

الجمهورية اللبنانية
وزارة الداخلية والبلديات

المستند: ١ - الفقرة (٦) من المادة ٦/ من قانون الشراء اعام رقم ٢٤٤
تاريخ ٢٠٢١/٧/٢٩
٢- قانون المحاسبة العمومية الموضوع موضع التنفيذ بموجب
المرسوم رقم ١٤٩١٩ تاريخ ١٢/٣٠/١٩٦٣
٣- دفتر الشروط الإدارية العام لتعهدات لوازم قوى الامن الداخلي
ونظام المناقصات فيها المصدق بموجب المرسوم رقم ٢٨٦٨
تاريخ ١٩٨٠/٤/١٦.

عدد: /
تاريخ: ٢٠٢٥/ /

اتفاق رضائي (إستشفاء)

مستشفيات فئة C

معقود بين :

الدولة اللبنانية	:	ممثلة بشخص معالي وزير الداخلية والبلديات	فريق أول
مستشفى سبلين الحكومي - مؤسسة عامة	:	ممثلة بالسيد ربيع محمود سيف الدين - عنوانها : الشوف - سبلين - هاتف : ٠٣/٨٤٠٩٤٢ - ٢٧/٩٧٢١٢٨ - فاكس : ٢٧/٩٧٢١٢٨ - البريد الالكتروني samir.aboudaher@gmail.com	فريق ثان

لما كان الفريق الأول بحاجة إلى تأمين المعالجة للمستفيدين على عاتق الإدارة .
ولما كان الفريق الثاني تعهد بتأمين تلك المعالجة ويرغب بالتعاقد مع الفريق الأول لتقديم هذه
المعالجة وفق شروط هذا الاتفاق ووفق تصنيف المديرية العامة لقوى الامن الداخلي فقد تم الاتفاق
بالرضى والقبول المتبادلين بين الفريقين على ما يلي:

المادة الأولى:
تعتبر المقدمة أعلاه جزءاً لا يتجزأ من هذا الاتفاق وتتمتع له ، على أن يصار الى اعتماد
التعرفة المعتمدة من قبل الإدارة المبنية على الاسعار المعتمدة والتي ستعتمد من قبل قيادة الجيش
والمرفقة في الجداول ربطاً ، ويجوز تعديلها بموافقة الفريقين بقرار من المدير العام لقوى الأمن الداخلي
وفقاً لما تقتضيه الحاجة.

يقصد بالعبارات المدرجة أدناه تلك المقابلة لكل منها أينما وردت في هذا الاتفاق:

المادة الثانية:

- ٢١ . الفريق الأول الدولة اللبنانية ممثلة بشخص معالي وزير الداخلية والبلديات.
- ٢٢ . الفريق الثاني المؤسسة الصحية .
- ٢٣ . الإدارة المديرية العامة لقوى الأمن الداخلي.
- ٢٤ . المركز الطبي المختص المركز الطبي الذي تقع ضمن نطاقه المؤسسة الصحية
- ٢٥ . المعالجة المداواة بكافة أوجهها من طبية وجراحية بالصورة الخارجية أو
الداخلية مع ما تتضمنه على سبيل المثال لا الحصر:

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ربيع محمود سيف الدين

مدير مستشفى سبلين الحكومي
رقم هاتف: ٠٣/٨٤٠٩٤٢

٢٥١ . الاستشفاء (حالات باردة وطارئة)

٢٥٢ . الأعمال التشخيصية؛ مخبرية، شعاعية، رادارية، تخطيطات...

٢٥٣ . المعاينات

٢٥٤ . العناية الطبية المختلفة.

٢٥٥ . الأدوية.

٢٦ . المستفيد الأشخاص المزودين بموافقة الإدارة الخطية

٢٧ . موافقة الإدارة الخطية البطاقة المسلكية أو الصحية ضمن مهلة صلاحيتها، بيان أبحاث، بطاقة دخول، تعهد، موافقة برقية....

٢٨ . المستندات المثبتة للدين فواتير كلفة المعالجة والمستندات الثبوتية المرفقة بها.

٢٩ . ممثل المؤسسة الصحية هو الشخص المخول بالتوقيع وإبرام العقود عن الفريق الثاني وفقاً للنظام الداخلي الأساسي.

المادة الثالثة:

المستندات الثبوتية المرفقة بالاتفاق والتي تثبت توفر المؤهلات الفنية والمهنية والملاءة المالية بمقدميها:

٣١ . المؤهلات الفنية والمهنية:

٣١١ . تصريح / تعهد (مرفق ربطاً) موقع من المفوض بالتوقيع عن المؤسسة الصحية وممهوراً

بالخاتم الرسمي بشأن التعاقد يرفق به:

أ . مستند تصريح النزاهة (مرفق ربطاً) موقعاً من المفوض بالتوقيع وممهوراً بالخاتم الرسمي.

ب . سجل عدلي وإخراج قيد إفرادي أو صورة هوية للمفوض بالتوقيع لا يعود تاريخيهما لأكثر من ثلاثة أشهر.

ج . مرسوم رقم ٩٨٥٠ تاريخ ٢٠٠٣/٤/١.

٣١٢ . نسخة عن:

أ . ترخيص بفتح واستثمار مستشفى.

ب . إجازة فتح واستثمار (مركز أشعة، مختبر طبي، صيدلية).

٣٢ . الملاءة المالية:

٣٢١ - شهادة تسجيل مؤسسة لدى وزارة المالية - مديرية الواردات (صورة طبق الاصل).

٣٢٢ - شهادة تسجيل المؤسسة الصحية في مديرية الضريبة على القيمة المضافة إذا كانت

خاضعة لها ، أو شهادة عدم التسجيل اذا لم تكون خاضعة ، وفي هذه الحالة يلتزم

الملتزم بسعره وان أصبح مسجلاً في فترة التنفيذ .

٣٢٣ - إفادة صادرة عن البلدية التي يقع المركز الرئيسي للمؤسسة الصحية ، تفيد أنها سددت

كامل الرسوم البلدية المتوجبة عليها ، صادرة عن العام الذي تجري فيه جلسة التلزم .

مدير مستشفى سيف الدين
رشة الخشابة ٥١٨٦٥

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٣٢٤- إفادتا عدم إفلاس وعدم تصفية قضائية صادرتين عن المحكمة الكائنة ضمن نطاق صلاحيتهما المؤسسة التجارية تثبت أن هذه الأخيرة ليست في حالة الإفلاس والتصفية القضائية على ألا يعود تاريخهما لأكثر من سنة من تاريخ توقيع هذا الاتفاق.

٣٣. ضمان حسن التنفيذ:

باستثناء المستشفيات الحكومية يتعهد الفريق الثاني بتنفيذ بنود هذا الاتفاق ولهذه الغاية يقدم خلال مهلة خمسة عشرة يوماً من تاريخ تبليغه تصديق الاتفاق ضمان حسن التنفيذ بقيمة ٢٠,٠% من القيمة التقديرية للملف المحددة في المادة التاسعة ، وذلك اما نقدياً يدفع الى صندوق الخزينة أو إلى صندوق سلطة التعاقد ، وإما بموجب كتاب ضمان مصرفي غير قابل للرجوع عنه صادر عن مصرف مقبول من مصرف لبنان يبين أنه قابل للدفع غب الطلب . يعاد هذا المستند عند إنتهاء مفاعيل الاتفاقية.

٣٤. الجداول الواردة أدناه مع ملحقاتها موقعة من الفريق الثاني ومرفقة بهذا الاتفاق وتتضمن:

٣٤١. تعرفه التقديمات الطبية المعتمدة من قبل الادارة المبنية على الاسعار المعتمدة والتي ستعتمد من قبل قيادة الجيش.

المادة الرابعة:

في تنفيذ الاتفاق:

يتعهد الفريق الثاني بما يلي:

٤١. استقبال ومعالجة المستفيد المزود بموافقة الإدارة الخطية وإبلاغ المركز الطبي المختص فوراً وبواسطة الفاكس عن المستفيدين الذين يقصدون قسم الطوارئ للمعالجة المزودين بالبطاقة الصحية أو المسلكية فقط وعلى المركز المذكور المبادرة فوراً لتأمين موافقة الإدارة الخطية للفريق الثاني وفقاً للأصول.

٤٢. الالتزام الحرفي بمضمون موافقة الإدارة الخطية والطلب من المستفيد تدوين أي تعديل أو إضافة في موافقة الإدارة الخطية من المركز الطبي المختص مسبقاً وذلك فيما يتعلق بـ:

٤٢١. تمديد مدة الاستشفاء أو إضافة معالجة أو تعديلها.

٤٢٢. في الحالات الطارئة والتي تكون فيها حالة المستفيد الصحية أو حياته بخطر على الفريق الثاني تجاوز طلب التعديل الخطي المسبق والمباشرة بالمعالجة اللازمة فوراً على أن يتم التعديل أو الإضافة لاحقاً.

٤٢٣. تأمين البدائل واللوازم والمغروسات الطبية التي يحتاجها المستفيد أثناء الاستشفاء وفقاً لأسعار منصة وزارة الصحة للمغروسات الطبية ، أما للوازم والبدائل غير المغروسة وفقاً للسعر المحدد من قبل الإدارة على أن تدوّن بشكل واضح على الموافقة من قبل المركز الطبي .

٤٢٤. طلب الموافقة الاستثنائية المسبقة من قبل المركز الطبي المختص قبل إعطاء أدوية غذائية.

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(الخبر من تاريخ ٢٠٢٥ / ٢ / ٢٣)
مدير مستشفى بيروت الحكومي
د. ربيع محمود سيف الدين

٤٢٥.. أخذ موافقة المركز الطبي المختص على وضع المستفيد في:

٤٢٥١.. غرفة العزل.

٤٢٥٢.. غرفة العناية الفائقة أو القلبية.

ضمن مهلة ٢٤ ساعة من إجرائه على أن يتم تبرير من قبل الطبيب المعالج بموجب تقرير مفصل يصدق من قبل المركز الطبي المختص ويضم الى فاتورة المعالجة.

٤٢٦.. التقيد بالرموز المعتمدة من قبل الإدارة فيما خص الأعمال الطبية والمخبرية والشعاعية والمدرجة في الجداول المرفقة.

٤٢٧.. فصل الأعمال الطبية والجراحية المقطوعة عن الأعمال الطبية والجراحية غير المقطوعة وذلك في إعداد المستندات المثبتة للدين.

٤٢٨.. وضع المستفيد في الدرجة الأعلى في حال لم يتوفر سرير شاغر في الدرجة المخصصة له دون الحاجة إلى تعديل درجة الاستشفاء.

٤٣.. عدم استيفاء أي مبلغ من المستفيد المزود بموافقة الإدارة الخطية ما لم يقترن ذلك بأمر واضح من الإدارة، حينها يتم استيفاء المبلغ المفروض عند انتهاء المعالجة وخروج المستفيد نهائياً وعدم أخذ توقيعه على أي مستند خلافاً للاتفاق.

٤٤.. تسليم المستندات المثبتة للدين الى لجنة إستلام خدمات الطبابة والإستشفاء أو الى المركز الطبي المختص وذلك بموجب جداول إجمالية وفقاً للنماذج (المرفقة ربطاً)، بالنسبة لحالة الإستشفاء (دخول) والتحال الدموي وجلسات العلاج الكيميائي يتم تسليم الفواتير من قبل المستشفى الى لجنة إستلام خدمات الطبابة والاستشفاء ، أما بالنسبة للمعالجات الخارجية أو الطوارئ تسليم الفواتير من قبل المستشفى الى المركز الطبي الواقع ضمن نطاقها ، وذلك بمدة أقصاها ثلاثة أشهر من تاريخ المعالجة وتعتبر بحكم الساقطة بمرور الزمن كل فاتورة يتجاوز تاريخ تسليمها ثلاثة أشهر إعتباراً من تاريخ خروج المريض ، أما فيما خص تلك العائدة لمعالجة المستفيدين الذين يخرجون من المستشفى في النصف الثاني من كانون الأول فتسلم قبل الخامس من كانون الثاني ٢٠٢٦ ، بالإضافة الى ذلك أن المستندات المثبتة للدين العائدة للمستفيدين الذين يستمر علاجهم داخل المستشفى لما بعد السنة التعاقدية ٢٠٢٥ فتسلم خلال عشرة أيام من تاريخ الخروج .

- بالنسبة للحالات المرضية التي تستدعي البقاء في المستشفى لفترات طويلة تتجاوز ثلاثة أشهر (إعادة تأهيل) فيتم تسليم المستندات المثبتة للدين كل ثلاثة أشهر إعتباراً من تاريخ دخول المستشفى على أن يتم إعادة فتح ملف طبي جديد لإستكمال المعالجة .

٤٥.. تسليم المركز الطبي المختص وبناءً لطلب هذا الأخير الصور الشعاعية اللازمة ليتمكن من التحقق من صحة تركيب اللوازم والبدايل الطبية.

٤٦.. تأمين المعالجة والعمليات الجراحية على يد طبيب اختصاصي أو أكثر ولا يقبل إجراؤها من

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مدير مستشفى
رقة الشابة : ٤٨٧٢
الدين

- قبل أطباء متمرنين ويشترط بطبيب البهج أن يكون مجازاً ويدون اسمه على سجلات البهج يستثنى من ذلك المؤسسات الصحية الجامعية حيث تطبق الأعراف الطبية الأكاديمية المعمول بها عالمياً والتي تسمح إجراء العمليات تحت إشراف ومسؤولية الطبيب المعالج المباشرة.
- ٤٧ . عدم الاعتراض على نقل المستفيد إلى مؤسسة صحية أخرى عندما تقرر الإدارة أو المركز الطبي المختص ذلك والسماح للضباط الأطباء والأطباء المراقبين المزودين بتكليف خطي من الإدارة أو مصلحة الصحة بالإطلاع على حالة المستفيد الصحية والخدمات الطبية المقدمة إليه والإطلاع على كافة السجلات والملفات المسوكة لديه وتسليمهم نسخة عنها إذا إقتضى الأمر وتقديم التسهيلات اللازمة لهذا الشأن.
- ٤٨ . إعتداد خطة طوارئ مكتوبة تتعلق بدور المستشفى في مواجهة الجائحات المحتملة وتدابير حماية العاملين الصحيين فيها وفقاً لأحكام التعاميم الصادرة عن وزارة الصحة العامة .
- ٤٩ . تنظيم ومسك وحفظ ملف طبي خاص لكل مستفيد يعالج لديه وفق الأصول القانونية والطبية وأن يدون عليه بانتظام:
- ٤٩١ . حالة المستفيد عند الدخول.
- ٤٩٢ . كافة مراحل تطور مرضه.
- ٤٩٣ . الفحوصات التي أجريت له ونتائجها وآراء الأطباء المعانين والمعالجين.
- ٤٩٤ . كافة المعالجات التي نالها المستفيد.
- ٤٩٥ . أية معلومات طبية يراها ضرورية.
- ٤٩٦ . استمارة التبليغ عن الأمراض الخبيثة الخاضعة للبرنامج الوطني للأمراض الانتقالية .
- ٤٩٧ . ملخص خروج واضح.
- ٤٩٨ . إجراء كافة الفحوصات والمعاينات والصور الشعاعية غير المتوفرة في المستشفى بصورة إلزامية وعلى نفقته وإضافة القيمة على فاتورة المعالجة وفقاً للنبذة (ز) من البند ٥١.٦ أدناه.
- ٤٩٩ . أتعاب الأطباء على حده ، على أن تحدد بدلات هذه الأتعاب وفق الأسعار الواردة في هذا الاتفاق وتدرج في الفاتورة.

المادة الخامسة: إعداد المستندات المثبتة للدين ووضعها في طريق الصرف.

- من أجل استلام الإدارة خدمات الطبابة والمعالجة المنفذة من الفريق الثاني على هذا الأخير الالتزام بمدرجات هذا الاتفاق وإعداد المستندات المثبتة للدين وتقديمها وفقاً لما يلي:
- ٥١ . تنظيم فاتورة معالجة يرفق بها المستندات التالية:
- ٥١١ . موافقة الإدارة الخطية مع كافة تعديلاتها في حال وجودها.
- ٥١٢ . نسخة عن ملخص الخروج.

الدكتور محمد سيف الدين
مدير مستشفى
رقم الشهادة: ٥١٢٥

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٥١٣ . نسختين من استمارة تبليغ عن الأمراض الخبيثة الخاصة للبرنامج الوطني للأمراض الانتقالية .

٥١٤ . صورة عن البطاقة الصحية لأفراد العائلات .

٥١٥ . جدول بكافة اللوازم الطبية المستعملة أثناء المعالجة على أن تكون هوية اللوازم الطبية مفصلة بصورة واضحة (proforma) وتدل عليها دون أي التباس ، ويضم إلى كافة اللوازم فاتورة الشراء من مصدرها أو صورة عنها تحمل اسم المستفيد صاحب العلاقة مع لصق Label لكل مستلزم استعمل أثناء المعالجة .

٥١٥١ . يحتسب سعر اللوازم والبدايل والمغروسات الطبية وفقاً لأسعار منصة وزارة الصحة العامة أما اللوازم والبدايل الطبية غير المغروسة فيحدد سعرها بناءً لموافقة الإدارة وتدون على التعهد أو ال (proforma) المقدمة من المستشفى وتوقع من المركز الطبي المختص .

٥١٦ . كلفة المعالجة وذلك وفقاً للأسعار المعتمدة في الجداول المدرجة في البند ٣٤ آنفاً باستثناء ما يلي:

أ - يدخل ضمن البذل المقطوع:

١ . لأجرة السرير في اليوم: اللوازم الطبية والأدوية وفقاً لما يلي:

□ اللوازم الطبية:المطهرات المحلية على سبيل المثال ANTISEPTIQUES

LOCAUX THERMOMETRE, SERINGUE, MONTAGE, CANULE

مواد التضميد على سبيل المثال GANTS STERIL OU NON , PANSEMET..ETC

□ الأدوية المليينات LAXATIFS ORAUX والمسكنات البسيطة ANTALGIQUES .

٢ . لغرفة العزل: جميع اللوازم الطبية والأدوية المبينة في النبذة ١ أعلاه.

٣ . لغرفة العناية الفائقة: كافة معدات التخطيط والمراقبة واللوازم العائدة لها

MONITORING وجميع اللوازم الطبية والأدوية المبينة في النبذة ١ أعلاه بالإضافة

الى الأعمال الطبية التالية:

CBCD, Coag. Fact., NaHCO3, Creat, CO2, CPK, Rx Thorax, ECG, O2, Hummid., Nebuliz.

٤ . لغرفة الولادة: جميع اللوازم الطبية ومعدات التخطيط والمراقبة ومواد التخدير

والأدوية التي تستعمل بداخلها، منها على سبيل المثال لا الحصر:

PRODUITS DESINFECTANTS: MERCRYL, BETADINE.GANTS DISPOSABLES, COTON, COMPRESSES PETITES, COUCHES, FEMME MECHES COVER BOOT,ETC... .

٥ . لكلفة سرير المولود حديثاً: جميع اللوازم الطبية المذكورة في النبذة ١ أعلاه ومواد

التغذية العادية على سبيل المثال CAROUBA, GLUCOLIN, GELLOPECTOSE, CARIL

SIMPLA, PICORIZ, LAIT, ETC...

٦ . لأجرة الحاضنة: كافة اللوازم الطبية المستعملة وأجور التحاليل المخبرية والتصوير

الشعاعي وجميع التقديمات التي تدخل في أجرة السرير في العناية الفائقة.

بيروت في: ٢٠٢٥ / ٦ / ٢٣

فريق ثان

ربيع محمود سيف الدين

مدير مستشفى
مستشفى
مستشفى

٧. لغرفة العمليات: اللوازم الطبية والأدوية التالية:

قطن . شاش . مواد تطهير . محقن . أدوية التحصير للعملية . أدوية ولوازم التخدير . والإنعاش . جميع معدات التخطيط والمراقبة . أوكسجين . أجره الطبيب المساعد . خيوط الجراحة باستثناء الخيوط التي هي دون (٤/صفر) يحدد سعرها كلوازم طبية من قبل الإدارة .

ب . لا يحتسب البديل المقطوع لأجرة غرفة الطوارئ في حال أدخل المستشفى إلى المستشفى، أما الأعمال التي تجري ضمنها فتحتسب وفق التعرفة.

ج . لا تحتسب أجره سرير المستشفى في قسم الإستشفاء أثناء الإقامة في غرفة العناية الفائقة.

د . لا يحتسب فرق الدرجة الأعلى في حال لم يتوفر سرير شاغر في الدرجة المخصصة للمستفيد.

هـ . تحتسب أجره السرير في غرفة العزل كإقامة عادية في حال لم تقترن الأسباب الموجبة للعزل بموافقة رئيس المركز الطبي خلال ٢٤ ساعة كحد أقصى.

و . تحتسب قيمة الأعمال التشخيصية غير المتوفرة لدى الفريق الثاني وفق الأسعار المعتمدة والعائدة لتصنيف المؤسسة الصحية حيث أجريت الأعمال.

المادة السادسة:

استلام وتصفية ودفع النفقة:

٦١ . تسلم المستندات المثبتة للدين وفقاً للفقرة ٤٤ من هذا العقد.

٦٢ . فور تسلم الإدارة المستندات المثبتة للدين تقوم لجنة استلام خدمات الطبابة والاستشفاء أو المركز الطبي بتدقيق تلك المستندات والتثبت من مطابقة المعالجة مع مضمون موافقة الإدارة الخطية وتعديلاتها والموافقات الاستثنائية اللاحقة وتطابق أسعار تلك المستندات مع الجداول موضوع البند ٣٤ وتدقيقها وإجراء الخصومات التالية:

٦٢١ . شطب قيمة المعالجات المخالفة لمضمون موافقة الإدارة الخطية وتعديلاتها.

٦٢٢ . حسم المبالغ التي تزيد عن الأسعار موضوع البند ٣٤ أعلاه.

٦٢٣ . شطب ثمن اللوازم الطبية المخالفة لمضمون الفقرة ٥١٥ أعلاه .

٦٢٤ . شطب كلفة المعالجة المخالفة لمضمون الفقرة ٥١٦ أعلاه.

٦٢٥ . شطب كافة النفقات التي ليس لها علاقة بالعلاج كالهاتف والضيافة والسرير الإضافي والمرضة الخاصة والطعام الإضافي وعلى الفريق الثاني استيفاؤها مباشرة من المستشفى عند الخروج وذلك بموجب إيصال على أن يرد ذكرها مفصلة في الفاتورة مع الإشارة إلى أنها سددت من صاحب العلاقة.

٦٢٦ . عند وجود أقسام مرخصة إنما غير مصنفة بعد يعتمد في الأسعار التصنيف الأدنى

د. نبيل زكي
مدير مستشفى
دقه شعبة: ٥٨٧٥

بيروت في: ٢٠٢٥ / ٦ / ٢٣

فريق ثان

ربيع محمود سيف الدين

٦٢٧ . يستوفى بدل المعالجة التي لم يرد ذكره في الجداول المعتمدة موضوع البند ٣٤ أعلاه بموجب جدول مستقل يضم إلى فاتورة المعالجة ويحتسب بالمقارنة مع عمل مماثل له من حيث الكلفة والوقت، على أنه يبقى للإدارة الحق في الموافقة على احتساب البديل أو تعديله.

٦٢٨ . وضع المستندات المثبتة للدين في طريق الصرف بموجب حوالة دفع أو نقداً (سلفة) وتصفيتهما وفقاً للأصول واستصدار أمر دفع باليرة اللبنانية .

المادة السابعة:

الإجراءات والغرامات المفروضة عند مخالفة أي من مدرجات هذا الاتفاق:

٧١ . أحكام جزائية :

٧١١ . تعتبر المحاكم اللبنانية المختصة هي الجهة الصالحة للبت في الخلافات الناجمة عن تطبيق بنود هذه الإتفاقية .

٧١٢ . يمكن للفريق الأول توجيه كتاب تنبيه أو إنذار الى الفريق الثاني أو كل طبيب متعاقد معه في حال ثبت لديه ارتكاب أي منهما خطأ يستوجب ذلك وتودع نسخة عن هذا الكتاب النقابة المعنية (نقابة المستشفيات - نقابة الأطباء - ...)

٧١٣ . في حال إخلال الفريق الثاني بأحد احكام هذه الإتفاقية او ارتكابه خطأ إدارياً أو طبياً يحق للفريق الأول حسم المبالغ المتوجبة من مستحقات الفريق الثاني ، أو تعليق العمل بالإتفاقية لمدة يعود تقديرها للفريق الأول ، او فسخ الإتفاقية بصورة نهائية مع الإحتفاظ بحقه بالملاحقة القانونية على أن يبرّر التدبير أعلاه بكتاب يرسل الى الفريق الثاني مع حفظ حق هذا الأخير بالإعتراض وفقاً للأصول القانونية .

٧٢ . انتهاء مفاعيل الإتفاقية :

٧٢١ . تنتهي مفاعيل هذه الإتفاقية في الحالات التالية :

- عند إنتهاء مدتها .
- بناء على قرار من الفريق الأول في حال ارتكب الفريق الثاني خطأ إدارياً أو طبياً جسيماً .
- عند إحالة الفريق الثاني الى القضاء إثر خطأ جسيم ناجم عن تنفيذ الإتفاقية ، يحق للفريق الأول تعليق العمل بهذه الإتفاقية طيلة مدة المحاكمة .
- ٧٢٢ . يعتبر الفريق الثاني متمنعاً عن إستقبال المرضى عند التصريح بذلك خطياً أو شفهاً أو عند إلزام الفريق الأول بالموافقة المسبقة أو بأي شرط من الشروط التي تعدّل الآلية المعنية في هذا السياق أو عند تكرار شكاوى المستفيدين من عدم إستقبال التحويل والتحقق مادياً على الأرض من قبل الفريق الأول من توافر وشغور الأسرة عملاً بشروط هذه الإتفاقية .

مدير مستشفى
رئيسة اللجنة
مدير مستشفى
مدير مستشفى

بيروت في : ٢٠٢٥ / ٦ / ٢٢
فريق ثان
ربيع محمود سيف الدين

٧٣. فسخ الاتفاق ومصادرة ضمان حسن التنفيذ لمصلحة الخزينة في الحالات التالية:

٧٣١. عدم تنفيذ الفقرة ٤٢٢ و ٤٢٣ .

٧٣٢. عدم تنفيذ البنود ٤١، ٤٣، ٤٦، ٤٧، ٤٨، ٤٩ .

٧٣٣. تقديم أي من المستندات الثبوتية المدرجة في المادتين الثالثة والسادسة من هذا الاتفاق ليتبين لاحقاً بأنها غير صحيحة.

٧٤. فسخ الاتفاق

٧٤١. عند الإفلاس أو التصفية القضائية أو إلغاء ترخيص الاستثمار.

٧٤٢. عند عدم تنفيذ المادة الثالثة.

٧٥. تغريم الفريق الثاني بنسبة ٥٠% من قيمة فاتورة المعالجة المدفوعة للمؤسسة الصحية التي تمت فيها معالجة المستفيد في حال عدم تنفيذ البند ٤١ بالإضافة إلى ملاحقته جزائياً إذا تعرض المستفيد لمضاعفات صحية من جراء نقله للمعالجة في مؤسسة طبية أخرى وفقاً لما تنص عليه القوانين الطبية النافذة في كل حين.

٧٦. عند مخالفة البند ٤٤ أنفاً يتم تأجيل وضع المستندات المثبتة للدين طريق الصرف حتى نهاية العام التعاقدية.

٧٧. تغريم الفريق الثاني بنسبة ٥% من قيمة فاتورة المعالجة الصافية للدفع عند مخالفة الفقرة ٤٢٦ أعلاه وبنسبة ١٠% عند التكرار.

٧٨. شطب اللوازم والبدائل الطبية وكافة الأتعاب المرافقة لها عند مخالفة البند ٤٥ .

٧٩. إعادة الفاتورة من لجنة إستلام خدمات الطبابة والإستشفاء أو المركز الطبي المختص إلى المؤسسة الصحية بموجب لائحة إرسال وفق الأصول لاستكمال و/أو تصحيح المستندات المثبتة للدين وفقاً لما نصت عليه المادة الخامسة أعلاه في حال وجود نواقص أو مغايرات.

مدة الالتزام بهذا الاتفاق:

المادة الثامنة:

- يعمل بهذه الاتفاقية بعد تصديقها من المرجع الصالح وإبلاغها الى الفريق الثاني ولغاية ٢٠٢٥/١٢/٣١ .

- إذا تعذر على الإدارة تلزيم الخدمات الطبية للعام ٢٠٢٦ قبل نهاية العام ٢٠٢٥ يمدد مفعول هذه الإتفاقية خلال العام ٢٠٢٦ بناءً لقرار المرجع الصالح لمرة واحدة أو أكثر ، وذلك لفترة أقصاها السنة الواحدة ، بنفس الشروط والأسعار شرط إبلاغ الفريق الثاني قرار أو قرارات التمديد قبل إنتهاء مدة الإلتزام أو تمديده .

قيمة الاتفاق

المادة التاسعة:

إن هذا الإتفاق هو غب الطلب ضمن قيمة تقديرية وسقفها المالي يبلغ: ٤٠,٠٠٠,٠٠٠,٠٠٠/ل.ل. أربعون مليار ليرة لبنانية سنوياً قابلة للزيادة أو النقصان من قبل الادارة تبعاً

مدير مستشفى
٥٨٧٥

بيروت في: ٢٣ / ٢ / ٢٠٢٥
فريق ثان
ربيع محمود سيف الدين

للخدمات الطبية والحالات المرضية التي تحيلها الإدارة على الفريق الثاني والتي لا يمكن تحديدها مسبقاً ويعتمد في إجراء المحاسبة الأسعار المحددة وفقاً لما هو مدرج في البند ٣٤ من المادة الثالثة من هذا الإتفاق.

بيروت في / / ٢٠٢٥
فريق أول
وزير الداخلية والبلديات

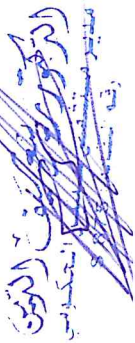
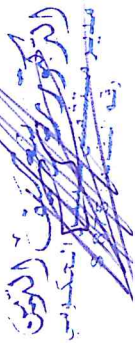
بيروت في / / ٢٠٢٥
عدد /
تأشير مراقب عقد النفقات

رئيس مجلس الوزراء
مدير عام
رقم ٨٧٥/٢٠٢٥
الدين

بيروت في : ٢٣ / ٢ / ٢٠٢٥
فريق ثانٍ
ربيع محمود سيف الدين

ملحق رقم واحد: أسعار الدرجة الخاصة (أسعار مقطوعة) في المستشفيات المتعاقدة مع الجيش والصفحة (C)

CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
AUDITORY SYSTEM									
1	69200 Removal foreign body from external auditory canal (separate procedure)	5	0	1	1,925,000	0	0	4,066,000	5,991,000
2	69420 Myringotomy including aspiration and/or eustachian tube inflation (separate procedure)	15	0	1	5,775,000	0	3,850,000	7,698,000	17,323,000
3	69433 Tympanostomy (requiring insertion of ventilating tube)	20	12	1	7,700,000	4,620,000	3,850,000	10,045,000	26,215,000
4	69501 Mastoidectomy: simple	75	25	2	28,875,000	9,625,000	3,850,000	26,671,000	69,021,000
5	69511 Mastoidectomy: radical, any procedure	90	30	4	34,650,000	11,550,000	3,850,000	46,108,000	96,158,000
6	69620 Myringoplasty, uncomplicated	60	20	2	23,100,000	7,700,000	3,850,000	21,921,000	56,571,000
7	69631 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision: any method	75	25	2	28,875,000	9,625,000	3,850,000	28,363,000	70,713,000
8	69635 Tympanoplasty with antrotomy or mastoidectomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair): with or without ossicular chain reconstruction, any method	110	36	3	42,350,000	13,860,000	3,850,000	44,226,000	104,286,000
9	69660 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material	80	26	2	30,800,000	10,010,000	3,850,000	32,214,000	76,874,000
10	69801 Labyrinthectomy, with or without cryosurgery or other nonexcisional destructive procedures or tack procedure: transcanal	50	18	2	19,250,000	6,930,000	3,850,000	22,440,000	52,470,000
11	69905 Labyrinthectomy: transcanal	75	25	2	28,875,000	9,625,000	3,850,000	28,173,000	70,523,000
CARDIO SYSTEM									
12	33200 Insertion of permanent pacemaker with epicardial electrode(s): open procedure	75	33	1	28,875,000	12,705,000	3,850,000	37,974,000	83,404,000
13	33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode, or pacemaker catheter (separate procedure)	25	0	1	9,625,000	0	3,850,000	22,440,000	35,915,000
14	33245 Implantation of automatic implantable cardioverter-defibrillator pads with or without sensing electrodes	85	0	1	32,725,000	0	3,850,000	26,475,000	63,050,000
15	33247 Insertion or replacement of implantable cardioverter-defibrillator lead(s) by other than thoracotomy	65	0	1	25,025,000	0	3,850,000	17,400,000	46,275,000
16	33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, A-V node re-entry), tract(s), and or focus (foci)	150	67	7	57,750,000	25,795,000	3,850,000	158,596,000	245,991,000
17	33411 Replacement, aortic valve: with or without aortic annulus enlargement, noncoronary cusp	130	65	7	50,050,000	25,025,000	3,850,000	264,967,000	343,892,000
18	33416 Resection or incision of subvalvular aortic stenosis	175	87	5	67,375,000	33,495,000	3,850,000	186,037,000	290,757,000
19	33420 Valvotomy, mitral valve (commisurotomy): closed	145	72	7	55,825,000	27,720,000	3,850,000	74,829,000	162,224,000
20	33425 Valvuloplasty, mitral valve, any method	150	75	7	57,750,000	28,875,000	3,850,000	207,424,000	297,899,000
21	33430 Replacement, mitral valve	125	65	7	48,125,000	25,025,000	3,850,000	284,056,000	361,056,000
22	33452 Valvotomy, tricuspid valve	95	47	7	36,575,000	18,095,000	3,850,000	170,946,000	229,466,000
23	33460 Valvuloplasty or valvectomy, tricuspid valve, with or without insertion of tricuspid ring	125	65	7	48,125,000	25,025,000	3,850,000	186,403,000	263,403,000

التوقيع: 
 رقم: 

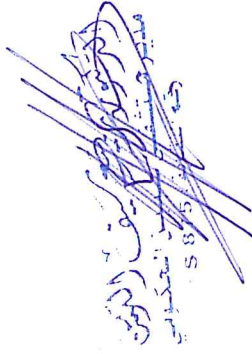
CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
24	33468 Tricuspid valve replacement or repositioning and plication for Ebstein anomaly	130	65	7	50,050,000	25,025,000	3,850,000	185,284,000	264,209,000
25	33472 Valvotomy, pulmonary valve (commisurotomy) closed or open	95	47	7	36,575,000	18,095,000	3,850,000	172,617,000	231,137,000
26	33478 Pulmonary artery patch for supraventricular stenosis	140	70	6	53,900,000	26,950,000	3,850,000	173,082,000	257,782,000
27	33480 Double valve procedure	250	125	6	96,250,000	48,125,000	3,850,000	265,110,000	413,335,000


 مدير مستشفى
 رقم الملف: 5/875

CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
28 33641	Repair atrial septal defect, secundum, with or without patch	100	50	7	38,500,000	19,250,000	3,850,000	165,082,000	226,682,000
29 33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	200	100	6	77,000,000	38,500,000	3,850,000	167,622,000	286,972,000
30 33648	Correction of cor triatriatum	190	95	6	73,150,000	36,575,000	3,850,000	184,864,000	298,439,000
31 33650	Bicaval - bipulmonary bypass procedure	270	135	6	103,950,000	51,975,000	3,850,000	167,469,000	327,244,000
32 33649	Repair of tricuspid atresia	270	135	6	103,950,000	51,975,000	3,850,000	187,386,000	347,161,000
33 33670	Repair of complete atrioventricular canal, with prosthetic valve	250	125	6	96,250,000	48,125,000	3,850,000	204,291,000	352,516,000
34 33684	Closure of ventricular septal defect, with pulmonary valvotomy or infundibular resection, with or without patch	200	100	6	77,000,000	38,500,000	3,850,000	199,344,000	318,694,000
35 33690	Banding of pulmonary artery	100	50	6	38,500,000	19,250,000	3,850,000	176,248,000	237,848,000
36 33697	Complete repair of tetralogy of Fallot: with or without closure of previous shunt	250	125	6	96,250,000	48,125,000	3,850,000	216,673,000	364,898,000
37 33710	Repair sinus of Valsalva fistula, with/ without repair of ventricular septal defect	150	75	6	57,750,000	28,875,000	3,850,000	182,865,000	273,340,000
38 33720	Repair sinus of Valsalva aneurysm	90	45	6	34,650,000	17,325,000	3,850,000	163,078,000	218,903,000
39 33730	Complete repair of total anomalous venous return	200	100	6	77,000,000	38,500,000	3,850,000	199,344,000	318,694,000
40 33735	Atrial septectomy or septostomy any method	120	60	6	46,200,000	23,100,000	3,850,000	202,227,000	275,377,000
41 33750	Shunt: systemic or vena cava to pulmonary artery, with or without graft	120	60	6	46,200,000	23,100,000	3,850,000	182,865,000	256,015,000
42 33774	Repair of transposition of the great arteries, any method	300	150	6	115,500,000	57,750,000	3,850,000	220,768,000	397,868,000
43 33784	Total repair of double outlet ventricle	350	175	6	134,750,000	67,375,000	3,850,000	212,545,000	418,520,000
44 33785	Total repair of single ventricle (double inlet ventricle)	350	175	6	134,750,000	67,375,000	3,850,000	212,545,000	418,520,000
45 33786	Total repair, truncus arteriosus (Rastelli type operation)	200	100	6	77,000,000	38,500,000	3,850,000	187,812,000	307,162,000
46 33788	Reimplantation of anomalous pulmonary artery	125	65	6	48,125,000	25,025,000	3,850,000	174,610,000	251,610,000
47 33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate	100	50	5	38,500,000	19,250,000	3,850,000	160,059,000	221,659,000
48 33820	Patent ductus arteriosus: ligation and/or division, any age	120	60	7	46,200,000	23,100,000	3,850,000	69,882,000	143,032,000
49 33840	Excision or repair of coarctation of aorta, with or without associated patent ductus arteriosus, any type	180	90	5	69,300,000	34,650,000	3,850,000	145,317,000	253,117,000
50 33870	Transverse arch graft, with or without cardiopulmonary by-pass	210	105	5	80,850,000	40,425,000	3,850,000	130,149,000	255,274,000
51 33875	Descending thoracic aorta graft, with or without cardiopulmonary by-pass	175	90	5	67,375,000	34,650,000	3,850,000	149,085,000	254,960,000
52 33877	Repair of thoracoabdominal aortic aneurysm with graft	230	115	5	88,550,000	44,275,000	3,850,000	136,897,000	273,572,000
53 33916	Pulmonary embolectomy or endarterectomy with or without embolectomy	125	65	6	48,125,000	25,025,000	3,850,000	152,464,000	229,464,000
54 34001	Arterial embolectomy or thrombectomy, with or without catheter: carotid, subclavian, innominate, axillary, brachial, radial, or ulnar artery (separate procedure)	85	34	2	32,725,000	13,090,000	3,850,000	27,496,000	77,161,000
55 34203	Arterial embolectomy or thrombectomy, with or without catheter: popliteal-tibio-peroneal, femoropopliteal, or aortoiliac artery (separate procedure)	80	30	3	30,800,000	11,550,000	3,850,000	35,854,000	82,054,000
56 34451	Venous thrombectomy, direct or with catheter: vena cava, iliac, or femoropopliteal vein, by abdominal and leg incision (separate procedure)	90	35	3	34,650,000	13,475,000	3,850,000	34,413,000	86,388,000
57 34471	Venous thrombectomy, direct or with catheter: axillary and subclavian vein, by neck or arm incision (separate procedure)	65	25	1	25,025,000	9,625,000	3,850,000	19,170,000	57,670,000
58 34501	Valvuloplasty, femoral vein (separate procedure)	120	40	3	46,200,000	15,400,000	3,850,000	37,885,000	103,335,000

مستند رقم ١٢٣٤٥٦٧٨٩
 تاريخ: ٢٠٢٣/٠١/٠١
 الموقع: مستشفى الملك سعود
 (الرجوع)

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
59	34510 Venous valve transposition, any vein donor (separate procedure)	120	40	3	46,200,000	15,400,000	3,850,000	37,885,000	103,335,000
60	34530 Saphenopopliteal vein anastomosis (separate procedure)	120	40	3	46,200,000	15,400,000	3,850,000	37,885,000	103,335,000


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CODE	OPERATION	K	ARE	Los	Surgeon	Anesthesia	Consultation	Hospital C	Total
61	35001 Direct repair of aneurysm, false aneurysm, or excision and graft insertion, with or without patch graft for aneurysm, ruptured aneurysm, or occlusive disease: carotid, subclavian, innominate, vertebral, or axillary-brachial artery	130	50	5	50,050,000	19,250,000	3,850,000	115,096,000	188,246,000
62	35045 Direct repair of aneurysm, false aneurysm, or excision and graft insertion, with or without patch graft: for aneurysm, false aneurysm, ruptured aneurysm or occlusive disease, radial or ulnar artery	75	30	1	28,875,000	11,550,000	3,850,000	21,528,000	65,803,000
63	35231 Repair blood vessel, with graft: neck, extremity, hand, finger	80	26	1	30,800,000	10,010,000	3,850,000	23,166,000	67,826,000
64	35241 Repair blood vessel, with graft: intrathoracic, with bypass	150	75	5	57,750,000	28,875,000	3,850,000	142,533,000	233,008,000
65	35246 Repair blood vessel, with graft: intrathoracic without bypass	125	55	5	48,125,000	21,175,000	3,850,000	86,022,000	159,172,000
66	35301 Thromboendarterectomy, with or without patch graft: carotid, vertebral, subclavian, innominate	125	50	5	48,125,000	19,250,000	3,850,000	91,918,000	163,143,000
67	35331 Thromboendarterectomy, with or without patch graft: abdominal aorta, and/or major branches, iliac - femoral	175	70	5	67,375,000	26,950,000	3,850,000	126,180,000	224,355,000
68	35381 Thromboendarterectomy, with or without patch graft: axillary, brachial, common femoral, deep (profunda), femoral and/or popliteal, and/or tibioperoneal	100	35	5	38,500,000	13,475,000	3,850,000	100,791,000	156,616,000
69	35526 Bypass graft, with vein or prosthesis: carotid, subclavian, vertebral, axillary,	125	44	5	48,125,000	16,940,000	3,850,000	98,797,000	167,712,000
70	35531 Bypass graft, with vein or prosthesis: aorto-splenic, renal, iliac, celiac, or mesenteric	165	66	5	63,525,000	25,410,000	3,850,000	112,164,000	204,949,000
71	36010 Introduction of catheter, superior or inferior vena cava (separate procedure)	15	0	1	5,775,000	0	3,850,000	8,161,000	17,786,000
72	36215 Selective catheter placement, arterial system: any site (separate procedure)	35	15	1	13,475,000	5,775,000	3,850,000	12,453,000	35,553,000
73	36260 Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver) (separate procedure)	60	20	1	23,100,000	7,700,000	3,850,000	16,581,000	51,231,000
74	36420 Placement of peripheral venous catheter by cutdown (outside O.R.) (separate procedure)	10	0	1	3,850,000	0	3,850,000	6,523,000	14,223,000
75	36488 Placement of central venous catheter (subclavian, jugular, or other vein): percutaneous or cutdown separate procedure	15	0	1	5,775,000	0	3,850,000	8,161,000	17,786,000
76	36510 Catheterization of umbilical vein (separate procedure)	10	0	1	3,850,000	0	3,850,000	6,523,000	14,223,000
77	36530 Percutaneous insertion or revision of implantable intravenous infusion pump chamber or Broviac catheter (separate procedure)	35	15	1	13,475,000	5,775,000	3,850,000	12,453,000	35,553,000
78	36821 Arterio-venous anastomosis, direct, any site	60	20	1	23,100,000	7,700,000	3,850,000	16,581,000	51,231,000
79	36825 Creation of arteriovenous fistula: any graft	70	23	1	26,950,000	8,855,000	3,850,000	19,890,000	59,545,000
80	37205 Transcatheter placement of an intravascular stent, (non coronary vessel), percutaneous or open: initial vessel	55	20	1	21,175,000	7,700,000	3,850,000	14,943,000	47,668,000
81	93548 Combined left heart catheterization, selective coronary angiography, one or more coronary arteries, selective left ventricular angiography, with aortic root aortography	50	0	1	19,250,000	0	3,850,000	25,033,000	48,133,000
82	93549 Combined right and left heart catheterization, selective coronary angiography, one or more coronary arteries, and selective ventricular angiography	60	0	1	23,100,000	0	3,850,000	25,852,000	52,802,000
83	92982 Percutaneous transluminal angioplasty: single vessel	85	0	2	32,725,000	0	3,850,000	41,713,000	78,288,000

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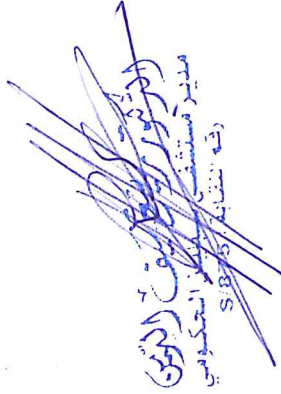
CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
84	33510 Coronary artery bypass, single coronary graft, vein or artery, (includes obtaining graft)	170	85	5	65,450,000	32,725,000	3,850,000	194,047,000	296,072,000
85	33511 Coronary artery bypass, double coronary graft, vein or artery, (includes obtaining grafts), with or without endarterectomy	190	95	5	73,150,000	36,575,000	3,850,000	195,768,000	309,343,000
86	33512 Coronary artery bypass, triple coronary graft, vein or artery, (includes obtaining grafts), with or without endarterectomy	200	100	5	77,000,000	38,500,000	3,850,000	198,142,000	317,492,000


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CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
DIGESTIVE SYSTEM									
87	Plastic repair of salivary duct, sialodochoplasty: secondary or complicated	40	16	1	15,400,000	6,160,000	3,850,000	10,192,000	35,602,000
88	Tonsillectomy and adenoidectomy, including treatment of postoperative complications: any age	35	16	1	13,475,000	6,160,000	3,850,000	13,677,000	37,162,000
89	Adenoidectomy (separate procedure): primary or secondary	20	13	1	7,700,000	5,005,000	3,850,000	11,847,000	28,402,000
90	Esophagoscopy, rigid or flexible fiberoptic: diagnostic (separate procedure)	15	0	0	5,775,000	0	0	1,375,000	7,150,000
91	Esophagoscopy, rigid or flexible fiberoptic: therapeutic	30	15	0	11,550,000	5,775,000	0	9,630,000	26,955,000
92	Endoscopic retrograde cholangiopancreatography (ERCP) diagnostic (separate procedure)	40	17	1	15,400,000	6,545,000	3,850,000	10,585,000	36,380,000
93	Esophagoplasty (plastic repair or reconstruction), cervical approach: without repair of tracheoesophageal fistula	60	20	5	23,100,000	7,700,000	3,850,000	43,138,000	77,788,000
94	Esophagoplasty (plastic repair or reconstruction), cervical approach: with repair of tracheoesophageal fistula	100	40	7	38,500,000	15,400,000	3,850,000	62,805,000	120,555,000
95	Esophagojejunostomy (without total gastrectomy)	100	34	5	38,500,000	13,090,000	3,850,000	53,032,000	108,472,000
96	Dilation of esophagus, by unguided sound or bougie, single or multiple passes (separate procedure)	15	0	1	5,775,000	0	0	9,342,000	15,117,000
97	Gastrotomy: with exploration or removal of foreign body	70	24	5	26,950,000	9,240,000	3,850,000	48,019,000	88,059,000
98	Gastrectomy, total: with repair by intestinal transplant, without lymphadenectomy	160	56	8	61,600,000	21,560,000	3,850,000	127,872,000	214,882,000
99	Repositioning of the gastric feeding tube through the duodenum for enteric nutrition (separate procedure)	15	0	1	5,775,000	0	0	8,161,000	13,936,000
100	Gastrojejunostomy with vagotomy, any type	115	40	7	44,275,000	15,400,000	3,850,000	66,933,000	130,458,000
101	Gastrotomy	70	24	1	26,950,000	9,240,000	3,850,000	18,448,000	58,488,000
102	Revision of gastrojejunostomy with reconstruction, with or without vagotomy	120	42	5	46,200,000	16,170,000	3,850,000	62,532,000	128,752,000
103	Enterotomy, small bowel other than duodenum: for exploration, biopsy, or foreign body removal (separate procedure)	75	27	4	28,875,000	10,395,000	3,850,000	45,688,000	88,808,000
104	Enterectomy: with anastomosis	95	34	6	36,575,000	13,090,000	3,850,000	62,440,000	115,955,000
105	Colectomy, partial: with coloproctostomy (low pelvic anastomosis), with or without colostomy	130	46	5	50,050,000	17,710,000	3,850,000	67,446,000	139,056,000
106	Colectomy, total, abdominal, without proctectomy: with continent ileostomy or ileoproctostomy	135	44	6	51,975,000	16,940,000	3,850,000	71,055,000	143,820,000
107	Colectomy, total or subtotal, with proctectomy: with rectal mucosectomy, ileoanal or coloanal anastomosis, creation of reservoir (S or J), with or without loop ileostomy or colostomy	180	63	10	69,300,000	24,255,000	3,850,000	104,230,000	201,635,000
108	Reconstruction of colostomy (separate procedure)	70	25	5	26,950,000	9,625,000	3,850,000	51,034,000	91,459,000
109	Fiberoptic colonoscopy through colostomy: diagnostic or therapeutic (separate procedure)	15	0	1	5,775,000	0	0	6,885,000	12,660,000
110	Closure of enterostomy, large or small intestine: with or without resection and	80	28	5	30,800,000	10,780,000	3,850,000	54,145,000	99,575,000
111	Appendectomy, any method (non-incidental procedure)	60	21	3	23,100,000	8,085,000	3,850,000	31,170,000	66,205,000
112	Transrectal drainage of pelvic abscess (separate procedure)	25	14	1	9,625,000	5,390,000	3,850,000	10,783,000	29,648,000
113	Incision and drainage of deep suprapubic, pelvic, or retrorectal abscess	25	14	1	9,625,000	5,390,000	3,850,000	10,783,000	29,648,000

مدير مستشفى
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CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
114	45110 Proctectomy: complete, combined abdominopetineal, with colostomy, one or two stages	150	53	7	57,750,000	20,405,000	3,850,000	80,692,000	162,697,000
115	45505 Proctoplasty: for prolapse of mucous membrane or stenosis	50	18	1	19,250,000	6,930,000	3,850,000	15,238,000	45,268,000


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CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
116	45905 Dilatation of anal or rectal sphincter (separate procedure) under anesthesia	15	12	1	5,775,000	4,620,000	3,850,000	8,457,000	22,702,000
117	46040 Incision and drainage of ischio-rectal, perirectal or perianal abscess (separate procedure)	35	16	1	13,475,000	6,160,000	3,850,000	10,783,000	34,268,000
118	46060 Incision and drainage of ischio-rectal or intramural abscess, with fistulectomy, submuscular	40	16	1	15,400,000	6,160,000	3,850,000	13,830,000	39,240,000
119	46080 Sphincterotomy, anal (separate procedure)	30	15	1	11,550,000	5,775,000	3,850,000	9,603,000	30,778,000
120	46200 Fissurectomy, with or without sphincterotomy	35	16	1	13,475,000	6,160,000	3,850,000	12,223,000	35,708,000
121	46262 Hemorrhoidectomy, internal and external: with fistulectomy and/or fissurectomy	50	18	2	19,250,000	6,930,000	3,850,000	23,106,000	53,136,000
122	46270 Surgical treatment of anal fistula: fistulotomy / fistulectomy (separate procedure)	45	17	1	17,325,000	6,545,000	3,850,000	15,894,000	43,614,000
123	46750 Sphincteroplasty, anal, for incontinence or prolapse	65	22	3	25,025,000	8,470,000	3,850,000	30,154,000	67,499,000
124	46760 Sphincteroplasty, anal, for incontinence: muscle transplant	150	50	10	57,750,000	19,250,000	3,850,000	89,029,000	169,879,000
125	46937 Cryosurgery of rectal tumor: benign (separate procedure)	20	13	1	7,700,000	5,005,000	3,850,000	11,995,000	28,550,000
126	46938 Cryosurgery of rectal tumor: malignant (separate procedure)	30	15	1	11,550,000	5,775,000	3,850,000	11,143,000	32,318,000
127	46940 Curettage or cauterization of anal fissure, including dilation of anal sphincter (separate procedure)	20	13	1	7,700,000	5,005,000	3,850,000	9,276,000	25,831,000
128	46945 Ligation of internal hemorrhoids (separate procedure)	20	13	1	7,700,000	5,005,000	3,850,000	9,996,000	26,551,000
129	47000 Biopsy of liver, percutaneous needle (separate procedure)	15	0	1	5,775,000	0	3,850,000	11,602,000	21,227,000
130	47010 Hepatotomy for drainage of abscess or cyst, one or two stages	65	23	5	25,025,000	8,855,000	3,850,000	49,003,000	86,733,000
131	47130 Hepatectomy: total right lobectomy	200	80	6	77,000,000	30,800,000	3,850,000	75,642,000	187,292,000
132	47425 Cholecystectomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystectomy: with or without transduodenal sphincterotomy or sphincteroplasty	110	39	7	42,350,000	15,015,000	3,850,000	86,655,000	147,870,000
133	47480 Cholecystectomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)	55	20	3	21,175,000	7,700,000	3,850,000	37,329,000	70,054,000
134	47600 Cholecystectomy: with or without cholangiography, any method	80	28	3	30,800,000	10,780,000	3,850,000	38,574,000	84,004,000
135	47610 Cholecystectomy: with exploration of common duct	110	39	7	42,350,000	15,015,000	3,850,000	75,156,000	136,371,000
136	48100 Biopsy of pancreas (separate procedure)	70	25	3	26,950,000	9,625,000	3,850,000	34,381,000	74,806,000
137	48145 Pancreatectomy, distal subtotal, with or without splenectomy: with or without	130	46	7	50,050,000	17,710,000	3,850,000	85,443,000	157,053,000
138	48180 Pancreaticojejunostomy, side-to-side anastomosis (Puestow type operation)	120	42	7	46,200,000	16,170,000	3,850,000	87,736,000	153,956,000
139	49000 Exploratory laparotomy, exploratory celiotomy, with or without biopsy (separate	80	28	5	30,800,000	10,780,000	3,850,000	49,624,000	95,054,000
140	49002 Reopening of recent laparotomy (separate procedure)	70	25	4	26,950,000	9,625,000	3,850,000	37,335,000	77,760,000
141	49020 Drainage of peritoneal abscess or localized peritonitis, transabdominal (separate procedure)	70	25	7	26,950,000	9,625,000	3,850,000	71,421,000	111,846,000
142	49180 Biopsy, abdominal or retroperitoneal mass, percutaneous needle	15	0	1	5,775,000	0	0	10,717,000	16,492,000
143	49496 Repair initial inguinal hernia, under age 5 years, with or without hydrocelectomy	55	20	1	21,175,000	7,700,000	3,850,000	15,424,000	48,149,000
144	49507 Repair inguinal hernia, age 5 years or over, initial, recurrent, or sliding, with or without prosthesis, with or without hydrocelectomy	70	24	1	26,950,000	9,240,000	3,850,000	18,564,000	58,604,000
145	49550 Repair femoral, umbilical, or lumbar hernia, any age, initial	55	18	1	21,175,000	6,930,000	3,850,000	15,724,000	47,679,000
146	49553 Repair femoral, umbilical, or lumbar hernia, any age, recurrent, with or without prosthesis	70	24	1	26,950,000	9,240,000	3,850,000	19,792,000	59,832,000

CODE	OPERATION	K	ARE	Los	Surgeon	Anesthesia	Consultation	Hospital C	Total
147	49560 Repair incisional (abdominal) hernia, reducible, with or without prosthesis: initial separate procedure)	70	24	1	26,950,000	9,240,000	3,850,000	22,740,000	62,780,000
148	45378 Colonoscopy, fiberoptic, beyond splenic flexure: diagnostic	40	16	1	15,400,000	6,160,000	0	7,342,000	28,902,000
149	43235 Upper gastrointestinal endoscopy (esophagus, stomach, and either the duodenum and/or jejunum as appropriate): diagnostic (separate procedure)	25	0	1	9,625,000	0	0	6,060,000	15,685,000

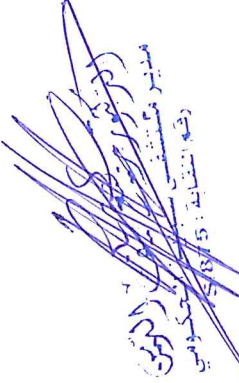

 مدير مستشفى
 رقم التاريخ

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
FEMALE GENITAL SYSTEM									
150	Biopsy of vulva or perineum (separate procedure)	10	0	1	3,850,000	0	3,850,000	7,998,000	15,698,000
151	Colpotomy: with exploration or drainage of pelvic abscess	20	12	3	7,700,000	4,620,000	3,850,000	19,180,000	35,350,000
152	Vaginectomy, complete removal of vagina	45	17	1	17,325,000	6,545,000	3,850,000	23,232,000	50,952,000
153	Excision of vaginal cyst or tumor	20	12	1	7,700,000	4,620,000	3,850,000	11,176,000	27,346,000
154	Colporrhaphy: suture of injury of vagina (non obstetrical)	30	14	1	11,550,000	5,390,000	3,850,000	12,649,000	33,439,000
155	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele (separate procedure)	40	16	1	15,400,000	6,160,000	3,850,000	13,272,000	38,682,000
156	Posterior colporrhaphy, repair of rectocele with or without pc:ineorrhaphy (separate procedure)	35	15	1	13,475,000	5,775,000	3,850,000	11,634,000	34,734,000
157	Combined anteroposterior colporrhaphy: with or without enterocele repair (separate procedure)	55	19	1	21,175,000	7,315,000	3,850,000	20,839,000	53,179,000
158	Colpopexy, abdominal approach	55	19	1	21,175,000	7,315,000	3,850,000	17,433,000	49,773,000
159	Sacrospinous ligament fixation for prolapse of vagina following hysterectomy (separate procedure)	55	19	1	21,175,000	7,315,000	3,850,000	17,433,000	49,773,000
160	Closure of urethrovaginal fistula: any method	50	18	2	19,250,000	6,930,000	3,850,000	20,748,000	50,778,000
161	Colposcopy (vaginocopy): (separate procedure)	10	0	1	3,850,000	0	0	7,408,000	11,258,000
162	Colposcopy: with biopsies, or biopsy of the cervix (separate procedure)	10	0	1	3,850,000	0	0	9,210,000	13,060,000
163	Colposcopy: with loop electrosurgical excision(s) of the cervix (LEEP) (separate procedure)	20	12	1	7,700,000	4,620,000	3,850,000	11,176,000	27,346,000
164	Cervix, biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	10	0	1	3,850,000	0	0	8,391,000	12,241,000
165	Endocervical curettage (not done as part of a dilation and curettage) (separate procedure)	10	0	1	3,850,000	0	3,850,000	8,686,000	16,386,000
166	Cauterization of cervix: electro, thermal, cryo, or laser ablation (separate procedure)	15	0	1	5,775,000	0	0	8,260,000	14,035,000
167	Cerclage of uterine cervix, non obstetrical	25	13	1	9,625,000	5,005,000	3,850,000	12,192,000	30,672,000
168	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(ies)	90	30	6	34,650,000	11,550,000	3,850,000	63,553,000	113,603,000
169	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(ies)	130	43	6	50,050,000	16,555,000	3,850,000	99,480,000	169,935,000
170	Pelvic exenteration for gynecologic malignancy (total abdominal hysterectomy, removal of bladder, ureteral transplantations and/or abdominopercinal resection of rectum and colon and colostomy)	210	73	10	80,850,000	28,105,000	3,850,000	122,085,000	234,890,000
171	Vaginal hysterectomy: with colpo-urethrocystopexy (Marshall-Marchetti-Krantz or Percyra type, with/without endoscopic control)	100	33	6	38,500,000	12,705,000	3,850,000	61,915,000	116,970,000
172	Vaginal hysterectomy, with total or partial colectomy	110	36	6	42,350,000	13,860,000	3,850,000	65,224,000	125,284,000
173	Hysterorrhaphy, repair or ruptured uterus (non obstetrical)	55	19	4	21,175,000	7,315,000	3,850,000	40,251,000	72,591,000
174	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	40	16	1	15,400,000	6,160,000	3,850,000	15,991,000	41,401,000
175	Drainage of ovarian cyst(s), unilateral or bilateral: vaginal approach	25	13	1	9,625,000	5,005,000	3,850,000	12,814,000	31,294,000

مدير مستشفى
د. محمد عبد الحليم
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CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
176	58805 Drainage of ovarian cyst(s), unilateral or bilateral: abdominal approach	40	16	1	15,400,000	6,160,000	3,850,000	19,201,000	44,611,000
177	58900 Biopsy of ovary, unilateral or bilateral	45	18	1	17,325,000	6,930,000	3,850,000	15,075,000	43,180,000
178	59300 Episiotomy or vaginal repair only, by other than attending physician	15	12	1	5,775,000	4,620,000	3,850,000	7,704,000	21,949,000
179	59320 Cerclage of cervix, during pregnancy: vaginal	20	12	1	7,700,000	4,620,000	3,850,000	9,373,000	25,543,000
180	59325 Cerclage of cervix, during pregnancy: abdominal	40	16	1	15,400,000	6,160,000	3,850,000	16,810,000	42,220,000
181	59100 Hysterectomy, abdominal (eg, for removal of hydatiform mole, abortion)	60	20	4	23,100,000	7,700,000	3,850,000	40,708,000	75,358,000
182	59151 Laparoscopic treatment of ectopic pregnancy: with or without salpingectomy and/or oophorectomy	60	20	1	23,100,000	7,700,000	3,850,000	23,658,000	58,308,000
183	59350 Hysterorrhaphy of ruptured uterus	45	17	4	17,325,000	6,545,000	3,850,000	38,154,000	65,874,000
184	59410 Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care	60	0	1	23,100,000	0	3,850,000	14,769,000	41,719,000
185	59515 Cesarean delivery including postpartum care, with or without hysterectomy	80	26	4	30,800,000	10,010,000	3,850,000	44,989,000	89,649,000
186	59840 Induced abortion, by dilation and curettage	20	12	1	7,700,000	4,620,000	3,850,000	10,357,000	26,527,000
MALE GENITAL SYSTEM									
187	54150 Circumcision, using clamp or other device: newborn	10	0	1	3,850,000	0	0	8,571,000	12,421,000
188	54161 Circumcision, surgical excision other than clamp, device, or dorsal slit: except newborn	25	13	1	9,625,000	5,005,000	3,850,000	11,830,000	30,310,000
189	54322 One stage distal hypospadias repair (with or without chordee or circumcision): with simple meatal advancement (eg, Magpi, V-flap) or with urethroplasty by local skin flaps	80	26	1	30,800,000	10,010,000	3,850,000	19,071,000	63,731,000
190	54500 Biopsy of testis: needle (separate procedure)	10	0	1	3,850,000	0	3,850,000	8,980,000	16,680,000
191	54520 Orchiectomy: simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	40	16	1	15,400,000	6,160,000	3,850,000	15,468,000	40,878,000
192	54530 Orchiectomy, radical, for tumor: any approach	60	20	3	23,100,000	7,700,000	3,850,000	34,348,000	68,998,000
193	54640 Orchiopexy, any type, with or without hernia repair	60	20	1	23,100,000	7,700,000	3,850,000	16,287,000	50,937,000
194	54700 Incision and drainage of epididymis, testis, and/or scrotal space (eg, abscess or hematoma)	25	13	1	9,625,000	5,005,000	3,850,000	10,357,000	28,837,000
195	55040 Excision of hydrocele: unilateral	35	15	1	13,475,000	5,775,000	3,850,000	13,927,000	37,027,000
196	55700 Biopsy, prostate: needle or punch, single or multiple, any approach	15	0	1	5,775,000	0	3,850,000	11,404,000	21,029,000
197	55705 Biopsy, prostate: incisional, any approach	30	14	1	11,550,000	5,390,000	3,850,000	13,437,000	34,227,000
198	55720 Prostatotomy, external drainage of prostatic abscess, any approach	40	16	1	15,400,000	6,160,000	3,850,000	14,943,000	40,353,000
199	55801 Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethralcalibration and/or dilation, and internal urethrotomy)	90	30	6	34,650,000	11,550,000	3,850,000	67,977,000	118,027,000
INTEGUMENTARY SYSTEM									
200	11770 Excision of pilonidal cyst or sinus	40	15	1	15,400,000	5,775,000	3,850,000	15,369,000	40,394,000
201	19020 Mastotomy with exploration and drainage of abscess, deep	20	12	1	7,700,000	4,620,000	3,850,000	8,686,000	24,856,000
202	19100 Biopsy of breast: needle aspiration (separate procedure)	10	0	1	3,850,000	0	0	9,898,000	13,748,000
203	19140 Mastectomy for gynecomastia	40	15	1	15,400,000	5,775,000	3,850,000	15,664,000	40,689,000
204	19160 Mastectomy, partial, for excision of cyst or tumor	40	15	1	15,400,000	5,775,000	3,850,000	17,662,000	42,687,000

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
205	Mastectomy, partial: with axillary lymphadenectomy	100	33	1	38,500,000	12,705,000	3,850,000	38,071,000	93,126,000
206	Mastectomy, simple, complete	60	20	1	23,100,000	7,700,000	3,850,000	22,707,000	57,357,000
207	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	100	33	5	38,500,000	12,705,000	3,850,000	65,218,000	120,273,000


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CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
MUSCULOSKELETAL SYSTEM									
208	20900 Bone graft, any donor area	35	14	1	13,475,000	5,390,000	3,850,000	15,009,000	37,724,000
209	20920 Fascia lata graft	35	14	1	13,475,000	5,390,000	3,850,000	12,585,000	35,300,000
210	21245 Reconstruction of mandible or maxilla, subperiosteal implant	75	27	2	28,875,000	10,395,000	3,850,000	26,218,000	69,338,000
211	21315 Closed treatment, nasal bone or septum fracture: with or without stabilization	20	12	1	7,700,000	4,620,000	3,850,000	13,731,000	29,901,000
212	21338 Open treatment of nasoethmoid fracture: with or without external fixation	50	18	1	19,250,000	6,930,000	3,850,000	15,565,000	45,595,000
213	21445 Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	35	16	2	13,475,000	6,160,000	3,850,000	35,424,000	58,909,000
214	21462 Open treatment of closed or open mandibular fracture: with or without interdental fixation	60	21	2	23,100,000	8,085,000	3,850,000	27,135,000	62,170,000
215	21465 Open treatment of mandibular condylar fracture	65	22	2	25,025,000	8,470,000	3,850,000	28,773,000	66,118,000
216	21470 Open treatment of complicated mandibular fracture by multiple surgical approaches, including internal fixation, interdental fixation, and/or wiring of dentures or splints	100	35	3	38,500,000	13,475,000	3,850,000	38,214,000	94,039,000
217	21805 Open treatment of rib fracture: without fixation, each	15	12	1	5,775,000	4,620,000	3,850,000	9,243,000	23,488,000
218	21810 Treatment of rib fracture: requiring external fixation ("flail chest")	35	15	1	13,475,000	5,775,000	3,850,000	12,519,000	35,619,000
219	22315 Closed treatment of vertebral body fracture and/or dislocation, with or without anesthesia, by manipulation or traction, each	50	18	2	19,250,000	6,930,000	3,850,000	22,320,000	52,350,000
220	22505 Spine manipulation requiring anesthesia, any region	15	12	2	5,775,000	4,620,000	3,850,000	16,554,000	30,799,000
221	22554 Arthrodesis, anterior interbody technique: cervical below C2, with bone graft (separate procedure)	120	40	8	46,200,000	15,400,000	3,850,000	84,891,000	150,341,000
222	22558 Arthrodesis, anterior interbody technique: lumbar, with bone graft (separate procedure)	150	50	8	57,750,000	19,250,000	3,850,000	104,286,000	185,136,000
223	22585 Arthrodesis, anterior or anterolateral, each additional interspace (list separately in addition to single level arthrodesis)	40	16	8	15,400,000	6,160,000	3,850,000	84,498,000	109,908,000
224	22610 Arthrodesis, posterior or posterolateral technique, with local bone or bone allograft and/or internal fixation: thoracic or lumbar (separate procedure)	135	45	8	51,975,000	17,325,000	3,850,000	83,319,000	156,469,000
225	23450 Capsulorrhaphy for recurrent dislocation of shoulder, anterior or posterior, any method, any type	85	28	3	32,725,000	10,780,000	3,850,000	46,764,000	94,119,000
226	23505 Closed treatment of clavicular fracture: with manipulation	20	12	1	7,700,000	4,620,000	3,850,000	9,702,000	25,872,000
227	23515 Open treatment of clavicular fracture, with or without internal or external skeletal fixation	50	18	1	19,250,000	6,930,000	3,850,000	16,581,000	46,611,000
228	23575 Closed treatment of scapular fracture: with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	20	12	1	7,700,000	4,620,000	3,850,000	9,898,000	26,068,000
229	23605 Closed treatment of proximal humeral (surgical or anatomical neck) fracture: with manipulation, with or without skeletal traction	20	12	1	7,700,000	4,620,000	3,850,000	12,519,000	28,689,000
230	23660 Open treatment of acute shoulder dislocation	40	16	1	15,400,000	6,160,000	3,850,000	52,584,000	77,994,000
231	23665 Closed treatment of shoulder dislocation, with fracture of greater tuberosity, with manipulation	20	12	1	7,700,000	4,620,000	3,850,000	10,651,000	26,821,000
232	23700 Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	20	12	1	7,700,000	4,620,000	3,850,000	10,651,000	26,821,000

المملكة العربية السعودية
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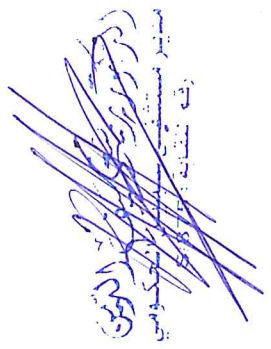
CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
233	24102 Arthrotomy, elbow: for synovectomy	50	18	1	19,250,000	6,930,000	3,850,000	15,861,000	45,891,000
234	24505 Closed treatment of humeral shaft fracture: with manipulation, with or without skeletal traction	35	15	1	13,475,000	5,775,000	3,850,000	15,532,000	38,632,000
235	24516 Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	75	25	4	28,875,000	9,625,000	3,850,000	58,662,000	101,012,000


 د. محمد عبد الله
 رئيس قسم الجراحة العظمية

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
236	Treatment of closed elbow dislocation	35	15	1	13,475,000	5,775,000	3,850,000	15,532,000	38,632,000
237	Open treatment of acute or chronic elbow dislocation	50	18	1	19,250,000	6,930,000	3,850,000	15,861,000	45,891,000
238	Closed treatment of radial head or neck fracture: with manipulation	35	15	1	13,475,000	5,775,000	3,850,000	12,355,000	35,455,000
239	Closed treatment of ulnar fracture, proximal end (olecranon process): with manipulation	35	15	1	13,475,000	5,775,000	3,850,000	12,355,000	35,455,000
240	Arthrotomy, wrist joint: for synovectomy	45	15	1	17,325,000	5,775,000	3,850,000	16,188,000	43,138,000
241	Closed treatment of radial shaft fracture: with manipulation	30	14	1	11,550,000	5,390,000	3,850,000	12,322,000	33,112,000
242	Open treatment of radial shaft fracture: with/without internal or external fixation	60	20	1	23,100,000	7,700,000	3,850,000	29,455,000	64,105,000
243	Closed treatment of ulnar shaft fracture: with manipulation	25	13	1	9,625,000	5,005,000	3,850,000	12,781,000	31,261,000
244	Open treatment of ulnar shaft fracture: with/without internal or external fixation	60	20	1	23,100,000	7,700,000	3,850,000	68,310,000	102,960,000
245	Closed treatment of radial and ulnar shaft fractures: with manipulation	35	15	1	13,475,000	5,775,000	3,850,000	12,649,000	35,749,000
246	Open treatment of radial and ulnar shaft fractures, with internal or external fixation of radius or ulna	35	15	1	13,475,000	5,775,000	3,850,000	17,956,000	41,056,000
247	Open treatment of radial and ulnar shaft fractures, with internal or external fixation: of radius and ulna	70	23	3	26,950,000	8,855,000	3,850,000	40,408,000	80,063,000
248	Open treatment of distal radial fracture, or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation	60	20	3	23,100,000	7,700,000	3,850,000	31,203,000	65,853,000
249	Open treatment of radiocarpal or intercarpal dislocation, one or more bones	45	15	1	17,325,000	5,775,000	3,850,000	15,762,000	42,712,000
250	Closed treatment of distal radioulnar dislocation with manipulation	25	13	1	9,625,000	5,005,000	3,850,000	10,161,000	28,641,000
251	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion): without bone graft (separate procedure)	70	23	1	26,950,000	8,855,000	3,850,000	17,563,000	57,218,000
252	Drainage of palmar bursa	30	14	1	11,550,000	5,390,000	3,850,000	11,766,000	32,556,000
253	Fasciotomy, palmar, for Dupuytren's contracture: closed (subcutaneous)	35	15	1	13,475,000	5,775,000	3,850,000	14,419,000	37,519,000
254	Arthrotomy for synovial biopsy: carpometacarpal or metacarpophalangeal or interphalangeal joint	25	12	1	9,625,000	4,620,000	3,850,000	11,733,000	29,828,000
255	Correction claw finger, other methods	60	20	1	23,100,000	7,700,000	3,850,000	16,713,000	51,363,000
256	Closed treatment of metacarpal fracture, single: with manipulation, each bone	25	0	1	9,625,000	0	3,850,000	10,422,000	23,897,000
257	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone	40	13	1	15,400,000	5,005,000	3,850,000	13,108,000	37,363,000
258	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each	40	13	1	15,400,000	5,005,000	3,850,000	17,106,000	41,361,000
259	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation,	30	12	1	11,550,000	4,620,000	3,850,000	13,960,000	33,980,000
260	Partial hip replacement, prosthesis (eg, femoral stem prosthesis, bipolar arthroplasty)	105	35	6	40,425,000	13,475,000	3,850,000	71,361,000	129,111,000
261	Arthroplasty, acetabular and proximal femoral prosthesis replacement (total hip replacement), with or without autograft or allograft	150	50	6	57,750,000	19,250,000	3,850,000	93,939,000	174,789,000
262	Percutaneous skeletal fixation of femoral fracture, proximal end, neck, undisplaced, mildly displaced or impacted fracture	70	23	1	26,950,000	8,855,000	3,850,000	22,543,000	62,198,000
263	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement (direct fracture exposure)	95	32	6	36,575,000	12,320,000	3,850,000	99,589,000	152,334,000

(مختص)
 د. محمد عبد الله
 رئيس اللجنة
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CODE		OPERATION										K		ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
264	27240	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture, with manipulation: with or without skin or skeletal traction										50	16	3	19,250,000	6,160,000	3,850,000	26,452,000	55,712,000	

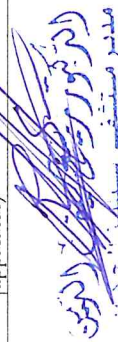


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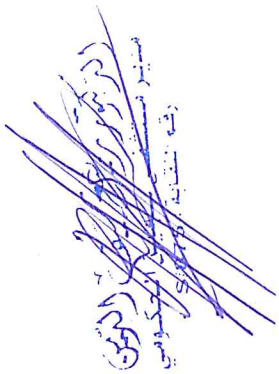
CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
265	27244 Open treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture: with plate/ screw type implant, with or without cerclage	100	33	6	38,500,000	12,705,000	3,850,000	87,829,000	142,884,000
266	27245 Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture: with intramedullary implant, with or without interlocking screws and/or cerclage	100	33	1	38,500,000	12,705,000	3,850,000	37,023,000	92,078,000
267	27250 Closed treatment of hip dislocation, traumatic	30	12	3	11,550,000	4,620,000	3,850,000	23,143,000	43,163,000
268	27253 Open treatment of hip dislocation, traumatic, without internal fixation	70	23	1	26,950,000	8,855,000	3,850,000	19,267,000	58,922,000
269	27332 Arthroscopy, knee, for meniscectomy: medial OR lateral	55	18	1	21,175,000	6,930,000	3,850,000	16,581,000	48,536,000
270	27333 Arthroscopy, knee, for meniscectomy: medial AND lateral	60	20	1	23,100,000	7,700,000	3,850,000	17,400,000	52,050,000
271	27335 Arthroscopy, knee, for synovectomy: anterior AND/OR posterior including popliteal area	55	18	1	21,175,000	6,930,000	3,850,000	16,581,000	48,536,000
272	27350 Patellectomy or hemipatellectomy	55	18	1	21,175,000	6,930,000	3,850,000	19,267,000	51,222,000
273	27372 Removal of foreign body, deep, thigh region or knee area	35	12	1	13,475,000	4,620,000	3,850,000	12,649,000	34,594,000
274	27400 Tendon or muscle transfer, hamstrings to femur (Eggers type procedure)	55	18	1	21,175,000	6,930,000	3,850,000	16,581,000	48,536,000
275	27403 Arthroscopy with open meniscus repair	60	20	1	23,100,000	7,700,000	3,850,000	17,400,000	52,050,000
276	27405 Repair, primary, torn ligament and/or capsule, knee: collateral or cruciate	55	18	1	21,175,000	6,930,000	3,850,000	15,762,000	47,717,000
277	27409 Repair, primary, torn ligament and/or capsule, knee: collateral and cruciate	95	31	1	36,575,000	11,935,000	3,850,000	33,976,000	86,336,000
278	27418 Anterior tibial tubercle plasty for chondromalacia patellae (Maquet procedure)	60	20	1	23,100,000	7,700,000	3,850,000	16,581,000	51,231,000
279	27424 Reconstruction for recurrent dislocating patella: with patellectomy	55	18	1	21,175,000	6,930,000	3,850,000	26,212,000	58,167,000
280	27427 Ligamentous reconstruction (augmentation), knee: extra-articular	55	18	1	21,175,000	6,930,000	3,850,000	24,148,000	56,103,000
281	27428 Ligamentous reconstruction (augmentation), knee: intra-articular (open)	75	25	1	28,875,000	9,625,000	3,850,000	22,347,000	64,697,000
282	27435 Capsulotomy, knee, posterior capsular release	55	18	1	21,175,000	6,930,000	3,850,000	21,201,000	53,156,000
283	27438 Arthroplasty, patella: with prosthesis	60	20	1	23,100,000	7,700,000	3,850,000	23,329,000	57,979,000
284	27440 Arthroplasty, knee, tibial plateau	55	18	1	21,175,000	6,930,000	3,850,000	17,596,000	49,551,000
285	27443 Arthroplasty, knee, femoral condyles or tibial plateaus: with or without debridement and partial synovectomy	60	20	3	23,100,000	7,700,000	3,850,000	40,375,000	75,025,000
286	27446 Arthroplasty, knee condyle and plateau: medial OR lateral compartment	95	31	6	36,575,000	11,935,000	3,850,000	91,170,000	143,530,000
287	27447 Arthroplasty, knee condyle and plateau: medial AND lateral compartments with or without patella resurfacing ("total knee replacement")	140	46	6	53,900,000	17,710,000	3,850,000	97,705,000	173,165,000
288	27448 Osteotomy, femur, shaft or supracondylar: without fixation	60	20	1	23,100,000	7,700,000	3,850,000	17,596,000	52,246,000
289	27450 Osteotomy, femur, shaft or supracondylar: with fixation	105	35	1	40,425,000	13,475,000	3,850,000	26,671,000	84,421,000
290	27455 Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus or genu valgus): before or after epiphyseal closure	95	31	1	36,575,000	11,935,000	3,850,000	23,395,000	75,755,000
291	27486 Revision of total knee arthroplasty, with or without allograft: one component	120	40	6	46,200,000	15,400,000	3,850,000	83,176,000	148,626,000
292	27487 Revision of total knee arthroplasty, with or without allograft: all components	160	53	6	61,600,000	20,405,000	3,850,000	72,922,000	158,777,000
293	27488 Removal of knee prosthesis, including "total knee", methyl methacrylate and insertion of spacer, when applicable	95	31	6	36,575,000	11,935,000	3,850,000	83,406,000	135,766,000
294	27502 Closed treatment of femoral shaft fracture: with manipulation, with or without skin or skeletal traction	55	18	3	21,175,000	6,930,000	3,850,000	27,271,000	59,226,000

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CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
295	27503 Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension: with manipulation, with or without skin or skeletal traction	55	18	3	21,175,000	6,930,000	3,850,000	27,271,000	59,226,000
296	27510 Closed treatment of femoral fracture, distal end, medial or lateral condyle: with manipulation	55	18	3	21,175,000	6,930,000	3,850,000	27,271,000	59,226,000
297	27511 Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with internal fixation	85	28	5	32,725,000	10,780,000	3,850,000	51,885,000	99,240,000
298	27514 Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation	95	31	6	36,575,000	11,935,000	3,850,000	86,191,000	138,551,000
299	27517 Closed treatment of distal femoral epiphyseal separation: with manipulation, with or without skin or skeletal traction	55	18	3	21,175,000	6,930,000	3,850,000	27,271,000	59,226,000
300	27519 Open treatment of distal femoral epiphyseal separation, with or without internal or external fixation	90	30	3	34,650,000	11,550,000	3,850,000	38,017,000	88,067,000
301	27532 Closed treatment of tibial fracture, proximal (plateau): with or without manipulation, with skeletal traction	55	18	3	21,175,000	6,930,000	3,850,000	27,271,000	59,226,000
302	27550 Closed treatment of knee dislocation	35	12	3	13,475,000	4,620,000	3,850,000	23,995,000	45,940,000
303	27558 Open treatment of knee dislocation with or without internal or external fixation: with primary ligamentous repair, with or without augmentation/reconstruction	100	33	5	38,500,000	12,705,000	3,850,000	74,653,000	129,708,000
304	27560 Closed treatment of patellar dislocation	35	12	3	13,475,000	4,620,000	3,850,000	23,995,000	45,940,000
305	27566 Open treatment of patellar dislocation, with or without partial or total patellectomy	60	20	5	23,100,000	7,700,000	3,850,000	67,249,000	101,899,000
306	27570 Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	15	0	1	5,775,000	0	3,850,000	9,570,000	19,195,000
307	27625 Arthroscopy, ankle, for synovectomy	40	13	1	15,400,000	5,005,000	3,850,000	15,894,000	40,149,000
308	27626 Arthroscopy, ankle, for synovectomy: including tenosynovectomy	60	20	1	23,100,000	7,700,000	3,850,000	19,170,000	53,820,000
309	27652 Repair, primary, open or percutaneous, ruptured Achilles tendon: with or without graft	60	20	1	23,100,000	7,700,000	3,850,000	20,709,000	55,359,000
310	27700 Arthroplasty, ankle	75	25	1	28,875,000	9,625,000	3,850,000	20,905,000	63,255,000
311	27705 Osteotomy: tibia or tibia and fibula	80	26	1	30,800,000	10,010,000	3,850,000	25,819,000	70,479,000
312	27752 Closed treatment of tibial shaft fracture (with or without fibular fracture): with plate/screws, with or without cerclage	40	13	4	15,400,000	5,005,000	3,850,000	32,911,000	57,166,000
313	27758 Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	75	25	5	28,875,000	9,625,000	3,850,000	71,770,000	114,120,000
314	27781 Closed treatment of proximal or distal fibula or shaft fracture: with manipulation	25	0	4	9,625,000	0	3,850,000	30,423,000	43,898,000
315	27784 Open treatment of proximal or distal fibula or shaft fracture, with or without internal or external fixation	40	13	6	15,400,000	5,005,000	3,850,000	66,273,000	90,528,000
316	27830 Closed treatment of proximal tibiofibular: joint dislocation	25	0	4	9,625,000	0	3,850,000	30,423,000	43,898,000
317	27842 Closed treatment of ankle dislocation, with percutaneous skeletal fixation	40	13	4	15,400,000	5,005,000	3,850,000	32,911,000	57,166,000
318	27846 Open treatment of ankle dislocation, with or without percutaneous skeletal fixation: without repair or internal fixation	60	20	6	23,100,000	7,700,000	3,850,000	54,774,000	89,424,000
319	27848 Open treatment of ankle dislocation, with or without percutaneous skeletal fixation: with repair or internal or external fixation	75	25	3	28,875,000	9,625,000	3,850,000	35,101,000	77,451,000
320	27860 Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	15	0	3	5,775,000	0	3,850,000	21,505,000	31,130,000


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CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
321	27870 Arthrodesis, ankle, any method (separate procedure)	90	30	6	34,650,000	11,550,000	3,850,000	62,178,000	112,228,000
322	27871 Arthrodesis, tibiofibular joint, proximal or distal (separate procedure)	60	20	6	23,100,000	7,700,000	3,850,000	69,582,000	104,232,000

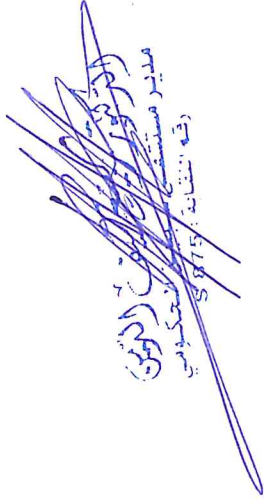


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CODE	OPERATION	K	ARE	LOS	Surgeon	Anesthesia	Consultation	Hospital C	Total
323	28020 Arthrotomy, with exploration, drainage or removal of loose or foreign body: intertarsal or tarsometatarsal joint or metatarsophalangeal joint or interphalangeal joint	35	12	1	13,475,000	4,620,000	3,850,000	13,567,000	35,512,000
324	28054 Arthrotomy for synovial biopsy: interphalangeal joint or metatarsophalangeal or intertarsal or tarsometatarsal	25	12	1	9,625,000	4,620,000	3,850,000	11,896,000	29,991,000
325	28070 Synovectomy, intertarsal, tarsometatarsal or metatarsophalangeal joint, each	35	12	1	13,475,000	4,620,000	3,850,000	13,567,000	35,512,000
326	28086 Synovectomy, tendon sheath, foot: flexor or extensor	25	12	1	9,625,000	4,620,000	3,850,000	11,896,000	29,991,000
327	28140 Metatarsectomy	50	16	1	19,250,000	6,160,000	3,850,000	15,958,000	45,218,000
328	28160 Hemiphalangectomy or interphalangeal joint excision, toe, single, each	25	12	1	9,625,000	4,620,000	3,850,000	11,929,000	30,024,000
329	28192 Removal of foreign body, foot: deep	35	12	1	13,475,000	4,620,000	3,850,000	13,042,000	34,987,000
330	28260 Capsulotomy, midfoot: medial release only with or without tendon lengthening (separate procedure)	50	16	1	19,250,000	6,160,000	3,850,000	14,223,000	43,483,000
331	28288 Osteotomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head	25	12	1	9,625,000	4,620,000	3,850,000	13,861,000	31,956,000
332	28296 Hallux valgus (bunion) correction: with or without metatarsal osteotomy or tendon transfer	55	18	1	21,175,000	6,930,000	3,850,000	38,793,000	70,748,000
333	28406 Closed treatment or percutaneous skeletal fixation of calcaneal fracture: with manipulation	35	12	1	13,475,000	4,620,000	3,850,000	12,355,000	34,300,000
334	28420 Open treatment of closed or open calcaneal fracture, with or without internal or external skeletal fixation: with primary autogenous bone graft (includes obtaining graft)	85	28	1	32,725,000	10,780,000	3,850,000	23,166,000	70,521,000
335	28436 Closed treatment or percutaneous skeletal fixation of talus fracture: with manipulation	25	12	1	9,625,000	4,620,000	3,850,000	11,830,000	29,925,000
336	28445 Open treatment of talus fracture, with or without internal or external fixation	70	23	1	26,950,000	8,855,000	3,850,000	18,088,000	57,743,000
337	28476 Closed treatment or percutaneous skeletal fixation of metatarsal fracture: with manipulation	25	12	1	9,625,000	4,620,000	3,850,000	11,176,000	29,271,000
338	28546 Percutaneous skeletal fixation of tarsal bone dislocation other than talotarsal, with manipulation	25	12	1	9,625,000	4,620,000	3,850,000	11,176,000	29,271,000
339	28555 Open treatment of tarsal bone dislocation, with or without internal or external fixation	40	13	1	15,400,000	5,005,000	3,850,000	14,320,000	38,575,000
340	28600 Closed treatment of tarsometatarsal joint dislocation	25	12	1	9,625,000	4,620,000	3,850,000	11,176,000	29,271,000
341	28636 Closed treatment or percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	25	12	1	9,625,000	4,620,000	3,850,000	11,176,000	29,271,000
342	28760 Arthrodesis, great toe, interphalangeal joint, with extensor hallucis longus transfer to first metatarsal neck (Jones type procedure) (separate procedure)	50	16	6	19,250,000	6,160,000	3,850,000	54,774,000	84,034,000
343	28800 Amputation, foot: midtarsal or transmetatarsal	50	16	5	19,250,000	6,160,000	3,850,000	44,710,000	73,970,000
344	28810 Amputation, metatarsal, with toe, single	40	13	5	15,400,000	5,005,000	3,850,000	43,072,000	67,327,000
345	28820 Amputation, toe: metatarsophalangeal joint	25	12	5	9,625,000	4,620,000	3,850,000	40,648,000	58,743,000
346	29000 Application of halo type body cast	20	0	1	7,700,000	0	3,850,000	9,996,000	21,546,000
347	29040 Application of body cast, shoulder to hips: including head and/or one or both thighs	20	0	1	7,700,000	0	3,850,000	9,996,000	21,546,000
348	29305 Application of hip spica cast: one leg	15	0	1	5,775,000	0	0	8,161,000	13,936,000
349	29325 Application of hip spica cast: one and one half spica or both legs	20	0	1	7,700,000	0	3,850,000	9,996,000	21,546,000

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CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
350	Application of long leg cast (thigh to toes): walking or ambulatory type	10	0	1	3,850,000	0	0	7,342,000	11,192,000
351	Arthroscopy, diagnostic: any joint, with or without biopsy, limited debridement, partial synovectomy, removal of loose or foreign body, lysis and resection of adhesions or lavage and drainage (separate procedure)	40	13	1	15,400,000	5,005,000	3,850,000	18,841,000	43,096,000

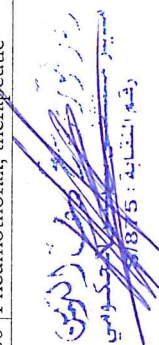

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CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
380	Iridectomy, with corneoscleral or corneal section: peripheral or sector, for glaucoma (separate procedure)	45	17	1	17,325,000	6,545,000	3,850,000	13,501,000	41,221,000
381	Iridectomy, with corneoscleral or corneal section: "optical" (separate procedure)	45	17	1	17,325,000	6,545,000	3,850,000	13,501,000	41,221,000


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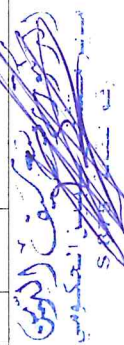
CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
382	Repair of iris, ciliary body (as for iridodialysis)	45	17	1	17,325,000	6,545,000	3,850,000	13,501,000	41,221,000
383	Ciliary body destruction: diathermy, cyclophotocoagulation, cryotherapy or cyclodialysis	35	15	1	13,475,000	5,775,000	3,850,000	10,192,000	33,292,000
384	Iridotomy/iridectomy by laser surgery (eg, for glaucoma)	25	13	1	9,625,000	5,005,000	3,850,000	4,821,000	23,301,000
385	Iridoplasty by photocoagulation (eg, for improvement of vision, for widening of anterior chamber angle)	30	14	1	11,550,000	5,390,000	3,850,000	6,490,000	27,280,000
386	Extra- or intracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique	90	32	1	34,650,000	12,320,000	3,850,000	27,654,000	78,474,000
387	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal, with or without anterior vitrectomy	70	23	1	26,950,000	8,855,000	3,850,000	22,740,000	62,395,000
388	Removal of vitreous, anterior approach (open sky technique or limbal incision): partial, or subtotal removal with mechanical vitrectomy	45	18	1	17,325,000	6,930,000	3,850,000	14,878,000	42,983,000
389	Intravitreal injection of pharmacologic agent (separate procedure)	20	12	1	7,700,000	4,620,000	3,850,000	6,523,000	22,693,000
390	Strabismus surgery: any technique, any number of muscles	60	20	1	23,100,000	7,700,000	3,850,000	21,561,000	56,211,000
391	Injection of therapeutic agent into Tenon's capsule	10	0	1	3,850,000	0	0	7,342,000	11,192,000
392	Blepharotomy, drainage of abscess, eyelid	10	0	1	3,850,000	0	3,850,000	6,688,000	14,388,000
393	Severing of tarsorrhaphy	10	12	1	3,850,000	4,620,000	3,850,000	6,066,000	18,386,000
394	Repair of ectropion: suture or thermocauterization	25	13	1	9,625,000	5,005,000	3,850,000	11,634,000	30,114,000
395	Excision of lesion, conjunctiva	15	0	1	5,775,000	0	3,850,000	10,815,000	20,440,000
396	Excision of lesion, conjunctiva: with adjacent sclera	35	15	1	13,475,000	5,775,000	3,850,000	15,303,000	38,403,000
397	Subconjunctival injection	5	0	1	1,925,000	0	3,850,000	6,523,000	12,298,000
398	Conjunctivoplasty, with or without reconstruction cul-de-sac: with conjunctival graft, extensive rearrangement, or buccal mucous membrane graft (includes obtaining graft)	50	18	1	19,250,000	6,930,000	3,850,000	15,958,000	45,988,000
399	Repair of symblepharon: division of symblepharon with or without insertion of conformer or contact lens	30	14	1	11,550,000	5,390,000	3,850,000	11,011,000	31,801,000
400	Conjunctival flap: bridge or partial	30	14	1	11,550,000	5,390,000	3,850,000	11,011,000	31,801,000
401	Conjunctival flap: total (eg, Gunderson thin flap or purse string flap)	50	18	1	19,250,000	6,930,000	3,850,000	14,320,000	44,350,000
RESPIRATORY SYSTEM									
402	Submucous resection turbinate, complete or partial	30	14	1	11,550,000	5,390,000	3,850,000	12,781,000	33,571,000
403	Submucous resection of nasal septum	40	16	1	15,400,000	6,160,000	3,850,000	12,585,000	37,995,000
404	Repair choanal atresia: intranasal	60	20	1	23,100,000	7,700,000	3,850,000	18,121,000	52,771,000
405	Cauterization and/or ablation, mucosa of turbinates (separate procedure)	15	0	1	5,775,000	0	3,850,000	9,112,000	18,737,000
406	Control nasal hemorrhage, any method (separate procedure)	15	12	1	5,775,000	4,620,000	3,850,000	13,108,000	27,353,000
407	Ligation arteries: ethmoidal or internal maxillary artery, transantral	55	19	1	21,175,000	7,315,000	3,850,000	19,137,000	51,477,000
408	Sinusotomy, maxillary (antrotonomy): intranasal	20	12	1	7,700,000	4,620,000	3,850,000	10,225,000	26,395,000
409	Sinusotomy maxillary (antrotonomy): radical (Caldwell-Luc), with or without removal of antrochoanal polyps	40	16	2	15,400,000	6,160,000	3,850,000	22,483,000	47,893,000
410	Pterygomaxillary fossa surgery, any approach	60	20	2	23,100,000	7,700,000	3,850,000	23,302,000	57,952,000
411	Sinusotomy, sphenoidal, frontal or intranasal	40	16	1	15,400,000	6,160,000	3,850,000	12,978,000	38,388,000

CODE		OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
412	31075	Sinusotomy frontal: transorbital, unilateral (for mucocele or osteoma, Lynch type)	60	20	2	23,100,000	7,700,000	3,850,000	23,302,000	57,952,000
413	31080	Sinusotomy frontal: obliterative or nonbiliterative	85	28	2	32,725,000	10,780,000	3,850,000	31,558,000	78,913,000
414	31090	Sinusotomy combined, three or more sinuses	75	25	2	28,875,000	9,625,000	3,850,000	28,839,000	71,189,000
415	31200	Ethmoidectomy	50	18	1	19,250,000	6,930,000	3,850,000	19,300,000	49,330,000
416	31300	Laryngotomy (thyrotomy, laryngofissure): with removal of tumor or laryngocoele,	70	28	3	26,950,000	10,780,000	3,850,000	35,397,000	76,977,000
417	31360	Laryngectomy: total or subtotal supraglottic, without radical neck dissection	105	42	10	40,425,000	16,170,000	3,850,000	80,446,000	140,891,000
418	31370	Partial laryngectomy (hemilaryngectomy)	100	40	10	38,500,000	15,400,000	3,850,000	78,841,000	136,591,000
419	31400	Arytenoidectomy or arytenoidopexy, external approach	60	24	5	23,100,000	9,240,000	3,850,000	43,401,000	79,591,000
420	31420	Epiglottidectomy	60	24	1	23,100,000	9,240,000	3,850,000	18,711,000	54,901,000
421	31510	Laryngoscopy, direct or indirect, diagnostic with or without biopsy (separate procedure)	15	12	1	5,775,000	4,620,000	0	10,062,000	20,457,000
422	31580	Laryngoplasty other than cricoid split	100	40	1	38,500,000	15,400,000	3,850,000	24,181,000	81,931,000
423	31600	Tracheostomy, (separate procedure)	30	15	5	11,550,000	5,775,000	3,850,000	42,156,000	63,331,000
424	31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	30	15	1	11,550,000	5,775,000	3,850,000	12,715,000	33,890,000
425	31613	Tracheostoma revision (separate procedure)	35	17	1	13,475,000	6,545,000	3,850,000	14,353,000	38,223,000
426	31750	Tracheoplasty: cervical	60	24	7	23,100,000	9,240,000	3,850,000	54,517,000	90,707,000
427	31760	Tracheoplasty: intrathoracic	140	56	7	53,900,000	21,560,000	3,850,000	90,487,000	169,797,000
428	31820	Closure of tracheostomy or tracheal fistula: with or without plastic repair (separate procedure)	30	15	4	11,550,000	5,775,000	3,850,000	44,640,000	65,815,000
429	32035	Thoracostomy: with rib resection for empyema	50	20	7	19,250,000	7,700,000	3,850,000	85,180,000	115,980,000
430	32100	Thoracotomy: with exploration and biopsy, control of hemorrhage or postoperative complications	60	24	7	23,100,000	9,240,000	3,850,000	58,678,000	94,868,000
431	32310	Pleurectomy, parietal (separate procedure)	85	34	7	32,725,000	13,090,000	3,850,000	61,626,000	111,291,000
432	32400	Biopsy, pleura: percutaneous needle, one or more specimens	15	0	1	5,775,000	0	0	10,750,000	16,525,000
433	32405	Biopsy, lung or mediastinum, percutaneous needle	15	0	1	5,775,000	0	0	10,750,000	16,525,000
434	32480	Lobectomy, total or segmental, with or without bronchoplasty or decortication	120	48	7	46,200,000	18,480,000	3,850,000	75,025,000	143,555,000
435	32601	Thoracoscopy, diagnostic, with or without biopsy (separate procedure)	50	20	7	19,250,000	7,700,000	3,850,000	57,105,000	87,905,000
436	32653	Thoracoscopy, surgical: with removal of intrapleural foreign body, fibrin or control of traumatic hemorrhage,	80	32	7	30,800,000	12,320,000	3,850,000	62,052,000	109,022,000
437	32655	Thoracoscopy, surgical: with excision-plication of bullae, including any pleural procedure, with or without parietal pleurectomy	80	32	7	30,800,000	12,320,000	3,850,000	62,052,000	109,022,000
438	32663	Thoracoscopy, surgical: with segmental or total lobectomy, or wedge resection(s) of lung	100	40	7	38,500,000	15,400,000	3,850,000	65,361,000	123,111,000
439	32664	Thoracoscopy, surgical: with thoracic sympathectomy	85	34	7	32,725,000	13,090,000	3,850,000	62,871,000	112,536,000
440	32900	Resection of ribs, extrapleural, all stages	60	24	3	23,100,000	9,240,000	3,850,000	27,927,000	64,117,000
441	32905	Thoracoplasty	150	60	1	57,750,000	23,100,000	3,850,000	36,499,000	121,199,000
442	32960	Pneumothorax, therapeutic	15	12	1	5,775,000	4,620,000	3,850,000	8,161,000	22,406,000



 رقم القيد: 1875

CODE	OPERATION	K	ARE	LOS	Surgeon	Anesthesia	Consultation	Hospital C	Total
MEDIASTINUM AND DIAPHRAGM									
443	Excision of mediastinal cyst	80	32	7	30,800,000	12,320,000	3,850,000	63,297,000	110,267,000
444	Excision of mediastinal tumor	100	40	7	38,500,000	15,400,000	3,850,000	75,058,000	132,808,000
445	Mediastinoscopy, with or without biopsy	30	15	1	11,550,000	5,775,000	3,850,000	18,055,000	39,230,000
446	Repair of diaphragmatic laceration, any approach	90	36	5	34,650,000	13,860,000	3,850,000	43,302,000	95,662,000
447	Drainage of perirenal or renal abscess (separate procedure)	70	25	3	26,950,000	9,625,000	3,850,000	29,271,000	69,696,000
URINARY SYSTEM									
448	Nephrotomy, with exploration	80	28	4	30,800,000	10,780,000	3,850,000	37,825,000	83,255,000
449	Nephrolithotomy: secondary surgical operation for calculus	120	42	6	46,200,000	16,170,000	3,850,000	70,794,000	137,014,000
450	Renal biopsy: percutaneous, by trocar or needle	20	0	1	7,700,000	0	3,850,000	12,682,000	24,232,000
451	Renal biopsy: by surgical exposure of kidney	75	27	1	28,875,000	10,395,000	3,850,000	11,602,000	54,722,000
452	Nephrectomy, including partial ureterectomy, any approach including rib resection	100	35	6	38,500,000	13,475,000	3,850,000	68,893,000	124,718,000
453	Nephrectomy, including partial ureterectomy, any approach including rib resection: radical, with regional lymphadenectomy and/or vena caval thrombectomy	140	50	5	53,900,000	19,250,000	3,850,000	73,540,000	150,540,000
454	Nephrectomy, with total ureterectomy and bladder cuff	140	50	5	53,900,000	19,250,000	3,850,000	71,607,000	148,607,000
455	Nephrectomy, partial	100	35	6	38,500,000	13,475,000	3,850,000	71,253,000	127,078,000
456	Recipient nephrectomy (separate procedure), bilateral	100	35	6	38,500,000	13,475,000	3,850,000	71,253,000	127,078,000
457	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	25	0	1	9,625,000	0	3,850,000	11,634,000	25,109,000
458	Lithotripsy, extracorporeal shock wave	65	0	1	25,025,000	0	3,850,000	14,686,000	43,561,000
459	Ureterolithotomy	70	25	6	26,950,000	9,625,000	3,850,000	54,118,000	94,543,000
460	Ureterectomy, with bladder cuff (separate procedure)	95	34	6	36,575,000	13,090,000	3,850,000	72,235,000	125,750,000
461	Ureteral endoscopy through established ureterostomy diagnostic or therapeutic	30	0	1	11,550,000	0	3,850,000	15,075,000	30,475,000
462	Cystostomy or cystostomy: with fulguration and/or insertion of radioactive material	25	13	1	9,625,000	5,005,000	3,850,000	10,815,000	29,295,000
463	Cystostomy, with insertion of ureteral catheter or stent (separate procedure)	40	16	1	15,400,000	6,160,000	3,850,000	13,272,000	38,682,000
464	Cystolithotomy, cystostomy with removal of calculus: without vesical neck dissection	40	16	1	15,400,000	6,160,000	3,850,000	17,203,000	42,613,000
465	Transvesical ureterolithotomy	45	17	1	17,325,000	6,545,000	3,850,000	18,154,000	45,874,000
466	Cystostomy: for excision of bladder tumor	75	27	6	28,875,000	10,395,000	3,850,000	61,195,000	104,315,000
467	Cystectomy, complete: with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	200	70	12	77,000,000	26,950,000	3,850,000	160,294,000	268,094,000
468	Bladder irrigation, simple, lavage and/or irrigation (separate procedure)	5	0	1	1,925,000	0	3,850,000	4,821,000	10,596,000
469	Change of cystostomy tube (separate procedure)	10	0	1	3,850,000	0	3,850,000	7,342,000	15,042,000
470	Electromyography studies (EMG) of anal or urethral sphincter, any technique	10	0	1	3,850,000	0	3,850,000	7,342,000	15,042,000
471	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	10	0	1	3,850,000	0	3,850,000	7,342,000	15,042,000


 د. هشام الحادي
 استشاري المسالك البولية

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
472	Voiding pressure studies (VP): intra-abdominal voiding pressure (AP) (rectal, gastric, intra-peritoneal)	10	0	1	3,850,000	0	3,850,000	5,640,000	13,340,000
473	Cystorrhaphy, suture of bladder wound, injury or rupture	70	25	4	26,950,000	9,625,000	3,850,000	39,595,000	80,020,000
474	Closure of vesicovaginal fistula	80	26	6	30,800,000	10,010,000	3,850,000	59,851,000	104,511,000
475	Cystourethroscopy diagnostic or therapeutic	25	12	1	9,625,000	4,620,000	3,850,000	13,437,000	31,532,000


 مدير مستشفى
 13/10/2018

CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
476	Cystourethroscopy, with biopsy (separate procedure)	25	12	1	9,625,000	4,620,000	3,850,000	13,830,000	31,925,000
477	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	25	12	1	9,625,000	4,620,000	3,850,000	12,388,000	30,483,000
478	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	40	16	1	15,400,000	6,160,000	3,850,000	16,024,000	41,434,000
479	Cystourethroscopy: with ureteral meatotomy, unilateral or bilateral (separate procedure)	30	0	1	11,550,000	0	3,850,000	12,159,000	27,559,000
480	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure)	30	14	1	11,550,000	5,390,000	3,850,000	16,024,000	36,814,000
481	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments	50	18	1	19,250,000	6,930,000	3,850,000	17,826,000	47,856,000
482	Cystourethroscopy (including ureteral catheterization): removal or fragmentation of ureteral calculus, with or without manipulation (separate procedure)	40	16	1	15,400,000	6,160,000	3,850,000	27,654,000	53,064,000
483	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) (separate procedure)	25	12	1	9,625,000	4,620,000	3,850,000	11,503,000	29,598,000
484	Cystourethroscopy, with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde (separate procedure)	35	15	1	13,475,000	5,775,000	3,850,000	14,812,000	37,912,000
485	Transurethral incision of prostate	45	17	1	17,325,000	6,545,000	3,850,000	16,744,000	44,464,000
486	Transurethral resection of bladder neck (separate procedure)	50	18	1	19,250,000	6,930,000	3,850,000	18,382,000	48,412,000
487	Transurethral balloon dilation of the prostatic urethra, any method	40	16	1	15,400,000	6,160,000	3,850,000	14,452,000	39,862,000
488	Transurethral resection of prostate including complete vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy	100	33	6	38,500,000	12,705,000	3,850,000	71,710,000	126,765,000
489	Transurethral cryosurgical removal of prostate (postoperative irrigations and aspiration of sloughing tissue included)	70	23	1	26,950,000	8,855,000	3,850,000	21,397,000	61,052,000
490	Transurethral drainage of prostatic abscess	40	16	1	15,400,000	6,160,000	3,850,000	13,272,000	38,682,000
491	Biopsy of urethra	15	12	1	5,775,000	4,620,000	3,850,000	9,996,000	24,241,000
492	Urethrectomy, total, including cystostomy	90	30	1	34,650,000	11,550,000	3,850,000	23,166,000	73,216,000
493	Catheterization, urethra (sonde foley - foley cath)	5	0	1	1,925,000	0	0	4,885,000	6,810,000
HEMIC AND LYMPHATIC SYSTEMS									
494	Splenectomy	90	31	5	34,650,000	11,935,000	3,850,000	61,320,000	111,755,000
495	Biopsy or excision of lymph node(s): superficial (separate procedure)	20	12	1	7,700,000	4,620,000	3,850,000	11,929,000	28,099,000
496	Biopsy or excision of lymph node(s): deep (cervical with or without excision of scalene fat pad, or axillary nodes) (separate procedure)	30	14	1	11,550,000	5,390,000	3,850,000	13,567,000	34,357,000
ENDOCRINE SYSTEM									
497	Total thyroid lobectomy, unilateral (hemithyroidectomy)	90	30	3	34,650,000	11,550,000	3,850,000	40,278,000	90,328,000
498	Total thyroid lobectomy, unilateral: with contralateral subtotal lobectomy, including	110	36	3	42,350,000	13,860,000	3,850,000	41,752,000	101,812,000
499	Thyroidectomy, total or complete	120	40	4	46,200,000	15,400,000	3,850,000	49,095,000	114,545,000
500	Parathyroidectomy	105	35	4	40,425,000	13,475,000	3,850,000	46,377,000	104,127,000


 مدير عام
 مستشفى الملك سعود
 الرياض

ملحق رقم اثنين: أسعار الدرجة العامة (أسعار مقطوعة) في المستشفيات المتعاقدة مع الجيش والمصنفة (C)

CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
AUDITORY SYSTEM									
1	69200 Removal foreign body from external auditory canal (separate procedure)	5	0	1	1,750,000	0	0	3,972,000	5,722,000
2	69420 Myringotomy including aspiration and/or eustachian tube inflation (separate procedure)	15	0	1	5,250,000	0	3,500,000	6,988,000	15,738,000
3	69433 Tympanostomy (requiring insertion of ventilating tube)	20	12	1	7,000,000	4,200,000	3,500,000	8,953,000	23,653,000
4	69501 Mastoidectomy: simple	75	25	2	26,250,000	8,750,000	3,500,000	23,368,000	61,868,000
5	69511 Mastoidectomy: radical, any procedure	90	30	4	31,500,000	10,500,000	3,500,000	40,704,000	86,204,000
6	69620 Myringoplasty, uncomplicated	60	20	2	21,000,000	7,000,000	3,500,000	19,410,000	50,910,000
7	69631 Tympanoplasty without mastoidectomy (including ear alplasty, atticotomy and/or middle ear surgery), initial or revision: any method	75	25	2	26,250,000	8,750,000	3,500,000	24,787,000	63,287,000
8	69635 Tympanoplasty with antrotomy or mastoidectomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with or without ossicular chain reconstruction, any method	110	36	3	38,500,000	12,600,000	3,500,000	38,574,000	93,174,000
9	69660 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material	80	26	2	28,000,000	9,100,000	3,500,000	27,982,000	68,582,000
10	69801 Labyrinthotomy, with or without cryosurgery or other nonexcisional destructive procedures or tack procedure: transcanal	50	18	2	17,500,000	6,300,000	3,500,000	19,846,000	47,146,000
11	69905 Labyrinthectomy: transcanal	75	25	2	26,250,000	8,750,000	3,500,000	24,624,000	63,124,000
CARDIO SYSTEM									
12	33200 Insertion of permanent pacemaker with epicardial electrode(s): open procedure	75	33	1	26,250,000	11,550,000	3,500,000	32,214,000	73,514,000
13	33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode, or pacemaker catheter (separate procedure)	25	0	1	8,750,000	0	3,500,000	19,273,000	31,523,000
14	33245 Implantation of automatic implantable cardioverter-defibrillator pads with or without sensing electrodes	85	0	1	29,750,000	0	3,500,000	22,630,000	55,880,000
15	33247 Insertion or replacement of implantable cardioverter-defibrillator lead(s) by other than transvenous	65	0	1	22,750,000	0	3,500,000	15,069,000	41,319,000
16	33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, A-V node re-entry), tract(s), and or focus (foci)	150	67	7	52,500,000	23,450,000	3,500,000	136,144,000	215,594,000
17	33411 Replacement, aortic valve: with or without aortic annulus enlargement, noncoronary cusp	130	65	7	45,500,000	22,750,000	3,500,000	224,787,000	296,537,000
18	33416 Resection or incision of subvalvular aortic stenosis	175	87	5	61,250,000	30,450,000	3,500,000	157,875,000	253,075,000
19	33420 Valvotomy, mitral valve (commisurotomy): closed	145	72	7	50,750,000	25,200,000	3,500,000	66,339,000	145,789,000
20	33425 Valvuloplasty, mitral valve, any method	150	75	7	52,500,000	26,250,000	3,500,000	176,848,000	259,098,000
21	33430 Replacement, mitral valve	125	65	7	43,750,000	22,750,000	3,500,000	240,703,000	310,703,000
22	33452 Valvotomy, tricuspid valve	95	47	7	33,250,000	16,450,000	3,500,000	146,436,000	199,636,000
23	33460 Valvuloplasty or valvectomy, tricuspid valve, with or without insertion of tricuspid ring	125	65	7	43,750,000	22,750,000	3,500,000	159,322,000	229,322,000
24	33468 Tricuspid valve replacement or repositioning and plication for Ebstein anomaly	130	65	7	45,500,000	22,750,000	3,500,000	158,394,000	230,144,000
25	33472 Valvotomy, pulmonary valve (commisurotomy) closed or open	95	47	7	33,250,000	16,450,000	3,500,000	147,829,000	201,029,000

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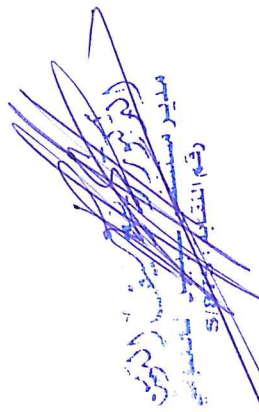
CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
26	33478 Pulmonary artery patch for supraventricular stenosis	140	70	6	49,000,000	24,500,000	3,500,000	147,664,000	224,664,000
27	33480 Double valve procedure	250	125	6	87,500,000	43,750,000	3,500,000	224,350,000	359,100,000



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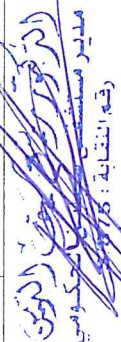
CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
28	33641 Repair atrial septal defect, secundum, with or without patch	100	50	7	35,000,000	17,500,000	3,500,000	141,550,000	197,550,000
29	33647 Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	200	100	6	70,000,000	35,000,000	3,500,000	143,106,000	251,606,000
30	33648 Correction of cor triatriatum	190	95	6	66,500,000	33,250,000	3,500,000	157,465,000	260,715,000
31	33650 Bicaual - bipulmonary bypass procedure	270	135	6	94,500,000	47,250,000	3,500,000	142,969,000	288,219,000
32	33649 Repair of tricuspid atresia	270	135	6	94,500,000	47,250,000	3,500,000	159,568,000	304,818,000
33	33670 Repair of complete atrioventricular canal, with prosthetic valve	250	125	6	87,500,000	43,750,000	3,500,000	173,655,000	308,405,000
34	33684 Closure of ventricular septal defect, with pulmonary valvotomy or infundibular resection, with or without patch	200	100	6	70,000,000	35,000,000	3,500,000	169,533,000	278,033,000
35	33690 Banding of pulmonary artery	100	50	6	35,000,000	17,500,000	3,500,000	150,286,000	206,286,000
36	33697 Complete repair of tetralogy of Fallot: with or without closure of previous shunt	250	125	6	87,500,000	43,750,000	3,500,000	183,973,000	318,723,000
37	33710 Repair sinus of Valsalva fistula, with/ without repair of ventricular septal defect	150	75	6	52,500,000	26,250,000	3,500,000	155,800,000	238,050,000
38	33720 Repair sinus of Valsalva aneurysm	90	45	6	31,500,000	15,750,000	3,500,000	139,311,000	190,061,000
39	33730 Complete repair of total anomalous venous return	200	100	6	70,000,000	35,000,000	3,500,000	169,533,000	278,033,000
40	33735 Atrial septectomy or septostomy any method	120	60	6	42,000,000	21,000,000	3,500,000	171,934,000	238,434,000
41	33750 Shunt: systemic or vena cava to pulmonary artery, with or without graft	120	60	6	42,000,000	21,000,000	3,500,000	155,800,000	222,300,000
42	33774 Repair of transposition of the great arteries, any method	300	150	6	105,000,000	52,500,000	3,500,000	187,386,000	348,386,000
43	33784 Total repair of double outlet ventricle	350	175	6	122,500,000	61,250,000	3,500,000	180,534,000	367,784,000
44	33785 Total repair of single ventricle (double inlet ventricle)	350	175	6	122,500,000	61,250,000	3,500,000	180,534,000	367,784,000
45	33786 Total repair, truncus arteriosus (Rastelli type operation)	200	100	6	70,000,000	35,000,000	3,500,000	159,922,000	268,422,000
46	33788 Reimplantation of anomalous pulmonary artery	125	65	6	43,750,000	22,750,000	3,500,000	148,921,000	218,921,000
47	33800 Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	100	50	5	35,000,000	17,500,000	3,500,000	136,227,000	192,227,000
48	33820 Patent ductus arteriosus: ligation and/or division, any age	120	60	7	42,000,000	21,000,000	3,500,000	62,215,000	128,715,000
49	33840 Excision or repair of coarctation of aorta, with or without associated patent ductus arteriosus, any type	180	90	5	63,000,000	31,500,000	3,500,000	123,942,000	221,942,000
50	33870 Transverse arch graft, with or without cardiopulmonary by-pass	210	105	5	73,500,000	36,750,000	3,500,000	111,301,000	225,051,000
51	33875 Descending thoracic aorta graft, with or without cardiopulmonary by-pass	175	90	5	61,250,000	31,500,000	3,500,000	127,081,000	223,331,000
52	33877 Repair of thoracoabdominal aortic aneurysm with graft	230	115	5	80,500,000	40,250,000	3,500,000	116,925,000	241,175,000
53	33916 Pulmonary embolectomy or endarterectomy with or without embolectomy	125	65	6	43,750,000	22,750,000	3,500,000	130,465,000	200,465,000
54	34001 Arterial embolectomy or thrombectomy, with or without catheter: carotid, subclavian, innominate, axillary, brachial, radial, or ulnar artery (separate procedure)	85	34	2	29,750,000	11,900,000	3,500,000	24,051,000	69,201,000
55	34203 Arterial embolectomy or thrombectomy, with or without catheter: popliteal-tibio-peroneal, femoropopliteal, or aortoiliac artery (separate procedure)	80	30	3	28,000,000	10,500,000	3,500,000	31,585,000	73,585,000
56	34451 Venous thrombectomy, direct or with catheter: vena cava, iliac, or femoropopliteal vein, by abdominal and leg incision (separate procedure)	90	35	3	31,500,000	12,250,000	3,500,000	30,384,000	77,634,000
57	34471 Venous thrombectomy, direct or with catheter: axillary and subclavian vein, by neck or arm incision (separate procedure)	65	25	1	22,750,000	8,750,000	3,500,000	16,543,000	51,543,000
58	34501 Valvuloplasty, femoral vein (separate procedure)	120	40	3	42,000,000	14,000,000	3,500,000	33,277,000	92,777,000

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 وزارة الصحة
 المملكة العربية السعودية

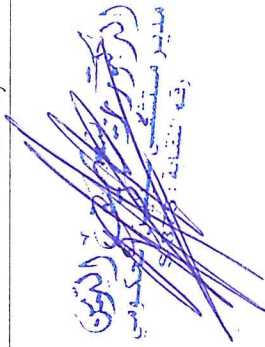

 مدير مستشفى
 رقم الملف: 5130

CODE	DESCRIPTION	AA	MM	DD	CC	CC	CC	CC	CC	CC
59	34510 Venous valve transposition, any vein donor (separate procedure)	120	40	3	42,000,000	14,000,000	3,500,000	33,277,000	52,777,000	
60	34530 Saphenopopliteal vein anastomosis (separate procedure)	120	40	3	42,000,000	14,000,000	3,500,000	33,277,000	92,777,000	

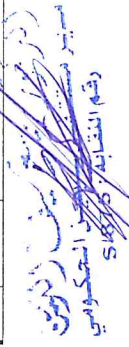
CODE		OPERATION		K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
61	35001	Direct repair of aneurysm, false aneurysm, or excision and graft insertion, with or without patch graft for aneurysm, ruptured aneurysm, or occlusive disease: carotid, subclavian, innominate, vertebral, or axillary-brachial artery		130	50	5	45,500,000	17,500,000	3,500,000	98,770,000	165,270,000
62	35045	Direct repair of aneurysm, false aneurysm, or excision and graft insertion, with or without patch graft for aneurysm, ruptured aneurysm or occlusive disease, radial or ulnar artery		75	30	1	26,250,000	10,500,000	3,500,000	18,508,000	58,758,000
63	35231	Repair blood vessel, with graft: neck, extremity, hand, finger		80	26	1	28,000,000	9,100,000	3,500,000	19,873,000	60,473,000
64	35241	Repair blood vessel, with graft: intrathoracic, with bypass		150	75	5	52,500,000	26,250,000	3,500,000	121,621,000	203,871,000
65	35246	Repair blood vessel, with graft: intrathoracic without bypass		125	55	5	43,750,000	19,250,000	3,500,000	74,529,000	141,029,000
66	35301	Thromboendarterectomy, with or without patch graft: carotid, vertebral, subclavian, innominate		125	50	5	43,750,000	17,500,000	3,500,000	79,443,000	144,193,000
67	35331	Thromboendarterectomy, with or without patch graft: abdominal aorta, and/or major branches, iliac - femoral		175	70	5	61,250,000	24,500,000	3,500,000	107,998,000	197,248,000
68	35381	Thromboendarterectomy, with or without patch graft: axillary, brachial, common femoral, deep (profunda), femoral and/or popliteal, and/or tibioperoneal		100	35	5	35,000,000	12,250,000	3,500,000	86,841,000	137,591,000
69	35526	Bypass graft, with vein or prosthesis: carotid, subclavian, vertebral, axillary,		125	44	5	43,750,000	15,400,000	3,500,000	85,176,000	147,826,000
70	35531	Bypass graft, with vein or prosthesis: aorto-splenic, renal, iliac, celiac, or mesenteric		165	66	5	57,750,000	23,100,000	3,500,000	96,313,000	180,663,000
71	36010	Introduction of catheter, superior or inferior vena cava (separate procedure)		15	0	1	5,250,000	0	3,500,000	7,371,000	16,121,000
72	36215	Selective catheter placement, arterial system: any site (separate procedure)		35	15	1	12,250,000	5,250,000	3,500,000	10,947,000	31,947,000
73	36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver) (separate procedure)		60	20	1	21,000,000	7,000,000	3,500,000	14,386,000	45,886,000
74	36420	Placement of peripheral venous catheter by cutdown (outside O.R.) (separate procedure)		10	0	1	3,500,000	0	3,500,000	6,006,000	13,006,000
75	36488	Placement of central venous catheter (subclavian, jugular, or other vein): percutaneous or cutdown separate procedure		15	0	1	5,250,000	0	3,500,000	7,371,000	16,121,000
76	36510	Catheterization of umbilical vein (separate procedure)		10	0	1	3,500,000	0	3,500,000	6,006,000	13,006,000
77	36530	Percutaneous insertion or revision of implantable intravenous infusion pump chamber or Broviac catheter (separate procedure)		35	15	1	12,250,000	5,250,000	3,500,000	10,947,000	31,947,000
78	36821	Arterio-venous anastomosis, direct, any site		60	20	1	21,000,000	7,000,000	3,500,000	14,386,000	45,886,000
79	36825	Creation of arteriovenous fistula: any graft		70	23	1	24,500,000	8,050,000	3,500,000	17,143,000	53,193,000
80	37205	Transcatheter placement of an intravascular stent, (non coronary vessel), percutaneous or open: initial vessel		55	20	1	19,250,000	7,000,000	3,500,000	13,021,000	42,771,000
81	93548	Combined left heart catheterization, selective coronary angiography, one or more coronary arteries, selective left ventricular angiography, with aortic root aortography		50	0	1	17,500,000	0	3,500,000	21,430,000	42,430,000
82	93549	Combined right and left heart catheterization, selective coronary angiography, one or more coronary arteries, and selective ventricular angiography		60	0	1	21,000,000	0	3,500,000	22,113,000	46,613,000
83	92982	Percutaneous transluminal angioplasty: single vessel		85	0	2	29,750,000	0	3,500,000	34,861,000	68,111,000
84	33510	Coronary artery bypass, single coronary graft, vein or artery, (includes obtaining graft)		170	85	5	59,500,000	29,750,000	3,500,000	164,550,000	257,300,000


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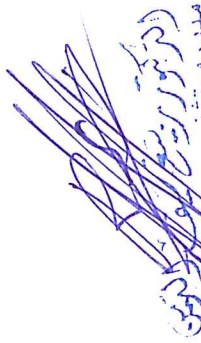
CODE	OPERATION		K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
	85	33511								
		Coronary artery bypass, double coronary graft, vein or artery, (includes obtaining grafts), with or without endarterectomy	190	95	5	66,500,000	33,250,000	3,500,000	165,984,000	269,234,000
86	33512	Coronary artery bypass, triple coronary graft, vein or artery, (includes obtaining grafts), with or without endarterectomy	200	100	5	70,000,000	35,000,000	3,500,000	167,962,000	276,462,000


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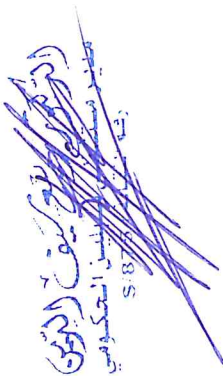
CODE		OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
DIGESTIVE SYSTEM										
87	42505	Plastic repair of salivary duct, sialodochoplasty: secondary or complicated	40	16	1	14,000,000	5,600,000	3,500,000	9,063,000	32,163,000
88	42821	Tonsillectomy and adenoidectomy, including treatment of postoperative complications: any age	35	16	1	12,250,000	5,600,000	3,500,000	11,983,000	33,333,000
89	42830	Adenoidectomy (separate procedure): primary or secondary	20	13	1	7,000,000	4,550,000	3,500,000	10,455,000	25,505,000
90	43200	Esophagoscopy, rigid or flexible fiberoptic: diagnostic (separate procedure)	15	0	0	5,250,000	0	0	1,146,000	6,396,000
91	43205	Esophagoscopy, rigid or flexible fiberoptic: therapeutic	30	15	0	10,500,000	5,250,000	0	8,025,000	23,775,000
92	43260	Endoscopic retrograde cholangiopancreatography (ERCP) diagnostic (separate procedure)	40	17	1	14,000,000	5,950,000	3,500,000	9,390,000	32,840,000
93	43300	Esophagoplasty (plastic repair or reconstruction), cervical approach: without repair of tracheoesophageal fistula	60	20	5	21,000,000	7,000,000	3,500,000	38,793,000	70,293,000
94	43305	Esophagoplasty (plastic repair or reconstruction), cervical approach: with repair of tracheoesophageal fistula	100	40	7	35,000,000	14,000,000	3,500,000	56,319,000	108,819,000
95	43340	Esophagojejunostomy (without total gastrectomy)	100	34	5	35,000,000	11,900,000	3,500,000	47,037,000	97,437,000
96	43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes (separate procedure)	15	0	1	5,250,000	0	0	8,353,000	13,603,000
97	43500	Gastrotomy: with exploration or removal of foreign body	70	24	5	24,500,000	8,400,000	3,500,000	42,861,000	79,261,000
98	43620	Gastrectomy, total: with repair by intestinal transplant, without lymphadenectomy	160	56	8	56,000,000	19,600,000	3,500,000	111,111,000	190,211,000
99	43761	Repositioning of the gastric feeding tube through the duodenum for enteric nutrition (separate procedure)	15	0	1	5,250,000	0	0	7,371,000	12,621,000
100	43825	Gastrojejunostomy with vagotomy, any type	115	40	7	40,250,000	14,000,000	3,500,000	59,758,000	117,508,000
101	43830	Gastrostomy	70	24	1	24,500,000	8,400,000	3,500,000	15,942,000	52,342,000
102	43860	Revision of gastrojejunostomy with reconstruction, with or without vagotomy	120	42	5	42,000,000	14,700,000	3,500,000	54,954,000	115,154,000
103	44020	Enterotomy, small bowel other than duodenum: for exploration, biopsy, or foreign body removal (separate procedure)	75	27	4	26,250,000	9,450,000	3,500,000	40,348,000	79,548,000
104	44120	Enterectomy: with anastomosis	95	34	6	33,250,000	11,900,000	3,500,000	55,446,000	104,096,000
105	44146	Colecotomy, partial: with coloproctostomy (low pelvic anastomosis), with or without colostomy	130	46	5	45,500,000	16,100,000	3,500,000	59,049,000	124,149,000
106	44150	Colecotomy, total, abdominal, without proctectomy: with continent ileostomy or ileoproctostomy	135	44	6	47,250,000	15,400,000	3,500,000	62,625,000	128,775,000
107	44153	Colecotomy, total or subtotal, with proctectomy: with rectal mucosectomy, ileoanal anastomosis, creation of reservoir (S or J), with or without loop ileostomy or colostomy	180	63	10	63,000,000	22,050,000	3,500,000	92,547,000	181,097,000
108	44345	Reconstruction of colostomy (separate procedure)	70	25	5	24,500,000	8,750,000	3,500,000	45,372,000	82,122,000
109	44388	Fiberoptic colonoscopy through colostomy: diagnostic or therapeutic (separate procedure)	15	0	1	5,250,000	0	0	6,306,000	11,556,000
110	44625	Closure of enterostomy, large or small intestine: with or without resection and anastomosis	80	28	5	28,000,000	9,800,000	3,500,000	47,965,000	89,265,000
111	44950	Appendectomy, any method (non-incidental procedure)	60	21	3	21,000,000	7,350,000	3,500,000	27,681,000	59,531,000
112	45000	Transrectal drainage of pelvic abscess (separate procedure)	25	14	1	8,750,000	4,900,000	3,500,000	9,555,000	26,705,000
113	45020	Incision and drainage of deep supravlevator, pelvicrectal, or retrorectal abscess	25	14	1	8,750,000	4,900,000	3,500,000	9,555,000	26,705,000
114	45110	Proctectomy: complete, combined abdominoperineal, with colostomy, one or two stages	150	53	7	52,500,000	18,550,000	3,500,000	71,224,000	145,774,000


 مدير مستشفى
 رقم النسخة: 5/16/2019

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
115 45505	Proctoplasty: for prolapse of mucous membrane or stenosis	50	18	1	17,500,000	6,300,000	3,500,000	13,267,000	40,567,000


 (دكتور انتصار الوائلي)
 مدير مستشفى سيدنا محمد الحكيم
 رقم الترخيص: S/875

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
147	49560 Repair incisional (abdominal) hernia, reducible, with or without prosthesis: initial separate procedure)	70	24	1	24,500,000	8,400,000	3,500,000	19,519,000	55,919,000
148	45378 Colonoscopy, fiberoptic, beyond splenic flexure: diagnostic	40	16	1	14,000,000	5,600,000	0	6,688,000	26,288,000
149	43235 Upper gastrointestinal endoscopy (esophagus, stomach, and either the duodenum and/or jejunum as appropriate): diagnostic (separate procedure)	25	0	1	8,750,000	0	0	5,623,000	14,373,000

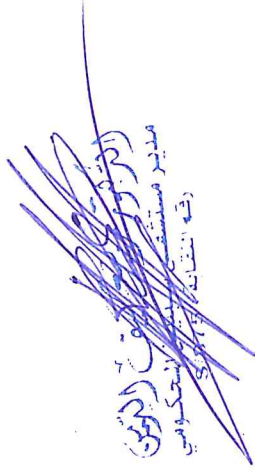

 طبيب مختص
 مستشفى الملك سعود
 الرياض

CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
FEMALE GENITAL SYSTEM									
150	Biopsy of vulva or perineum (separate procedure)	10	0	1	3,500,000	0	3,500,000	7,234,000	14,234,000
151	Colpotomy: with exploration or drainage of pelvic abscess	20	12	3	7,000,000	4,200,000	3,500,000	17,689,000	32,389,000
152	Vaginectomy, complete removal of vagina	45	17	1	15,750,000	5,950,000	3,500,000	19,929,000	45,129,000
153	Excision of vaginal cyst or tumor	20	12	1	7,000,000	4,200,000	3,500,000	9,882,000	24,582,000
154	Colporrhaphy: suture of injury of vagina (non obstetrical)	30	14	1	10,500,000	4,900,000	3,500,000	11,110,000	30,010,000
155	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele (separate procedure)	40	16	1	14,000,000	5,600,000	3,500,000	11,629,000	34,729,000
156	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy (separate procedure)	35	15	1	12,250,000	5,250,000	3,500,000	10,264,000	31,264,000
157	Combined anteroposterior colporrhaphy: with or without enterocele repair (separate procedure)	55	19	1	19,250,000	6,650,000	3,500,000	17,935,000	47,335,000
158	Colpopexy, abdominal approach	55	19	1	19,250,000	6,650,000	3,500,000	15,096,000	44,496,000
159	Sacrospinous ligament fixation for prolapse of vagina following hysterectomy (separate procedure)	55	19	1	19,250,000	6,650,000	3,500,000	15,096,000	44,496,000
160	Closure of urethrovaginal fistula: any method	50	18	2	17,500,000	6,300,000	3,500,000	18,427,000	45,727,000
161	Colposcopy (vaginocopy): (separate procedure)	10	0	1	3,500,000	0	0	6,742,000	10,242,000
162	Colposcopy: with biopsies, or biopsy of the cervix (separate procedure)	10	0	1	3,500,000	0	0	8,244,000	11,744,000
163	Colposcopy: with loop electrosurgical excision(s) of the cervix (LEEP) (separate procedure)	20	12	1	7,000,000	4,200,000	3,500,000	9,882,000	24,582,000
164	Cervix, biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	10	0	1	3,500,000	0	0	7,561,000	11,061,000
165	Endocervical curettage (not done as part of a dilation and curettage) (separate procedure)	10	0	1	3,500,000	0	3,500,000	7,807,000	14,807,000
166	Cauterization of cervix: electro, thermal, cryo, or laser ablation (separate procedure)	15	0	1	5,250,000	0	0	7,452,000	12,702,000
167	Cerclage of uterine cervix, non obstetrical	25	13	1	8,750,000	4,550,000	3,500,000	10,728,000	27,528,000
168	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(ies)	90	30	6	31,500,000	10,500,000	3,500,000	56,374,000	101,874,000
169	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(ies)	130	43	6	45,500,000	15,050,000	3,500,000	86,322,000	150,372,000
170	Pelvic exenteration for gynecologic malignancy (total abdominal hysterectomy, removal of bladder, ureteral transplantations and/or abdominoperineal resection of rectum and colon and colostomy)	210	73	10	73,500,000	25,550,000	3,500,000	107,425,000	209,975,000
171	Vaginal hysterectomy: with colpo-urethrocystopexy (Marshall-Marchetti-Krantz or Percyra type, with/without endoscopic control)	100	33	6	35,000,000	11,550,000	3,500,000	55,009,000	105,059,000
172	Vaginal hysterectomy, with total or partial colectomy	110	36	6	38,500,000	12,600,000	3,500,000	57,766,000	112,366,000
173	Hysterorrhaphy, repair or ruptured uterus (non obstetrical)	55	19	4	19,250,000	6,650,000	3,500,000	35,817,000	65,217,000
174	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	40	16	1	14,000,000	5,600,000	3,500,000	13,894,000	36,994,000
175	Drainage of ovarian cyst(s), unilateral or bilateral: vaginal approach	25	13	1	8,750,000	4,550,000	3,500,000	11,247,000	28,047,000

المملكة العربية السعودية
 وزارة الصحة
 S 877

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
176	58805 Drainage of ovarian cyst(s), unilateral or bilateral: abdominal approach	40	16	1	14,000,000	5,600,000	3,500,000	16,570,000	39,670,000
177	58900 Biopsy of ovary, unilateral or bilateral	45	18	1	15,750,000	6,300,000	3,500,000	13,131,000	38,681,000
178	59300 Episiotomy or vaginal repair only, by other than attending physician	15	12	1	5,250,000	4,200,000	3,500,000	6,988,000	19,938,000
179	59320 Cerclage of cervix, during pregnancy: vaginal	20	12	1	7,000,000	4,200,000	3,500,000	8,380,000	23,080,000
180	59325 Cerclage of cervix, during pregnancy: abdominal	40	16	1	14,000,000	5,600,000	3,500,000	14,577,000	37,677,000
181	59100 Hysterotomy, abdominal (eg, for removal of hydatiform mole, abortion)	60	20	4	21,000,000	7,000,000	3,500,000	36,199,000	67,699,000
182	59151 Laparoscopic treatment of ectopic pregnancy: with or without salpingectomy and/or oophorectomy	60	20	1	21,000,000	7,000,000	3,500,000	20,283,000	51,783,000
183	59350 Hysterorrhaphy of ruptured uterus	45	17	4	15,750,000	5,950,000	3,500,000	34,069,000	59,269,000
184	59410 Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care	60	0	1	21,000,000	0	3,500,000	12,967,000	37,467,000
185	59515 Cesarean delivery including postpartum care, with or without hysterectomy	80	26	4	28,000,000	9,100,000	3,500,000	39,858,000	80,458,000
186	59840 Induced abortion, by dilation and curettage	20	12	1	7,000,000	4,200,000	3,500,000	9,199,000	23,899,000
MALE GENITAL SYSTEM									
187	54150 Circumcision, using clamp or other device: newborn	10	0	1	3,500,000	0	0	7,725,000	11,225,000
188	54161 Circumcision, surgical excision other than clamp, device, or dorsal slit: except newborn	25	13	1	8,750,000	4,550,000	3,500,000	10,428,000	27,228,000
189	54322 One stage distal hypospadias repair (with or without chordee or circumcision): with simple meatal advancement (eg, Magpi, V-flap) or with urethroplasty by local skin flaps	80	26	1	28,000,000	9,100,000	3,500,000	16,461,000	57,061,000
190	54500 Biopsy of testis: needle (separate procedure)	10	0	1	3,500,000	0	3,500,000	8,053,000	15,053,000
191	54520 Orchiectomy: simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	40	16	1	14,000,000	5,600,000	3,500,000	13,458,000	36,558,000
192	54530 Orchiectomy, radical, for tumor: any approach	60	20	3	21,000,000	7,000,000	3,500,000	30,330,000	61,830,000
193	54640 Orchiopexy, any type, with or without hernia repair	60	20	1	21,000,000	7,000,000	3,500,000	14,140,000	45,640,000
194	54700 Incision and drainage of epididymis, testis, and/or scrotal space (eg, abscess or hematoma)	25	13	1	8,750,000	4,550,000	3,500,000	9,199,000	25,999,000
195	55040 Excision of hydrocele: unilateral	35	15	1	12,250,000	5,250,000	3,500,000	12,175,000	33,175,000
196	55700 Biopsy, prostate: needle or punch, single or multiple, any approach	15	0	1	5,250,000	0	0	10,072,000	15,322,000
197	55705 Biopsy, prostate: incisional, any approach	30	14	1	10,500,000	4,900,000	3,500,000	11,766,000	30,666,000
198	55720 Prostatotomy, external drainage of prostatic abscess, any approach	40	16	1	14,000,000	5,600,000	3,500,000	13,021,000	36,121,000
199	55801 Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	90	30	6	31,500,000	10,500,000	3,500,000	60,060,000	105,560,000
INTEGUMENTARY SYSTEM									
200	11770 Excision of pilonidal cyst or sinus	40	15	1	14,000,000	5,250,000	3,500,000	13,377,000	36,127,000
201	19020 Mastotomy with exploration and drainage of abscess, deep	20	12	1	7,000,000	4,200,000	3,500,000	7,807,000	22,507,000
202	19100 Biopsy of breast: needle aspiration (separate procedure)	10	0	1	3,500,000	0	0	8,980,000	12,480,000
203	19140 Mastectomy for gynecomastia	40	15	1	14,000,000	5,250,000	3,500,000	13,621,000	36,371,000
204	19160 Mastectomy, partial, for excision of cyst or tumor	40	15	1	14,000,000	5,250,000	3,500,000	15,288,000	38,038,000
205	19162 Mastectomy, partial: with axillary lymphadenectomy	100	33	1	35,000,000	11,550,000	3,500,000	32,295,000	82,345,000

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
206	19180 Mastectomy, simple, complete	60	20	1	21,000,000	7,000,000	3,500,000	19,491,000	50,991,000
207	19200 Mastectomy, radical, including pectoral muscles, axillary lymph nodes	100	33	5	35,000,000	11,550,000	3,500,000	57,193,000	107,243,000


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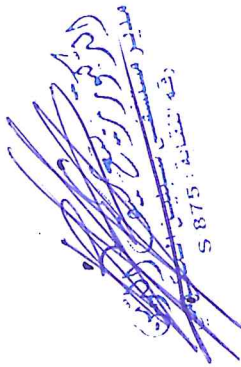
CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
MUSCULOSKELETAL SYSTEM									
208	Bone graft, any donor area	35	14	1	12,250,000	4,900,000	3,500,000	13,075,000	33,725,000
209	Fascia lata graft	35	14	1	12,250,000	4,900,000	3,500,000	11,056,000	31,706,000
210	Reconstruction of mandible or maxilla, subperiosteal implant	75	27	2	26,250,000	9,450,000	3,500,000	22,986,000	62,186,000
211	Closed treatment, nasal bone or septum fracture: with or without stabilization	20	12	1	7,000,000	4,200,000	3,500,000	12,012,000	26,712,000
212	Open treatment of nasoethmoid fracture: with or without external fixation	50	18	1	17,500,000	6,300,000	3,500,000	13,540,000	40,840,000
213	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	35	16	2	12,250,000	5,600,000	3,500,000	30,657,000	52,007,000
214	Open treatment of closed or open mandibular fracture: with or without interdental fixation	60	21	2	21,000,000	7,350,000	3,500,000	23,751,000	55,601,000
215	Open treatment of mandibular condylar fracture	65	22	2	22,750,000	7,700,000	3,500,000	25,116,000	59,066,000
216	Open treatment of complicated mandibular fracture by multiple surgical approaches, including internal fixation, interdental fixation, and/or wiring of dentures or splints	100	35	3	35,000,000	12,250,000	3,500,000	33,550,000	84,300,000
217	Open treatment of rib fracture: without fixation, each	15	12	1	5,250,000	4,200,000	3,500,000	8,271,000	21,221,000
218	Treatment of rib fracture: requiring external fixation ("flail chest")	35	15	1	12,250,000	5,250,000	3,500,000	11,001,000	32,001,000
219	Closed treatment of vertebral body fracture and/or dislocation, with or without anesthesia, by manipulation or traction, each	50	18	2	17,500,000	6,300,000	3,500,000	19,737,000	47,037,000
220	Spine manipulation requiring anesthesia, any region	15	12	2	5,250,000	4,200,000	3,500,000	14,932,000	27,882,000
221	Arthrodesis, anterior interbody technique: cervical below C2, with bone graft (separate procedure)	120	40	8	42,000,000	14,000,000	3,500,000	75,292,000	134,792,000
222	Arthrodesis, anterior interbody technique: lumbar, with bone graft (separate procedure)	150	50	8	52,500,000	17,500,000	3,500,000	91,455,000	164,955,000
223	Arthrodesis, anterior or anterolateral, each additional inter-space (list separately in addition to single level arthrodesis)	40	16	8	14,000,000	5,600,000	3,500,000	74,965,000	98,065,000
224	Arthrodesis, posterior or posterolateral technique, with local bone or bone allograft and/or internal fixation: thoracic or lumbar (separate procedure)	135	45	8	47,250,000	15,750,000	3,500,000	73,983,000	140,483,000
225	Capsulorraphy for recurrent dislocation of shoulder, anterior or posterior, any method, any type	85	28	3	29,750,000	9,800,000	3,500,000	40,677,000	83,727,000
226	Closed treatment of clavicular fracture: with manipulation	20	12	1	7,000,000	4,200,000	3,500,000	8,653,000	23,353,000
227	Open treatment of clavicular fracture, with or without internal or external skeletal fixation	50	18	1	17,500,000	6,300,000	3,500,000	14,386,000	41,686,000
228	Closed treatment of scapular fracture: with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	20	12	1	7,000,000	4,200,000	3,500,000	8,817,000	23,517,000
229	Closed treatment of proximal humeral (surgical or anatomical neck) fracture: with manipulation, with or without skeletal traction	20	12	1	7,000,000	4,200,000	3,500,000	11,001,000	25,701,000
230	Open treatment of acute shoulder dislocation	40	16	1	14,000,000	5,600,000	3,500,000	44,389,000	67,489,000
231	Closed treatment of shoulder dislocation, with fracture of greater tuberosity, with manipulation	20	12	1	7,000,000	4,200,000	3,500,000	9,445,000	24,145,000
232	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation)	20	12	1	7,000,000	4,200,000	3,500,000	9,445,000	24,145,000
233	Arthroplasty, elbow: for synovectomy	50	18	1	17,500,000	6,300,000	3,500,000	13,786,000	41,086,000

CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
234	Closed treatment of humeral shaft fracture: with manipulation, with or without skeletal traction	35	15	1	12,250,000	5,250,000	3,500,000	13,513,000	34,513,000
235	Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	75	25	4	26,250,000	8,750,000	3,500,000	51,159,000	89,659,000

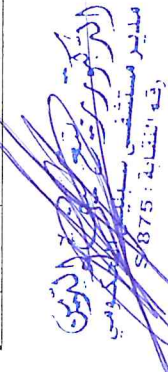

 مدير مستشفى
 (الرجوع)
 رقم الترخيص: 15/13

CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
236	Treatment of closed elbow dislocation	35	15	1	12,250,000	5,250,000	3,500,000	13,513,000	34,513,000
237	Open treatment of acute or chronic elbow dislocation	50	18	1	17,500,000	6,300,000	3,500,000	13,786,000	41,086,000
238	Closed treatment of radial head or neck fracture: with manipulation	35	15	1	12,250,000	5,250,000	3,500,000	10,864,000	31,864,000
239	Closed treatment of ulnar fracture, proximal end (olecranon process): with manipulation	35	15	1	12,250,000	5,250,000	3,500,000	10,864,000	31,864,000
240	Arthrotomy, wrist joint: for synovectomy	45	15	1	15,750,000	5,250,000	3,500,000	14,059,000	38,559,000
241	Closed treatment of radial shaft fracture: with manipulation	30	14	1	10,500,000	4,900,000	3,500,000	10,837,000	29,737,000
242	Open treatment of radial shaft fracture: with/without internal or external fixation	60	20	1	21,000,000	7,000,000	3,500,000	25,116,000	56,616,000
243	Closed treatment of ulnar shaft fracture: with manipulation	25	13	1	8,750,000	4,550,000	3,500,000	11,220,000	28,020,000
244	Open treatment of ulnar shaft fracture: with/without internal or external fixation	60	20	1	21,000,000	7,000,000	3,500,000	57,493,000	88,993,000
245	Closed treatment of radial and ulnar shaft fractures: with manipulation	35	15	1	12,250,000	5,250,000	3,500,000	11,110,000	32,110,000
246	Open treatment of radial and ulnar shaft fractures, with internal or external fixation of radius or ulna	35	15	1	12,250,000	5,250,000	3,500,000	15,532,000	36,532,000
247	Open treatment of radial and ulnar shaft fractures, with internal or external fixation: of radius and ulna	70	23	3	24,500,000	8,050,000	3,500,000	35,380,000	71,430,000
248	Open treatment of distal radial fracture, or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation	60	20	3	21,000,000	7,000,000	3,500,000	27,709,000	59,209,000
249	Open treatment of radiocarpal or intercarpal dislocation, one or more bones	45	15	1	15,750,000	5,250,000	3,500,000	13,704,000	38,204,000
250	Closed treatment of distal radioulnar dislocation with manipulation	25	13	1	8,750,000	4,550,000	3,500,000	9,036,000	25,836,000
251	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion): without bone graft (separate procedure)	70	23	1	24,500,000	8,050,000	3,500,000	15,205,000	51,255,000
252	Drainage of palmar bursa	30	14	1	10,500,000	4,900,000	3,500,000	10,374,000	29,274,000
253	Fasciotomy, palmar, for Dupuytren's contracture: closed (subcutaneous)	35	15	1	12,250,000	5,250,000	3,500,000	12,585,000	33,585,000
254	Arthrotomy for synovial biopsy: carpometacarpal or metacarpophalangeal or interphalangeal joint	25	12	1	8,750,000	4,200,000	3,500,000	10,345,000	26,795,000
255	Correction claw finger, other methods	60	20	1	21,000,000	7,000,000	3,500,000	14,496,000	45,996,000
256	Closed treatment of metacarpal fracture, single: with manipulation, each bone	25	0	1	8,750,000	0	3,500,000	9,253,000	21,503,000
257	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone	40	13	1	14,000,000	4,550,000	3,500,000	11,493,000	33,543,000
258	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each	40	13	1	14,000,000	4,550,000	3,500,000	14,823,000	36,873,000
259	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single	30	12	1	10,500,000	4,200,000	3,500,000	12,202,000	30,402,000
260	Partial hip replacement, prosthesis (eg, femoral stem prosthesis, bipolar arthroplasty)	105	35	6	36,750,000	12,250,000	3,500,000	62,898,000	115,398,000
261	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip replacement), with or without autograft or allograft	150	50	6	52,500,000	17,500,000	3,500,000	81,708,000	155,208,000
262	Percutaneous skeletal fixation of femoral fracture, proximal end, neck, undisplaced, mildly displaced or impacted fracture	70	23	1	24,500,000	8,050,000	3,500,000	19,354,000	55,404,000
263	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement (direct fracture exposure)	95	32	6	33,250,000	11,200,000	3,500,000	86,404,000	134,354,000

CODE		OPERATION	K	ARE	LOS	Surgeon	Anesthesia	Consultation	Hospital C	Total
264	27240									
		Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture, with manipulation: with or without skin or skeletal traction	50	16	3	17,500,000	5,600,000	3,500,000	23,751,000	50,351,000


 مدير المستشفى
 رقم الترخيص: 875

CODE	OPERATION	K	ARE	LOS	Surgeon	Anesthesia	Consultation	Hospital C	Total
265	27244 Open treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture: with plate/screw type implant, with or without cerclage	100	33	6	35,000,000	11,550,000	3,500,000	76,603,000	126,653,000
266	27245 Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture: with intramedullary implant, with or without interlocking screws and/or cerclage	100	33	1	35,000,000	11,550,000	3,500,000	31,422,000	81,472,000
267	27250 Closed treatment of hip dislocation, traumatic	30	12	3	10,500,000	4,200,000	3,500,000	20,992,000	39,192,000
268	27253 Open treatment of hip dislocation, traumatic, without internal fixation	70	23	1	24,500,000	8,050,000	3,500,000	16,624,000	52,674,000
269	27332 Arthroscopy, knee, for meniscectomy: medial OR lateral	55	18	1	19,250,000	6,300,000	3,500,000	14,386,000	43,436,000
270	27333 Arthroscopy, knee, for meniscectomy: medial AND lateral	60	20	1	21,000,000	7,000,000	3,500,000	15,069,000	46,569,000
271	27335 Arthroscopy, knee, for synovectomy: anterior AND/OR posterior including popliteal area	55	18	1	19,250,000	6,300,000	3,500,000	14,386,000	43,436,000
272	27350 Patellectomy or hemipatellectomy	55	18	1	19,250,000	6,300,000	3,500,000	16,624,000	45,674,000
273	27372 Removal of foreign body, deep, thigh region or knee area	35	12	1	12,250,000	4,200,000	3,500,000	11,110,000	31,060,000
274	27400 Tendon or muscle transfer, hamstrings to femur (Eggers type procedure)	55	18	1	19,250,000	6,300,000	3,500,000	14,386,000	43,436,000
275	27403 Arthroscopy with open meniscus repair	60	20	1	21,000,000	7,000,000	3,500,000	15,069,000	46,569,000
276	27405 Repair, primary, torn ligament and/or capsule, knee: collateral or cruciate	55	18	1	19,250,000	6,300,000	3,500,000	13,704,000	42,754,000
277	27409 Repair, primary, torn ligament and/or capsule, knee: collateral and cruciate	95	31	1	33,250,000	10,850,000	3,500,000	28,882,000	76,482,000
278	27418 Anterior tibial tubercle plasty for chondromalacia patellae (Maquet procedure)	60	20	1	21,000,000	7,000,000	3,500,000	14,386,000	45,886,000
279	27424 Reconstruction for recurrent dislocating patella: with patellectomy	55	18	1	19,250,000	6,300,000	3,500,000	22,413,000	51,463,000
280	27427 Ligamentous reconstruction (augmentation), knee: extra-articular	55	18	1	19,250,000	6,300,000	3,500,000	20,692,000	49,742,000
281	27428 Ligamentous reconstruction (augmentation), knee: intra-articular (open)	75	25	1	26,250,000	8,750,000	3,500,000	19,191,000	57,691,000
282	27435 Capsulotomy, knee, posterior capsular release	55	18	1	19,250,000	6,300,000	3,500,000	18,235,000	47,285,000
283	27438 Arthroplasty, patella: with prosthesis	60	20	1	21,000,000	7,000,000	3,500,000	20,010,000	51,510,000
284	27440 Arthroplasty, knee, tibial plateau	55	18	1	19,250,000	6,300,000	3,500,000	15,232,000	44,282,000
285	27443 Arthroplasty, knee, femoral condyles or tibial plateaus: with or without debridement and partial synovectomy	60	20	3	21,000,000	7,000,000	3,500,000	35,353,000	66,853,000
286	27446 Arthroplasty, knee condyle and plateau: medial OR lateral compartment	95	31	6	33,250,000	10,850,000	3,500,000	79,387,000	126,987,000
287	27447 Arthroplasty, knee condyle and plateau: medial AND lateral compartments with or without patella resurfacing ("total knee replacement")	140	46	6	49,000,000	16,100,000	3,500,000	84,847,000	153,447,000
288	27448 Osteotomy, femur, shaft or supracondylar: without fixation	60	20	1	21,000,000	7,000,000	3,500,000	15,232,000	46,732,000
289	27450 Osteotomy, femur, shaft or supracondylar: with fixation	105	35	1	36,750,000	12,250,000	3,500,000	22,795,000	75,295,000
290	27455 Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus or genu valgus): before or after epiphyseal closure	95	31	1	33,250,000	10,850,000	3,500,000	20,065,000	67,665,000
291	27486 Revision of total knee arthroplasty, with or without allograft: one component	120	40	6	42,000,000	14,000,000	3,500,000	72,726,000	132,226,000
292	27487 Revision of total knee arthroplasty, with or without allograft: all components	160	53	6	56,000,000	18,550,000	3,500,000	64,182,000	142,232,000
293	27488 Removal of knee prosthesis, including "total knee", methyl methacrylate and insertion of spacer, when applicable	95	31	6	33,250,000	10,850,000	3,500,000	72,918,000	120,518,000
294	27502 Closed treatment of femoral shaft fracture: with manipulation, with or without skin or skeletal traction	55	18	3	19,250,000	6,300,000	3,500,000	24,433,000	53,483,000


 مدير مستشفى
 رقم الترخيص: 875

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
321	27870 Arthrodesis, ankle, any method (separate procedure)	90	30	6	31,500,000	10,500,000	3,500,000	55,227,000	100,727,000
322	27871 Arthrodesis, tibiofibular joint, proximal or distal (separate procedure)	60	20	6	21,000,000	7,000,000	3,500,000	61,396,000	92,896,000

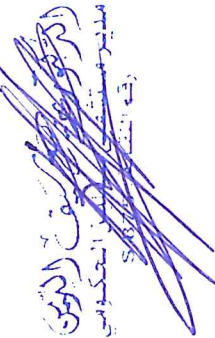

 (د. محمد زكريا) مدير مستشفى
 رقم: 5775

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
323	28020 Arthrotomy, with exploration, drainage or removal of loose or foreign body: intertarsal or tarsometatarsal joint or metatarsophalangeal joint or interphalangeal joint	35	12	1	12,250,000	4,200,000	3,500,000	11,875,000	31,825,000
324	28054 Arthrotomy for synovial biopsy: interphalangeal joint or metatarsophalangeal or intertarsal or tarsometatarsal	25	12	1	8,750,000	4,200,000	3,500,000	10,482,000	26,932,000
325	28070 Synovectomy, intertarsal, tarsometatarsal or metatarsophalangeal joint, each	35	12	1	12,250,000	4,200,000	3,500,000	11,875,000	31,825,000
326	28086 Synovectomy, tendon sheath, foot: flexor or extensor	25	12	1	8,750,000	4,200,000	3,500,000	10,482,000	26,932,000
327	28140 Metatarsectomy	50	16	1	17,500,000	5,600,000	3,500,000	13,867,000	40,467,000
328	28160 Hemiphalangectomy or interphalangeal joint excision, toe, single, each	25	12	1	8,750,000	4,200,000	3,500,000	10,510,000	26,960,000
329	28192 Removal of foreign body, foot: deep	35	12	1	12,250,000	4,200,000	3,500,000	11,437,000	31,387,000
330	28260 Capsulotomy, midfoot: medial release only with or without tendon lengthening (separate procedure)	50	16	1	17,500,000	5,600,000	3,500,000	12,421,000	39,021,000
331	28288 Osteotomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head	25	12	1	8,750,000	4,200,000	3,500,000	12,120,000	28,570,000
332	28296 Hallux valgus (bunion) correction: with or without metatarsal osteotomy or tendon transfer	55	18	1	19,250,000	6,300,000	3,500,000	32,896,000	61,946,000
333	28406 Closed treatment or percutaneous skeletal fixation of calcaneal fracture: with manipulation	35	12	1	12,250,000	4,200,000	3,500,000	10,864,000	30,814,000
334	28420 Open treatment of closed or open calcaneal fracture, with or without internal or external skeletal fixation: with primary autogenous bone graft (includes obtaining graft)	85	28	1	29,750,000	9,800,000	3,500,000	19,873,000	62,923,000
335	28436 Closed treatment or percutaneous skeletal fixation of talus fracture: with manipulation	25	12	1	8,750,000	4,200,000	3,500,000	10,428,000	26,878,000
336	28445 Open treatment of talus fracture, with or without internal or external fixation	70	23	1	24,500,000	8,050,000	3,500,000	15,642,000	51,692,000
337	28476 Closed treatment or percutaneous skeletal fixation of metatarsal fracture: with manipulation	25	12	1	8,750,000	4,200,000	3,500,000	9,882,000	26,332,000
338	28546 Percutaneous skeletal fixation of tarsal bone dislocation other than talotarsal, with manipulation	25	12	1	8,750,000	4,200,000	3,500,000	9,882,000	26,332,000
339	28555 Open treatment of tarsal bone dislocation, with or without internal or external fixation	40	13	1	14,000,000	4,550,000	3,500,000	12,502,000	34,552,000
340	28600 Closed treatment of tarsometatarsal joint dislocation	25	12	1	8,750,000	4,200,000	3,500,000	9,882,000	26,332,000
341	28636 Closed treatment or percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	25	12	1	8,750,000	4,200,000	3,500,000	9,882,000	26,332,000
342	28760 Arthrodesis, great toe, interphalangeal joint, with extensor hallucis longus transfer to first metatarsal neck (Jones type procedure) (separate procedure)	50	16	6	17,500,000	5,600,000	3,500,000	49,057,000	75,657,000
343	28800 Amputation, foot: midtarsal or tarsometatarsal	50	16	5	17,500,000	5,600,000	3,500,000	40,102,000	66,702,000
344	28810 Amputation, metatarsal, with toe, single	40	13	5	14,000,000	4,550,000	3,500,000	38,737,000	60,787,000
345	28820 Amputation, toe: metatarsophalangeal joint	25	12	5	8,750,000	4,200,000	3,500,000	36,718,000	53,168,000
346	29000 Application of halo type body cast	20	0	1	7,000,000	0	3,500,000	8,899,000	19,399,000
347	29040 Application of body cast, shoulder to hips: including head and/or one or both thighs	20	0	1	7,000,000	0	3,500,000	8,899,000	19,399,000
348	29305 Application of hip spica cast: one leg	15	0	1	5,250,000	0	0	7,371,000	12,621,000
349	29325 Application of hip spica cast: one and one half spica or both legs	20	0	1	7,000,000	0	3,500,000	8,899,000	19,399,000



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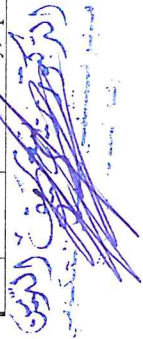
CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total.
350	29355 Application of long leg cast (thigh to toes): walking or ambulatory type	10	0	1	3,500,000	0	0	6,688,000	10,188,000
351	29800 Arthroscopy, diagnostic: any joint, with or without biopsy, limited debridement, partial synovectomy, removal of loose or foreign body, lysis and resection of adhesios or lavage and drainage (separate procedure)	40	13	1	14,000,000	4,550,000	3,500,000	16,270,000	38,320,000


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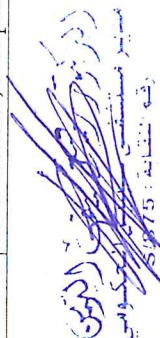
CODE	OPERATION	K	ARE	LOS	Surgeon	Anesthesia	Consultation	Hospital C	Total
NERVOUS SYSTEM									
352	Craniectomy: with excision of tumor or other bone lesion of skull	130	52	8	45,500,000	18,200,000	3,500,000	166,939,000	234,139,000
353	Craniotomy, trephination, bone flap craniotomy: for partial or subtotal hemispherectomy	145	58	8	50,750,000	20,300,000	3,500,000	134,889,000	209,439,000
354	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, non-stereotactic	160	64	8	56,000,000	22,400,000	3,500,000	118,645,000	200,545,000
355	Craniectomy for craniostenosis: single or multiple sutures, or frontal or partial bone flap, or bifrontal bone flap	135	52	8	47,250,000	18,200,000	3,500,000	168,304,000	237,254,000
356	Elevation of depressed skull fracture: simple, extradural	80	28	8	28,000,000	9,800,000	3,500,000	159,186,000	200,486,000
357	Replacement or irrigation, subarachnoid/subdural catheter	35	16	6	12,250,000	5,600,000	3,500,000	48,292,000	69,642,000
358	Ventriculocisternostomy, third ventricle: stereotactic method or any method	90	32	10	31,500,000	11,200,000	3,500,000	87,141,000	133,341,000
359	Replacement or revision of CSF shunt, obstructed valve, or distal catheter in shunt system	70	25	4	24,500,000	8,750,000	3,500,000	53,835,000	90,585,000
360	Removal of complete CSF shunt system: with replacement by similar or other shunt at same operation	110	39	10	38,500,000	13,650,000	3,500,000	92,628,000	148,278,000
361	Biopsy of spinal cord, percutaneous needle	30	0	1	10,500,000	0	3,500,000	13,786,000	27,786,000
362	Spinal puncture, diagnostic	10	0	1	3,500,000	0	3,500,000	5,541,000	12,541,000
363	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, one or two vertebral segments: cervical, thoracic, lumbar or sacral	110	39	5	38,500,000	13,650,000	3,500,000	75,565,000	131,215,000
364	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral) with decompression of spinal cord, cauda equina and/or nerve root(s), single vertebral segment: thoracic or lumbar	110	39	5	38,500,000	13,650,000	3,500,000	75,565,000	131,215,000
365	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy: cervical or thoracic, single	135	48	5	47,250,000	16,800,000	3,500,000	80,370,000	147,920,000
366	Percutaneous implantation of neurostimulator electrodes: epidural	45	17	1	15,750,000	5,950,000	3,500,000	11,629,000	36,829,000
367	Decompression of nerve	35	15	1	12,250,000	5,250,000	3,500,000	10,401,000	31,401,000
368	Replacement, irrigation or revision of lumbosubarachnoid shunt	50	19	4	17,500,000	6,650,000	3,500,000	53,562,000	81,212,000
369	Suture of major peripheral nerve, arm or leg: including transposition	95	32	2	33,250,000	11,200,000	3,500,000	23,751,000	71,701,000
370	Suture of brachial or lumbar plexus	135	45	3	47,250,000	15,750,000	3,500,000	35,734,000	102,234,000
EYE AND OCULAR ADNEXA									
371	Repair of laceration: cornea and/or sclera, perforating, not involving uveal tissue	50	18	1	17,500,000	6,300,000	3,500,000	14,196,000	41,496,000
372	Keratomy: lamellar, partial (except pterygium)	40	16	1	14,000,000	5,600,000	3,500,000	12,502,000	35,602,000
373	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermo-cauterization	20	12	1	7,000,000	4,200,000	3,500,000	7,015,000	21,715,000
374	Keratoplasty: lamellar	80	26	1	28,000,000	9,100,000	3,500,000	18,564,000	59,164,000
375	Radial keratotomy	85	28	1	29,750,000	9,800,000	3,500,000	17,689,000	60,739,000
376	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)	40	16	1	14,000,000	5,600,000	3,500,000	10,810,000	33,910,000
377	Severing adhesions of anterior segment, laser technique (separate procedure)	30	15	1	10,500,000	5,250,000	3,500,000	8,080,000	27,330,000
378	Repair of scleral staphyloma: without graft	50	18	1	17,500,000	6,300,000	3,500,000	13,185,000	40,485,000
379	Repair of scleral staphyloma: with graft	75	25	1	26,250,000	8,750,000	3,500,000	16,461,000	54,961,000
380	Iridectomy, with corneoscleral or corneal section: peripheral or sector, for glaucoma (separate procedure)	45	17	1	15,750,000	5,950,000	3,500,000	11,820,000	37,020,000
381	Iridectomy, with corneoscleral or corneal section: "optical" (separate procedure)	45	17	1	15,750,000	5,950,000	3,500,000	11,820,000	37,020,000

الدكتور محمد عبد الحليم
 مدير مستشفى
 رقم الترخيص: 15

CODE	OPERATION	K	ARE	Ios	Surgeon	Anesthesia	Consultation	Hospital C	Total
382	66680 Repair of iris, ciliary body (as for iridodialysis)	45	17	1	15,750,000	5,950,000	3,500,000	11,820,000	37,020,000
383	66700 Ciliary body destruction: diathermy, cyclophotocoagulation, cryotherapy or cyclodialysis	35	15	1	12,250,000	5,250,000	3,500,000	9,063,000	30,063,000
384	66761 Iridotomy/iridectomy by laser surgery (eg, for glaucoma)	25	13	1	8,750,000	4,550,000	3,500,000	4,585,000	21,385,000
385	66762 Iridoplasty by photocoagulation (eg, for improvement of vision, for widening of anterior chamber angle)	30	14	1	10,500,000	4,900,000	3,500,000	5,977,000	24,877,000
386	66984 Extra- or intracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique	90	32	1	31,500,000	11,200,000	3,500,000	23,614,000	69,814,000
387	66985 Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal, with or without anterior vitrectomy	70	23	1	24,500,000	8,050,000	3,500,000	19,519,000	55,569,000
388	67005 Removal of vitreous, anterior approach (open sky technique or limbal incision): partial, or subtotal removal with mechanical vitrectomy	45	18	1	15,750,000	6,300,000	3,500,000	12,967,000	38,517,000
389	67028 Intravitreal injection of pharmacologic agent (separate procedure)	20	12	1	7,000,000	4,200,000	3,500,000	6,006,000	20,706,000
390	67311 Strabismus surgery: any technique, any number of muscles	60	20	1	21,000,000	7,000,000	3,500,000	18,535,000	50,035,000
391	67515 Injection of therapeutic agent into Tenon's capsule	10	0	1	3,500,000	0	0	6,688,000	10,188,000
392	67700 Blepharotomy, drainage of abscess, eyelid	10	0	1	3,500,000	0	3,500,000	6,142,000	13,142,000
393	67710 Severing of tarsorrhaphy	10	12	1	3,500,000	4,200,000	3,500,000	5,623,000	16,823,000
394	67914 Repair of ectropion: suture or thermocauterization	25	13	1	8,750,000	4,550,000	3,500,000	10,264,000	27,064,000
395	68110 Excision of lesion, conjunctiva	15	0	1	5,250,000	0	3,500,000	9,582,000	18,332,000
396	68130 Excision of lesion, conjunctiva: with adjacent sclera	35	15	1	12,250,000	5,250,000	3,500,000	13,321,000	34,321,000
397	68200 Subconjunctival injection	5	0	1	1,750,000	0	3,500,000	6,006,000	11,256,000
398	68326 Conjunctivoplasty, with or without reconstruction cul-de-sac: with conjunctival graft, extensive rearrangement, or buccal mucous membrane graft (includes obtaining graft)	50	18	1	17,500,000	6,300,000	3,500,000	13,867,000	41,167,000
399	68340 Repair of symblepharon: division of symblepharon with or without insertion of conformer or contact lens	30	14	1	10,500,000	4,900,000	3,500,000	9,745,000	28,645,000
400	68360 Conjunctival flap: bridge or partial	30	14	1	10,500,000	4,900,000	3,500,000	9,745,000	28,645,000
401	68362 Conjunctival flap: total (eg, Gunderson thin flap or purse string flap)	50	18	1	17,500,000	6,300,000	3,500,000	12,502,000	39,802,000
RESPIRATORY SYSTEM									
402	30140 Submucous resection turbinate, complete or partial	30	14	1	10,500,000	4,900,000	3,500,000	11,220,000	30,120,000
403	30520 Submucous resection of nasal septum	40	16	1	14,000,000	5,600,000	3,500,000	11,056,000	34,156,000
404	30540 Repair choanal atresia: intranasal	60	20	1	21,000,000	7,000,000	3,500,000	15,669,000	47,169,000
405	30801 Cauterization and/or ablation, mucosa of turbinates (separate procedure)	15	0	1	5,250,000	0	3,500,000	8,161,000	16,911,000
406	30901 Control nasal hemorrhage, any method (separate procedure)	15	12	1	5,250,000	4,200,000	3,500,000	11,493,000	24,443,000
407	30920 Ligation arteries: ethmoidal or internal maxillary artery, transantral	55	19	1	19,250,000	6,650,000	3,500,000	16,516,000	45,916,000
408	31020 Sinusotomy, maxillary (antrotony): intranasal	20	12	1	7,000,000	4,200,000	3,500,000	9,090,000	23,790,000
409	31030 Sinusotomy maxillary (antrotony): radical (Caldwell-Luc), with or without removal of antrochoanal polyps	40	16	2	14,000,000	5,600,000	3,500,000	19,873,000	42,973,000
410	31040 Pterygomaxillary fossa surgery, any approach	60	20	2	21,000,000	7,000,000	3,500,000	20,556,000	52,056,000
411	31070 Sinusotomy, sphenoid, frontal or intranasal	40	16	1	14,000,000	5,600,000	3,500,000	11,383,000	34,483,000


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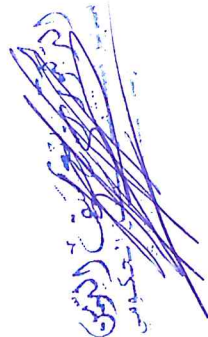
CODE	OPERATION	K	ARE	LOS	Surgeon	Anesthesia	Consultation	Hospital C	Total
412	31075 Sinusotomy frontal: transorbital, unilateral (for mucocoele or osteoma, Lynch type)	60	20	2	21,000,000	7,000,000	3,500,000	20,556,000	52,056,000
413	31080 Sinusotomy frontal: obliterative or nonbiliterative	85	28	2	29,750,000	9,800,000	3,500,000	27,436,000	70,486,000
414	31090 Sinusotomy combined, three or more sinuses	75	25	2	26,250,000	8,750,000	3,500,000	25,170,000	63,670,000
415	31200 Ethmoidectomy	50	18	1	17,500,000	6,300,000	3,500,000	16,653,000	43,953,000
416	31300 Laryngotomy (thyrotomy, laryngofissure): with removal of tumor or laryngocoele, cordectomy	70	28	3	24,500,000	9,800,000	3,500,000	31,203,000	69,003,000
417	31360 Laryngectomy: total or subtotal supraglottic, without radical neck dissection	105	42	10	36,750,000	14,700,000	3,500,000	72,726,000	127,676,000
418	31370 Partial laryngectomy (hemilaryngectomy)	100	40	10	35,000,000	14,000,000	3,500,000	71,389,000	123,889,000
419	31400 Arytenoidectomy or arytenoidopexy, external approach	60	24	5	21,000,000	8,400,000	3,500,000	39,010,000	71,910,000
420	31420 Epiglottidectomy	60	24	1	21,000,000	8,400,000	3,500,000	16,161,000	49,061,000
421	31510 Laryngoscopy, direct or indirect, diagnostic with or without biopsy (separate procedure)	15	12	1	5,250,000	4,200,000	0	8,953,000	18,403,000
422	31580 Laryngoplasty other than cricoid split	100	40	1	35,000,000	14,000,000	3,500,000	20,719,000	73,219,000
423	31600 Tracheostomy, (separate procedure)	30	15	5	10,500,000	5,250,000	3,500,000	37,974,000	57,224,000
424	31611 Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	30	15	1	10,500,000	5,250,000	3,500,000	11,164,000	30,414,000
425	31613 Tracheostoma revision (separate procedure)	35	17	1	12,250,000	5,950,000	3,500,000	12,529,000	34,229,000
426	31750 Tracheoplasty: cervical	60	24	7	21,000,000	8,400,000	3,500,000	49,413,000	82,313,000
427	31760 Tracheoplasty: intrathoracic	140	56	7	49,000,000	19,600,000	3,500,000	79,387,000	151,487,000
428	31820 Closure of tracheostomy or tracheal fistula: with or without plastic repair (separate procedure)	30	15	4	10,500,000	5,250,000	3,500,000	39,475,000	58,725,000
429	32035 Thoracostomy: with rib resection for empyema	50	20	7	17,500,000	7,000,000	3,500,000	74,965,000	102,965,000
430	32100 Thoracotomy: with exploration and biopsy, control of hemorrhage or postoperative complications	60	24	7	21,000,000	8,400,000	3,500,000	52,879,000	85,779,000
431	32310 Pleurectomy, parietal (separate procedure)	85	34	7	29,750,000	11,900,000	3,500,000	55,336,000	100,486,000
432	32400 Biopsy, pleura: percutaneous needle, one or more specimens	15	0	1	5,250,000	0	0	9,526,000	14,776,000
433	32405 Biopsy, lung or mediastinum, percutaneous needle	15	0	1	5,250,000	0	0	9,526,000	14,776,000
434	32480 Lobectomy, total or segmental, with or without bronchoplasty or decortication	120	48	7	42,000,000	16,800,000	3,500,000	66,502,000	128,802,000
435	32601 Thoracoscopy, diagnostic, with or without biopsy (separate procedure)	50	20	7	17,500,000	7,000,000	3,500,000	51,568,000	79,568,000
436	32653 Thoracoscopy, surgical: with removal of intrapleural foreign body, fibrin or control of traumatic hemorrhage,	80	32	7	28,000,000	11,200,000	3,500,000	55,692,000	98,392,000
437	32655 Thoracoscopy, surgical: with excision-plectation of bullae, including any pleural procedure, with or without parietal pleurectomy	80	32	7	28,000,000	11,200,000	3,500,000	55,692,000	98,392,000
438	32663 Thoracoscopy, surgical: with segmental or total lobectomy, or wedge resection(s) of lung	100	40	7	35,000,000	14,000,000	3,500,000	58,449,000	110,949,000
439	32664 Thoracoscopy, surgical: with thoracic sympathectomy	85	34	7	29,750,000	11,900,000	3,500,000	56,374,000	101,524,000
440	32900 Resection of ribs, extrapleural, all stages	60	24	3	21,000,000	8,400,000	3,500,000	24,979,000	57,879,000
441	32905 Thoracoplasty	150	60	1	52,500,000	21,000,000	3,500,000	30,985,000	107,985,000
442	32960 Pneumothorax, therapeutic	15	12	1	5,250,000	4,200,000	3,500,000	7,371,000	20,321,000


 (مختار محمد علي الدين)
 مدير مستشفى
 رقم 5: 1997

CODE	OPERATION	K	ARE	los	Surgeon	Anesthesia	Consultation	Hospital C	Total
MEDIASTINUM AND DIAPHRAGM									
443	Excision of mediastinal cyst	80	32	7	28,000,000	11,200,000	3,500,000	56,728,000	99,428,000
444	Excision of mediastinal tumor	100	40	7	35,000,000	14,000,000	3,500,000	66,529,000	119,029,000
445	Mediastinoscopy, with or without biopsy	30	15	1	10,500,000	5,250,000	3,500,000	15,615,000	34,865,000
446	Repair of diaphragmatic laceration, any approach	90	36	5	31,500,000	12,600,000	3,500,000	38,929,000	86,529,000
447	Drainage of perirenal or renal abscess (separate procedure)	70	25	3	24,500,000	8,750,000	3,500,000	26,098,000	62,848,000
URINARY SYSTEM									
448	Nephrotomy, with exploration	80	28	4	28,000,000	9,800,000	3,500,000	33,796,000	75,096,000
449	Nephrolithotomy: secondary surgical operation for calculus	120	42	6	42,000,000	14,700,000	3,500,000	62,407,000	122,607,000
450	Renal biopsy: percutaneous, by trocar or needle	20	0	1	7,000,000	0	3,500,000	11,137,000	21,637,000
451	Renal biopsy: by surgical exposure of kidney	75	27	1	26,250,000	9,450,000	3,500,000	10,237,000	49,437,000
452	Nephrectomy, including partial ureterectomy, any approach including rib resection	100	35	6	35,000,000	12,250,000	3,500,000	60,823,000	111,573,000
453	Nephrectomy, including partial ureterectomy, any approach including rib resection: radical, with regional lymphadenectomy and/or vena caval thrombectomy	140	50	5	49,000,000	17,500,000	3,500,000	64,126,000	134,126,000
454	Nephrectomy, with total ureterectomy and bladder cuff	140	50	5	49,000,000	17,500,000	3,500,000	62,517,000	132,517,000
455	Nephrectomy, partial	100	35	6	35,000,000	12,250,000	3,500,000	62,790,000	113,540,000
456	Recipient nephrectomy (separate procedure), bilateral	100	35	6	35,000,000	12,250,000	3,500,000	62,790,000	113,540,000
457	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	25	0	1	8,750,000	0	3,500,000	10,264,000	22,514,000
458	Lithotripsy, extracorporeal shock wave	65	0	1	22,750,000	0	3,500,000	12,816,000	39,066,000
459	Ureterolithotomy	70	25	6	24,500,000	8,750,000	3,500,000	48,511,000	85,261,000
460	Ureterectomy, with bladder cuff (separate procedure)	95	34	6	33,250,000	11,900,000	3,500,000	63,609,000	112,259,000
461	Ureteral endoscopy through established ureterostomy diagnostic or therapeutic	30	0	1	10,500,000	0	3,500,000	13,131,000	27,131,000
462	Cystostomy or cystostomy: with fulguration and/or insertion of radioactive material	25	13	1	8,750,000	4,550,000	3,500,000	9,582,000	26,382,000
463	Cystostomy, with insertion of ureteral catheter or stent (separate procedure)	40	16	1	14,000,000	5,600,000	3,500,000	11,629,000	34,729,000
464	Cystolithotomy, cystostomy with removal of calculus: without vesical neck dissection	40	16	1	14,000,000	5,600,000	3,500,000	14,905,000	38,005,000
465	Transvesical ureterolithotomy	45	17	1	15,750,000	5,950,000	3,500,000	15,697,000	40,897,000
466	Cystostomy: for excision of bladder tumor	75	27	6	26,250,000	9,450,000	3,500,000	54,408,000	93,608,000
467	Cystectomy, complete: with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	200	70	12	70,000,000	24,500,000	3,500,000	140,403,000	238,403,000
468	Bladder irrigation, simple, lavage and/or irrigation (separate procedure)	5	0	1	1,750,000	0	3,500,000	4,585,000	9,835,000
469	Change of cystostomy tube (separate procedure)	10	0	1	3,500,000	0	3,500,000	6,688,000	13,688,000
470	Electromyography studies (EMG) of anal or urethral sphincter, any technique	10	0	1	3,500,000	0	3,500,000	6,688,000	13,688,000
471	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	10	0	1	3,500,000	0	3,500,000	6,688,000	13,688,000

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CODE	OPERATION	K	ARE	Los	Surgeon	Anesthesia	Consultation	Hospital C	Total
476	52204 Cystourethroscopy, with biopsy (separate procedure)	25	12	1	8,750,000	4,200,000	3,500,000	12,093,000	28,543,000
477	52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	25	12	1	8,750,000	4,200,000	3,500,000	10,891,000	27,341,000
478	52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy)	40	16	1	14,000,000	5,600,000	3,500,000	13,923,000	37,023,000
479	52290 Cystourethroscopy: with ureteral meatotomy, unilateral or bilateral (separate procedure)	30	0	1	10,500,000	0	3,500,000	10,701,000	24,701,000
480	52310 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure)	30	14	1	10,500,000	4,900,000	3,500,000	13,923,000	32,823,000
481	52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments	50	18	1	17,500,000	6,300,000	3,500,000	15,424,000	42,724,000
482	52320 Cystourethroscopy (including ureteral catheterization): removal or fragmentation of ureteral calculus, with or without manipulation (separate procedure)	40	16	1	14,000,000	5,600,000	3,500,000	23,614,000	46,714,000
483	52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) (separate procedure)	25	12	1	8,750,000	4,200,000	3,500,000	10,155,000	26,605,000
484	52334 Cystourethroscopy, with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde (separate procedure)	35	15	1	12,250,000	5,250,000	3,500,000	12,912,000	33,912,000
485	52450 Transurethral incision of prostate	45	17	1	15,750,000	5,950,000	3,500,000	14,523,000	39,723,000
486	52500 Transurethral resection of bladder neck (separate procedure)	50	18	1	17,500,000	6,300,000	3,500,000	15,888,000	43,188,000
487	52510 Transurethral balloon dilation of the prostatic urethra, any method	40	16	1	14,000,000	5,600,000	3,500,000	12,612,000	35,712,000
488	52601 Transurethral resection of prostate including complete vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy	100	33	6	35,000,000	11,550,000	3,500,000	63,171,000	113,221,000
489	52650 Transurethral cryosurgical removal of prostate (postoperative irrigations and aspiration of sloughing tissue included)	70	23	1	24,500,000	8,050,000	3,500,000	18,399,000	54,449,000
490	52700 Transurethral drainage of prostatic abscess	40	16	1	14,000,000	5,600,000	3,500,000	11,629,000	34,729,000
491	53200 Biopsy of urethra	15	12	1	5,250,000	4,200,000	3,500,000	8,899,000	21,849,000
492	53210 Urethrectomy, total, including cystostomy	90	30	1	31,500,000	10,500,000	3,500,000	19,873,000	65,373,000
493	53670 Catheterization, urethra (sonde foley - foley cath)	5	0	1	1,750,000	0	0	4,641,000	6,391,000
HEMIC AND LYMPHATIC SYSTEMS									
494	38100 Splenectomy	90	31	5	31,500,000	10,850,000	3,500,000	53,944,000	99,794,000
495	38500 Biopsy or excision of lymph node(s): superficial (separate procedure)	20	12	1	7,000,000	4,200,000	3,500,000	10,510,000	25,210,000
496	38510 Biopsy or excision of lymph node(s): deep (cervical with or without excision of scalene fat pad, or axillary nodes) (separate procedure)	30	14	1	10,500,000	4,900,000	3,500,000	11,875,000	30,775,000
ENDOCRINE SYSTEM									
497	60220 Total thyroid lobectomy, unilateral (hemithyroidectomy)	90	30	3	31,500,000	10,500,000	3,500,000	35,271,000	80,771,000
498	60225 Total thyroid lobectomy, unilateral: with contralateral subtotal lobectomy, including isthmus	110	36	3	38,500,000	12,600,000	3,500,000	36,499,000	91,099,000
499	60240 Thyroidectomy, total or complete	120	40	4	42,000,000	14,000,000	3,500,000	43,188,000	102,688,000
500	60500 Parathyroidectomy	105	35	4	36,750,000	12,250,000	3,500,000	40,921,000	93,421,000


 Dr. [Signature]
 Medical Director