
5599	90880		90880		Hypnotherapy	\$ 183.60
5600	90882		90882		Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	\$ 118.80
5601	90885		90885		Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	\$ 120.97
5602	90887		90887		Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	\$ 159.30
5603	90889		90889		Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	\$ 171.00
5604	90899		90899		Unlisted psychiatric service or procedure	Cost
5605	90901		90901		Biofeedback training by any modality	\$ 123.30
5606	90911		90911		Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	\$ 180.00
5607	90935		90935		Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	\$ 249.80
5608	90937		90937		Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	\$ 566.10
5609	90940		90940		Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method	\$ -
5610	90945		90945		Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	\$ 300.60
5611	90947		90947		Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial re	\$ 482.40
5612	90951		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 visits by a	\$ 1,568.42
5613	90952		90952		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 2-3 face-to-face visits by a physi	\$ -
5614	90953		90953		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 1 face-to-face visit by a physicia	\$ -
5615	90954		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 visits by a physician	\$ 1,325.75
5616	90955		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 visits by a physician or ot	\$ 742.53

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5617	90956		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 visit by a physician or other	\$ 521.08
5618	90957		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 visits by a physicia	\$ 1,046.60
5619	90958		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 visits by a physician or o	\$ 702.47
5620	90959		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 visit by a physician or othe	\$ 462.30
5621	90960		90960		End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$ 515.18
5622	90961		90961		End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$ 413.70
5623	90962		90962		End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	\$ 301.29
5624	90963		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	\$ 898.85
5625	90964		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	\$ 750.40
5626	90965		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	\$ 704.13
5627	90966		90966		End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	\$ 368.71
5628	90967		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	\$ 33.03
5629	90968		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	\$ 26.85
5630	90969		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	\$ 19.63
5631	90970		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	\$ 13.50
5632	90989		90989		Dialysis training, patient, including helper where applicable, any mode, completed course	\$ 653.40
5633	90993		90993		Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	\$ 135.90
5634	90997		90997		Hemoperfusion (eg, with activated charcoal or resin)	\$ 597.60
5635	90999		90999		Unlisted dialysis procedure, inpatient or outpatient	Cost

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5636	91010		91010		Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	\$ 101.54
5637	91013				Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedu	\$ 68.42
5638	91013-26	26			Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedu	\$ 29.29
5639	91013-TC	TC				\$ 39.13
5640	91020		91020		Gastric motility (manometric) studies	\$ 255.60
5641	91020-26	26	91020		Gastric motility (manometric) studies	\$ 74.00
5642	91020-TC	TC	91020		Gastric motility (manometric) studies	\$ 181.60
5643	91022		91022		Duodenal motility (manometric) study	\$ 213.12
5644	91030		91030		Esophagus, acid perfusion (Bernstein) test for esophagitis	\$ 158.40
5645	91030-26	26	91030		Esophagus, acid perfusion (Bernstein) test for esophagitis	\$ 49.29
5646	91030-TC	TC	91030		Esophagus, acid perfusion (Bernstein) test for esophagitis	\$ 109.11
5647	91034		91034		Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	\$ 170.59
5648	91035		91035		Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	\$ 236.07
5649	91037		91037		Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;	\$ 148.35
5650	91038		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)	\$ 163.99
5651	91040		91040		Esophageal balloon distension provocation study	\$ 142.29
5652	91065		91065		Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	\$ 16.38
5653	91110		91110		Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	\$ 522.07
5654	91111		91111		Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	\$ 122.66
5655	91120		91120		Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	\$ 129.65
5656	91122		91122		Anorectal manometry	\$ 357.30
5657	91122-26	26	91122		Anorectal manometry	\$ 131.95
5658	91122-TC	TC	91122		Anorectal manometry	\$ 225.35
5659	91132		91132		Electrogastrography, diagnostic, transcutaneous;	\$ 74.61
5660	91133		91133		Electrogastrography, diagnostic, transcutaneous; with provocative testing	\$ 110.50
5661	91299		91299		Unlisted diagnostic gastroenterology procedure	Cost
5662	92002		92002		Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	\$ 87.67
5663	92004		92004		Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	\$ 103.19
5664	92012		92012		Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	\$ 62.82
5665	92014		92014		Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	\$ 87.18
5666	92015		92015		Determination of refractive state	\$ 28.58
5667	92018		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	\$ 246.60

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5668	92019		92019		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; limited	\$ 153.90
5669	92020		92020		Gonioscopy (separate procedure)	\$ 53.27
5670	92025		92025		Computerized corneal topography, unilateral or bilateral, with interpretation and report	\$ 28.67
5671	92060		92060		Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	\$ 66.59
5672	92060-26	26	92060		Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	\$ 37.17
5673	92060-TC	TC	92060		Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	\$ 29.42
5674	92065		92065		Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	\$ 56.70
5675	92065-26	26	92065		Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	\$ 16.99
5676	92065-TC	TC	92065		Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	\$ 39.71
5677	92071		92071		Fitting of contact lens for treatment of ocular surface disease	\$ 62.75
5678	92072		92072		Fitting of contact lens for management of keratoconus, initial fitting	\$ 238.67
5679	92081		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)	\$ 46.80
5680	92081-26	26	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)	\$ 21.54
5681	92081-TC	TC	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)	\$ 25.26
5682	92082		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)	\$ 81.78
5683	92082-26	26	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)	\$ 35.28
5684	92082-TC	TC	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)	\$ 46.50
5685	92083		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 , or quantitative, automated threshold peri	\$ 125.94
5686	92083-26	26	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 , or quantitative, automated threshold peri	\$ 51.26

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5687	92083-TC	TC	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 , or quantitative, automated threshold peri	\$ 74.68
5688	92100		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)	\$ 52.70
5689	92136		92136		Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	\$ 123.93
5690	92136-26	26	92136		Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	\$ 44.16
5691	92136-TC	TC	92136		Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	\$ 79.77
5692	92140		92140		Provocative tests for glaucoma, with interpretation and report, without tonography	\$ 57.90
5693	92225		92225		Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	\$ 79.44
5694	92226		92226		Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	\$ 70.28
5695	92230		92230		Fluorescein angiography with interpretation and report	\$ 126.90
5696	92235		92235		Fluorescein angiography (includes multiframe imaging) with interpretation and report	\$ 247.50
5697	92235-26	26	92235		Fluorescein angiography (includes multiframe imaging) with interpretation and report	\$ 98.35
5698	92235-TC	TC	92235		Fluorescein angiography (includes multiframe imaging) with interpretation and report	\$ 149.15
5699	92240		92240		Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	\$ 225.00
5700	92240-26	26	92240		Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	\$ 50.91
5701	92240-TC	TC	92240		Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	\$ 174.09
5702	92250		92250		Fundus photography with interpretation and report	\$ 79.20
5703	92250-26	26	92250		Fundus photography with interpretation and report	\$ 21.57
5704	92250-TC	TC	92250		Fundus photography with interpretation and report	\$ 57.63
5705	92260		92260		Ophthalmodynamometry	\$ 66.60
5706	92265		92265		Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	\$ 128.70
5707	92265-26	26	92265		Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	\$ 64.52
5708	92265-TC	TC	92265		Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	\$ 64.18
5709	92270		92270		Electro-oculography with interpretation and report	\$ 128.70
5710	92270-26	26	92270		Electro-oculography with interpretation and report	\$ 53.38
5711	92270-TC	TC	92270		Electro-oculography with interpretation and report	\$ 75.32
5712	92275		92275		Electroretinography with interpretation and report	\$ 162.90
5713	92275-26	26	92275		Electroretinography with interpretation and report	\$ 55.10
5714	92275-TC	TC	92275		Electroretinography with interpretation and report	\$ 107.80
5715	92283		92283		Color vision examination, extended, eg, anomaloscope or equivalent	\$ 56.70
5716	92283-26	26	92283		Color vision examination, extended, eg, anomaloscope or equivalent	\$ 8.54
5717	92283-TC	TC	92283		Color vision examination, extended, eg, anomaloscope or equivalent	\$ 48.16
5718	92284		92284		Dark adaptation examination with interpretation and report	\$ 113.40
5719	92284-26	26	92284		Dark adaptation examination with interpretation and report	\$ 20.35
5720	92284-TC	TC	92284		Dark adaptation examination with interpretation and report	\$ 93.05
5721	92285		92285		External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	\$ 59.40
5722	92285-26	26	92285		External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	\$ 8.25

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5723	92285-TC	TC	92285		External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	\$ 51.15
5724	92286		92286		Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	\$ 235.92
5725	92286-26	26	92286		Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	\$ 127.49
5726	92286-TC	TC	92286		Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	\$ 108.43
5727	92287		92287		Anterior segment imaging with interpretation and report; with fluorescein angiography	\$ 180.00
5728	92287-26	26	92287		Anterior segment imaging with interpretation and report; with fluorescein angiography	\$ 56.26
5729	92287-TC	TC	92287		Anterior segment imaging with interpretation and report; with fluorescein angiography	\$ 123.74
5730	92310		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	\$ 268.20
5731	92311		92311		Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	\$ 180.90
5732	92312		92312		Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	\$ 247.50
5733	92313		92313		Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	\$ 91.51
5734	92314		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	\$ 67.48
5735	92315		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	\$ 63.02
5736	92316		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	\$ 98.58
5737	92317		92317		Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	\$ 66.07
5738	92325		92325		Modification of contact lens (separate procedure), with medical supervision of adaptation	\$ 43.20
5739	92326		92326		Replacement of contact lens	\$ 118.80
5740	92340		92340		Fitting of spectacles, except for aphakia; monofocal	\$ 56.70
5741	92341		92341		Fitting of spectacles, except for aphakia; bifocal	\$ 40.23
5742	92342		92342		Fitting of spectacles, except for aphakia; multifocal, other than bifocal	\$ 52.41
5743	92352		92352		Fitting of spectacle prosthesis for aphakia; monofocal	\$ 22.45
5744	92353		92353		Fitting of spectacle prosthesis for aphakia; multifocal	\$ 51.30
5745	92354		92354		Fitting of spectacle mounted low vision aid; single element system	\$ 28.49
5746	92355		92355		Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	\$ 43.94
5747	92358		92358		Prosthesis service for aphakia, temporary (disposable or loan, including materials)	\$ 23.79
5748	92370		92370		Repair and refitting spectacles; except for aphakia	\$ 48.20
5749	92371		92371		Repair and refitting spectacles; spectacle prosthesis for aphakia	\$ 70.29
5750	92499		92499		Unlisted ophthalmological service or procedure	\$ -
5751	92502		92502		Otolaryngologic examination under general anesthesia	\$ 297.00
5752	92504		92504		Binocular microscopy (separate diagnostic procedure)	\$ 61.25
5753	92511		92511		Nasopharyngoscopy with endoscope (separate procedure)	\$ 229.50
5754	92512		92512		Nasal function studies (eg, rhinomanometry)	\$ 144.00
5755	92516		92516		Facial nerve function studies (eg, electroneuronography)	\$ 123.30
5756	92520		92520		Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	\$ 257.40

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5757	92521		92521		Evaluation of speech fluency (eg, stuttering, cluttering)	\$ 114.48
5758	92521		92521		Speech therapy, in the home, per diem	\$ 114.48
5759	92522		92522		Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	\$ 92.94
5760	92523		92523		Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	\$ 193.07
5761	92524		92524		Behavioral and qualitative analysis of voice and resonance	\$ 96.89
5762	92526		92526		Treatment of swallowing dysfunction and/or oral function for feeding	\$ 123.30
5763	92531		92531		Spontaneous nystagmus, including gaze	\$ 54.00
5764	92532		92532		Positional nystagmus test	\$ 62.10
5765	92533		92533		Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)	\$ 76.50
5766	92534		92534		Optokinetic nystagmus test	\$ 63.00
5767	92540		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 sti	\$ 124.58
5768	92541		92541		Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$ 121.50
5769	92541-26	26	92541		Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$ 79.30
5770	92541-TC	TC	92541		Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	\$ 42.20
5771	92542		92542		Positional nystagmus test, minimum of 4 positions, with recording	\$ 114.30
5772	92542-26	26	92542		Positional nystagmus test, minimum of 4 positions, with recording	\$ 69.82
5773	92542-TC	TC	92542		Positional nystagmus test, minimum of 4 positions, with recording	\$ 44.48
5774	92543		92543		Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	\$ 128.70
5775	92543-26	26	92543		Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	\$ 40.96
5776	92543-TC	TC	92543		Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	\$ 87.74
5777	92544		92544		Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$ 77.40
5778	92544-26	26	92544		Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$ 43.16
5779	92544-TC	TC	92544		Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	\$ 34.24
5780	92545		92545		Oscillating tracking test, with recording	\$ 77.40
5781	92545-26	26	92545		Oscillating tracking test, with recording	\$ 41.96
5782	92545-TC	TC	92545		Oscillating tracking test, with recording	\$ 35.44
5783	92546		92546		Sinusoidal vertical axis rotational testing	\$ 101.70
5784	92546-26	26	92546		Sinusoidal vertical axis rotational testing	\$ 12.98
5785	92546-TC	TC	92546		Sinusoidal vertical axis rotational testing	\$ 88.72
5786	92547		92547		Use of vertical electrodes (List separately in addition to code for primary procedure)	\$ 72.00
5787	92548		92548		Computerized dynamic posturography	\$ 216.00
5788	92548-26	26	92548		Computerized dynamic posturography	\$ 47.62
5789	92548-TC	TC	92548		Computerized dynamic posturography	\$ 168.38
5790	92550		92550		Tympanometry and reflex threshold measurements	\$ 38.60
5791	92551		92551		Screening test, pure tone, air only	\$ 34.20
5792	92552		92552		Pure tone audiometry (threshold); air only	\$ 40.77
5793	92553		92553		Pure tone audiometry (threshold); air and bone	\$ 61.69
5794	92555		92555		Speech audiometry threshold;	\$ 36.90
5795	92556		92556		Speech audiometry threshold; with speech recognition	\$ 54.76
5796	92557		92557		Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	\$ 92.70
5797	92559		92559		Audiometric testing of groups	\$ 41.40
5798	92560		92560		Bekesy audiometry; screening	\$ 66.60
5799	92561		92561		Bekesy audiometry; diagnostic	\$ 83.70
5800	92562		92562		Loudness balance test, alternate binaural or monaural	\$ 40.50
5801	92563		92563		Tone decay test	\$ 45.00
5802	92564		92564		Short increment sensitivity index (SISI)	\$ 41.40

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5803	92565		92565		Stenger test, pure tone	\$ 50.40
5804	92567		92567		Tympanometry (impedance testing)	\$ 43.18
5805	92568		92568		Acoustic reflex testing, threshold	\$ 41.40
5806	92570		92570		Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	\$ 58.15
5807	92571		92571		Filtered speech test	\$ 38.70
5808	92572		92572		Staggered spondaic word test	\$ 42.30
5809	92575		92575		Sensorineural acuity level test	\$ 36.00
5810	92576		92576		Synthetic sentence identification test	\$ 38.70
5811	92577		92577		Stenger test, speech	\$ 51.30
5812	92579		92579		Visual reinforcement audiometry (VRA)	\$ 102.60
5813	92582		92582		Conditioning play audiometry	\$ 65.70
5814	92583		92583		Select picture audiometry	\$ 72.00
5815	92584		92584		Electrocochleography	\$ 252.00
5816	92585		92585		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	\$ 353.70
5817	92585-26	26	92585		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	\$ 65.25
5818	92585-TC	TC	92585		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	\$ 288.45
5819	92586		92586		Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	\$ 151.11
5820	92587		92587		Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient otoacoustic emissions, with interpretation and report	\$ 124.20
5821	92587-26	26	92587		Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient otoacoustic emissions, with interpretation and report	\$ 105.08
5822	92587-TC	TC	92587		Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient otoacoustic emissions, with interpretation and report	\$ 19.12
5823	92588		92588		Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	\$ 141.30
5824	92588-26	26	92588		Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	\$ 122.06
5825	92588-TC	TC	92588		Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	\$ 19.24
5826	92590		92590		Hearing aid examination and selection; monaural	\$ 113.40
5827	92591		92591		Hearing aid examination and selection; binaural	\$ 146.70
5828	92592		92592		Hearing aid check; monaural	\$ 40.50
5829	92593		92593		Hearing aid check; binaural	\$ 57.60
5830	92594		92594		Electroacoustic evaluation for hearing aid; monaural	\$ 36.00
5831	92595		92595		Electroacoustic evaluation for hearing aid; binaural	\$ 38.70
5832	92596		92596		Ear protector attenuation measurements	\$ 51.30
5833	92597		92597		Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	\$ 188.10
5834	92601		92601		Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming	\$ 279.88
5835	92602		92602		Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming	\$ 200.79
5836	92603		92603		Diagnostic analysis of cochlear implant, age 7 years or older; with programming	\$ 187.38
5837	92604		92604		Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$ 124.41

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5838	92605		92605		Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$ 166.79
5839	92606		92606		Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	\$ 151.11
5840	92607		92607		Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$ 259.20
5841	92608		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)	\$ 57.16
5842	92609		92609		Therapeutic services for the use of speech-generating device, including programming and modification	\$ 139.99
5843	92610		92610		Evaluation of oral and pharyngeal swallowing function	\$ 270.34
5844	92611		92611		Motion fluoroscopic evaluation of swallowing function by cine or video recording	\$ 264.89
5845	92612		92612		Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;	\$ 336.75
5846	92613		92613		Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	\$ 86.41
5847	92614		92614		Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;	\$ 296.87
5848	92615		92615		Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	\$ 78.45
5849	92616		92616		Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	\$ 438.23
5850	92617		92617		Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	\$ 103.33
5851	92620		92620		Evaluation of central auditory function, with report; initial 60 minutes	\$ 99.31
5852	92621		92621		Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	\$ 25.94
5853	92625		92625		Assessment of tinnitus (includes pitch, loudness matching, and masking)	\$ 93.11
5854	92626		92626		Evaluation of auditory rehabilitation status; first hour	\$ 174.65
5855	92627		92627		Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)	\$ 43.12
5856	92630		92630		Auditory rehabilitation; prelingual hearing loss	\$ -
5857	92633		92633		Auditory rehabilitation; postlingual hearing loss	\$ -
5858	92640		92640		Diagnostic analysis with programming of auditory brainstem implant, per hour	\$ 122.67
5859	92700		92700		Unlisted otorhinolaryngological service or procedure	\$ 32.92
5860	92920		92920		Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	\$ 1,048.78
5861	92921		92921		Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	\$ 4,410.41
5862	92924		92924		Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	\$ 1,247.20
5863	92925		92925		Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	\$ 8,842.66
5864	92928		92928		Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	\$ 1,165.44
5865	92929		92929		Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	\$ 6,363.75
5866	92933		92933		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	\$ 1,303.22

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5867	92934		92934		Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	\$ 6,363.75
5868	92937		92937		Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	\$ 1,164.19
5869	92938		92938		Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional	\$ 6,363.75
5870	92941		92941		Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy	\$ 1,306.01
5871	92943		92943		Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	\$ 1,306.01
5872	92944		92944		Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or coronary artery bypass graft	\$ 6,363.75
5873	92950		92950		Cardiopulmonary resuscitation (eg, in cardiac arrest)	\$ 482.59
5874	92953		92953		Temporary transcutaneous pacing	\$ 329.40
5875	92960		92960		Cardioversion, elective, electrical conversion of arrhythmia; external	\$ 425.70
5876	92961		92961		Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	\$ 945.23
5877	92970		92970		Cardioassist-method of circulatory assist; internal	\$ 684.90
5878	92971		92971		Cardioassist-method of circulatory assist; external	\$ 275.40
5879	92973		92973		Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	\$ 1,041.07
5880	92974		92974		Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	\$ 801.14
5881	92975		92975		Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	\$ 1,488.60
5882	92977		92977		Thrombolysis, coronary; by intravenous infusion	\$ 753.30
5883	92978		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)	\$ 333.84
5884	92979		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)	\$ 236.88
5885	92986		92986		Percutaneous balloon valvuloplasty; aortic valve	\$ 3,656.70
5886	92987		92987		Percutaneous balloon valvuloplasty; mitral valve	\$ 3,403.45
5887	92990		92990		Percutaneous balloon valvuloplasty; pulmonary valve	\$ 2,477.70
5888	92992		92992		Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	\$ -
5889	92993		92993		Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	\$ 4,408.20
5890	92997		92997		Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	\$ 2,449.80
5891	92998		92998		Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	\$ 949.50

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5892	93000		93000		Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$ 71.00
5893	93005		93005		Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$ 56.70
5894	93010		93010		Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	\$ 51.30
5895	93015		93015		Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	\$ 338.10
5896	93016		93016		Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	\$ 100.80
5897	93017		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	\$ 164.70
5898	93018		93018		Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	\$ 170.10
5899	93024		93024		Ergonovine provocation test	\$ 380.70
5900	93024-26	26	93024		Ergonovine provocation test	\$ 180.32
5901	93024-TC	TC	93024		Ergonovine provocation test	\$ 200.38
5902	93025		93025		Microvolt T-wave alternans for assessment of ventricular arrhythmias	\$ 119.07
5903	93040		93040		Rhythm ECG, 1-3 leads; with interpretation and report	\$ 49.49
5904	93041		93041		Rhythm ECG, 1-3 leads; tracing only without interpretation and report	\$ 44.10
5905	93042		93042		Rhythm ECG, 1-3 leads; interpretation and report only	\$ 36.00
5906	93224		93224		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	\$ 481.75
5907	93225		93225		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	\$ 162.00
5908	93226		93226		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	\$ 175.50
5909	93227		93227		External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	\$ 173.70
5910	93228		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	\$ 71.24
5911	93229		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	\$ 1,453.15
5912	93268		93268		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; includes transmission, review and interpr	\$ 382.17
5913	93270		93270		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	\$ 136.80

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5914	93271		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 and analysis	\$ 215.10
5915	93272		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; review and interpretation by a physician	\$ 91.80
5916	93278		93278		Signal-averaged electrocardiography (SAECG), with or without ECG	\$ 211.50
5917	93278-26	26	93278		Signal-averaged electrocardiography (SAECG), with or without ECG	\$ 79.25
5918	93278-TC	TC	93278		Signal-averaged electrocardiography (SAECG), with or without ECG	\$ 132.25
5919	93279		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 analysis, review and report by a physician or other qualified health care	\$ 82.45
5920	93280		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 analysis, review and report by a physician or other qualified health care	\$ 98.60
5921	93281		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 analysis, review and report by a physician or other qualified health care	\$ 114.49
5922	93282		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 analysis, review and report by a physician or other qualified health care	\$ 107.41
5923	93283		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 analysis, review and report by a physician or other qualified health care	\$ 135.22
5924	93284		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 analysis, review and report by a physician or other qualified health care	\$ 171.39
5925	93285		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 analysis, review and report by a physician or other qualified health care	\$ 67.31
5926	93286		93286		Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple	\$ 31.89
5927	93287		93287		Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple	\$ 56.46
5928	93288		93288		Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	\$ 55.14

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5929	93289		93289		Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable car	\$ 100.80
5930	93290		93290		Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, inc	\$ 52.49
5931	93291		93291		Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including he	\$ 55.68
5932	93293		93293		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up	\$ 38.13
5933	93294		93294		Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$ 94.89
5934	93295		93295		Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	\$ 152.27
5935	93296		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	\$ 93.78
5936	93297		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, analysis, review(s) and report	\$ 56.66
5937	93298		93298		Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	\$ 75.22
5938	93299		93299		Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of re	\$ -
5939	93303		93303		Transthoracic echocardiography for congenital cardiac anomalies; complete	\$ 513.90
5940	93303-26	26	93303		Transthoracic echocardiography for congenital cardiac anomalies; complete	\$ 152.41
5941	93303-TC	TC	93303		Transthoracic echocardiography for congenital cardiac anomalies; complete	\$ 361.49
5942	93304		93304		Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	\$ 280.80
5943	93304-26	26	93304		Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	\$ 72.52
5944	93304-TC	TC	93304		Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	\$ 208.28
5945	93306		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	\$ 230.29
5946	93307		93307		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$ 499.03

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5947	93307-26	26	93307		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$ 182.92
5948	93307-TC	TC	93307		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$ 316.11
5949	93308		93308		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	\$ 58.08
5950	93312		93312		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$ 665.35
5951	93312-26	26	93312		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$ 208.89
5952	93312-TC	TC	93312		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$ 456.47
5953	93313		93313		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	\$ 257.40
5954	93314		93314		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	\$ 424.80
5955	93314-26	26	93314		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	\$ 81.18
5956	93314-TC	TC	93314		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	\$ 343.62
5957	93315		93315		Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$ 663.30
5958	93315-26	26	93315		Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	\$ 463.40
5959	93316		93316		Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	\$ 135.90
5960	93317		93317		Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	\$ 526.50
5961	93317-26	26	93317		Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	\$ 300.16
5962	93318		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 t	\$ 847.00
5963	93320		93320		Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	\$ 307.08
5964	93320-26	26	93320		Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	\$ 116.49
5965	93320-TC	TC	93320		Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	\$ 190.59
5966	93321		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)	\$ 187.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5967	93321-26	26	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)	\$ 52.95
5968	93321-TC	TC	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)	\$ 134.25
5969	93325		93325		Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$ 247.27
5970	93325-26	26	93325		Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$ 44.14
5971	93325-TC	TC	93325		Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	\$ 203.13
5972	93350		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 stress, with interpretation	\$ 853.56
5973	93350-26	26	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 stress, with interpretation	\$ 280.69
5974	93350-TC	TC	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 stress, with interpretation	\$ 572.87
5975	93351		93351		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	\$ 274.13
5976	93352		93352		Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	\$ 113.06
5977	93462		93462		Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	\$ 756.48
5978	93503		93503		Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	\$ 725.40
5979	93505		93505		Endomyocardial biopsy	\$ 1,007.10
5980	93505-26	26	93505		Endomyocardial biopsy	\$ 290.16
5981	93505-TC	TC	93505		Endomyocardial biopsy	\$ 716.94
5982	93530		93530		Right heart catheterization, for congenital cardiac anomalies	\$ -
5983	93531		93531		Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	\$ -
5984	93532		93532		Combined right heart catheterization and transeptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	\$ -
5985	93533		93533		Combined right heart catheterization and transeptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	\$ -
5986	93561		93561		Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	\$ -
5987	93562		93562		Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output	\$ -
5988	93563		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)	\$ 206.77

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
5989	93564		93564		Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free ma	\$ 207.05
5990	93565		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)	\$ 160.18
5991	93566		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)	\$ 642.05
5992	93567		93567		Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)	\$ 525.96
5993	93568		93568		Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	\$ 578.40
5994	93571		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 pro	\$ 693.90
5995	93571-26	26	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 pro	\$ 352.53
5996	93572		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 pri	\$ 637.20
5997	93572-26	26	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 pri	\$ 290.14
5998	93580		93580		Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	\$ 10,167.89
5999	93600		93600		Bundle of His recording	\$ 772.20
6000	93600-26	26	93600		Bundle of His recording	\$ 310.59
6001	93602		93602		Intra-atrial recording	\$ 510.30
6002	93602-26	26	93602		Intra-atrial recording	\$ 254.62
6003	93603		93603		Right ventricular recording	\$ 605.70
6004	93603-26	26	93603		Right ventricular recording	\$ 221.61
6005	93609		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)	\$ 1,494.00
6006	93609-26	26	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)	\$ 825.96
6007	93610		93610		Intra-atrial pacing	\$ 592.20
6008	93610-26	26	93610		Intra-atrial pacing	\$ 416.14
6009	93612		93612		Intraventricular pacing	\$ 568.80
6010	93612-26	26	93612		Intraventricular pacing	\$ 327.81
6011	93613		93613		Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	\$ 1,153.65
6012	93615		93615		Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	\$ 134.10
6013	93615-26	26	93615		Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	\$ 103.31
6014	93616		93616		Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	\$ 358.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
6015	93616-26	26	93616		Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	\$ 165.00
6016	93618		93618		Induction of arrhythmia by electrical pacing	\$ 1,287.90
6017	93618-26	26	93618		Induction of arrhythmia by electrical pacing	\$ 730.18
6018	93619		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 inducti	\$ 2,567.70
6019	93619-26	26	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 inducti	\$ 1,141.78
6020	93620		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 bund	\$ 3,511.80
6021	93620-26	26	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 bund	\$ 1,780.00
6022	93621		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 separatel	\$ 3,800.70
6023	93621-26	26	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 separatel	\$ 425.44
6024	93622		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 prim	\$ -
6025	93623		93623		Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$ 625.50
6026	93623-26	26	93623		Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	\$ 377.16
6027	93624		93624		Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$ 1,545.30
6028	93624-26	26	93624		Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	\$ 841.51
6029	93631		93631		Intraoperative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	\$ 1,283.52
6030	93640		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 implant	\$ 578.16
6031	93641		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 implant	\$ 1,702.80
6032	93641-26	26	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 implant	\$ 890.84

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
6033	93642		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)	\$ 841.38
6034	93650		93650		Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	\$ 3,193.20
6035	93653		93653		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	\$ 1,587.14
6036	93654		93654		Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	\$ 2,118.20
6037	93655		93655		Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary	\$ 793.43
6038	93656		93656		Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when nec	\$ 2,118.70
6039	93657		93657		Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	\$ 794.38
6040	93660		93660		Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$ 639.00
6041	93660-26	26	93660		Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$ 361.25
6042	93660-TC	TC	93660		Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	\$ 277.75
6043	93662		93662		Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$ -
6044	93668		93668		Peripheral arterial disease (PAD) rehabilitation, per session	\$ 142.65
6045	93701		93701		Bioimpedance-derived physiologic cardiovascular analysis	\$ 86.57
6046	93721-26	26	93721		Plethysmography for determination of lung volumes and, when performed, airway resistance	\$ 23.56
6047	93721-TC	TC	93721		Plethysmography for determination of lung volumes and, when performed, airway resistance	\$ 95.27
6048	93722-26	26	93722		Plethysmography for determination of lung volumes and, when performed, airway resistance	\$ 23.56
6049	93722-TC	TC	93722		Plethysmography for determination of lung volumes and, when performed, airway resistance	\$ 95.27
6050	93724		93724		Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	\$ 575.15
6051	93733-26	26	93733		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up	\$ 38.13

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6052	93733-TC	TC	93733		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up	\$ 98.63
6053	93736-26	26	93736		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up	\$ 38.13
6054	93736-TC	TC	93736		Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up	\$ 98.63
6055	93740		93740		Temperature gradient studies	\$ 108.00
6056	93745		93745		Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient	\$ -
6057	93750		93750		Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum sta	\$ 107.14
6058	93770		93770		Determination of venous pressure	\$ 30.60
6059	93784		93784		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	\$ 369.90
6060	93786		93786		Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	\$ 65.66
6061	93788		93788		Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report	\$ 137.83
6062	93790		93790		Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report	\$ 65.76
6063	93797		93797		Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	\$ 46.80
6064	93798		93798		Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	\$ 68.76
6065	93799		93799		Unlisted cardiovascular service or procedure	Cost
6066	93875-26	26	93875		Duplex scan of extracranial arteries; complete bilateral study	\$ 47.85
6067	93875-TC	TC	93875		Duplex scan of extracranial arteries; complete bilateral study	\$ 383.73
6068	93880		93880		Duplex scan of extracranial arteries; complete bilateral study	\$ 431.58
6069	93880-26	26	93880		Duplex scan of extracranial arteries; complete bilateral study	\$ 47.85
6070	93880-TC	TC	93880		Duplex scan of extracranial arteries; complete bilateral study	\$ 383.73
6071	93882		93882		Duplex scan of extracranial arteries; unilateral or limited study	\$ 43.57
6072	93886		93886		Transcranial Doppler study of the intracranial arteries; complete study	\$ 53.54
6073	93888		93888		Transcranial Doppler study of the intracranial arteries; limited study	\$ 44.63
6074	93890		93890		Transcranial Doppler study of the intracranial arteries; vasoreactivity study	\$ 121.20
6075	93892		93892		Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	\$ 138.59

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6076	93922		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	\$ 26.81
6077	93923		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	\$ 364.50
6078	93923-26	26	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	\$ 51.22
6079	93923-TC	TC	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	\$ 313.28
6080	93924		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	\$ 369.00
6081	93924-26	26	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	\$ 45.73
6082	93924-TC	TC	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	\$ 323.27
6083	93925		93925		Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$ 398.17
6084	93925-26	26	93925		Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$ 56.52
6085	93925-TC	TC	93925		Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$ 341.65
6086	93926		93926		Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$ 245.96
6087	93926-26	26	93926		Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$ 38.91
6088	93926-TC	TC	93926		Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$ 207.05
6089	93930		93930		Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$ 432.90
6090	93930-26	26	93930		Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$ 37.29
6091	93930-TC	TC	93930		Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$ 395.61
6092	93931		93931		Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$ 270.90
6093	93931-26	26	93931		Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$ 23.26
6094	93931-TC	TC	93931		Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$ 247.64
6095	93965		93965		Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	\$ 243.31
6096	93965-26	26	93965		Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	\$ 30.99

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6097	93965-TC	TC	93965		Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	\$ 212.32
6098	93970		93970		Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$ 382.93
6099	93970-26	26	93970		Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$ 64.54
6100	93970-TC	TC	93970		Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$ 318.39
6101	93971		93971		Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$ 237.86
6102	93971-26	26	93971		Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$ 41.87
6103	93971-TC	TC	93971		Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$ 195.99
6104	93975		93975		Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$ 387.90
6105	93975-26	26	93975		Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$ 86.92
6106	93975-TC	TC	93975		Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$ 300.98
6107	93976		93976		Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	\$ 109.12
6108	93978		93978		Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	\$ 46.67
6109	93979		93979		Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	\$ 32.53
6110	93980		93980		Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	\$ 179.39
6111	93981		93981		Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	\$ 63.58
6112	93982		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	\$ 101.76
6113	93990		93990		Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	\$ 16.62
6114	94002		94002		Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	\$ 218.34
6115	94003		94003		Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	\$ 157.25
6116	94004		94004		Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	\$ 114.51
6117	94005		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	\$ 203.72
6118	94010		94010		Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	\$ 92.70
6119	94010-26	26	94010		Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	\$ 18.97

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6120	94010-TC	TC	94010		Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	\$ 73.73
6121	94011		94011		Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	\$ 216.23
6122	94012		94012		Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	\$ 352.90
6123	94013		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	\$ 76.21
6124	94014		94014		Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other	\$ 91.80
6125	94015		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)	\$ 54.46
6126	94016		94016		Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	\$ 58.50
6127	94060		94060		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	\$ 128.70
6128	94060-26	26	94060		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	\$ 24.14
6129	94060-TC	TC	94060		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	\$ 104.56
6130	94150		94150		Vital capacity, total (separate procedure)	\$ 5.54
6131	94200		94200		Maximum breathing capacity, maximal voluntary ventilation	\$ 11.13
6132	94250		94250		Expired gas collection, quantitative, single procedure (separate procedure)	\$ 33.30
6133	94250-26	26	94250		Expired gas collection, quantitative, single procedure (separate procedure)	\$ 6.45
6134	94250-TC	TC	94250		Expired gas collection, quantitative, single procedure (separate procedure)	\$ 26.85
6135	94375		94375		Respiratory flow volume loop	\$ 99.00
6136	94375-26	26	94375		Respiratory flow volume loop	\$ 33.70
6137	94375-TC	TC	94375		Respiratory flow volume loop	\$ 65.30
6138	94450		94450		Breathing response to hypoxia (hypoxia response curve)	\$ 24.61
6139	94452		94452		High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	\$ 37.46
6140	94453		94453		High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	\$ 48.67
6141	94610		94610		Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	\$ 157.18
6142	94620		94620		Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	\$ 254.70
6143	94620-26	26	94620		Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	\$ 129.42
6144	94620-TC	TC	94620		Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	\$ 125.28
6145	94621		94621		Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)	\$ 81.55
6146	94640		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)	\$ 41.40

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6147	94645		94645		Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	\$ 32.68
6148	94660		94660		Continuous positive airway pressure ventilation (CPAP), initiation and management	\$ 180.90
6149	94664		94664		Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	\$ 49.61
6150	94667		94667		Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	\$ 63.00
6151	94668		94668		Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	\$ 54.90
6152	94680		94680		Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	\$ 26.96
6153	94681		94681		Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	\$ 169.20
6154	94681-26	26	94681		Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	\$ 28.35
6155	94681-TC	TC	94681		Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	\$ 140.85
6156	94750		94750		Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	\$ 98.10
6157	94750-26	26	94750		Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	\$ 11.39
6158	94750-TC	TC	94750		Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	\$ 86.71
6159	94760		94760		Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$ 34.98
6160	94761		94761		Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$ 72.00
6161	94774		94774		Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualif	\$ -
6162	94775		94775		Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	\$ -
6163	94776		94776		Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	\$ -
6164	94777		94777		Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional	\$ -
6165	94799		94799		Unlisted pulmonary service or procedure	\$ 27.50
6166	95004		95004		Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	\$ 7.55
6167	95012		95012		Nitric oxide expired gas determination	\$ 56.16
6168	95017		95017		Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	\$ 17.14
6169	95018		95018		Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	\$ 42.06
6170	95024		95024		Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	\$ 14.40
6171	95027		95027		Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	\$ 12.83

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6172	95028		95028		Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	\$ 20.70
6173	95044		95044		Patch or application test(s) (specify number of tests)	\$ 19.08
6174	95052		95052		Photo patch test(s) (specify number of tests)	\$ 13.50
6175	95056		95056		Photo tests	\$ 12.60
6176	95060		95060		Ophthalmic mucous membrane tests	\$ 23.40
6177	95065		95065		Direct nasal mucous membrane test	\$ 20.70
6178	95070		95070		Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds	\$ 175.50
6179	95071		95071		Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify	\$ 204.30
6180	95076		95076		Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	\$ 219.54
6181	95079		95079		Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	\$ 152.06
6182	95115		95115		Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	\$ 17.96
6183	95117		95117		Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	\$ 23.11
6184	95120		95120		Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	\$ 26.10
6185	95125		95125		Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	\$ 28.80
6186	95130		95130		Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	\$ 34.20
6187	95131		95131		Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	\$ 47.70
6188	95132		95132		Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	\$ 62.10
6189	95133		95133		Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	\$ 63.90
6190	95134		95134		Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	\$ 65.70
6191	95144		95144		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	\$ 33.49
6192	95145		95145		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	\$ 36.00
6193	95146		95146		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	\$ 46.80
6194	95147		95147		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	\$ 64.80
6195	95148		95148		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	\$ 65.70

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6196	95149		95149		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	\$ 81.00
6197	95165		95165		Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	\$ 15.30
6198	95170		95170		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)	\$ 33.30
6199	95180		95180		Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)	\$ 207.00
6200	95199		95199		Unlisted allergy/clinical immunologic service or procedure	Cost
6201	95250		95250		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	\$ 265.16
6202	95251		95251		Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	\$ 62.92
6203	95803		95803		Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	\$ 80.02
6204	95805		95805		Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	\$ 566.10
6205	95805-26	26	95805		Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	\$ 70.32
6206	95805-TC	TC	95805		Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	\$ 495.78
6207	95806		95806		Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	\$ 66.94
6208	95807		95807		Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	\$ 713.70
6209	95807-26	26	95807		Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	\$ 80.56
6210	95807-TC	TC	95807		Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	\$ 633.14
6211	95808		95808		Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	\$ 756.90
6212	95808-26	26	95808		Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	\$ 91.44
6213	95808-TC	TC	95808		Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	\$ 665.46
6214	95810		95810		Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	\$ 747.00
6215	95810-26	26	95810		Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	\$ 129.14
6216	95810-TC	TC	95810		Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	\$ 617.86
6217	95811		95811		Polysomnography; age 6 years or older, 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	\$ 455.02
6218	95812		95812		Electroencephalogram (EEG) extended monitoring; 41-60 minutes	\$ 174.48

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6219	95813		95813		Electroencephalogram (EEG) extended monitoring; greater than 1 hour	\$ 221.97
6220	95816		95816		Electroencephalogram (EEG); including recording awake and drowsy	\$ 266.90
6221	95816-26	26	95816		Electroencephalogram (EEG); including recording awake and drowsy	\$ 33.98
6222	95816-TC	TC	95816		Electroencephalogram (EEG); including recording awake and drowsy	\$ 232.92
6223	95819		95819		Electroencephalogram (EEG); including recording awake and asleep	\$ 215.10
6224	95819-26	26	95819		Electroencephalogram (EEG); including recording awake and asleep	\$ 23.60
6225	95819-TC	TC	95819		Electroencephalogram (EEG); including recording awake and asleep	\$ 191.50
6226	95822		95822		Electroencephalogram (EEG); recording in coma or sleep only	\$ 270.90
6227	95822-26	26	95822		Electroencephalogram (EEG); recording in coma or sleep only	\$ 33.28
6228	95822-TC	TC	95822		Electroencephalogram (EEG); recording in coma or sleep only	\$ 237.62
6229	95824		95824		Electroencephalogram (EEG); cerebral death evaluation only	\$ 177.30
6230	95827		95827		Electroencephalogram (EEG); all night recording	\$ 343.80
6231	95827-26	26	95827		Electroencephalogram (EEG); all night recording	\$ 22.14
6232	95827-TC	TC	95827		Electroencephalogram (EEG); all night recording	\$ 321.66
6233	95829		95829		Electrocorticogram at surgery (separate procedure)	\$ 533.70
6234	95829-26	26	95829		Electrocorticogram at surgery (separate procedure)	\$ 80.52
6235	95829-TC	TC	95829		Electrocorticogram at surgery (separate procedure)	\$ 453.18
6236	95830		95830		Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	\$ 241.20
6237	95831		95831		Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	\$ 105.30
6238	95832		95832		Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	\$ 72.90
6239	95833		95833		Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands	\$ 113.40
6240	95834		95834		Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	\$ 139.50
6241	95851		95851		Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	\$ 87.30
6242	95852		95852		Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	\$ 72.00
6243	95857		95857		Cholinesterase inhibitor challenge test for myasthenia gravis	\$ 122.40
6244	95860		95860		Needle electromyography; 1 extremity with or without related paraspinal areas	\$ 216.72
6245	95860-26	26	95860		Needle electromyography; 1 extremity with or without related paraspinal areas	\$ 82.27
6246	95860-TC	TC	95860		Needle electromyography; 1 extremity with or without related paraspinal areas	\$ 134.45
6247	95861		95861		Needle electromyography; 2 extremities with or without related paraspinal areas	\$ 282.23
6248	95861-26	26	95861		Needle electromyography; 2 extremities with or without related paraspinal areas	\$ 125.43
6249	95861-TC	TC	95861		Needle electromyography; 2 extremities with or without related paraspinal areas	\$ 156.80
6250	95863		95863		Needle electromyography; 3 extremities with or without related paraspinal areas	\$ 473.40
6251	95863-26	26	95863		Needle electromyography; 3 extremities with or without related paraspinal areas	\$ 207.62
6252	95863-TC	TC	95863		Needle electromyography; 3 extremities with or without related paraspinal areas	\$ 265.78
6253	95864		95864		Needle electromyography; 4 extremities with or without related paraspinal areas	\$ 618.30
6254	95864-26	26	95864		Needle electromyography; 4 extremities with or without related paraspinal areas	\$ 251.46

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
6255	95864-TC	TC	95864		Needle electromyography; 4 extremities with or without related paraspinal areas	\$ 366.84
6256	95865		95865		Needle electromyography; larynx	\$ 201.02
6257	95866		95866		Needle electromyography; hemidiaphragm	\$ 154.18
6258	95867		95867		Needle electromyography; cranial nerve supplied muscle(s), unilateral	\$ 211.50
6259	95867-26	26	95867		Needle electromyography; cranial nerve supplied muscle(s), unilateral	\$ 71.74
6260	95867-TC	TC	95867		Needle electromyography; cranial nerve supplied muscle(s), unilateral	\$ 139.76
6261	95868		95868		Needle electromyography; cranial nerve supplied muscles, bilateral	\$ 257.40
6262	95868-26	26	95868		Needle electromyography; cranial nerve supplied muscles, bilateral	\$ 104.05
6263	95868-TC	TC	95868		Needle electromyography; cranial nerve supplied muscles, bilateral	\$ 153.35
6264	95869		95869		Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	\$ 162.34
6265	95869-26	26	95869		Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	\$ 33.27
6266	95869-TC	TC	95869		Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	\$ 129.07
6267	95870		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	\$ 99.09
6268	95870-26	26	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	\$ 64.59
6269	95870-TC	TC	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	\$ 34.50
6270	95872		95872		Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	\$ 257.40
6271	95872-26	26	95872		Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	\$ 186.60
6272	95872-TC	TC	95872		Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	\$ 70.80
6273	95873		95873		Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	\$ 55.40
6274	95874		95874		Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	\$ 56.80
6275	95875		95875		Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	\$ 144.00
6276	95875-26	26	95875		Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	\$ 61.86
6277	95875-TC	TC	95875		Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	\$ 82.14
6278	95905		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	\$ 7.78
6279	95921		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	\$ 104.40
6280	95921-26	26	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	\$ 49.70

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6281	95921-TC	TC	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	\$ 54.70
6282	95922		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	\$ 108.90
6283	95922-26	26	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	\$ 46.18
6284	95922-TC	TC	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	\$ 62.72
6285	95923		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	\$ 100.80
6286	95923-26	26	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	\$ 16.78
6287	95923-TC	TC	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	\$ 84.02
6288	95925		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	\$ 369.00
6289	95925-26	26	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	\$ 47.98
6290	95925-TC	TC	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	\$ 321.02
6291	95926		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	\$ 298.80
6292	95926-26	26	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	\$ 41.65
6293	95926-TC	TC	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	\$ 257.15
6294	95927		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	\$ 298.80
6295	95927-26	26	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	\$ 43.75
6296	95927-TC	TC	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	\$ 255.05
6297	95929		95929		Central motor evoked potential study (transcranial motor stimulation); lower limbs	\$ 280.97
6298	95930		95930		Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	\$ 339.30
6299	95930-26	26	95930		Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	\$ 34.63

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6300	95930-TC	TC	95930		Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	\$ 304.67
6301	95933		95933		Orbicularis oculi (blink) reflex, by electrodiagnostic testing	\$ 175.50
6302	95933-26	26	95933		Orbicularis oculi (blink) reflex, by electrodiagnostic testing	\$ 56.06
6303	95933-TC	TC	95933		Orbicularis oculi (blink) reflex, by electrodiagnostic testing	\$ 119.44
6304	95937		95937		Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	\$ 180.00
6305	95937-26	26	95937		Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	\$ 73.30
6306	95937-TC	TC	95937		Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	\$ 106.70
6307	95940		95940		Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	\$ 58.81
6308	95941		95941		Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	\$ 414.90
6309	95950		95950		Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	\$ 655.20
6310	95950-26	26	95950		Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	\$ 138.80
6311	95950-TC	TC	95950		Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	\$ 516.40
6312	95951		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	\$ 906.30
6313	95951-26	26	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	\$ 514.81
6314	95953		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	\$ 763.20
6315	95953-26	26	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	\$ 262.86
6316	95953-TC	TC	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	\$ 500.34
6317	95954		95954		Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	\$ 355.50
6318	95954-26	26	95954		Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	\$ 84.88
6319	95954-TC	TC	95954		Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	\$ 270.62
6320	95955		95955		Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	\$ 340.20
6321	95955-26	26	95955		Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	\$ 70.64
6322	95955-TC	TC	95955		Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)	\$ 269.56

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6323	95956		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	\$ 779.40
6324	95956-26	26	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	\$ 78.24
6325	95956-TC	TC	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	\$ 701.16
6326	95957		95957		Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)	\$ 166.54
6327	95958		95958		Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	\$ 654.30
6328	95958-26	26	95958		Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	\$ 232.62
6329	95958-TC	TC	95958		Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	\$ 421.68
6330	95961		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 attendance by a physician or other qualified health	\$ 429.30
6331	95961-26	26	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 attendance by a physician or other qualified health	\$ 222.66
6332	95961-TC	TC	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 attendance by a physician or other qualified health	\$ 206.64
6333	95962		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 attendance by a physician or other qualifie	\$ 448.20
6334	95962-26	26	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 attendance by a physician or other qualifie	\$ 291.69
6335	95962-TC	TC	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 attendance by a physician or other qualifie	\$ 156.51
6336	95965		95965		Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	\$ -
6337	95966		95966		Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	\$ -
6338	95967		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)	\$ -
6339	95970		95970		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	\$ 47.70

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6340	95971		95971		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	\$ 78.30
6341	95972		95972		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	\$ 143.10
6342	95973		95973		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	\$ 90.90
6343	95974		95974		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	\$ 292.50
6344	95975		95975		Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	\$ 173.70
6345	95978		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	\$ 527.16
6346	95979		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	\$ 253.83
6347	95980		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 n	\$ 114.21
6348	95981		95981		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 n	\$ 82.55
6349	95982		95982		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 n	\$ 118.30
6350	95990		95990		Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	\$ 122.42
6351	95992		95992		Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	\$ 115.18
6352	95999		95999		Unlisted neurological or neuromuscular diagnostic procedure	Cost
6353	96000		96000		Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	\$ 180.36
6354	96001		96001		Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	\$ 174.93
6355	96002		96002		Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	\$ 39.63
6356	96003		96003		Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	\$ 30.57

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6357	96004		96004		Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and	\$ 206.48
6358	96020		96020		Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	\$ -
6359	96040		96040		Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	\$ 98.24
6360	96101		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 test	\$ 191.25
6361	96102		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 ho	\$ 93.33
6362	96103		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	\$ 87.96
6363	96105		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 repor	\$ 170.98
6364	96110		96110		Developmental screening, with interpretation and report, per standardized instrument form	\$ 41.77
6365	96111		96111		Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report	\$ 175.28
6366	96116		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, bot	\$ 226.49
6367	96118		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 int	\$ 234.56
6368	96119		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	\$ 156.24
6369	96120		96120		Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	\$ 115.84
6370	96125		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 prepari	\$ 208.77
6371	96150		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	\$ 51.14

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
6372	96151		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	\$ 27.87
6373	96152		96152		Health and behavior intervention, each 15 minutes, face-to-face; individual	\$ 27.63
6374	96153		96153		Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	\$ 34.17
6375	96154		96154		Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	\$ 37.46
6376	96155		96155		Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	\$ 38.51
6377	96360		96360		Intravenous infusion, hydration; initial, 31 minutes to 1 hour	\$ 115.16
6378	96361		96361		Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	\$ 46.20
6379	96365		96365		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	\$ 132.82
6380	96366		96366		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$ 58.35
6381	96367		96367		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	\$ 84.16
6382	96368		96368		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	\$ 48.93
6383	96369		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)	\$ 299.67
6384	96370		96370		Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$ 33.76
6385	96371		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)	\$ 126.53
6386	96372		90772		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$ 34.73
6387	96373		96373		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	\$ 31.87
6388	96374		90774		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	\$ 97.45
6389	96375		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)	\$ 56.42
6390	96376		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)	\$ -
6391	96379		96379		Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Cost
6392	96401		96401		Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	\$ 153.81
6393	96402		96402		Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	\$ 82.57
6394	96405		96405		Chemotherapy administration; intralesional, up to and including 7 lesions	\$ 93.60
6395	96406		96406		Chemotherapy administration; intralesional, more than 7 lesions	\$ 126.00
6396	96409		96409		Chemotherapy administration; intravenous, push technique, single or initial substance/drug	\$ 278.82
6397	96411		96411		Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	\$ 159.52

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6398	96413		96413		Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	\$ 398.03
6399	96415		96415		Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	\$ 89.79
6400	96416		96416		Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	\$ 426.61
6401	96417		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)	\$ 190.54
6402	96420		96420		Chemotherapy administration, intra-arterial; push technique	\$ 146.70
6403	96422		96422		Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	\$ 159.30
6404	96423		96423		Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	\$ 63.90
6405	96425		96425		Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	\$ 108.00
6406	96440		96440		Chemotherapy administration into pleural cavity, requiring and including thoracentesis	\$ 268.20
6407	96450		96450		Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	\$ 228.60
6408	96521		96521		Refilling and maintenance of portable pump	\$ 338.81
6409	96522		96522		Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	\$ 255.97
6410	96523		96523		Irrigation of implanted venous access device for drug delivery systems	\$ 79.65
6411	96542		96542		Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	\$ 195.30
6412	96549		96549		Unlisted chemotherapy procedure	Cost
6413	96567		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	\$ 663.01
6414	96570		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)	\$ 329.38
6415	96571		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)	\$ 163.85
6416	96900		96900		Actinotherapy (ultraviolet light)	\$ 34.20
6417	96902		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	\$ 55.80
6418	96904		96904		Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	\$ 200.24
6419	96910		96910		Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	\$ 45.00
6420	96912		96912		Photochemotherapy; psoralens and ultraviolet A (PUVA)	\$ 51.30
6421	96913		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)	\$ 195.30
6422	96920		96920		Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	\$ 398.75

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6423	96921		96921		Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	\$ 408.97
6424	96922		96922		Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	\$ 620.53
6425	96999		96999		Unlisted special dermatological service or procedure	Cost
6426	97001		97001		Physical therapy evaluation	\$ 88.97
6427	97002		97002		Physical therapy re-evaluation	\$ 43.47
6428	97003		97003		Occupational therapy evaluation	\$ 73.80
6429	97004		97004		Occupational therapy re-evaluation	\$ 36.00
6430	97005		97005		Athletic training evaluation	\$ 63.80
6431	97006		97006		Athletic training re-evaluation	\$ 36.00
6432	97010		97010		Application of a modality to 1 or more areas; hot or cold packs	\$ 32.94
6433	97012		97012		Application of a modality to 1 or more areas; traction, mechanical	\$ 39.16
6434	97014		97014		Application of a modality to 1 or more areas; electrical stimulation (unattended)	\$ 35.31
6435	97016		97016		Application of a modality to 1 or more areas; vasopneumatic devices	\$ 58.50
6436	97018		97018		Application of a modality to 1 or more areas; paraffin bath	\$ 43.20
6437	97022		97022		Application of a modality to 1 or more areas; whirlpool	\$ 41.40
6438	97024		97024		Application of a modality to 1 or more areas; diathermy (eg, microwave)	\$ 37.81
6439	97032		97032		Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	\$ 44.42
6440	97033		97033		Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	\$ 54.90
6441	97035		97035		Application of a modality to 1 or more areas; ultrasound, each 15 minutes	\$ 37.77
6442	97039		97039		Unlisted modality (specify type and time if constant attendance)	\$ 10.00
6443	97110		97110		Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$ 46.60
6444	97112		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	\$ 43.21
6445	97113		97113		Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$ 52.59
6446	97116		97116		Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	\$ 43.91
6447	97124		97124		Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$ 41.79
6448	97140		97140		Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	\$ 48.65
6449	97150		97150		Therapeutic procedure(s), group (2 or more individuals)	\$ 27.21
6450	97530		97530		Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	\$ 56.70
6451	97532		97532		Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	\$ 36.03
6452	97535		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, each 15 minutes	\$ 56.70
6453	97537		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 cont	\$ 39.24
6454	97542		97542		Wheelchair management (eg, assessment, fitting, training), each 15 minutes	\$ 29.60
6455	97545		97545		Work hardening/conditioning; initial 2 hours	\$ 190.80

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6456	97546		97546		Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	\$ 99.90
6457	97597		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	\$ 104.34
6458	97598		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	\$ 114.89
6459	97602		97602		Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	\$ 126.66
6460	97760		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	\$ 63.04
6461	97761		97761		Prosthetic training, upper and/or lower extremity(s), each 15 minutes	\$ 57.46
6462	97762		97762		Checkout for orthotic/prosthetic use, established patient, each 15 minutes	\$ 57.79
6463	97802		97802		Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$ 32.69
6464	97803		97803		Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$ 31.73
6465	97804		97804		Medical nutrition therapy; group (2 or more individuals), each 30 minutes	\$ 12.42
6466	97810		97810		Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	\$ 60.96
6467	97811		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)	\$ 51.38
6468	97813		97813		Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	\$ 66.59
6469	97814		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)	\$ 57.30
6470	98925		98925		Osteopathic manipulative treatment (OMT); 1-2 body regions involved	\$ 53.46
6471	98926		98926		Osteopathic manipulative treatment (OMT); 3-4 body regions involved	\$ 83.70
6472	98927		98927		Osteopathic manipulative treatment (OMT); 5-6 body regions involved	\$ 100.80
6473	98928		98928		Osteopathic manipulative treatment (OMT); 7-8 body regions involved	\$ 115.20
6474	98929		98929		Osteopathic manipulative treatment (OMT); 9-10 body regions involved	\$ 135.00
6475	98940		98940		Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	\$ 48.32
6476	98941		98941		Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	\$ 63.55
6477	98942		98942		Chiropractic manipulative treatment (CMT); spinal, 5 regions	\$ 91.80
6478	98943		98943		Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	\$ 49.50
6479	98960		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	\$ 63.65

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
6480	98961		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	\$ 49.81
6481	98962		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	\$ 36.96
6482	98966		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 n	\$ 40.02
6483	98967		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 n	\$ 78.06
6484	98968		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 n	\$ 111.03
6485	98969		98969		Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the I	\$ -
6486	99000		99000		Handling and/or conveyance of specimen for transfer from the office to a laboratory	\$ 23.40
6487	99001		99001		Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	\$ 26.10
6488	99002		99002		Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated b	\$ 27.00
6489	99024		99024		Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	\$ -
6490	99050		99050		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	\$ 81.00
6491	99051		99051		Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	\$ -
6492	99053		99053		Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	\$ -
6493	99056		99056		Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	\$ 101.70
6494	99058		99058		Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	\$ 96.58
6495	99075		99075		Medical testimony	\$ 627.30
6496	99078		99078		Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	\$ 72.00
6497	99080		99080		Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	\$ 102.60
6498	99082		99082		Unusual travel (eg, transportation and escort of patient)	\$ 369.00
6499	99090		99090		Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)	\$ 232.20

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
6500	99091		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, qualified by education, train	\$ 101.30
6501	99100		99100		Anesthesia for patient of extreme age, younger than 1 year or older than 70 (List separately in addition to code for primary anesthesia procedure)	\$ 88.00
6502	99116		99116		Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	\$ -
6503	99135		99135		Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	\$ -
6504	99140		99140		Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	\$ 192.50
6505	99143		99143		Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the pre	\$ 192.50
6506	99144		99144		Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the pre	\$ 192.50
6507	99145		99145		Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the pre	\$ -
6508	99148		99148		Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the se	\$ 143.00
6509	99149		99149		Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the se	\$ -
6510	99150		99150		Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the se	\$ -
6511	99170		99170		Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	\$ 363.95
6512	99173		99173		Screening test of visual acuity, quantitative, bilateral	\$ 29.89
6513	99174		99174		Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral	\$ 39.61
6514	99175		99175		Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	\$ 106.20
6515	99183		99183		Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	\$ 271.80
6516	99190		99190		Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	\$ -
6517	99191		99191		Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	\$ -
6518	99192		99192		Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	\$ -
6519	99195		99195		Phlebotomy, therapeutic (separate procedure)	\$ 69.30
6520	99199		99199		Unlisted special service, procedure or report	Cost

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
6521	99201		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 o	\$ 75.03
6522	99202		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 a	\$ 86.93
6523	99203		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; Medical decision making of low complexity. Counseling and/or coordination of care with	\$ 119.33
6524	99204		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 coordinatio	\$ 157.94
6525	99205		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	\$ 207.38
6526	99211		99211		Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minute	\$ 36.97
6527	99212		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. Counselin	\$ 56.87
6528	99213		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	\$ 74.01
6529	99214		99214		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 detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/o	\$ 101.53
6530	99215		99215		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	\$ 156.37
6531	99218		99218		Initial observation 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 o	\$ 134.10
6532	99219		99219		Initial observation 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 coordinat	\$ 185.40
6533	99221		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	\$ 146.86
6534	99222		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	\$ 215.43

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
6535	99223		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	\$ 242.77
6536	99231		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 o	\$ 76.73
6537	99232		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 moder	\$ 99.73
6538	99233		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 coor	\$ 152.75
6539	99234		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;	\$ 174.35
6540	99235		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 ma	\$ 238.54
6541	99236		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 ma	\$ 384.38
6542	99238		99238		Hospital discharge day management; 30 minutes or less	\$ 133.05
6543	99239		99239		Hospital discharge day management; more than 30 minutes	\$ 172.27
6544	99241		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 physician	\$ 105.67
6545	99242		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	\$ 143.19
6546	99243		99243		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 physicians, other qua	\$ 182.41
6547	99244		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 physic	\$ 234.86
6548	99245		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 physicians	\$ 298.54
6549	99251		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 physic	\$ 122.67

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6550	99252		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 ca	\$ 160.52
6551	99253		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 physicians, other	\$ 198.36
6552	99254		99254		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 phy	\$ 242.77
6553	99255		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 physici	\$ 314.79
6554	99281		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	\$ 91.71
6555	99282		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/o	\$ 120.82
6556	99283		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	\$ 183.70
6557	99284		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 o	\$ 260.67
6558	99285		99285		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 comprehensi	\$ 355.91
6559	99288		99288		Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	\$ 125.00
6560	99291		99291		Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	\$ 370.17
6561	99292		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)	\$ 187.78
6562	99304		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 straightforwar	\$ 91.71
6563	99305		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 coor	\$ 128.46
6564	99306		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 coordina	\$ 157.46

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6565	99341		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	\$ 88.12
6566	99342		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 coordinati	\$ 99.69
6567	99343		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 physici	\$ 135.42
6568	99344		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 oth	\$ 189.85
6569	99345		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 p	\$ 250.72
6570	99347		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 coor	\$ 63.21
6571	99354		99354		Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)	\$ 186.25
6572	99356		99356		Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	\$ 224.06
6573	99358		99358		Prolonged evaluation and management service before and/or after direct patient care; first hour	\$ 202.71
6574	99360		99360		Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	\$ 186.05
6575	99367		99367		Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	\$ 64.15
6576	99368		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	\$ 41.06
6577	99385		99385		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/diagnos	\$ 142.18
6578	99391		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/diag	\$ 82.75
6579	99392		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/diag	\$ 86.88
6580	99393		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/diag	\$ 89.13

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6581	99394		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/diag	\$ 105.22
6582	99395		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/diag	\$ 115.76
6583	99396		99396		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/diag	\$ 135.29
6584	99401		99401		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	\$ 48.03
6585	99460		99460		Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	\$ 144.33
6586	99461		99461		Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	\$ 98.43
6587	99462		99462		Subsequent hospital care, per day, for evaluation and management of normal newborn	\$ 68.89
6588	99463		99463		Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	\$ 157.01
6589	99464		99464		Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	\$ 155.16
6590	99465		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	\$ 278.60
6591	99466		99466		Critical care face-to-face services, 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	\$ 410.44
6592	99467		99467		Critical care face-to-face services, 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)	\$ 231.30
6593	99468		99468		Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	\$ 1,541.18
6594	99469		99469		Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	\$ 961.49
6595	99471		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	\$ 1,358.69
6596	99472		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	\$ 920.42
6597	99475		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	\$ 1,108.22
6598	99476		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	\$ 815.58
6599	99478		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)	\$ 398.22
6600	99479		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)	\$ 373.08

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6601	99480		99480		Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	\$ 350.97
6602	99499		99499		Unlisted evaluation and management service	\$ 38.50
6603	99500		99500		Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	\$ -
6604	99502		99502		Home visit for newborn care and assessment	\$ 38.50
6605	99503		99503		Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	\$ -
6606	99504		99504		Home visit for mechanical ventilation care	\$ -
6607	99505		99505		Home visit for stoma care and maintenance including colostomy and cystostomy	\$ -
6608	99506		99506		Home visit for intramuscular injections	\$ -
6609	99507		99507		Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	\$ 27.50
6610	99509		99509		Home visit for assistance with activities of daily living and personal care	\$ 33.00
6611	99510		99510		Home visit for individual, family, or marriage counseling	\$ -
6612	99511		99511		Home visit for fecal impaction management and enema administration	\$ -
6613	99512		99512		Home visit for hemodialysis	\$ -
6614	99600		99600		Unlisted home visit service or procedure	Cost
6615	99601		99601		Home infusion/specialty drug administration, per visit (up to 2 hours);	\$ -
6616	99602		99602		Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	\$ -
6617	99605		99605		Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	\$ -
6618	99606		99606		Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	\$ -
6619	99607		99607		Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	\$ -
6620	A0380			A0380	BLS mileage (per mile)	\$ 8.25
6621	A0427			A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS1- emergency)	\$ 187.00
6622	A0428			A0428	Ambulance service, basic life support, non-emergency transport, (BLS)	\$ 137.50
6623	A0430			A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	\$ 220.00
6624	A0998			A0998	Ambulance response and treatment, no transport	\$ 137.50
6625	D0120			D0120	Periodic oral evaluation - established patient	\$ 30.00
6626	D0140			D0140	Limited oral evaluation - problem focused	\$ 30.00
6627	D0150			D0150	Comprehensive oral evaluation - new or established patient	\$ 60.00
6628	D0160			D0160	Detailed and extensive oral evaluation - problem focused, by report	\$ 71.50
6629	D0170			D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$ 39.00
6630	D0210			D0210	Intraoral - complete series of radiographic images	\$ 85.00
6631	D0220			D0220	Intraoral - periapical first radiographic image	\$ 18.00
6632	D0230			D0230	Intraoral - periapical each additional radiographic image	\$ 8.00
6633	D0240			D0240	Intraoral - occlusal radiographic image	\$ 27.50
6634	D0250			D0250	Extraoral - first radiographic image	\$ 38.00
6635	D0260			D0260	Extraoral - each additional radiographic image	\$ 32.00
6636	D0270			D0270	Bitewing - single radiographic image	\$ 18.00
6637	D0272		D0272		Bitewings - two radiographic images	\$ 35.50
6638	D0274			D0274	Bitewings - four radiographic images	\$ 41.00
6639	D0277			D0277	Vertical bitewings - 7 to 8 radiographic images	\$ 57.00
6640	D0290			D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$ 81.00
6641	D0310			D0310	Sialography	\$ 155.00

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6642	D0320			D0320	Temporomandibular joint arthrogram, including injection	\$ 369.00
6643	D0321			D0321	Other temporomandibular joint radiographic images, by report	\$ 148.00
6644	D0322			D0322	Tomographic survey	\$ 265.00
6645	D0330		D0330		Panoramic radiographic image	\$ 60.00
6646	D0340		D0340		Cephalometric radiographic image	\$ 55.00
6647	D0350			D0350	Oral/facial photographic images	\$ 43.00
6648	D0415			D0415	Collection of microorganisms for culture and sensitivity	\$ 95.00
6649	D0425			D0425	Caries susceptibility tests	\$ 61.00
6650	D0460			D0460	Pulp vitality tests	\$ 36.00
6651	D0470			D0470	Diagnostic casts	\$ 69.00
6652	D0472			D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$ 55.00
6653	D0501			D0501	HISTOPATHOLOGIC EXAMINATIONS Refers to gross and microscopic evaluations of presumptively abnormal tissue(s) that have been previously excised. Includes preparation and transmission of written report.	\$ 127.00
6654	D0502			D0502	Other oral pathology procedures, by report	\$ 114.00
6655	D0999			D0999	Unspecified diagnostic procedure, by report	Individual Report
6656	D1110			D1110	Prophylaxis - adult	\$ 88.00
6657	D1120			D1120	Prophylaxis - child	\$ 44.00
6658	D1206			D1206	Topical application of fluoride varnish	\$ 60.00
6659	D1208			D1208	Topical application of fluoride	\$ 60.00
6660	D1310			D1310	Nutritional counseling for control of dental disease	\$ 47.00
6661	D1320			D1320	Tobacco counseling for the control and prevention of oral disease	\$ 51.00
6662	D1330			D1330	Oral hygiene instructions	\$ 70.00
6663	D1351			D1351	Sealant - per tooth	\$ 55.00
6664	D1510			D1510	Space maintainer - fixed - unilateral	\$ 221.00
6665	D1515			D1515	Space maintainer - fixed - bilateral	\$ 311.00
6666	D1520			D1520	Space maintainer - removable - unilateral	\$ 266.00
6667	D1525			D1525	Space maintainer - removable - bilateral	\$ 346.00
6668	D1550			D1550	Re-cementation of space maintainer	\$ 53.00
6669	D2140			D2140	Amalgam - one surface, primary or permanent	\$ 75.00
6670	D2150			D2150	Amalgam - two surfaces, primary or permanent	\$ 108.00
6671	D2160			D2160	Amalgam - three surfaces, primary or permanent	\$ 119.00
6672	D2161			D2161	Amalgam - four or more surfaces, primary or permanent	\$ 130.00
6673	D2330			D2330	Resin-based composite - one surface, anterior	\$ 132.00
6674	D2331			D2331	Resin-based composite - two surfaces, anterior	\$ 198.00
6675	D2332			D2332	Resin-based composite - three surfaces, anterior	\$ 220.00
6676	D2335			D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$ 242.00
6677	D2390			D2390	Resin-based composite crown, anterior	\$ 250.00
6678	D2391			D2391	Resin-based composite - one surface, posterior	\$ 66.00
6679	D2392			D2392	Resin-based composite - two surfaces, posterior	\$ 99.00
6680	D2393			D2393	Resin-based composite - three surfaces, posterior	\$ 110.00
6681	D2394			D2394	Resin-based composite - four or more surfaces, posterior	\$ 121.00
6682	D2410			D2410	Gold foil - one surface	\$ 360.00
6683	D2420			D2420	Gold foil - two surfaces	\$ 443.00
6684	D2430			D2430	Gold foil - three surfaces	\$ 525.00
6685	D2510			D2510	Inlay - metallic - one surface	\$ 522.00
6686	D2520			D2520	Inlay - metallic - two surfaces	\$ 580.00
6687	D2530			D2530	Inlay - metallic - three or more surfaces	\$ 625.00
6688	D2542			D2542	Onlay - metallic-two surfaces	\$ 650.00
6689	D2543			D2543	Onlay - metallic-three surfaces	\$ 691.00
6690	D2544			D2544	Onlay - metallic-four or more surfaces	\$ 720.00
6691	D2610			D2610	Inlay - porcelain/ceramic - one surface	\$ 583.00
6692	D2620			D2620	Inlay - porcelain/ceramic - two surfaces	\$ 630.00
6693	D2630			D2630	Inlay - porcelain/ceramic - three or more surfaces	\$ 671.00
6694	D2642			D2642	Onlay - porcelain/ceramic - two surfaces	\$ 688.00
6695	D2643			D2643	Onlay - porcelain/ceramic - three surfaces	\$ 717.00
6696	D2644			D2644	Onlay - porcelain/ceramic - four or more surfaces	\$ 744.00
6697	D2650			D2650	Inlay - resin-based composite - one surface	\$ 526.00
6698	D2651			D2651	Inlay - resin-based composite - two surfaces	\$ 569.00
6699	D2652			D2652	Inlay - resin-based composite - three or more surfaces	\$ 613.00
6700	D2662			D2662	Onlay - resin-based composite - two surfaces	\$ 650.00
6701	D2663			D2663	Onlay - resin-based composite - three surfaces	\$ 669.00
6702	D2664			D2664	Onlay - resin-based composite - four or more surfaces	\$ 695.00
6703	D2710			D2710	Crown - resin-based composite (indirect)	\$ 385.00
6704	D2720			D2720	Crown - resin with high noble metal	\$ 733.00

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6705	D2721			D2721	Crown - resin with predominantly base metal	\$ 661.00
6706	D2722			D2722	Crown - resin with noble metal	\$ 703.00
6707	D2740			D2740	Crown - porcelain/ceramic substrate	\$ 751.00
6708	D2750			D2750	Crown - porcelain fused to high noble metal	\$ 744.00
6709	D2751			D2751	Crown - porcelain fused to predominantly base metal	\$ 540.00
6710	D2752			D2752	Crown - porcelain fused to noble metal	\$ 795.00
6711	D2780			D2780	Crown - 3/4 cast high noble metal	\$ 738.00
6712	D2781			D2781	Crown - 3/4 cast predominantly base metal	\$ 697.00
6713	D2782			D2782	Crown - 3/4 cast noble metal	\$ 715.00
6714	D2783			D2783	Crown - 3/4 porcelain/ceramic	\$ 750.00
6715	D2790			D2790	Crown - full cast high noble metal	\$ 728.00
6716	D2791			D2791	Crown - full cast predominantly base metal	\$ 675.00
6717	D2792			D2792	Crown - full cast noble metal	\$ 700.00
6718	D2799			D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	\$ 215.00
6719	D2910			D2910	Recement inlay, onlay, or partial coverage restoration	\$ 77.00
6720	D2915			D2915	Recement cast or prefabricated post and core	\$ 218.00
6721	D2920			D2920	Recement crown	\$ 99.00
6722	D2930			D2930	Prefabricated stainless steel crown - primary tooth	\$ 150.00
6723	D2931			D2931	Prefabricated stainless steel crown - permanent tooth	\$ 150.00
6724	D2932			D2932	Prefabricated resin crown	\$ 200.00
6725	D2933			D2933	Prefabricated stainless steel crown with resin window	\$ 239.00
6726	D2940			D2940	Protective restoration	\$ 71.50
6727	D2950			D2950	Core buildup, including any pins	\$ 150.00
6728	D2951			D2951	Pin retention - per tooth, in addition to restoration	\$ 77.00
6729	D2952			D2952	Post and core in addition to crown, indirectly fabricated	\$ 303.50
6730	D2953			D2953	Each additional indirectly fabricated post - same tooth	\$ 188.00
6731	D2954			D2954	Prefabricated post and core in addition to crown	\$ 765.00
6732	D2955			D2955	Post removal	\$ 187.00
6733	D2957			D2957	Each additional prefabricated post - same tooth	\$ 66.00
6734	D2960			D2960	Labial veneer (resin laminate) - chairside	\$ 375.00
6735	D2961			D2961	Labial veneer (resin laminate) - laboratory	\$ 450.00
6736	D2962			D2962	Labial veneer (porcelain laminate) - laboratory	\$ 495.00
6737	D2970			D2970	Temporary crown (fractured tooth)	\$ 137.50
6738	D2980			D2980	Crown repair necessitated by restorative material failure	\$ 180.00
6739	D2999			D2999	Unspecified restorative procedure, by report	Individual Report
6740	D3110			D3110	Pulp cap - direct (excluding final restoration)	\$ 55.00
6741	D3120			D3120	Pulp cap - indirect (excluding final restoration)	\$ 33.00
6742	D3220			D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$ 77.00
6743	D3221			D3221	Pulpal debridement, primary and permanent teeth	\$ 88.00
6744	D3230			D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ 175.00
6745	D3240			D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ 196.00
6746	D3310			D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$ 247.50
6747	D3320			D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$ 605.00
6748	D3330			D3330	Endodontic therapy, molar (excluding final restoration)	\$ 852.50
6749	D3331			D3331	Treatment of root canal obstruction; non-surgical access	\$ 210.00
6750	D3332			D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ 233.00
6751	D3333			D3333	Internal root repair of perforation defects	\$ 133.00
6752	D3346			D3346	Retreatment of previous root canal therapy - anterior	\$ 360.00
6753	D3347			D3347	Retreatment of previous root canal therapy - bicuspid	\$ 360.00
6754	D3348			D3348	Retreatment of previous root canal therapy - molar	\$ 360.00
6755	D3351			D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$ 110.00
6756	D3352			D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$ 110.00
6757	D3353			D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$ 110.00
6758	D3410			D3410	Apicoectomy/periradicular surgery - anterior	\$ 330.00
6759	D3421			D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$ 330.00
6760	D3425			D3425	Apicoectomy/periradicular surgery - molar (first root)	\$ 330.00

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6761	D3426			D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 210.00
6762	D3430			D3430	Retrograde filling - per root	\$ 170.00
6763	D3450			D3450	Root amputation - per root	\$ 300.00
6764	D3460			D3460	Endodontic endosseous implant	\$ 759.00
6765	D3470			D3470	Intentional reimplantation (including necessary splinting)	\$ 539.00
6766	D3910			D3910	Surgical procedure for isolation of tooth with rubber dam	\$ 125.00
6767	D3920			D3920	Hemisection (including any root removal), not including root canal therapy	\$ 299.00
6768	D3950			D3950	Canal preparation and fitting of preformed dowel or post	\$ 160.00
6769	D3999			D3999	Unspecified endodontic procedure, by report	Individual Report
6770	D4210			D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 420.00
6771	D4211			D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 148.00
6772	D4240			D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 493.00
6773	D4241			D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 207.00
6774	D4245			D4245	Apically positioned flap	\$ 554.00
6775	D4249			D4249	Clinical crown lengthening - hard tissue	\$ 478.00
6776	D4260			D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$ 724.00
6777	D4263			D4263	Bone replacement graft - first site in quadrant	\$ 456.00
6778	D4264			D4264	Bone replacement graft - each additional site in quadrant	\$ 335.00
6779	D4266			D4266	Guided tissue regeneration - resorbable barrier, per site	\$ 603.00
6780	D4267			D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$ 688.00
6781	D4268			D4268	Surgical revision procedure, per tooth	\$ 534.00
6782	D4270			D4270	Pedicle soft tissue graft procedure	\$ 536.00
6783	D4273			D4273	Subepithelial connective tissue graft procedures, per tooth	\$ 735.00
6784	D4277			D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$ 595.00
6785	D4278			D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$ 595.00
6786	D4320			D4320	Provisional splinting - intracoronal	\$ 332.00
6787	D4321			D4321	Provisional splinting - extracoronal	\$ 300.00
6788	D4341			D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$ 132.00
6789	D4355			D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 264.00
6790	D4360			D4360	Trismus appliance (not for TMD treatment)	\$ 220.00
6791	D4910			D4910	Periodontal maintenance	\$ 88.00
6792	D4920			D4920	Unscheduled dressing change (by someone other than treating dentist)	\$ 71.00
6793	D4921			D4921	Gingival irrigation per quad	\$ 207.00
6794	D4999			D4999	Unspecified periodontal procedure, by report	Individual Report
6795	D5110			D5110	Complete denture - maxillary	\$ 600.00
6796	D5120			D5120	Complete denture - mandibular	\$ 600.00
6797	D5130			D5130	Immediate denture - maxillary	\$ 700.00
6798	D5140			D5140	Immediate denture - mandibular	\$ 700.00
6799	D5211			D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 250.00
6800	D5212			D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 250.00
6801	D5213			D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 650.00
6802	D5214			D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 650.00
6803	D5226			D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ 605.00
6804	D5231			D5231	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 605.00
6805	D5251			D5251	Complete denture - maxillary	\$ 605.00

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6806	D5281			D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$ 625.00
6807	D5310			D5310	Repair or replace broken clasp	\$ 27.50
6808	D5320			D5320	Add tooth to existing partial denture	\$ 27.50
6809	D5410			D5410	Adjust complete denture - maxillary	\$ 30.00
6810	D5411			D5411	Adjust complete denture - mandibular	\$ 30.00
6811	D5421			D5421	Adjust partial denture - maxillary	\$ 25.00
6812	D5422			D5422	Adjust partial denture - mandibular	\$ 25.00
6813	D5510			D5510	Repair broken complete denture base	\$ 55.00
6814	D5520			D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 55.00
6815	D5610			D5610	Repair resin denture base	\$ 50.00
6816	D5620			D5620	Repair cast framework	\$ 55.00
6817	D5630			D5630	Repair or replace broken clasp	\$ 55.00
6818	D5640			D5640	Replace broken teeth - per tooth	\$ 55.00
6819	D5650			D5650	Add tooth to existing partial denture	\$ 55.00
6820	D5660			D5660	Add clasp to existing partial denture	\$ 50.00
6821	D5710			D5710	Rebase complete maxillary denture	\$ 379.00
6822	D5711			D5711	Rebase complete mandibular denture	\$ 380.00
6823	D5720			D5720	Rebase maxillary partial denture	\$ 367.00
6824	D5721			D5721	Rebase mandibular partial denture	\$ 366.00
6825	D5730			D5730	Reline complete maxillary denture (chairside)	\$ 248.00
6826	D5731			D5731	Reline complete mandibular denture (chairside)	\$ 249.00
6827	D5740			D5740	Reline maxillary partial denture (chairside)	\$ 245.00
6828	D5741			D5741	Reline mandibular partial denture (chairside)	\$ 244.00
6829	D5750			D5750	Reline complete maxillary denture (laboratory)	\$ 110.00
6830	D5751			D5751	Reline complete mandibular denture (laboratory)	\$ 110.00
6831	D5760			D5760	Reline maxillary partial denture (laboratory)	\$ 110.00
6832	D5761			D5761	Reline mandibular partial denture (laboratory)	\$ 110.00
6833	D5810			D5810	Interim complete denture (maxillary)	\$ 517.00
6834	D5811			D5811	Interim complete denture (mandibular)	\$ 524.00
6835	D5820			D5820	Interim partial denture (maxillary)	\$ 442.00
6836	D5821			D5821	Interim partial denture (mandibular)	\$ 442.00
6837	D5850			D5850	Tissue conditioning, maxillary	\$ 125.00
6838	D5851			D5851	Tissue conditioning, mandibular	\$ 125.00
6839	D5860			D5860	Overdenture - complete, by report	\$ 660.00
6840	D5861			D5861	Overdenture - partial, by report	\$ 660.00
6841	D5862			D5862	Precision attachment, by report	\$ 435.00
6842	D5875			D5875	Modification of removable prosthesis following implant surgery	\$ 236.00
6843	D5899			D5899	Unspecified removable prosthodontic procedure, by report	Individual Report
6844	D5911			D5911	Facial moulage (sectional)	Individual Report
6845	D5912			D5912	Facial moulage (complete)	Individual Report
6846	D5913			D5913	Nasal prosthesis	Individual Report
6847	D5914			D5914	Auricular prosthesis	Individual Report
6848	D5915			D5915	Orbital prosthesis	Individual Report
6849	D5916			D5916	Ocular prosthesis	Individual Report
6850	D5919			D5919	Facial prosthesis	Individual Report
6851	D5922			D5922	Nasal septal prosthesis	Individual Report
6852	D5923			D5923	Ocular prosthesis, interim	Individual Report
6853	D5924			D5924	Cranial prosthesis	Individual Report
6854	D5925			D5925	Facial augmentation implant prosthesis	Individual Report
6855	D5926			D5926	Nasal prosthesis, replacement	Individual Report
6856	D5927			D5927	Auricular prosthesis, replacement	Individual Report
6857	D5928			D5928	Orbital prosthesis, replacement	Individual Report
6858	D5929			D5929	Facial prosthesis, replacement	Individual Report
6859	D5931			D5931	Obturator prosthesis, surgical	Individual Report
6860	D5932			D5932	Obturator prosthesis, definitive	Individual Report
6861	D5933			D5933	Obturator prosthesis, modification	Individual Report
6862	D5934			D5934	Mandibular resection prosthesis with guide flange	Individual Report
6863	D5935			D5935	Mandibular resection prosthesis without guide flange	Individual Report
6864	D5936			D5936	Obturator prosthesis, interim	Individual Report
6865	D5937			D5937	Trismus appliance (not for TMD treatment)	Individual Report
6866	D5951			D5951	Feeding aid	Individual Report
6867	D5952			D5952	Speech aid prosthesis, pediatric	Individual Report
6868	D5953			D5953	Speech aid prosthesis, adult	Individual Report
6869	D5954			D5954	Palatal augmentation prosthesis	Individual Report
6870	D5955			D5955	Palatal lift prosthesis, definitive	Individual Report
6871	D5958			D5958	Palatal lift prosthesis, interim	Individual Report
6872	D5959			D5959	Palatal lift prosthesis, modification	Individual Report

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6873	D5960			D5960	Speech aid prosthesis, modification	Individual Report
6874	D5982			D5982	Surgical stent	\$ 273.00
6875	D5983			D5983	Radiation carrier	Individual Report
6876	D5984			D5984	Radiation shield	Individual Report
6877	D5985			D5985	Radiation cone locator	Individual Report
6878	D5986			D5986	Fluoride gel carrier	\$ 115.00
6879	D5987			D5987	Commissure splint	Individual Report
6880	D5988			D5988	Surgical splint	\$ 549.00
6881	D5992			D5992	Adjust maxillofacial prosthetic appliance, by report	\$ 220.00
6882	D5999			D5999	Unspecified maxillofacial prosthesis, by report	Individual Report
6883	D6010			D6010	Surgical placement of implant body: endosteal implant	\$ 1,425.00
6884	D6012			D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$ 650.00
6885	D6040			D6040	Surgical placement: eosteal implant	\$ 6,023.00
6886	D6050			D6050	Surgical placement: transosteal implant	\$ 4,153.00
6887	D6055			D6055	Connecting bar - implant supported or abutment supported	\$ 1,667.00
6888	D6056			D6056	Prefabricated abutment - includes modification and placement	\$ 429.00
6889	D6057			D6057	Custom fabricated abutment - includes placement	\$ 600.00
6890	D6058			D6058	Abutment supported porcelain/ceramic crown	\$ 850.00
6891	D6059			D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ 861.00
6892	D6060			D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$ 730.00
6893	D6061			D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$ 800.00
6894	D6062			D6062	Abutment supported cast metal crown (high noble metal)	\$ 844.00
6895	D6063			D6063	Abutment supported cast metal crown (predominantly base metal)	\$ 755.00
6896	D6064			D6064	Abutment supported cast metal crown (noble metal)	\$ 800.00
6897	D6065			D6065	Implant supported porcelain/ceramic crown	\$ 960.00
6898	D6066			D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$ 981.00
6899	D6067			D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$ 950.00
6900	D6068			D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$ 844.00
6901	D6069			D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$ 836.00
6902	D6070			D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$ 703.00
6903	D6071			D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$ 792.00
6904	D6072			D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$ 810.00
6905	D6073			D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$ 760.00
6906	D6074			D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$ 775.00
6907	D6075			D6075	Implant supported retainer for ceramic FPD	\$ 906.00
6908	D6077			D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$ 935.00
6909	D6078			D6078	Implant/abutment supported fixed denture for completely edentulous arch	\$ 2,500.00
6910	D6079			D6079	Implant/abutment supported fixed denture for partially edentulous arch	\$ 1,650.00
6911	D6090			D6090	Repair implant supported prosthesis, by report	\$ 493.00
6912	D6095			D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$ 500.00
6913	D6100			D6100	Implant removal, by report	\$ 526.00
6914	D6199			D6199	Unspecified implant procedure, by report	Individual Report
6915	D6210			D6210	Pontic - cast high noble metal	\$ 725.00
6916	D6211			D6211	Pontic - cast predominantly base metal	\$ 675.00
6917	D6212			D6212	Pontic - cast noble metal	\$ 778.00
6918	D6240			D6240	Pontic - porcelain fused to high noble metal	\$ 735.00
6919	D6241			D6241	Pontic - porcelain fused to predominantly base metal	\$ 680.00
6920	D6242			D6242	Pontic - porcelain fused to noble metal	\$ 745.00
6921	D6245			D6245	Pontic - porcelain/ceramic	\$ 749.00
6922	D6250			D6250	Pontic - resin with high noble metal	\$ 727.00
6923	D6251			D6251	Pontic - resin with predominantly base metal	\$ 680.00
6924	D6252			D6252	Pontic - resin with noble metal	\$ 722.00

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6925	D6545			D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$ 452.00
6926	D6548			D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$ 603.00
6927	D6600			D6600	Inlay - porcelain/ceramic, two surfaces	\$ 750.00
6928	D6601			D6601	Inlay - porcelain/ceramic, three or more surfaces	\$ 750.00
6929	D6608			D6608	Onlay -porcelain/ceramic, two surfaces	\$ 750.00
6930	D6609			D6609	Onlay - porcelain/ceramic, three or more surfaces	\$ 750.00
6931	D6710			D6710	Crown - indirect resin based composite	\$ 250.00
6932	D6720			D6720	Crown - resin with high noble metal	\$ 750.00
6933	D6721			D6721	Crown - resin with predominantly base metal	\$ 700.00
6934	D6722			D6722	Crown - resin with noble metal	\$ 727.00
6935	D6740			D6740	Crown - porcelain/ceramic	\$ 768.00
6936	D6750			D6750	Crown - porcelain fused to high noble metal	\$ 745.00
6937	D6751			D6751	Crown - porcelain fused to predominantly base metal	\$ 685.00
6938	D6752			D6752	Crown - porcelain fused to noble metal	\$ 745.00
6939	D6780			D6780	Crown - 3/4 cast high noble metal	\$ 727.00
6940	D6781			D6781	Crown - 3/4 cast predominantly base metal	\$ 718.00
6941	D6782			D6782	Crown - 3/4 cast noble metal	\$ 748.00
6942	D6783			D6783	Crown - 3/4 porcelain/ceramic	\$ 773.00
6943	D6790			D6790	Crown - full cast high noble metal	\$ 778.00
6944	D6791			D6791	Crown - full cast predominantly base metal	\$ 675.00
6945	D6792			D6792	Crown - full cast noble metal	\$ 709.00
6946	D6920			D6920	Connector bar	\$ 647.00
6947	D6930			D6930	Recement fixed partial denture	\$ 95.00
6948	D6940			D6940	Stress breaker	\$ 272.00
6949	D6950			D6950	Precision attachment	\$ 427.00
6950	D6975			D6975	Coping	\$ 471.00
6951	D6980			D6980	Fixed partial denture repair necessitated by restorative material failure	\$ 250.00
6952	D6999			D6999	Unspecified fixed prosthodontic procedure, by report	Individual Report
6953	D7111			D7111	Extraction, coronal remnants - deciduous tooth	\$ 77.00
6954	D7140			D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 77.00
6955	D7210			D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$ 300.00
6956	D7220			D7220	Removal of impacted tooth - soft tissue	\$ 330.00
6957	D7230			D7230	Removal of impacted tooth - partially bony	\$ 270.00
6958	D7240			D7240	Removal of impacted tooth - completely bony	\$ 300.00
6959	D7241			D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$ 395.00
6960	D7250			D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 193.00
6961	D7260			D7260	Oroantral fistula closure	\$ 445.00
6962	D7270			D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 334.00
6963	D7272			D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$ 444.00
6964	D7280			D7280	Surgical access of an unerupted tooth	\$ 310.00
6965	D7282			D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$ 250.00
6966	D7283			D7283	Placement of device to facilitate eruption of impacted tooth	\$ 250.00
6967	D7285			D7285	Biopsy of oral tissue - hard (bone, tooth)	\$ 165.00
6968	D7286			D7286	Biopsy of oral tissue - soft	\$ 165.00
6969	D7290			D7290	Surgical repositioning of teeth	\$ 280.00
6970	D7291			D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$ 190.00
6971	D7310			D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 165.00
6972	D7320			D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$ 277.00
6973	D7340			D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$ 602.00
6974	D7410			D7410	Excision of benign lesion up to 1.25 cm	\$ 262.00
6975	D7440			D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$ 364.00
6976	D7441			D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$ 707.00
6977	D7450			D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ 323.00
6978	D7451			D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$ 448.00

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6979	D7460			D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ 315.00
6980	D7461			D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$ 453.00
6981	D7465			D7465	Destruction of lesion(s) by physical or chemical method, by report	\$ 229.00
6982	D7471			D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 373.00
6983	D7490			D7490	Radical resection of maxilla or mandible	\$ 6,125.00
6984	D7510			D7510	Incision and drainage of abscess - intraoral soft tissue	\$ 145.00
6985	D7520			D7520	Incision and drainage of abscess - extraoral soft tissue	\$ 232.00
6986	D7530			D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$ 223.00
6987	D7540			D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$ 359.00
6988	D7550			D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$ 313.00
6989	D7560			D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$ 679.00
6990	D7610			D7610	Maxilla - open reduction (teeth immobilized, if present)	\$ 2,989.00
6991	D7620			D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$ 2,295.00
6992	D7630			D7630	Mandible - open reduction (teeth immobilized, if present)	\$ 2,959.00
6993	D7640			D7640	Mandible - closed reduction (teeth immobilized, if present)	\$ 2,174.00
6994	D7650			D7650	Malar and/or zygomatic arch - open reduction	\$ 2,720.00
6995	D7660			D7660	Malar and/or zygomatic arch - closed reduction	\$ 2,227.00
6996	D7670			D7670	Alveolus closed reduction may include stabilization of teeth	\$ 862.00
6997	D7680			D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$ 4,768.00
6998	D7710			D7710	Maxilla open reduction	\$ 3,259.00
6999	D7720			D7720	Maxilla - closed reduction	\$ 2,161.00
7000	D7730			D7730	Mandible - open reduction	\$ 3,294.00
7001	D7740			D7740	Mandible - closed reduction	\$ 2,435.00
7002	D7750			D7750	Malar and/or zygomatic arch - open reduction	\$ 2,875.00
7003	D7760			D7760	Malar and/or zygomatic arch - closed reduction	\$ 2,669.00
7004	D7770			D7770	Alveolus - open reduction stabilization of teeth	\$ 1,675.00
7005	D7780			D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$ 5,886.00
7006	D7810			D7810	Open reduction of dislocation	\$ 2,980.00
7007	D7820			D7820	Closed reduction of dislocation	\$ 305.00
7008	D7830			D7830	Manipulation under anesthesia	\$ 397.00
7009	D7840			D7840	Condylectomy	\$ 3,974.00
7010	D7850			D7850	Surgical discectomy, with/without implant	\$ 3,935.00
7011	D7852			D7852	Disc repair	\$ 4,188.00
7012	D7854			D7854	Synovectomy	\$ 4,157.00
7013	D7856			D7856	Myotomy	Individual Report
7014	D7858			D7858	Joint reconstruction	Individual Report
7015	D7860			D7860	Arthrotomy	Individual Report
7016	D7865			D7865	Arthroplasty	Individual Report
7017	D7870			D7870	Arthrocentesis	Individual Report
7018	D7871			D7871	Non-arthroscopic lysis and lavage	Individual Report
7019	D7872			D7872	Arthroscopy - diagnosis, with or without biopsy	Individual Report
7020	D7873			D7873	Arthroscopy - surgical: lavage and lysis of adhesions	Individual Report
7021	D7874			D7874	Arthroscopy - surgical: disc repositioning and stabilization	Individual Report
7022	D7875			D7875	Arthroscopy - surgical: synovectomy	Individual Report
7023	D7876			D7876	Arthroscopy - surgical: discectomy	Individual Report
7024	D7877			D7877	Arthroscopy - surgical: debridement	Individual Report
7025	D7880			D7880	Occlusal orthotic device, by report	\$ 598.00
7026	D7899			D7899	Unspecified TMD therapy, by report	Individual Report
7027	D7910			D7910	Suture of recent small wounds up to 5 cm	\$ 190.00
7028	D7911			D7911	Complicated suture - up to 5 cm	\$ 294.00
7029	D7912			D7912	Complicated suture - greater than 5 cm	\$ 415.00
7030	D7920			D7920	Skin graft (identify defect covered, location and type of graft)	\$ 1,611.00
7031	D7940			D7940	Osteoplasty - for orthognathic deformities	\$ 2,476.00
7032	D7941			D7941	Osteotomy - mandibular rami	\$ 6,322.00
7033	D7943			D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$ 5,948.00
7034	D7944			D7944	Osteotomy - segmented or subapical	\$ 4,735.00
7035	D7945			D7945	Osteotomy - body of mandible	\$ 4,895.00
7036	D7946			D7946	LeFort I (maxilla - total)	\$ 5,962.00

Cayman Islands Health Services Authority Charge Master

Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
7037	D7947			D7947	LeFort I (maxilla - segmented)	\$ 6,104.00
7038	D7949			D7949	LeFort II or LeFort III - with bone graft	\$ 8,333.00
7039	D7955			D7955	Repair of maxillofacial soft and/or hard tissue defect	\$ 1,898.00
7040	D7960			D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$ 275.00
7041	D7970			D7970	Excision of hyperplastic tissue - per arch	\$ 320.00
7042	D7971			D7971	Excision of pericoronal gingiva	\$ 150.00
7043	D7980			D7980	Sialolithotomy	\$ 399.00
7044	D7981			D7981	Excision of salivary gland, by report	\$ 2,389.00
7045	D7982			D7982	Sialodochoplasty	\$ 1,150.00
7046	D7983			D7983	Closure of salivary fistula	\$ 610.00
7047	D7990			D7990	Emergency tracheotomy	\$ 870.00
7048	D7991			D7991	Coronoidectomy	\$ 2,775.00
7049	D7995			D7995	Synthetic graft - mandible or facial bones, by report	Individual Report
7050	D7996			D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Individual Report
7051	D7997			D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Individual Report
7052	D7999			D7999	Unspecified oral surgery procedure, by report	Individual Report
7053	D8010			D8010	Limited orthodontic treatment of the primary dentition	\$ 1,200.00
7054	D8020			D8020	Limited orthodontic treatment of the transitional dentition	\$ 1,485.00
7055	D8030			D8030	Limited orthodontic treatment of the adolescent dentition	\$ 1,616.00
7056	D8040			D8040	Limited orthodontic treatment of the adult dentition	\$ 1,562.00
7057	D8050			D8050	Interceptive orthodontic treatment of the primary dentition	\$ 1,545.00
7058	D8060			D8060	Interceptive orthodontic treatment of the transitional dentition	\$ 1,775.00
7059	D8070			D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ 3,968.00
7060	D8080			D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ 3,998.00
7061	D8090			D8090	Comprehensive orthodontic treatment of the adult dentition	\$ 4,125.00
7062	D8210			D8210	Removable appliance therapy	\$ 231.00
7063	D8220			D8220	Fixed appliance therapy	\$ 231.00
7064	D8660			D8660	Pre-orthodontic treatment visit	\$ 170.00
7065	D8670			D8670	Periodic orthodontic treatment visit (as part of contract)	\$ 129.00
7066	D8680			D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$ 275.00
7067	D8690			D8690	Orthodontic treatment (alternative billing to a contract fee)	\$ 160.00
7068	D8691			D8691	Repair of orthodontic appliance	\$ 134.00
7069	D8692			D8692	Replacement of lost or broken retainer	\$ 232.00
7070	D8999			D8999	Unspecified orthodontic procedure, by report	Individual Report
7071	D9110			D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 79.00
7072	D9210			D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$ 45.00
7073	D9211			D9211	Regional block anesthesia	\$ 64.00
7074	D9212			D9212	Trigeminal division block anesthesia	\$ 168.00
7075	D9215			D9215	Local anesthesia in conjunction with operative or surgical procedures	\$ 39.00
7076	D9220			D9220	Deep sedation/general anesthesia - first 30 minutes	\$ 250.00
7077	D9221			D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$ 105.00
7078	D9230			D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$ 45.00
7079	D9241			D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$ 250.00
7080	D9242			D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$ 95.00
7081	D9248			D9248	Non-intravenous conscious sedation	\$ 194.00
7082	D9410			D9410	House/extended care facility call	\$ 129.00
7083	D9420			D9420	Hospital or ambulatory surgical center call	\$ 150.00
7084	D9430			D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$ 47.00
7085	D9440			D9440	Office visit - after regularly scheduled hours	\$ 95.00
7086	D9610			D9610	Therapeutic parenteral drug, single administration	\$ 60.00
7087	D9630			D9630	Other drugs and/or medicaments, by report	\$ 30.00
7088	D9910			D9910	Application of desensitizing medicament	\$ 40.00
7089	D9911			D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$ 46.00
7090	D9920			D9920	Behavior management, by report	\$ 85.00

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Row #	Bill Code	Modifier	CPT-4	HCPCS	CPT/HCPCS Long Description	Price
7091	D9930			D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$ 91.00
7092	D9940			D9940	Occlusal guard, by report	\$ 250.00
7093	D9941			D9941	Fabrication of athletic mouthguard	\$ 80.00
7094	D9950			D9950	Occlusion analysis - mounted case	\$ 210.00
7095	D9951			D9951	Occlusal adjustment - limited	\$ 110.00
7096	D9952			D9952	Occlusal adjustment - complete	\$ 220.00
7097	D9970			D9970	Enamel microabrasion	\$ 142.00
7098	D9971			D9971	Odontoplasty 1 - 2 teeth; includes removal of enamel projections	\$ 85.00
7099	D9972			D9972	External bleaching - per arch - performed in office	\$ 211.00
7100	D9973			D9973	External bleaching - per tooth	\$ 160.00
7101	D9974			D9974	Internal bleaching - per tooth	\$ 189.00
7102	D9999			D9999	Unspecified adjunctive procedure, by report	Individual Report
7103	HS0002				ROOM/BED: Critical Care	\$ 1,507.00
7104	HS0003				ROOM/BED: High Dependency	\$ 440.00
7105	HS0009				ROOM/BED: Neonatal	\$ -
7106	HS0040				ROOM/BED: Isolation	\$ 330.00
7107	HS0042				ROOM/BED: Semi Private	\$ 330.00
7108	HS0043				ROOM/BED: Maternal Care	\$ 495.00
7109	HS0045				ROOM/BED: Neonatal - High Dependency	\$ 440.00
7110	HS0046				ROOM/BED: Neonatal - Special Care	\$ 330.00
7111	HS0048				ROOM/BED: Neonatal - Intensive	\$ 1,507.00
7112	HS0050				ROOM/BED: Psychiatry	\$ 330.00
7113	HS0060				ROOM/BED: Private	\$ 467.50
7114	HS0070				Day Treatment	\$ 220.00
7115	HS0070				ROOM/BED: Day Treatment	\$ 220.00
7116	HS0080				ROOM/BED: Sub Acute	\$ 220.00
7117	HS0106				Operating Room Facility Fee 1st Hour	\$ 660.00
7118	HS0108				Operating Room Facility Fee Add. Hours	\$ 192.50
7119	HS1013				Labour & Delivery Room	\$ 825.00
7120	HS1015				OR Facility Fee Dental <1 Hr	\$ 286.00
7121	HS1017				OR Facility Fee Dental >1 Hr	\$ 517.00
7122	S9460			S9460	Diabetic management program, nurse visit	\$ 36.97
7123	S9981			S9981	Medical records copying fee, administrative	\$ 5.50
7124	S9982			S9982	Medical records copying fee, per page	\$ 0.55
7125	V5014			V5014	Repair/modification of a hearing aid (In- House)	\$ 25.00
7126	V5030			V5030	Hearing aid, monaural, body worn, air conduction	Cost