

沙爾德聖保祿修女會醫療財團法人聖保祿醫院醫療收費標準-診療項目

總說明：

- 一、本收費標準為本院自費醫療收費標準，並定期更新資料，若有收費標準異動者，以實際計價當時之價格為準。
- 二、各項手術所需之「手術一般材料費」，依手術收費標準之53%計算之，過程面特殊材料費依健保加計比率計算。
- 三、以健保身分就診者，悉依「全民健康保險醫療費用支付標準」規定辦理收費，其有不符健保適應症項目，則健保不給付，悉依本院自費收費標準自付醫療費用。
- 四、註記欄有「☆」註記者，為健保不給付項目，其費用由民眾自付。但依法令由政府負擔費用之醫療服務項目，則按規定由政府負擔。

收費編號	品項名稱及規格	本院收費	註記
17002B	PI MAX AND PE MAX	85	
17003C	FLOW VOLUME WITH FUNCTIONAL RESIDUAL CAP	305	
17017B	HALOSCALE RESPIRATION	100	
18008B	DOPPLER FLOWMETRY (PERIVASCULARY)	150	
18008C	DOPPLER FLOWMETRY (PERIVASCULARY)	150	
18012B	PRG(PHLEBORHEOGRAPH)	2340	
18028B	CARDIOVERSION (ONE COURSE)	960	
18029B	CARDIAC OUT-PUT	1000	
18030B	CARDIAC OUT-PUT, SECOND	100	
18037B	FETAL, UMBILICAL CORD, OR GRAVID UTERINE ARTERY DOPPLER ULTRASOUND	1140	
18038B	PELVIC DOPPLER ULTRASOUND	1050	
18039B	NON-STRESS TEST	517	
18041B	SONOGRAPHY FOR PERIPHERAL VESSEL	800	
19002B	INTRA-OPERATIVE ECHO	1307	
19005C	ECHO FOR OTHER	600	
19006B	ECHO GUIDED NEEDLE ASPIRATION	1500	
19007B	ECHO GUIDED BIOPSY	1500	
19010C	OBSTETRIC ULTRASOUND	550	
19012C	頭頸部軟組織超音波(如甲狀腺、副甲狀腺、腮腺)	610	
19015C	男性外生殖器官超音波	697	
19016C	四肢超音波	588	
20	嬰幼兒自動聽力腦幹篩檢(出生三個月內新生兒)	700	
21	ADULT HEALTH EXAM.	300	
21+L1001C	ADULT HEALTH EXAM.	500	
21001C	CYSTOMETRY / CYSTOMETROGRAPHY WITH WATER	832	
21002C	CYSTOMETRY / CYSTOMETROGRAPHY WITH CO2	832	
21010C	BLADDER SONOGRAPHY FOR MEASUREMENT OF URINE AMOUNT	50	
22	ADULT HEALTH EXAM.	300	
23302C	GOLDMAN APPLANTATION TONOMETRY	98	
23401C	SLIT LAMP EXAM	51	
23402C	GONIOSCOPE EXAM	179	
25	罹患小兒麻痺且35歲以上成人健檢(每年乙次)一階	300	
25+L1001C	ADULT HEALTH EXAM.	500	
26	罹患小兒麻痺且35歲以上成人健檢(每年乙次)二階	220	
27	ADULT HEALTH EXAM.	300	
28001C	ARTHROSCOPY	3931	
28002C	NASOPHARYNGOSCOPY	800	
28003C	SINOSCOPY	1332	
28004C	LARYNGOSCOPY, INDIRECT, WITH BIOPSY	500	
28006C	BROCHOSCOPY, DIAGNOSTIC	1600	
28007B	FIBER CHOLEDOCHOSCOPY, INTRAOPERATIVE	1939	
28008B	FIBER CHOLEDOCHOSCOPY, INTRAOPERATIVE, WITH REMOVAL OF STONES	5816	
28009B	THORACOSCOPY	8956	
28014C	LAPAROSCOPY	3274	
28015C	ESOPHAGOSCOPY, DIAGNOSTIC	971	
28016C	UPPER GI PANENDOSCOPY	1500	
28017C	FIBEROPTIC COLONOSCOPY, DIAGNOSTIC	2250	
28019C	CYSTOSCOPY	1800	

收費編號	品項名稱及規格	本院收費	註記
28020C	UTEROSCOPY, DIAGNOSTIC, INCLUDING DILATATI	2630	
28021C	RETHROSCOPY	1845	
28022C	HYSTEROSCOPY	2034	
28028C	COLPOSCOPY	605	
28030C	ENDOSCOPIC BIOPSY	940	
28035B	FIBER CHOLEDOCHOSCOPY, INTRAOPERATIVE, WITH REMOVAL OF STONES	5816	
29007B	T-E PUNCTURE	2362	
29010C	BIOPSY, SALIVARY GLAND, NEEDLE	100	
29011C	THYROID PUNCTURE	606	
29012B	THORACOCENTESIS	1000	
29013B	PERICARDIAL PUNCTURE	800	
29015C	ARTHROCENTESIS	412	
29019C	BLADDER PUNCTURE	487	
29020C	HYDROCELE TESTIS ASPERATION	893	
29022C	OVIDUCT HYDROTUBATION, RUBIN TEST,	120	
29023C	CULDOCENTESIS	180	
29026A	ORGAN PUNCTURE	1224	
29027C	TESTICLE PUNCTURE	160	
29028C	PROSTATE PUNCTURE	300	
29029A	SUBCLAVIAN PUNCTURE	180	
29029B	SUBCLAVIAN PUNCTURE	180	
29030A	LUNG ASPIRATION	1000	
32009C	SKULL FILM (INCLUDING EACH VIEW OF SKULL	300	
32010C	SKULL FULM, SECOND FILM	300	
32011C	SPINE VIEW	380	
32012C	SPINE VIEW, SECOND FILM	380	
32013C	VIEW OF BONE AND JOINT OF SHOULDER	300	
32014C	VIEW OF BONE AND JOINT OF SHOULDER, SECON	300	
32015C	VIEW OF BONE AND JOINT OF UPPER EXTREMIT	300	
32016C	VIEW OF BONE AND JOINT OF UPPER EXTREMIT	300	
32017C	VIEW OF BONE AND JOINT OF LOWER EXTREMIT	200	
32018C	VIEW OF BONE AND JOINT OF LOWER EXTREMIT	300	
32022C	VIEW OF PELVIS AND HIP JOINT (INCLUDING	300	
32023C	VIEW OF PELVIS AND HIP JOINT (INCLUDING	300	
33023B	CHOLECYSTECTOMY, WITH CHOLANGIOGRAPHY	1500	
33025B	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPH	4730	
33030B	OPERATIVE PANCREATICOGRAPHY	1500	
33032B	PERCUTANEOUS NEPHROSTOMY	11250	
33048B	ARTERIOGRAPHY OF EXTREMITY	11250	
33049B	ANTEGRADE VENOGRAPHY	6000	
33063B	ARTHROGRAPHY	2700	
33074B	P. T. A. (PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY) : SIMPLE	10800	
33075B	EMBOLIZATION HEMANGIOMA SIMPLE	22000	
33081B	ESOPHAGEAL BALLOON DILATATION	1445	
33097B	IV-DSA	11250	
33115B	P. T. A. (PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY) : COMPLEX	22000	
33126B	PERCUTANEOUS VERTEBROPLASTY	13190	
33127B	PERCUTANEOUS VERTEBROPLASTY (ANY VERTEBRA AFTER THE FIRST)	5231	
33133B	STENTING FOR ILIAC VESSEL	12948	
37024A	PORT-A CATHETER IMPLATATION	5444	
39005C	INTRAARTICULAR INJECTION	135	
39009C	INJECTION PROCEDURE FOR PEYRONIE DISEASE	100	
39012C	INJECTION, SCLEROSING SOLUTION, VEINS(SINGLE)	421	
39013C	INJECTION, SCLEROSING SOLUTION, VEINS(BOTH)	483	
39018C	TENDON INJECTION	135	
45079C	BRAIN MAPPING	855	
47012B	PERIPHERAL ARTERIAL LINE INSERTION	802	
47013C	URINAL CATHERTERLIZATION	94	

收費編號	品項名稱及規格	本院收費	註記
47014C	URINAL INDWELLING CATHETERIZATION	315	
47015B	CVP CATHETERIZATION, PERCUTANEOUS	1400	
47017C	INSERTION OF NASOGASTRIC TUBE	195	
47023B	DILATION ESOPHAGUS, BY BALLOON	1937	
47024B	ESOPHAGEAL BALLOON CARE	139	
47027C	ESOPHAGEAL FOREIGN BODY, COMPLICATED	2626	
47028C	ELECTRICAL DEFIBRILLATION OR CARDIOVERSIO	308	
47029C	CPR	755	
47030B	TEMPORARY PACEMAKER	2987	
47031C	ENDOTRACHEAL INTUBATION, EMERGENCY PROCE	464	
47035B	VENTRICULAR DRAINAGE	80	
47036B	SWAN-GANG CATHETERIZATION	2405	
47041C	SUCTION	60	
47045C	POSTURAL DRAINAGE	150	
47052B	NERVE BLOCK, TRIGEMINAL	1320	
47054C	一般高壓氧治療	600	
47058B	ESOPHAGEAL METAL STENT PLACEMENT	4439	
47059B	THERAPEUTIC CATHETER IMPLANTATION-HICKMAN CATHETER IMPLANTATION	3484	
47060B	ARTERIAL LINE INSERTION FOR CHEMOTHERAPY	3000	
47063B	INTRA AORTIC BALLOON ASSIST, DAY	1906	
47064B	GENETIC CONSULTING	495	
47065B	THERAPEUTIC CATHETER IMPLANTATION - PICC(PERIPHERAL LINE FOR CENTRAL VENOUS CATH	2953	
47068B	E. V. D. MONITORING (DAY)	357	
47069B	ON ICP MONITOR (DAY)	200	
47073B	EXT. CUFF EXCISION AND CAPD TUNNEL DEBRIMENT	3845	
47077B	上消化道息肉切除術	3754	
47078B	GASTRIC VARICEAL SCLEROSING THERAPY	9476	
47080B	THERAPEUTIC CATHETER IMPLANTATION — PORT-A CATHETER IMPLANTATION	5444	
47090B	HIGH FREQUENCY CHEST WALL OSCILLATION THERAPY	247	
47101B	急性缺血性腦中風處置費	13866	
48001C	WOUND TREATMENT, <5CM	350	
48002C	WOUND TREATMENT, 5-10CM	468	
48003C	WOUND TREATMENT, >10CM	616	
48004C	DEBRIDMENT, <5CM	2016	
48005C	DEBRIDMENT, 5-10CM	2536	
48006C	DEBRIDMENT, >10CM	3993	
48007C	ABSCESS INCISION	194	
48008C	CHANGE DRESSING	244	
48009C	TUBE DRAINAGE	107	
48010C	CHANGE DRESSING, WOUND CARE	97	
48012C	CHANGE DRESSING MEDIUM (10-20CM)	63	
48013C	CHANGE DRESSING LARGE (>20CM)	104	
48014C	<10 BSA	2417	
48015B	BURN TREATMENT, DRESSING AND/OR DEBRIDEM	4431	
48016B	36-50 BSA	6663	
48017B	>51 BSA	10071	
48018C	<10 BSA	1343	
48019B	11-35 BSA	2014	
48020B	36-50 BSA	3357	
48021B	>51 BSA	4029	
48022C	TREATMENT OF FACIAL LACERATION <5 CM	1566	
48023C	TREATMENT OF FACIAL LACERATION 5-10 CM	2515	
48024C	TREATMENT OF FACIAL LACERATION >10CM	3249	
48025C	REMOVE STICHES <10CM	97	
48026C	REMOVE STICHES >10CM	303	
48029B	皮面創傷處理— 體表面積 71-90 BSA (軀幹四肢者)	13275	
48030B	皮面創傷處理— 體表面積>90 BSA (軀幹四肢者)	14878	
48031B	皮面創傷換藥— 體表面積71-90 BSA (軀幹四肢者)	6638	
48032B	皮面創傷換藥— 體表面積>91 BSA (軀幹四肢者)	7438	

收費編號	品項名稱及規格	本院收費	註記
48033C	深部複雜臉部創傷處理—小 5公分以內	2445	
48034C	深部複雜臉部創傷處理—中 5公分~10公分	3534	
48035C	深部複雜臉部創傷處理—大 超過10公分	4101	
49006C	BOUGINATION	82	
49007C	FISTULA CURETTAGE	358	
49008C	ELECTRO-CAUTERIZATION, PERIANAL	677	
49010C	DRAINAGE ABSCESS, PERIANAL, SUPERFICIAL	744	
49011C	HEMORRHOID CRYOTHERAPY	810	
49012C	INJECTION OF SOLEROSING AGENT, HEMORRHOI	469	
49013C	PERCUTANEOUS/SATERAL SPHINCTEROTOMY	1461	
49014C	COLONOSCOPIC POLYPECTOMY	4172	
49015C	HEMORRHOID THROMBECTOMY	987	
49016C	ENDOSCOPIC REMOVAL OF FOREIGN BODY	3250	
49023C	ENDOSCOPIC CONTROL OF HEMORRHAGE, RECTUM	2062	
49024B	APPLIANCE OF COLOSTOMY BAG	95	
49025C	COLONOSCOPY, WITH REMOVAL OF FOREIGN BODY	5627	
49026C	CHECK COLON BLEEDING THROUGH COLONOSCOPY	7661	
50001C	URETHRAL BOUGIE	130	
50002C	MEATOTOMY	290	
50003C	PHIMOSIS, DORSAL/LATERAL SLIT	1075	
50004C	EXCISION, CONDYLOMATA, MALE	1869	
50005C	ELECTRODESSICATION, CONDYLOMATA, MALE	945	
50006C	CHANGE CYSTOSTOMY TUBE WITH OR WITHOUT B	183	
50007C	CHANGE NEPHROSTOMY TUBE WITH OR WITHOUT	210	
50008C	DILATION OF ARTIFICIAL BLADDER	240	
50010C	CYSTOSCOPY + RETROGRADED URETERAL CATHET	2100	
50012C	BLADDER IRRIGATION	95	
50013C	URETHRAL SOUNDING	630	
50014C	24HR BLADDER IRRIGATION	390	
50015C	CHEMOSURGERY, CONDYLOMATA MALE	325	
50016C	DRAINAGE ABSCESS PERIURETHRAL, DEEP ABSC	390	
50017C	INCISION FOR SCROTAL ABSCESS	159	
50018C	DRAINAGE BARTHOLIN GLAND ABSCESS, UNILATE	468	
50019C	DOUBLE-J URETERAL STENT INSERTION	2725	
50020C	CIRCUMCISION, MALE CLAMP PROCEDURE, NEWB	3500	
50021C	ORCHIOPEXY , BILATERAL	143	
50023B	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL) FOR UROLITHIASIS—FIRST TI	26920	
50024B	E. S. W. L. 2ND	21100	
50027B	ANTI-REFLUX PROCEDURE WITH SUBTRIGONAL I	4875	
50029C	CYSTOSCOPY + RENAL PELVIS AGNO3 INSTILLATION	2100	
50030C	BLADDER BLOOD CLOT EVACUATION WITH TOOMY BLADDER EVACUATOR	390	
50032C	REDUCTION OF PARAPHIMOSIS	143	
50033C	CLOSED REDUCTION OF HERNIA	143	
50034C	ASPIRATION OF SPERM FROM EPIDIDYMIS	160	
51001C	SKIN BIOPSY, ONE SUTURE, PUNCH EACH	290	
51002C	SKIN BIOPSY, ONE SUTURE, TWO PUNCHS	360	
51003C	SKIN BIOPSY, ONE SUTURE, OVER TWO PUNCHS	470	
51004C	SKIN SURGERY NO SUTURE EACH	95	
51005C	ELECTRO CAUTERIZATION SIMPLE	280	
51006C	ELECTRO CAUTERIZATION COMPLICATED >	425	
51007C	CHEMICAL CAUTERIZATION SIMPLE	95	
51008C	CHEMICAL CAUTERIZATION COMPLICATED	270	
51009C	INTRADERMAL INJECTION, <4CM	250	
51010C	INTRADERMAL INJECTION, 4-9CM	300	
51011C	INTRADERMAL INJECTION, >9CM	375	
51012C	O. D. T. (OCCLUSIVE DRESSIG TECHNIQUE)	60	
51013C	O. D. T. (OCCLUSIVE DRESSIG TECHNIQUE)	130	
51014C	O. D. T. (OCCLUSIVE DRESSIG TECHNIQUE)	455	
51015C	SOAKING(TIMES)	95	
51016C	WET DRESSING	83	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
51017C	LIQUIDNITROGEN CRYOSURGERY	600	
51020C	DRAINAGE, SEBACEOUS CYST, ABSCESS, FURUN	280	
51025B	SUCTION BLISTER	420	
51026B	SUCTION BLISTER AND GRAFT	840	
51027B	EXCISION BIOPSY-NORMAL	380	
51030A	ZYDERM LIQUID, EACH AMP SIMPLE	1230	
51031A	ZYDERM LIQUID, EACH AMP COMPLICATE	1700	
52001B	SKIN TRACTION	580	
52002B	SKELETAL TRACTION	2013	
52004B	STERNUM TRACTION	565	
52005B	羅氏牽引-- 一次	705	
52006B	CRUTCHFIELD TONGS TRACTION	1775	
52007B	CRUTCHFIELD CERVICAL TRACTION	1415	
52008B	STRAPE CERVICAL TRACTION	352	
52010B	TRACTION ADJUSTMENT	150	
52011C	SUBCLAVIAN FIXATION (FIGURE-8 FIXATION S	850	
52012C	VERPON FIXATION, ARM	250	
52013C	REMOVAL OF PINS OR WIRE	280	
52014B	PELVIC SLING USE	280	
52015C	METACARPAL BONE OR TOE BONE FIXATION	350	
53003C	I&D FOR HORDEOLUM	280	
53006C	LACRIMAL IRRIGATION	195	
53018C	IRRIGATION AND PROBING OF NASOLACRIMAL D	264	
53019C	NASO-LACRIMAL DUCT CATHETERIZATION	1990	
53025C	RENOVAL OF FOREIGN BODY FROM SURFACE OF	170	
53026C	RENOVAL OF CONJUNCTIVAL LITHIASIS, SUPERF	160	
53027C	RENOVAL OF CONJUNCTIVAL LITHIASIS, EMBEDE	230	
53028C	DILATION OF PUNCTURE	170	
53030C	CONJUCTIVAL CHEMICAL CAUTERIZATION	195	
53031C	PUNCTUM OCCLUSION(EACH SUTURE)	195	
53033C	BALLOON DACRYOCYSTOPLASTY	6500	
54001C	IMPACTED CERUMEN, UNILATERAL	190	
54002B	MYRINGOTOCMY WITH GROMMET	425	
54003C	SIMPLE F.B. REMOVAL, ENT	325	
54004C	REMOVAL OF FOREIGN BODY, INTRANASAL COMP	919	
54006C	E-TUBE INFLATION, BILATERAL	376	
54007C	PAPER TYMPANOPLASTY	590	
54008C	I & D OF EXTERNAL EAR CANAL	434	
54010C	SIMPLE EPISTAXIS	280	
54011C	NASAL TURBINATE, ELECTRIC CAUTERIZATION	1130	
54012C	INJECTION TURBINATE, THERAPEUTIC	160	
54013C	INTRANASAL CAUTERIZATION	170	
54014C	FRENOTOMY	657	
54015C	I & D FOR PERITONSILLAR ABSCESS	657	
54017B	ESOPHAGOSCOPY, WITH FOREIGN BODY REMOVAL	3575	
54018B	ENDOSCOPIC LARYNGEAL FOREIGN BODY REMOV	1632	
54020C	NASAL SPLINT FIXATION	1120	
54028C	MAXILLARY SINUS PUNCTURE IRRIGATION, UNIL	600	
54029C	MAXILLARY SINUS PUNCTURE IRRIGATION, BILA	900	
54033B	STALOGRAM INBUBATION	150	
54042C	E. N. T. BIOPSY	536	
54043B	OTHER ABSCESS PUNCTURE OR DRAINAGE	150	
55001C	CERVIX BIOPSY	430	
55002C	BIOPSY, ENDOMETRIAL SUCTION TYPE	1163	
55004C	TOPICAL TREATMENT FOR CERVICAL BLEEDING	49	
55006C	REMOVAL OF FOREIGN BODY, COMPLICATED EMBEDED	220	
55007C	CHEMOSURGERY CONDYLOMATA, FEMALE	230	
55008C	CONDYLOMA, CXCISION & CAUTERIZATION CAUTERIZATION	1064	
55011C	VAGINAL IRRIGATION	60	
55017C	SEPARATION OF VULVA ADHESION	1655	
55019C	BIOPSY OF PERINEUM	358	

收費編號	品項名稱及規格	本院收費	註記
55022C	REMOVAL OF INTRAUTERINE DEVICE (WITH DILATATION OF CERVIX UNDER ANESTHESIA)	626	
55024C	REVERSION OF UTERINE INVERSION	11562	
55025C	VAGINAL BIOPSY	358	
56001C	VENIPUNCTURE, CUT DOWN	360	
56002B	CUT DOWN ARTERY	610	
56003C	TRACHEOSTOMY	6745	
56004C	CHANGE TRACHEOSTOMY SET	210	
56005C	INCISION & DRAINAGE	194	
56006C	NAIL EXTRACTION	295	
56010B	CHEST INTUBATION	2400	
56011C	VARICOSE VEIN INJECTION, SINGLE SIDE	421	
56012C	VARCOSE VEIN INJECTION, BOTH SIDE	483	
56015B	NEEDLE BIOPSY, PLEURA	660	
56016B	APPLICATION OF SPECIAL MACHINES- CUSA	6000	
56017B	APPLICATION OF SPECIAL MACHINES- SONOGRA	2000	
56018B	APPLICATION OF SPECIAL MACHINES- EVOKE P	4000	
56019B	APPLICATION OF SPECIAL MACHINES- MICROSC	2000	
56023B	ERBD外引流管留置處置	343	
56024B	CHANGE DRAINAGE TUBE OF CHOLANGIOSTOMY	125	
56025C	PARTIAL NAIL RENORAL AND MATRICETOMY	987	
56026B	DERMATOLOGY SPECIAL TREATMENT	490	
56028B	SIMPLE THROUGH BRONCHOSCOPIC LASER RESECTION OF TUMOR OR SCAR	9193	
56029B	全肺灌洗	7880	
56030B	TRANSJUGULAR LIVER BIOPSY	7436	
56031B	ENDOSCOPIC SPHINCTEROTOMY	27331	
56032B	經內視鏡十二指腸括約肌成形術	27025	
56034B	CHOLEDOCHOSCOPY AND CHOLEDOCHOTOMY	5710	
57001B	PRESSRUE/VOLUME CONTROL RESPIRATORY	1800	
57002B	NEGATIVE PRESSURE VENTILATOR, DAY	1150	
57003C	OXYGEN INHALATION, PER HOUR	30	
57004C	OXYGEN, INHALATION (PER DAY)	360	
57007C	HUMIDITY THERAPY/TIME	150	
57009B	RESUSOITATOR/DAY	100	
57010B	BREATHING EXERCISE/TIME	100	
57011B	INCENTIVE INSPIRATORY EXERCISE(TIME)	100	
57012B	RECONDITIONING EXERCISE/TIME	140	
57013B	APNEA MONITOR	70	
57014B	O2 ANALYZER(DAY)	166	
57015B	TC PO2 MONITOR/DAY	531	
57016B	TC PCO2 OR END TIDAL CO2 MONITOR(DAY)	600	
57017C	PULSE OXIMETER/TIME	120	
57018B	PULSE OXIMETER/DAY	500	
57019C	OXYGEN INHALATION, PER HOURS	91	
57020C	OXYGEN TENT/DAY	1308	
57021C	STEAM OR NEBULIZATION INHALATION, TIME	80	
57022C	STEAM OR NEBULIZATION INHALATION, DAY	360	
57023B	NON INVASIVE POSITIVE PRESSURE(NASAL PAP	900	
57024B	AEROSOL THERAPY FOR VENTILATOR(DAY)	205	
57025B	INHALED NITRIC OXIDE THERAPY	7458	
57026B	INHALED NITRIC OXIDE THERAPY	600	
57027B	INHALED NITRIC OXIDE THERAPY	1000	
57028B	TRANSCUTANEOUS O2 & CO2 PRESSURE	1415	
57029C	震動式高頻呼吸器治療	3500	
58002C	PERITONEAL DIALYSIS	2112	
58012B	CAPD, TENCKHOFF CATHETER IMPLATION	3570	
60011C	LASER FOR IRIS (GLAUCOMA), FIRST VISIT	3900	
60015C	CORNEAL NEOVASCULAR LASER TREATMENT	2180	
61018C	REMOVAL OF EXTERNAL FIXATION	1672	
61019C	頸外固定器租金	40	

收費編號	品項名稱及規格	本院收費	註記
61020C	APPLICATION OF EXTERNAL FIXATION APPARATUSFACIAL IN FACIAL BONE FRACTURE-	115	
62001C	EXCISION OF FACIAL SKIN TUMOR, WITHIN 1C	1300	
62002C	EXCISION OF FACIAL SKIN TUMOR, 1CM TO 2C	2520	
62003C	EXCISION OF FACIAL SKIN TUMOR, OVER 2CM	5514	
62005C	REPAIR OF FACIAL LACERATION, 5 TO 10 CM	2515	
62006C	REPAIR OF FACIAL LACERATION, OVER 10CM	3249	
62007C	FULL THICKNESS SKIN GRAFT, (FTSG)	5929	
62008B	TUBE PEDICLE GRAFT	9360	
62009C	REMOVAL OF SUBSCUTANEOUS, IN MUSCLE OR D	2290	
62010C	EXCISION OF SUBCUTANEOUS TUMOR, WITHIN 2	1623	
62011C	EXCISION OF SUBCUTANEOUS TUMOR, 2 TO 4	1927	
62012C	EXCISION OF SUBCUTANEOUS TUMOR, 4-10	3371	
62013C	CROSS FINGER SKIN FLAP	5751	
62014C	SPLIT THICKNESS SKIN GRAFT, WITHIN 25	4544	
62015B	SPLIT THICKNESS SKIN GRAFT, 25 TO 100	5267	
62016B	SPLIT THICKNESS SKIN GRAFT, OVER 20 BSA	10880	
62017C	DERMAL OVER GRAFT	3247	
62018C	Z-PLASTY	4352	
62019B	ARGON LASER THERAPY	3030	
62020B	CO2 LASER OPERATION	3213	
62021C	SKOOG OPERATION	3100	
62022C	EXCISION OF SKIN CANCER & SSG, WITHIN 2CM	8700	
62023B	EXCISION OF SKIN CANCER & SSG, 2CM TO 5CM	10880	
62024B	EXCISION OF SKIN CANCER & SSG, OVER 5CM I	13090	
62025B	TEMPORAL MUSCLE FLAP	10351	
62026B	PHARYNGEAL FLAP	10880	
62027B	LIP FLAP	9312	
62028B	FLAP, EXLANDER	10880	
62029B	CROSS LEG SKIN FLAP	10926	
62030B	CROSS PALM SKIN FLAP	7540	
62031B	CROSS ARM SKIN FLAP	9270	
62032B	MICROVASCULAR FREE FLAP, CUTANEOUS	24250	
62033B	MICROVASCULAR FREE FLAP, MUSCLE	24376	
62034B	MICROVASCULAR FREE FLAP, BONE	34920	
62035B	MICROVASCULAR FREE FLAP, OMENTUM	34920	
62036B	MICROVASCULAR FREE FLAP, INTESTINE	34920	
62037B	MICROVASCULAR FREE FLAP, FASCIA FREE FL	24250	
62038B	MICROVASCULAR FREE FLAP, FUNCTIONING MUS	34920	
62044B	MUSCLE BIOPSY	2200	
62045B	LOCAL FLAP(<1CM)	3336	
62046B	LOCAL FLAP(1-2CM)	3350	
62046C	LOCAL FLAP(1-2CM)	3350	
62047B	LOCAL FLAP(>2CM)	7310	
62047C	LOCAL FLAP(>2CM)	7310	
62049B	V-Y ADVANCEMENT FLAP(HAND)	5183	
62054B	FASCIOCUTANEOUS ROTATION FLAP	10880	
62055B	MYOCUTANEOUS ROTATION FLAP	10880	
62059B	ROTATION FLAP	7310	
62060B	ADVANCE FLAP	7310	
62062C	TUMOR UNSPECIFIED SITE BIOPSY	1180	
62064C	FULL-THICKNESS SKIN GRAFT --ADD 10 Cm ²	5416	
62065C	FACE, NECK, PERINEUM, FOOT-5Cm ²	6057	
62066C	FACE, NECK, PERINEUM, FOOT-EVERY 5 Cm ² OF INCREASE	1730	
62067C	SKIN GRAFT FOR HAND, PERINEUM, AND FOOT-5Cm ²	5954	
62068C	SKIN GRAFT FOR HAND, PERINEUM, AND FOOT-EVERY 5Cm ²	1644	
62069C	V-Y PLASTY	4986	
62070B	ORAL MUCOUS FLAP	7487	
63001B	PARTIAL MASTECTOMY, UNILATERAL	5514	
63002B	PARTIAL MASTECTOMY, BILATERAL	8670	
63003B	SIMPLE MASTECTOMY, UNILATERAL	6752	
63004B	SIMPLE MASTECTOMY, BILATERAL	8430	

收費編號	品項名稱及規格	本院收費	註記
63005C	EXCISION OF BREAST TUMOR, UNILATERAL	4349	
63006C	EXCISION OF BREAST TUMOR, BILATERAL	4784	
63007B	MODIFIED RADICAL MASTECTOMY, UNILATERAL	25595	
63008B	MODIFIED RADICAL MASTECTOMY, BILATERAL	38393	
63009C	SUBCUTANEOUS MASTECTOMY	7588	
63010C	BREAST TUMOR BIOPSY	2801	
63011C	BREAST TUMOR EXCISION AFTER NEEDLE LOCALIGATION	5452	
63012B	PARTIAL MASTECTOMY AND SENTINEL NODE(S) EXCISION	15798	
63013B	PARTIAL MASTECTOMY AND AXILLARY LYMPH NODE DISSECTION	23637	
63014B	SIMPLE MASTECTOMY AND SENTINEL LYMPH NODE BIOPSY	23390	
63015B	PARTIAL MASTECTOMY	10046	
63016B	SIMPLE MASTECTOMY	18555	
63017B	SENTINEL NODE(S) EXCISION	12656	
64001B	FENESTRATION	4458	
64002B	BONE GRAFT - MEDIUM	4018	
64003C	SEGUESTRECTOMY OR SAUCERIZATION & DEBRIDE	5852	
64004C	SEGUESTRECTOMY OR SAUCERIZATION & DEBRIDE	6771	
64005B	SEGUESTRECTOMY OR SAUCERIZATION & DEBRID	6802	
64006B	CORRECTIVE OSTEOTOMY	5681	
64007B	OSTECTOMY	4315	
64008C	RECONSTRUCTION OF FRACTURED NASAL BONE,	2566	
64009C	RECONSTRUCTION OF FRACTURED NASAL BONE,	4340	
64010C	CLOSED REDUCTION OF DISLOCATED NASAL BON	2566	
64011B	DISCOTOMY-LUMBAR SPINE	13000	
64012B	COSTO-TRANSVERSECTOMY	3580	
64013B	EXCISION OF CLAVICLE, PARTIAL	4401	
64014B	EXCISION OF CLAVICLE, TOTAL	6150	
64015C	OPEN REDUCTION OF CLAVICLE FRACTURE	5604	
64016C	CLOSED REDUCTION & IMMOBILIZATION OF FRA	2058	
64017C	IMMOBILIZATION OF RIB FRACTURE	460	
64018B	EXCISION OF RIB	3510	
64019B	EXCISION OF RIB, PER ADD ONE RIB	780	
64020B	PARTIAL EXCISION OF RIB	2510	
64021B	RADICAL CURETTAGE OF THORACIC COLD ABSCE	1790	
64022B	AMPUTATION OF LIMBS, THIGH	7285	
64023B	AMPUTATION OF LIMBS, LOW LEG, UPPER ARM,	6057	
64024B	AMPUTATION OF LIMBS, HAND, FOOT	4555	
64025C	AMPUTATION OF LIMBS, FINGER, TOE	3701	
64026B	REVISION OF AMPUTATED STUMP(NEED OSTEOPL	4532	
64027C	REVISION OF AMPUTATED STUMP(NEED OSTEOPL	3144	
64028C	OPEN REDUCTION FOR FRACTURE OF FEMORAL S	11000	
64029B	OPEN REDUCTION FOR FRACTURE OF FEMORAL N	12000	
64030B	OPEN REDUCTION FOR FRACTURE OF FEMORAL N	14000	
64031C	OPEN REDUCTION FOR FRACTURE OF TIBIA	10000	
64032B	OPEN REDUCTION FOR FRACTURE OF RADIUS, UL	4938	
64033B	OPEN REDUCTION FOR FRACTURE OF HUMERUS	8000	
64034B	OPEN REDUCTION FOR FRACTURE OF PATELLA	4480	
64035C	OPEN REDUCTION FOR FRACTURE OF CARPAL, T	5600	
64036C	OPEN REDUCTION FOR FRACTURE OF TOE	2647	
64037B	EXCISION OF CARPAL AND TARSAL BONE	3352	
64040B	OSTEOSYNTHESIS, METATARSAL OR CLAVICLE	5600	
64041C	CLOSED REDUCTION FOR FRACTURE OF FEMUR B	3250	
64042C	CLOSED REDUCTION FOR FRACTURE OF SPINE O	3857	
64043C	CLOSED REDUCTION FOR FRACTURE OF TIBIA H	2928	
64044C	CLOSED REDUCTION FOR FRACTURE OF FOREARM	2845	
64045C	CLOSED REDUCTION FOR FRACTURE OF CARPAL	2474	
64046C	CLOSED REDUCTION FOR FRACTURE OF ANKLE B	2262	
64047C	CLOSED REDUCTION FOR FRACTURE OF METACAR	1500	
64048C	CLOSED REDUCTION FOR FRACTURE OF METATAR	1206	
64049C	CLOSED REDUCTION FOR FRACTURE OF TOE BON	1450	
64050B	REALIQNMENT OF PATELLA	6140	

收費編號	品項名稱及規格	本院收費	註記
64051B	EXCISION OF TIBIAL TUBERCLE	5008	
64052B	ARTHROTOMY FOR ACUTE SEPTIC JOINT, HIP	7391	
64053B	ARTHROTOMY FOR ACUTE SEPTIC JOINT, SHOUL	6373	
64054B	CAPSULECTOMY, HIP	8290	
64055B	CAPSULECTOMY, KNEE	7080	
64056B	CAPSULECTOMY, SHOULDER, ELBOW, WRIST OR	5632	
64057B	CAPSULECTOMY, PHALANGERS	4473	
64058B	ARTHRODESIS OF FINGER, TOE	4820	
64059B	DISARTICULATION OF ELBOW	6149	
64060B	DISARTICULATION OF WRIST	5270	
64061B	DISARTICULATION OF KNEE	5720	
64062B	DISARTICULATION OF ANKLE	5353	
64063C	DISARTICULATION OF FINGER OR TOE	3609	
64064B	OPEN REDUCTION FOR DISLOCATION OF HIP JO	7212	
64065B	OPEN REDUCTION FOR DISLOCATION OF SHOUL	5834	
64066C	OPEN REDUCTION FOR DISLOCATION OF ELBOW	5899	
64067C	OPEN REDUCTION FOR DISLOCATION OF KNEE J	6349	
64068C	OPEN REDUCTION FOR DISLOCATION OF WRIST	4090	
64069C	OPEN REDUCTION FOR DISLOCATION OF ANKLE	4331	
64070C	OPEN REDUCTION FOR DISLOCATION OF FINGER	3380	
64071B	OPEN REDUCTION FOR DISLOCATION OF STERNO	4257	
64072B	OPEN REDUCTION FOR DISLOCATION OF ACROMI	5684	
64073C	CLOSED REDUCTION FOR DISLOCATION OF HIP	2401	
64074C	CLOSED REDUCTION FOR DISLOCATION OF SHOU	1540	
64075C	CLOSED REDUCTION FOR DISLOCATION OF ELBO	1289	
64076C	CLOSED REDUCTION FOR DISLOCATION OF KNEE	1513	
64077C	CLOSED REDUCTION FOR DISLOCATION OF WRIS	1790	
64078C	CLOSED REDUCTION FOR DISLOCATION OF ANKL	1246	
64079C	CLOSED REDUCTION FOR DISLOCATION OF FING	852	
64080C	BRISEMENT FORCE (MANIPULATION OF JOINT)	2853	
64081C	TRIGGER FINGER	2500	
64082B	MYOSITIS OF POSITIS, MYOSITIS OF POSITIS	4162	
64083B	MYOSITIS OF POSITIS, OTHER MYOSITIS	3274	
64084B	MYOTOMY OF SCALANEUS MUSCLE	3963	
64085B	OPERATION FOR TORTICOLLIS/WRY NECK (OPEN	5977	
64086B	EXCISION OF CERVICAL FISTULA, CERVICAL	5861	
64087C	EXCISION OF GANGLION OR HYGROM	2765	
64088C	SUBCUTANEOUS TENORRHAPHY	4807	
64089C	SUBCUTANEOUS TENECTOMY	2727	
64090C	TENDON REPAIR, SINGLE	4874	
64091C	TENDON REPAIR, ONE ADD	1871	
64092B	CAPSULECTOMY OF DIGITAL JOINT	4540	
64095B	GILLIES' OPERATION	2754	
64096B	ZYGOMA, CLOSE REDUCTION, SIMPLE	3010	
64098B	ZYGOMA, OPEN REDUCTION, SIMPLE	7501	
64099B	ZYGOMA, OPEN REDUCTION, COMPLICATED	16501	
64100B	EXTIRPATION OF BENIGN TUMORS ON PALATE O	2603	
64101B	OPEN REDUCTION FOR FRACTURE OF PALATE, S	4010	
64102B	OPEN REDUCTION FOR FRACTURE OF PALATE, M	5530	
64103B	ORTHOGNATHIC SURGERY	5861	
64104B	RESECTION OF MANDIBLE, MARGINAL	4280	
64105B	RESECTION OF MANDIBLE, PARTIAL	6367	
64106B	RESECTION OF MANDIBLE, HEMI-RESECTION	6820	
64107C	REDUCTION OF DISLOCATION OF MANDIBULAR	2805	
64108B	REDUCTION OF MANDIBLE; SIMPLE	11154	
64109B	MAXILLA SUSPENSION WIRING	5440	
64110B	MAXILLA OPEN REDUCTION, SIMPLE	4200	
64111B	MAXILLA OPEN REDUCTION, COMPLICATED	8901	
64112B	ORBITAL FLOOR OPEN REDUCTION, SILICON SH	14081	
64113B	ORBITAL FLOOR OPEN REDUCTION, AUTOGRAFT	18430	
64114B	INTER-MAXILLARY WIRING	6160	
64115B	RELEASE OF T.M. JOINT ANKYLOSIS	14450	

收費編號	品項名稱及規格	本院收費	註記
64116C	BENIGN NECK MASS EXCISION (DEEP)	4150	
64117C	RUPTURE OF ACHILLES TENDON PRIMARY SUTUR	6491	
64118B	RUPTURE OF PATELLA TENDON REPAIR	5263	
64119B	RUPTURE OF BICEPS TENDON REPAIR	5493	
64120B	RUPTURE OF QUADRICEPS TENDON REPAIR	5862	
64121B	ROTATOR CUFF TEAR REPAIR, ACUTE	5534	
64122B	ROTATOR CUFF TEAR REPAIR, CHRONIC	7070	
64123B	GLUTEAL DELTOID MUSCLE CONTRACTURE OR SN	5210	
64124B	ACROMIOPLASTY	3765	
64125C	EXCISION OR FUSION OF TIBIAL TUBEROSITY	5008	
64126B	PATELLA SUBLUXATION LATERAL RELEASE	4853	
64127C	CHONDROMALACIA OF PATELLA(DRILLING OR SH	4980	
64128B	ATF (ANTERIOR TIBIO-FIBULAR LIGAMENT) RE	4940	
64129B	ATF + CF (CALCANCO-FIBULAR LIGAMENT) REP	5210	
64130B	ATF + CF + PTF (POSTERIOR TIBIO-FIBALAR	5210	
64131B	RUPTURE OF DELTOID LIGAMENT OF ANKLE	5250	
64132C	HALLUX VALGUS(MCBRIDE PROCEDURE)	4904	
64133C	HALLUX VALGUS (CHEVRON)	5275	
64134B	LIGNMENT RECONSTRUCTION OF BASAL JOINT	11090	
64135B	LIGNMENT INTERPOSITION OF BASAL JOINT	7230	
64136B	FASCIAL INTERPOSITION FOR CARPAL BONE	11371	
64137B	REGIONAL HAND PEDICLE FLAP	5186	
64138C	DIVISION OF PEDICLE FLAP	4625	
64140C	RECONSTRUCTION OF NAIL	4640	
64141C	RELEASE OF SCAR CONTRACTURE (RESTRICTION	7063	
64142B	EPIPHYSIODESIS (INCLUDE STAPLING)	4910	
64143B	EXCISION OF TUMOR MASS OF BONE AND JOINT	6330	
64144B	CURETTAGE OF VERTEBRAL BODY	8450	
64145B	DISCOTOMY, CERVICAL SPINE	30512	
64146B	DISCOTOMY, THORACIC	16000	
64148B	HEMIPELVECTOMY	19010	
64149B	EXCISION OPERATION OF MALIGNANT TUMOR OF	10140	
64150B	EXCISION OPERATION OF MALIGNANT TUMOR OF	18000	
64151B	EXCISION OPERATION OF MALIGNANT TUMOR OF	10140	
64152B	EXCISION OPERATION OF MALIGNANT TUMOR OF	18000	
64153B	REPLANTATION, ONE FINGER	26157	
64154A	REPLANTATION, TWO FINGERS	34416	
64154B	REPLANTATION, TWO FINGERS	34416	
64155A	REPLANTATION, THREE FINGERS	50076	
64156A	REPLANTATION, FOUR FINGERS	65724	
64157A	REPLANTATION, FIVE FINGERS	81360	
64158A	REPLANTATION-ARM, LEG, METATARSAL OR FOOT	36970	
64158B	REPLANTATION-ARM, LEG, METATARSAL OR FOOT	36970	
64159A	INCLUDING TOE REPLANTATION, TOE TO FINGE	47530	
64160B	OPEN REDUCTION FOR FRACTRUE OF SPINE	13190	
64161B	OPEN REDUCTION FOR FRACTRUE OF PELVIS	10560	
64162B	TOTAL HIP REPLACEMENT	19608	
64163B	TOTAL SHOULDER REPLACEMENT	8876	
64164B	TOTAL KNEE REPLACEMENT	19608	
64165B	TOTAL ELBOW REPLACEMENT	9035	
64166B	TOTAL WRIST REPLACEMENT	8830	
64167B	TOTAL ANKLE REPLACEMENT	8830	
64168B	TOTAL FINGER OR TOE REPLACEMENT	4292	
64169B	PARTIAL JOINT REPLACEMENT, FEMORAL CONDY	11000	
64170B	PARTIAL JOINT REPLACEMENT, CUP OR HIP PR	11500	
64171B	ARTHROPLASTY OF HIP JOINT	13460	
64172B	ARTHROPLASTY OF ELBOW JOINT	8740	
64173B	ARTHROPLASTY OF SHOULDER JOINT	8740	
64174B	ARTHROPLASTY OF WRIST JOINT	6615	
64175B	ARTHROPLASTY OF ANKLE JOINT	7920	
64176B	ARTHROPLASTY OF KNEE JOINT	9090	
64177B	ARTHROPLASTY OF FINGER, TOE, METATARSAL OR	6300	

收費編號	品項名稱及規格	本院收費	註記
64178B	ARTHRODESIS OF HIP JOINT	13989	
64179B	ARTHRODESIS OF SHOULDER JOINT	9470	
64180B	ARTHRODESIS OF KNEE JOINT	9040	
64181B	ARTHRODESIS OF ELBOW JOINT	8200	
64182B	ARTHRODESIS OF WRIST JOINT OR CARPAL JOIN	6300	
64183B	ARTHRODESIS OF ANKLE JOINT	8200	
64184B	DISARTICULATION OF HIP	14580	
64185B	DISARTICULATION OF SHOULDER	10560	
64186B	ARTHOPLASTY OF TEMPOROMANDIBULAR JOINT	5210	
64187B	RECONSTRUCTION OF CRUCIATE LIGAMENT	11830	
64188B	REPAIR OF CRUCIATE LIGAMENT	7060	
64189B	TENDON GRAFT-SINGLE	6040	
64190A	TENDON GRAFT-SINGLE, ONE ADDED	2120	
64191B	TENDON TRANSPOSITION OR TENDON TRANSFER,	6000	
64192B	TENDON TRANSPOSITION OR TENDON TRANSFER,	2975	
64193B	TENDON LENGTHENING	4207	
64194C	TENOLYSIS	4000	
64195C	TENDON OR LIGAMENT REPAIR, EXTRAARTICULA	5236	
64196B	TENDON OR LIGAMENT REPAIR, INTRAARTICULA	7640	
64197C	TENOTOMY OR FASCIOTOMY	5038	
64198B	REMOVAL OF PROsthESIS, HIP, SHOULDER, KN	6000	
64199B	REMOVAL OF PROsthESIS, WRIST, ANKLE	2890	
64200B	REMOVAL OF PROsthESIS, FINGER, TOE	2540	
64201B	REVISION TOTAL HIP REPLACEMENT	32680	
64202B	REVISION TOTAL KNEE REPLACEMENT	32680	
64203B	GIRDLESTONE PROCEDURE OF HIP	9830	
64204B	WIDE EXCISION-BONE TUMOR, MALIGNANT	21167	
64205B	WIDE EXCISION-BONE, SOFT TISSUE, TUMOR, MA	25574	
64206B	BONEE TUMOR BENIGN, CURETTAGE + BONE GRA	9830	
64207B	WIDE EXCISION - SOFT TISSUE TUMOR, MALIG	18930	
64208C	EXCISION OF SOFT TISSUE TUMOR, BENIGN, L	9080	
64209A	FOREQUATER AMPUTATION	24030	
64210B	RUPTURE OF ACHILLES TENDON RECONSTRUCTIO	6780	
64211B	RUPTURE OF PATELLA TENDON RECONSTRUCTION	6780	
64212B	MCL, LCL REPAIR	6780	
64213B	MCL, LCL RECONSTRUCTION	9100	
64214B	ATF RECONSTRUCTION	6780	
64215B	ATF + CF RECONSTRUCTION	8010	
64216B	ATF + CF + PTF RECONSTRUCTION	8010	
64217B	RUPTURE OF DELTOID LIGAMENT OF ANKLE REC	8000	
64218B	PARTIAL MENISETOMY	8000	
64219B	RECURRENT ANTERIOR SHOULDER DISLOCATION	7900	
64223B	ANTERIOR SPINAL FUSION (T-SPINE) -WITH S	24030	
64224B	ANTERIOR SPINAL FUSION (TL-SPINE) WITH S	24030	
64225B	ANTERIOR SPINAL FUSION (L-SPINE) WITH SP	24030	
64226B	POSTERIOR SPINAL FUSION WITH SPINAL INST	21580	
64227B	PROTHETIC ARTHROPLASTY OF BASAL JOINT	6050	
64228B	REGIONAL FASCIECTOMY	4971	
64229B	ISLAND PEDICLE FLAP	9200	
64230B	FREE VASCULARIZED BONE GRAFT, FREE MUSCL	18930	
64231B	POLLICIZATION	18930	
64232B	POLAR PLATE ARTHROPLASTY	7760	
64233B	TENDON PROsthESIS IMPLANT	5310	
64234B	DISTAL RADIO-ULNAR JOINT RECONSTRUCTION	6040	
64235B	OPEN REDUCTION FOR SCAPULA FRACTURE JUXT	9804	
64236B	OPEN REDUCTION FOR ACETABULUM OR HIP SOC	15901	
64237C	APPLICATION OF EXTERNAL FIXATION APPRATU	4597	
64238B	CORD DECOMPRESSION FOR ANFH (TREPHING)	6371	
64239B	OPEN TREATMENT OF CLOSE OR OPEN HUMERAL	8000	
64240B	OSTEOPLASTY, SHORTING	11000	
64241B	OSTEOPLASTY, LENGTHENING	12000	
64242B	EXCISION, RADIAL HEAD	4827	

收費編號	品項名稱及規格	本院收費	註記
64243B	ARTHROSCOPIC SURGERY, ARTHROSCOPY WITH S	3000	
64244B	ARTHROSCOPIC SHAVING OR ABRASION ARTHROP	8000	
64245C	REMOVAL OF INTERNAL FIXATOR, PEVIC, HIP, UL	4182	
64246B	REMOVAL OF INTERNAL FIXATOR, SPINE	6000	
64247C	REMOVAL OF INTERNAL FIXATOR, OTHER	3589	
64249B	PATELLCTOMY	4480	
64253C	踝骨骨折開放復位(修補)術	11000	
64254C	BAKER' S CYST EXCISION	2030	
64258B	REVISION OF BIPOLAR PROTHESIS	15650	
64259B	SHOULDER JOINT HEMIARTHROPLASTY	11500	
64261C	TENODESIS	5070	
64262C	MUSCLE REPAIR	5070	
64263B	MENISCAL REPAIR	7640	
64264C	MYOTOMY	3240	
64265C	ENDOSCOPIC COAPAL TUNNEL RELEASE	3240	
64267C	SCAPHOID BONE FRACTURE(OPEN REDUCTION OF SCAPHOID FRACTURE)	6000	
64268B	CORRECTIVE OSTEOTOMY-OTHERS;PELVIC BONE EXCLUDED	4265	
64269B	CORRECTIVE OSTEOTOMY FOR ONE VERTEBRAL SEGMENT	6737	
64270B	EACH ADDITIONAL VERTEBRAL SEGMENT OF CORRECTIVE OSTEOTOMY	3224	
64271C	PERCUTANEOUS INTERNAL FIXATION FOR FRACTURE OF DISTAL RADIUS	4389	
64272C	OPEN REDUCTION FOR FIBULA FRACTURE	5691	
64273C	OPEN REDUCTION FOR BIMALLEOLAR OR TRIMALLEOLAR FRACTURE OF A	6376	
64274C	RELEASE OF SCAR CONTRACTURE, FACE, NECK	10855	
64275C	RELEASE OF SCAR CONTRACTURE, HAND, FOOT, PERINEUM	9733	
64276B	CURETTAGE OR EXCISION OF VERTEBRAL BODY, EACH ADDITIONAL VER	3741	
64277C	TENDON OR LIGAMENT REPAIR (INCOMPLETE DISRUPTION)	3939	
64278B	TRANSPOSITION OF DIGIT FOR FINGER RECONSTRUCTION	31943	
64279B	REVISIONAL DISKECTOMY:CERVICAL、THORACIC、LUMBAR	14379	
64280B	REVISIONAL POSTERIOR SPINAL FUSION WITH INSTRUMENTATION	21496	
64281B	HINDFOOT ARTHRODESIS、TRIPLE ARTHRODESIS, ETC.	17093	
65001C	NASAL POLYPECTOMY, SINGLE	2034	
65002C	NASAL POLYPECTOMY, MULTIPLE	2314	
65003C	NASAL TURBINATE, ELECTRIC CAUTERIZATION	1755	
65004C	SUBMUCOUS RESECTON OF SEPTUM(S.M.R)	4050	
65005C	TURBINECTOMY, TOTAL OR PARTIAL	2419	
65006C	ANTROSTOMY FOR MAXILLARY SINUS	2314	
65007C	CYROSURGERY	1867	
65008C	NASOPHARYNGENAL BIOPSY	1413	
65009B	CALDWELL LUC' S OPERATION, UNILATERAL	5370	
65010B	CALDWELL LUC' S OPERATION & ETHMOIDECTOMY	8040	
65011C	REPAIR OF SINUS FISTULA	3875	
65012B	ENDONASAL ETHMOIDECTOMY	4439	
65013B	MULTIPLE SINUSECTOMY	8940	
65014B	PANSINUSECTOMY	10470	
65015B	POST OPERATION CHEEK CYST, REVISED LUC' S	6080	
65016B	DACRYOCYSTORHINOSTOMY	6586	
65017C	LYSIS OF NASAL SYNECHIA	2506	
65018B	UNILATERAL	6750	
65019C	SEPTOMEATAL PLASTY, BILATERAL	9500	
65020C	BIOPSY NOSE SOFT TISSUE	1856	
65021C	DRAINAGE. ABSCESS OR HEMATOMA NASAL SEPT	2077	
65022C	DRAINAGE ABSCESS INTRANASAL OR HEMATOMA	2684	
65023C	UNILATERAL	4050	
65024C	BILATERAL	5220	
65025C	EXPLORATORY ANTROTOMY	3711	

收費編號	品項名稱及規格	本院收費	註記
65026B	ATROPHIC RHINITIS OPERATION , UNILATERAL	3711	
65027B	DACRYOAPLOIFINOSTOMY + CANALIAILAR INTUB	7161	
65028B	REPAIR OF OROANTRAL FISTULA	6074	
65029B	INFESTOR TURBINOPLASTY	4310	
65030B	ETHMOIDECTOMY EXTERNAL	8076	
65031B	CLOSURE OF PERFORATION OF SEPTUM	4551	
65032B	SEPTAL RECONSTRUCTION/SEPTOPLASTY	5391	
65033C	ORDINARY CONCHOTOMY	3711	
65034B	RHINOPLASTY	8450	
65035B	VIDIAN NEURECTOMY	8450	
65036B	EXCISION OF NASAL TUMOR WITH SKIN GRAFT	7456	
65037B	LYNCH' S OPERATION	9510	
65038B	PARTIAL	15106	
65039B	TOTAL	26628	
65040B	NASOPHARYNGEAL EXPLORATION THROUGH PALAT	7993	
65041B	EXCISION OF INTRANASAL TUMOR, MALIGNANT	14016	
65042B	OPENING OF CHOANAL ATRESIA	7100	
65043B	MAXILLARY ETHMOID SPHENOID SINUS RADICAL	9752	
65044B	EXCISION OF TUMOR FROM FRONTAL SINUS	8100	
65045B	EXCISION OF TUMOR FROM MAXILLARY SINUS	5450	
65046B	EXCISION OF TUMOR FROM ETHMOIDAL SINUS	8100	
65047B	TRANS NASAL	7172	
65048B	TRANS ORAL	13770	
65049B	DENKER' S OPERATION	11420	
65050B	EXCISION OF NASOPHARYNGEAL TUMOR	34891	
65052B	SPHENOIDECTOMY	5379	
65053B	EXCISION OF NASOPALATINAL CYST	10360	
65054B	REPAIR CHOANAL ATRESIA INTRANASAL	7072	
65055B	REPAIR CHOANAL ATRESIA TRANSSEPTAL	7105	
65056B	REPAIR CHOANAL ATRESIA TRANSSPALATINE	6902	
65057B	CRANIOFACIAL RESECTION	24300	
65058A	DEGLOVING MIDFACIAL SURGERY	21956	
65058B	DEGLOVING MIDFACIAL SURGERY	21956	
65059B	OPEN REDUCTION OF NASAL FRACTURE	8220	
65063B	ENDOSCOPIC FUNCTIONAL SINUS SURGERY, UNI	5686	
65064B	ENDOSCOPIC FUNCTIONAL SINUS SURGERY, BIL	12390	
65065B	EXTERNAL FRONTOETHMOIDECTOMY	10607	
65066B	EXTERNAL FRONTOETHMOIDECTOMY WITH MUCOPE	13830	
65067B	OSTEOPLASTIC APPROACH FOR FRONTAL SINUS	13830	
65068B	OSTEOPLASTIC APPROACH FOR FRONTAL SINUS	13830	
65069B	TREPHINATION OF FRONTAL SINUS	12030	
65070B	NASAL BUTTON INSERTION	8220	
65071B	LATERAL RHINOTOMY	18157	
65072B	CO2 LASER FOR ALLERGIC RHINITIS	2590	
65075B	V	16488	
65076B	DEGLOVING MIDFACIAL SURGERY WITHOUT FACIAL BONE REPOSITION	7825	
65077B	LATERAL RHINOTOMY WITHOUT FACIAL BONE REPOSITION	12963	
66002B	LARYNGOSCOPY, OPERATIVE INCLUDING EXCISI	3976	
66003B	TEFLON INTRACORDAL INJECTION	6349	
66004B	LARYNGEAL PLASTY, SIMPLE	6915	
66006B	PERMANENT TRACHEOSTOMY WITH SKIN GRAFT	5400	
66007B	THYROID CARTILAGE PLASTY, SIMPLE	10195	
66009B	LARYNGOTOMY	6330	
66010B	THYROIDOTOMY	7640	
66011B	LARYNGOFISSURE	7640	
66012B	LARYNGECTOMY WITHOUT NECK DISSECTION	23078	
66013B	LARYNGECTOMY WITH RADICAL NECK DISSECTIO	32603	
66014B	LARYNGECTOMY WITH T-E SHUNT	24300	
66015B	HEMILARYNGECTOMY, HORIZONTAL	16630	
66016B	HEMILARYNGECTOMY, VERTICAL (LATERAL/ANTE	18630	
66017B	RADICAL NECK LYMPHATIC DISSECTION	20859	

收費編號	品項名稱及規格	本院收費	註記
66018B	ARYTENOIDECTOMY	10560	
66019B	ARYTENOIDECTOMY, ENDOSCOPIC	7250	
66022B	LARYNX RECONSTRUCTION	13730	
66023B	LARYNGOPHARYNGECTOMY	24300	
66024B	THYROID CARTILAGE PLASTY-TWO TYPES	7256	
66025B	UPPP UVULOPLASTOPHARYNGOPLASTY	9100	
66026B	CRICOPHARYGEAL MYOTOMY	9830	
66028B	STOMAPLASTY	9830	
66029B	TOTAL EXCISION OF THYROGLOSSAL DUCT CYST	4663	
66030B	EXCISION OF BRACHIAL CYST	7050	
66032B	COMPLICATED LARYNGOSCOPY, OPERATIVE INCLUDING EXCISION OF TU	6151	
67001B	CHEST WALL RESECTION	10858	
67002B	EXPLORATORY THORACOTOMY	9199	
67003B	CORRECTION FOR STERNAL OR RIB FRACTURE O	8709	
67004B	TRANS-THORACIC VAGOTOMY	10145	
67005B	THYMECTOMY	15965	
67006C	CLOSED DRAINAGE	3544	
67007B	OPEN DRAINAGE	9927	
67008B	DEBRIDEMENT OF CHEST WALL	5690	
67009B	EXPLORATORY PNEUMOTOMY	8769	
67010B	SEGMENTAL RESECTION	21869	
67011B	WEDGE OR PARTIAL RESECTION OF LUNG	21746	
67012C	REMOVAL OF TRACHEAL, BRONCHIAL OR BRONCH	4618	
67013B	REPAIR OF TRACHEO-BRONCHIAL TREE	17342	
67014B	RECONSTRUCTION OF TRACHEO-BRONCHIAL TREE	20955	
67015B	CHEST WALL RESECTION & MYOPLASTY	27193	
67016B	THORACOPLASTY, STAGE I	18496	
67017B	THORACOPLASTY, STAGE II	18496	
67019B	DECORTICATION OF PLEURA	23921	
67020B	PNEUMONOLYSIS, EXTRAPLEURAL	21514	
67022B	PNEUMONECTOMY WITH CONCOMITENT THORACOPL	27784	
67023B	LOBECTOMY & THORACOPLASTY OR BRONCHOPLAST	25597	
67024B	PNEUMONECTOMY, TOTAL	27908	
67025B	PLOMBAGE THORACOPLASTY	8480	
67026B	CAVERNOSTOMY	11927	
67027B	CLOSE OF BRONCHIAL FISTULA	22823	
67028B	COMBINED RESECTION OF LUNG CANCER	24682	
67029B	SLEEVE RESECTION	29531	
67030B	RETHROACOTOMY	3186	
67031B	SURGERY OF PORTAL HYPERTENSION	14537	
67034B	PLEURODESIS	9199	
67035B	LUNG INCISION FOR ABSCESS	8535	
67038B	CHEST WALL RESECTION \geq 10CM	15316	
67039B	WIDE EXCISION OF MALIGNANT CHEST WALL DISEASES	18718	
67040B	EXTENSIVE THYMECTOMY	18226	
67041B	COMPLICATED DEBRIDEMENT OF CHEST WALL \geq 10CM	8422	
67042B	BILOBECTOMY	27700	
67043B	RECONSTRUCTION OF CONGENITAL FUNNEL OR PIGEON CHEST	16513	
67044B	COMPLICATED CORRECTION OF CHEST WALL DEFORMITY	22349	
67045B	CORRECTION OF ADULT CHEST WALL DEFORMITY	22494	
67046C	TRACHEAL STENT INTUBATION	8295	
67047B	THORACOSCOPIC DECORTICATION OF PLEURA	28705	
67048B	THORACOSCOPIC PLEURODESIS	11039	
67049B	THORACOSCOPIC PNEUMONECTOMY	45175	
67050B	THORACOSCOPIC LOBECTOMY	41752	
67051B	THORACOSCOPIC WEDGE OR PARTIAL RESECTION OF THE LUNG	25404	
68001B	PERICARDIOTOMY WITH EXPLORATION	11510	
68002B	PERICARDIOCENTESIS	1405	
68003B	PERICARDIECTOMY	26188	
68005B	CARDIORRHAPHY FOR HEART WOUND OR INJURY	18691	

收費編號	品項名稱及規格	本院收費	註記
68006B	EXPLORATORY CARDIOTOMY INCLUDES REMOVAL	20898	
68007B	CREATION OF ATRIAL-SEPTAL-DEFECT, BLALOC	18658	
68008B	CREATION, ATRIAL-SEPTAL-DEFECT RASHKIND	12950	
68009B	CREATION OF A. S. D. WITH INFLOW OCCLUSION	20844	
68010B	EXCISION OF TUMOR INTRACARDIAC	29099	
68011B	INSERTION OR REPLACEMENT OF PERMANENT IN	15190	
68012B	INSERTION OR REPLACEMENT OF PERMANENT PA	6850	
68013B	TEMPORARY INSERTION, TRANSVENOUS ELECTRO	4610	
68015B	VALVULAR OR/AND ANNULOPLASTY	46285	
68016B	SINGLE VALVE REPLACEMENT	52377	
68017B	DOUBLE VALVES REPLACEMENT	45183	
68018B	TRIPLE VALVES REPLACEMENT	53493	
68019B	REPAIR VENTRICULAR ANEURYSM	43671	
68020B	REPAIR ATRIAL-SEPTAL DEFECT, SECUNDUM	26388	
68021B	REPAIR ENDOCARDIAL CUSHION DEFECT	36035	
68022B	REPAIR FISTULA SINUS OF VALSALVA	30503	
68023B	CORONARY ARTERIAL GRAFT BY PASS (CABG) ,	44014	
68024B	CORONARY ARTERY BYPASS GRAFTING(CABG), T	54161	
68025B	CORONARY ARTERY BYPASS GRAFTING(CABG), T	60603	
68026B	REPAIR ANOMALOUS VENOUS RETURN TOTAL OR	38077	
68027B	REPAIR VENTRICULAR SEPTAL DEFECT	36888	
68029B	CLOSED MITRAL OR OPEN MITRAL COMMISSUROT	26505	
68030B	ENDOCARDIUM BIOPSY	5042	
68031B	EPICARDIUM BIOPSY	5285	
68035A	HEART IMPLANTATION	178634 *	
68035B	HEART IMPLANTATION	183312 *	
68036A	EXTRACORPOREAL CIRCULATION-FIRST TIME	10173	
68036B	EXTRACORPOREAL CIRCULATION-FIRST TIME	11061	
68041B	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER— MULTIPLE ELE	7174	
68046B	FONTAN OPERATION(≤6-YEAR-OLD)	56403	
68049B	THORACOSCOPIC PERICARDIAL WINDOW	20720	
68050B	ARRHYTHMIA SURGERY VIA ATRIOTOMY	27272	
68052B	CARDIOPULMONARY BYPASS	11505	
69001B	EMBOLECTOMY, ARTERIAL	7014	
69002B	EMBOLECTOMY, ARTERIAL CATHETER	7014	
69003B	THROMBECTOMY, VENOUS	7014	
69004B	ARTERIAL ENDARTERECTOMY WITH OR WITHOUT	16820	
69005B	EXPLORATION VASCULAR	5055	
69006C	INSERTION CANNULA FOR HEMODIALYSIS OR OT	1360	
69007B	INSERTION CANNULA ARTERIO-VEIN, EXTERN	2910	
69008B	ANASTOMOSIS OF BLOOD VESSEL	9949	
69009B	ARTERIORRHAPHY	9612	
69010B	LIGATION EXTERNAL, CAROTID ARTERY	5077	
69011B	LIGATION, FEMORAL VEIN	5560	
69012B	HYPOGASTRIC ARTERY LIGATION RELATED TO POSTPARTUM HEMORRHAGE OR UNCONTROLLED BLEED	16829	
69013B	LIGATION & DIVISION OF LONG SAPHENOUS VE	5461	
69014B	LIGATION & DIVISION & COMPLETE STRIPPING	5787	
69015B	LIGATION & DIVISION & COMPLETE STRIPPING	8155	
69016B	LIGATION & DIVISION & COMPLETE STRIPPING	7109	
69017B	LIGATION & DIVISION & COMPLETE STRIPPING	8295	
69018B	LIGATION OF JUGULAR VENOUS	4844	
69019B	STRIPPING, SUBFASCIAL, RADICAL AS LINTON	8238	
69020B	LIGATION AND DIVISION OF SHORT SAPHENOUS	4567	
69021C	SUTURE, LIGATION OR STRIPPING OF MINOR V	3371	
69022B	EMBOLECTOMY ARTERIAL, PULMONARY ARTERY	17973	
69023B	EXCISION & GRAFT BYPASS OR DIRECT REPAIR	13113	
69024B	EXCISION & GRAFT BYPASS OR DIRECT REPAIR	29033	
69029B	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE	5610	
69030B	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE	4820	
69032C	REPAIR AND ANASTOMOSIS OF PERIPHERAL VES	6506	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
69034C	A-V SHUNT WITH GORETEX GRAFT	9354	
69035B	BENTAL PROCEDURE	67242	
69036B	EXCISION AND GRAFT BYPASS OR DIRECT REPAIR A-V FISTULA OF CHEST OR ABDOMEN	35307	
69037B	EXCISION AND GRAFT BYPASS OR DIRECT REPAIR A-V FISTULA OF CHEST OR ABDOMEN	30971	
69038C	REPAIR OR ANASTOMOSIS OF PERIPHERAL VESSEL WITH GRAFT	8374	
69039B	PERMANENT CATHETER IMPLANTATION THROUGH INTERNAL JUGULAR VEIN	7449	
69040B	UNTERINE ARTERY LIGATION	8804	
70001B	SPLENECTOMY	15884	
70002B	SPLENORRHAPHY	11534	
70003B	PARTIAL SPLENECTOMY	13414	
70004B	AUTO-IMPLANTATION OF SPLEEN	6410	
70005B	SPLENORENAL SHUNT (INCLUDING SPLENECTOMY)	11910	
70006B	LAPAROSCOPIC SPLENECTOMY	19059	
70201C	BIOPSY LYMPHNODE	530	
70202C	EXCISION OF T.B LYMPHADENITIS FISTULA, S	610	
70203B	EXCISION OF T.B LYMPHADENITIS FISTULA, D	1510	
70204B	REMOVAL OF AXILLARY LYMPHNODE	2946	
70205B	DISSECTION OF AXILLARY LYMPHATICS	13515	
70206C	EXCISION OF INGUINAL LYMPHNODE	2267	
70207B	RADICAL INGUINAL LYMPHNODE DISSECTION	7795	
70208B	PELVIC LYMPHADENECTOMY	20771	
70209B	RETROPERITONEAL LYMPHADENECTOMY	15568	
70210B	ILEO-INGUINAL LYMPHADENECTOM,	9263	
70211B	ILEO-INGUINAL LYMPHADENECTOM,	13365	
70214B	MEDIASTINAL OR THOACIC L.N. DISSECTIONS	11784	
70401B	EXCISION OF MEDIASTINAL CYST OR TUMOR	16389	
70402B	MEDIASTINOTOMY	11014	
70403B	REMOVAL OF FOREIGN BODY, MEDIASTINUM TRA	10602	
70404B	DIAPHRAGMATIC FUNDO-PLICATION	12145	
70405B	REPAIR OF DIAPHRAGMATIC HERNIA TRANS-ABD	20876	
70406B	REPAIR OF DIAPHRAGMATIC HERNIA TRANSTHOR	13580	
70407B	REPAIR OF ACUTE TRAUMATIC DIAPHRAGMATIC	12139	
70408B	MEDIASTINOTOMY WITH EXPLORATION OR DRAIN	6347	
70409B	MEDIASTINOTOMY WITH EXPLORATION OR DRAIN	11278	
70410B	MEDIASTINOTOMY WITH EXPLORATION OR DRAIN	11730	
70411B	REMOVAL OF FORGEIGN BODY OF MEDIASTINUM,	5382	
70412B	REMOVAL OF FORGEIGN BODY MEDIASTINUM BY	11403	
70413B	REPAIR OF, DIAPHRAGMATIC HERNIA, COMBINE	19245	
70414B	BENIGN COMPLICATED MEDIASTINAL MASS EXCISION (≥ 5 CM)	18966	
70415B	MALIGNANT MEDIASTINAL TUMOR RESECTION	22069	
70416B	THOREOSCOPIC EXCISION OF MEDIASTINAL TUMOR(<5CM)	20457	
70417B	THOREOSCOPIC EXCISION OF MEDIASTINAL TUMOR(≥ 5 CM)	23673	
70418B	LAPAROSCOPIC NISSEN FUNDOPLICATION	18948	
71001B	ORAL TUMOR EXCISION, WITH LYMPHADENECTOM	13410	
71002C	INCISION OF RANULA	3643	
71003C	EXCISION OF RANULA	4508	
71004B	PARTIAL/WEDGE GLOSSECTOMY	7624	
71005C	REPAIR OF TONGUE INJURY OR WOUND	2855	
71006C	RESECTION OF PLATINE TONSIL (BILATERAL)	5170	
71007C	LINGUAL TONSILLECTOMY	5170	
71008C	PALATINA & ADENOID TONSILLECTOMY	5170	
71009C	CRYOTHERAPY FOR TONSILLAR	810	
71010B	ABLATION OF SUBMAXILLARY GLAND	7660	
71011C	BIOPSY OF ORAL MUCOSA	1614	
71012B	ORAL TUMOR EXCISION WITH RADICAL NECK DI	28350	
71013B	TONGUE CANCER EXCISION WITH LYMPHADENECT	26892	
71014B	SUPRAHYOID DISSECTION	19231	

收費編號	品項名稱及規格	本院收費	註記
71015B	EXCISION OF PAROTID TUMOR	12150	
71016B	HEMIGLOSSECTOMY	8872	
71017B	TOTAL GLOSSECTOMY	14950	
71018B	LIGATION OF INTERNAL MAXILLARY ARTERY	5036	
71019B	PAROTIDECTOMY, TOTAL LOBECTOMY	24622	
71020B	PAROTIDECTOMY, EXCISION	21120	
71021B	COMMANDO OP.	16907	
71022B	COMPOSITE RESECTION FOR ORAL CA	24864	
71023B	DEEP NECK INCISION & DRAINAGE	5685	
71201B	ESOPHAGEAL MYOMECTIONY	12471	
71202B	EXCISION OF ESOPHAGEAL DIVERTICULUM	17090	
71203C	ENDOESOPHAGEAL INTUBATION	8882	
71204B	ESOPHAGOFUNDOSTOMY BYPASS	27957	
71205B	ESOPHAGOFUNDOSTOMY	28467	
71206B	ESOPHAGOGASTROSTOMY BYPASS	28265	
71207B	RETROGRADE ESOPHAGEAL DILATATION (ESOPHA	1420	
71208B	ESOPHAGOGASTRIC FISTULA CLOSURE	11318	
71209B	ESOPHAGECTOMY	48195	
71210B	ESOPHAGECTOMY & RECONSTRUCTION	56646	
71211B	ESOPHAGOTOMY TRANSCERVICLE OR TRANSTHORA	15265	
71212B	EXCISION OF ESOPHAGEAL CYST & TUMOR	14456	
71213B	RECONSTRUCTION OF ESOPHAGUS	49521	
71214B	REPAIR OF ESOPHAGEAL LACERATION	21818	
71215B	EXCISION OF ESOPHAGEAL CANCER, WITH LYMP	40769	
71216B	LIGATION OF ESOPHAGEAL VARICES, TRANSTHO	14040	
71217B	DEVASCULARIZATION PROCEDURE, TRANSTHORAC	23465	
71218B	DEVASCULARIZATION PROCEDURE, TRANSABDOMI	22715	
71219B	ESOPHAGOGASTRIC STENT FOR ESOPHAGUS OR C	10632	
71220B	ESOPHAGEAL RECONSTRUCTION-WITH COLON	35926	
71221B	ESOPHAGEAL RECONSTRUCTION-WITH SMALL INTESTINE	39024	
71222B	COMPLICATED EXCISION OF ESOPHAGEAL CANCER, WITH LYMPHADENECT	57599	
71223B	THORACOSCOPIC EXCISION OF ESOPHAGEAL CYST AND TUMOR	12722	
71224B	THORACOSCOPIC ESOPHAGECTOMY	60155	
71225B	THORACOSCOPIC OR LAPAROSCOPIC ESOPHAGOMYOTOMY(HELLER MYOTOMY)	14966	
72001B	GASTROTOMY, EXPLORATION	10014	
72002B	GASTROTOMY, REMOVAL OFFOREIGN BODY	10263	
72003B	PYLOROMYOTOMY, FREDET-RAMSTEDT	7541	
72006B	LOCAL EXCISION, ULCER OR TUMOR	15301	
72007B	GASTRECTOMY, TOTAL	27190	
72008B	GASTROSTOMY & PYLOROPLASTY	11824	
72009B	GASTRECTOMY, SUBTOTAL OR HEMIGASTRECTOMY	19799	
72010B	GASTRECTOMY, SUBTOTAL OR HEMIGASTRECTOMY	20583	
72011B	VAGOTOMY AND PYLOROPLASTY	15899	
72012B	PYLOROPLASTY	10214	
72013B	GASTRO-DUODENOSTOMY	9609	
72014B	GASTROJEJUNOSTOMY	15360	
72015B	GASTROENTEROSTOMY	10152	
72016B	GASTROJEJUNOSTOMY WITH VAGOTOMY	12019	
72017C	GASTROSTOMY	11560	
72018B	DUODENORRHAPHY, SUTURE OF PERFORATED ULC	15272	
72019B	GASTRORRHAPHY, SUTURE OR REPAIR WOUND, I	14989	
72020B	REVISION OF GASTRODUODENOSTOMY WITH OR W	13654	
72021B	RE-EXPLORATION FOR POSTGASTRECTOMY BLEED	7830	
72022C	CLOSURE OF GASTROSTOMY	7591	
72023B	DUODENOSTOMY	9627	
72024B	EXCISION OF DUODENUM TUMOR	9239	
72025B	EXCISION OR INVERSION OF DUODENAL DIVERT	8532	
72026B	CLOSURE OF DUODENALFISTULA	11480	
72027B	DUODENAL OBSTRUCTION	10596	
72028B	HIGHLY SELECTIVE VAGOTOMY	11912	

收費編號	品項名稱及規格	本院收費	註記
72029B	VAGOTOMY	8093	
72030B	PROXIMAL GASTRECTOMY & ESOPHAGECTOMY & R	26231	
72031B	GASTRECTOMY, TOTAL, WITH SPLENECTOMY OR	35292	
72032B	GASTRECTOMY, RADICAL	39856	
72033B	REVISION OF GASTROJEJUNOSTOMY	13717	
72034B	RESECTION OF RETAINED ANTRUM, POSTGASTRE	11940	
72035B	GASTRIC PARTITION	19016	
72036B	TRANSDUODENAL SPHINTEROPLASTY	14760	
72037B	PLICATION OF STOMACH	11370	
72038B	GASTROPEXY FOR GASTRIC VOLVULUS	10890	
72039B	EPT (ENDOSCOPIC PAPILLECTOMY)	12360	
72042B	GASTROTOMY-WITH SUTURE REPAIR OF BLEEDING ULCER	16898	
72043B	SUBTOTAL GASTRECTOMY OR HEMIGASTRECTOMY WITH GASTROJEJUNOSTO	25739	
72044B	次全或半胃切除術及胃空腸吻合術 ROUX-EN-Y 型—無迷	17414	
72045C	LAPAROSCOPIC GASTROSTOMY	11906	
72046B	95%胃切除及淋巴清除及腸胃重建	29518	
72047B	次全胃切除及淋巴清除及腸胃重建	33990	
72048B	LAPAROSCOPIC SUBTOTAL GASTRECTOMY	30886	
72049B	LAPAROSCOPIC VALGOTOMY AND DRAINAGE	14423	
72050B	內視鏡黏膜切除術	8199	
73001B	ENTEROLYSIS, FREEING ADHESION	15292	
73002B	ENTEROLYSIS, WITH BOWEL DECOMPRESSION	16299	
73003B	ENTEROLYSIS, WITH RESECTION & ANASTOMOSI	19858	
73004B	EXTERIORIZATION OF INTESTINE, MIKULICZ R	7245	
73005B	REDUCTION OF INTUSSUSCEPTION	10317	
73006B	REDUCTION OF INTUSSUSCEPTION WITH BOWEL	12126	
73007B	REDUCTION OF INTUSSUSCEPTION WITH ENTERO	11590	
73008B	EXCISION, BENIGN BOWEL LESION	10803	
73009B	MECKEL' S DIVERTICULECTOMY	8510	
73010B	RESECTION OF SMALL BOWEL, WITH ANASTOMOS	13750	
73011B	COLECTOMY, PARTIAL, WITH ANASTOMOSIS	11069	
73012B	COLECTOMY, RADICAL HEMICOLECTOMY WITH	31612	
73013B	COLECTOMY, LOW ANTERIOR RESECTION WITH A	20378	
73014B	COLECTOMY, LOW ANTERIOR RESECTION WITH A	33329	
73015B	COLECTOMY, SUBTOTAL WITH ILEO-OR CECO-RE	20647	
73016B	COLECTOMY, SUBTOTAL WITH ILEOSTOMY	18790	
73017B	COLECTOMY, TOTAL WITH PROCTECTOMY, WITH	24305	
73018B	REVISION OF COLOSTOMY OR ENTEROSTOMY	6420	
73020C	CLOSURE OF LOOP ENTEROSTOMY OR COLOSTOMY	8630	
73021B	CLOSURE OF DUBLE-BARREL ENTEROSTOMY OR C	7653	
73022B	ENTEROSTOMY (INCLUDING COLOSTOMY, JUJUNO	9407	
73023B	CLOSURE OF INTESTINAL FISTULA, ENTEROCUT	10206	
73024B	CLOSURE OF INTESTINAL FISTULA, ENTERO-CO	10872	
73025B	FISTULA OF BOWL WITH OTHER ORGANS OR COM	11740	
73026B	CLOSURE OF COLON FISTULA, COLOCUTANEOUS	10335	
73027B	CLOSURE OF COLON FISTULA, GASTROCLIC WIT	10905	
73028B	CLOSURE OF COLON FISTULA, GASTROCLIC WIT	12200	
73029B	FISTULA OF COLON WITH OTHER ORGANS OR CO	15227	
73030B	ANASTOMOSIS OF BOWEL, ENTERO-ENTEROSTOMY	10969	
73031B	ANASTOMOSIS OF BOWEL ILEO-COLOSTOMY, WIT	13442	
73032B	ANASTOMOSIS OF BOWEL, FOR INTESTINAL ATR	9312	
73033B	REPAIR OF INTESTINAL PERFORATION	10420	
73034B	SUTURE AND REPAIR OF MESENTRY	7094	
73035B	RESECTION OF INTESINAL POLYP	8219	
73036B	INTESTINAL PLICATION , NOBLE TYPE	9135	
73037B	TUBE ENTEROSTOMY OR TUBE CECOSTOMY	5420	
73038B	TAKE DOWN OF ANASTOMOSIS, REVISION OF IL	10660	
73039B	CLOSURE OF ENTEROSTOMY OR COLOSTOMY, WITH	11599	
73042B	REVISION OF COLOSTOMY OR ENTEROSTOMY COMPLICATED, DEEP	10075	
73043B	LAPAROSCOPIC ADHESIONOLYSIS	17403	

收費編號	品項名稱及規格	本院收費	註記
73044B	LAPAROSCOPIC JEJUNOSTOMY	6504	
73045B	LAPAROSCOPIC RIGHT COLECTOMY AND ANASTOMOSIS	37416	
73046B	LAPAROSCOPIC ANTERIOR RESECTION ADN ANASTOMOSIS(SIGMOID COLON RESECTION)	22514	
73047B	COLECTOMY, TOTAL OR SUBTOTAL	23617	
73048B	LAPAROSCOPIC ANTERIOR RESECTION AND ANASTOMOSIS (SIGMOID COLON RESECTION)(TUMOR)	35275	
74001B	DRAINAGE OF APPENDICEAL ABSCESS TANSABDO	7015	
74002B	APPEDECTOMY	8507	
74003B	CLOSURE OF APPENDICEAL FISTULA	9761	
74004B	LAPAROSCOPIC APPEDECTOMY	10208	
74201C	INCISION AND DRAINAGE FOR PERIPROCTAL AB	2303	
74202C	RECTAL INCISIONAL BIOPSY	2100	
74203C	REPAIR OF RECTAL LACERATION OR INJURY	10784	
74204B	PROCTOPEXY	7552	
74205B	RADICAL PROTECTOMY	30444	
74206B	HARMANN' S OPERATION	18086	
74207C	TRANSRECTAL COLONIC POLYPECTOMY	7605	
74208B	RECTAL PROCIDENTIA, PROLAPSE PERINEAL AP	11705	
74209B	RECTAL PROCIDENTIA, PROLAPSE ABDOMINAL P	14620	
74210B	EXCISION, SACROCOCCYGEAL TUMOR, BENIGN	9687	
74211B	EXTENSIVE EXCISION OF SACROCOCCYGEAL REC	13557	
74212B	RECTOPLASTY FOR STRICTURE OR STENOSIS	4994	
74213B	RESTORATIVE PROTECTOMY WITH COLO-ANAL A	37510	
74214B	RESTORATIVE PROCTOCOLECTOMY, PELVIC ILEA	33516	
74215B	CLOSURE FISTURA, RECO-VESICAL	14751	
74216B	COMBINED ABDOMINAL PERINEAL RESECTION FO	39285	
74217B	PROCTOSIGMOIDECTOMY WITH PULL THROUGH CO	28270	
74222B	PROCTOSIGMOIDECTOMY WITH PULL THROUGH COLON ANAL ANASTOMOSIS	29911	
74223B	HARMANN' S OPERATION (MALIGNANT TUMOR)	19227	
74401C	FISTULOTOMY, SUBCUTANEOUS	2795	
74402C	SPHINCTEROTOMY ANAL	1606	
74403C	FISSURECTOMY OR ULCERECTOMY, ANAL	1938	
74404C	CRYPTECTOMY, SINGLE	1476	
74405C	CRYPTECTOMY, MULTIPLE	2084	
74406C	HEMORRHOIDECTOMY, EXTERNAL	2900	
74407C	HEMORRHOIDECTOMY, PARTIAL, INTERNAL & EX	3340	
74408C	PAPILLECTOMY ANAL, SINGLE	1255	
74409C	PAPILLECTOMY ANAL, MULTIPLE	1647	
74410C	HEMORRHOIDECTOMY, INTERNAL & EXTERNAL	6660	
74411C	ANAL FISTULECTOMY OR FISTULOTOMY C HEMOR	6178	
74412C	THROMBECTOMY, EXTERNAL HEMORRHOID	1725	
74413B	ANOPLASTY FOR STRICTURE OR IMPERFORATE	10906	
74414B	SPHINCTEROPLASTY ANAL FOR INCONTINENE	15307	
74415B	REMOVAL OF KARLEX SPONGE S/P APR	5044	
74416C	CHECK ANAL BLEEDING	2130	
74417C	INTERNAL HEMORRHOID LIGATION	2534	
74418B	ANAL RECONSTRUCTION OR ANOPLASTY WITH S-	10777	
74419B	LEVATOR PLICATION PROCEDURE	6872	
74420C	FISTULECTOMY, SUBCUTANEOUS	4937	
75001B	WEDGE BIOPSY OF LIVER, LAPAROTOMY	10973	
75002B	PARTIAL HEPATECTOMY	24942	
75003B	SEGEMENTAL HEPATECTOMY, ONE SEGEMENT	28656	
75004B	SEGEMENTAL HEPATECTOMY, TWO SEGEMENTS	30960	
75005B	SEGEMENTAL HEPATECTOMY, THREE SEGEMENTS	46881	
75006B	DRAINAGE OR MARSUPIALIZATION OF CYST OR	11031	
75007B	HEPATORRHAPHY, SUTURE OF LIVER WOUND < 5	12320	
75008B	HEPATORRHAPHY, WITH COMMON DUCT OR GALLB	14410	
75009B	HEPATORRHAPHY, SUTURE OF LIVER WOUND, CO	13531	
75010B	HEPATIC ARTERY LIGATION FOR LIVER BLEEDI	11449	
75011B	HEPATO-ONTEROSTOMY (LONGMIRE OP.)	18320	

收費編號	品項名稱及規格	本院收費	註記
75012B	PORTOCAVO SHUNT (H-GRAFT)	17330	
75014B	WARREN' S SHUNT	17391	
75015B	TOTAL RIGHT LOBECTOMY	39578	
75016B	TOTAL LEFT LOBECTOMY	35248	
75017B	EXTENDED RIGHT LOBECTOMY	57156	
75018B	EXTENDED LEFT LOBECTOMY	56150	
75019B	HEPATECTOMY, REMOVAL OF CALCULUS	13980	
75023B	LAPAROSCOPIC FENESTRATION FOR HEPATIC CYST	17207	
75201B	CHOLECYSTOSTOMY (HEPATICOSTOMY)	8562	
75202B	CHOLECYSTOLITHOTOMY (TRANSDUODENAL)	12524	
75203B	CHOLECYSTECTOMY	13644	
75204B	CHOLEDOCHOJEJENOSTOMY	15778	
75205B	CHOLECYSTOENTEROSTOMY	14040	
75206B	TOTAL EXCISION OF COMMON BILE DUCT	18811	
75208B	CHOLEDOCHOTOMY WITH T-TUBE DRAINAGE	15416	
75209B	CHOLEDOCHOLITHOTOMY WITH T-TUBE DRAINAGE	23859	
75210B	CHOLEDOCHOPLASTY	14800	
75211B	BIOPSY OF BILIARY TRACT	4378	
75212B	CHOLEDOCHODUODENOSTOMY	18018	
75213B	PLASTY OF EXTRAHEPATIC BILE DUCT	15900	
75214B	CLOSURE OF BILIARY FISTULA	13259	
75215B	LAPAROSCOPIC CHOLECYSTECTOMY	15008	
75216B	ROUX-EN-Y HEPATICOJEJUNOSTOMY	17237	
75218B	LAPAROSCOPIC CHOLEDOCHOLITHOTRIPSY	22765	
75401B	DIAINAGE OF PANCREATIC ABCESS OR CYST O	7983	
75402B	PANCREAS INCISIONAL BIOPSY	7956	
75403B	EXCISION OR ENUCLEATION OF PANCREATIC TU	11678	
75404B	DISTAL PARTIAL PANCREATECTOMY	17140	
75405B	BODY PARTIAL PANCREATECTOMY	15848	
75406B	PENCREATIC FISTULECTOMY	11800	
75407B	ANASTOMOSIS OF PANCREATIC CYST TO GI TRA	11738	
75408B	ANASTOMOSIS OF PANCREATIC CYST TO GI TRA	16254	
75409B	REMOVAL PANEREATIC CALCULUS	10920	
75410B	PANCREATECTOMY SUBTOTAL	18460	
75411B	TOTAL PANCREATECTOMY (95%)	21260	
75412A	PANCREATICO-DUODENECTOMY, WHIPPLE TYPE,	60000	
75412B	PANCREATICO-DUODENECTOMY, WHIPPLE TYPE,	60000	
75413B	PANCREATICO-JEJUNOSTOMY	19696	
75414B	MARSUPIALIZATION OF PANCREATIC CYST	10666	
75415B	V	17278	
75416B	V	16653	
75417B	PANCREATICO-DUODENECTOMY, WHIPPLE TYPE, WITH RECONSTRUCTION (59371	
75601C	DRAINAGE OF ABDOMINAL WALL ABSCESS	3721	
75602C	EXCISION OF ABDOMINAL WALL TUMOR, BENIGN	5719	
75603B	EXCISION OF ABDOMINAL WALL TUMOR, MALIGN	14063	
75604B	REPAIR OF VENTRAL HERNIA, WITH BOWEL RES	16537	
75605C	REPAIR OF VENTRAL HERNIA, WITHOUT BOWEL	14011	
75606B	REPAIR OF INGUINAL HERNIA, WITH BOWEL RE	12949	
75607C	REPAIR OF INGUINAL HERNIA, WITHOUT BOWEL	11292	
75608B	REPAIR OF LUMBAR HERNIA	11080	
75609B	PERITONEAL TOILET	1100	
75610B	LAPAROSCOPIC HERNIORRHAPHY	11502	
75611C	腹壁疝氣修補術，嵌頓性 — 無腸切除	15618	
75612C	腹壁疝氣修補術，復發性 — 無腸切除	15027	
75613C	鼠蹊疝氣修補術，嵌頓性 — 無腸切除	11935	
75614C	鼠蹊疝氣修補術，復發性 — 無腸切除	12565	
75615C	股疝氣修補術 — 無腸切除	12890	
75801C	DRAINAGE OF INTRAABDOMINAL ABSCESS FOR A	12107	
75802B	DRAINAGE OF SUBPHRENIC ABSCESS	11495	
75803C	DRAINAGE OF PELVIC ABSCESS, TRANSABDOMIN	9594	
75804C	DRAINAGE OF PELVIC ABSCESS, TRANSANAL	4030	

收費編號	品項名稱及規格	本院收費	註記
75805B	EXPLORATORY LAPARATOMY	11062	
75806B	EXCISION OF INTRAABDOMINAL TUMOR, BENIGN	13263	
75807B	EXCISION OF RETROPERITONEAL TUMOR, BENIG	16268	
75808B	REMOVAL OF INTRAABDOMINAL FOREIGN BODY	8858	
75809B	RETROPERITONEAL EXPLORATORY LAPARATOMY	8916	
75810B	EXCISION OF INTRAABDOMINAL TUMOR, MALIGN	15261	
75811B	EXCISION OF RETROPERITONEAL TUMOR, MALIG	19271	
75812B	PERITONEO-VEIN SHUNT	9858	
75813B	EXCISION OF URACHAL DUCT OR FISTULA WITH	9373	
75814B	REPAIR OF ABDOMINAL WALL INJURY, SIMPLE	7442	
75816B	SUTURE OF ABDOMINAL WALL FOR EVISCERATIO	7109	
76001B	DRAINAGE ABSCESS PERIRENAL OR RENAL	5946	
76002B	PYELOTOMY WITH EXPLORATION DRAINAGE OR P	13820	
76003B	OPEN RENAL BIOPSY	6310	
76004B	NEPHRECTOMY	11530	
76005B	PARTIAL NEPHRECTOMY	14240	
76006B	DECAPSULATION CYST KIDNEY, UNILATERAL	5880	
76007B	RADICAL NEPHRECTOMY WITH LYMPHADECTOMY	25780	
76008B	KIDNEY MASUPIALIZATION	7080	
76009C	NEPHROPEXY FIXATION OR SUSPENSION	5690	
76010C	NEPHROSTOMY, OPERATIVE	6340	
76011B	NEPHRO-PYELOLITHOTOMY	8964	
76012B	STAG-HORN STONE NEPHRO-PYELOLITHOTOMY	12550	
76013B	NEPHRORRHAPHY	12150	
76014B	PYELOPLASTY	12420	
76015B	PYELOSTOMY	6440	
76016B	PERCUTANEOUS NEPHROSTOLITHOTOMY (PCNSL)	13550	
76017B	NEPHROSCOPE. (INCLUDING SECONDARY SURGIC	7332	
76018B	NEPHRECTOMY FROM CADAVER DONOR	60978	
76019B	NEPHRECTOMY FROM LIVING DONOR	64706	
76021B	LAPAROSCOPIC NEPHRECTOMY	11530	
76024B	ENDOSCOPIC PYELOSTOMY	6440	
76025B	NEPHROURETERECTOMY WITHOUT BLADDER CUFF EXCISION	15179	
76026B	NEPHROURETERECTOMY WITH BLADDER CUFF EXCISION	18826	
76027B	RADICAL NEPHRECTOMY	25486	
76028B	RADICAL NEPHRECTOMY WITHOUT REGIONAL LND, WITH IVC TUMOR THRO	34078	
76029B	(RETROPERITONEOSCOPY) LAPAROSCOPY, RENAL CYST UNROOFING	7056	
76030B	(RETROPERITONEOSCOPY) LAPAROSCOPY, NEPHROURETERECTOMY	35790	
76031B	(RETROPERITONEOSCOPY) LAPAROSCOPY, PARTIAL NEPHRECTOMY	34176	
76032B	(RETROPERITONEOSCOPY) LAPAROSCOPY, PYELOLITHOTOMY	10757	
76033B	(RETROPERITONEOSCOPY) LAPAROSCOPY, PYELOPLASTY	14904	
76034C	(RETROPERITONEOSCOPY) LAPAROSCOPY, NEPHROPEXY	6828	
77001B	URETEROLITHOTOMY, - UPPER 1/3	7944	
77002B	URETEROLITHOTOMY, - MIDDLE 1/3	6736	
77003B	URETERECTOMY, WITH BLADDER CUFF	10069	
77004B	URETEROPLASTY, UNILATERAL	7155	
77005B	URETEROPLASTY, BILATERAL	8810	
77006B	URETEROLYSIS, UNILATERAL	7080	
77007B	URETEROLYSIS, BILATERAL	8620	
77008B	URETEROPYELOSTOMY OR URETEROPYELOPLASTY	12020	
77009B	URETEROURETEROSTOMY	12040	
77010B	TRANSURETEROURETEROSTOMY	13100	
77011B	URETERONEOCYSTOMY, UNILATERAL	12140	
77012B	URETERONEOCYSTOMY, BILATERAL	14060	
77013B	UNILATERAL	8000	
77014B	BILATERAL	9444	
77015B	URETEROSIGMOIDOSTOMY	10800	
77016B	REPLACEMENT URETER OF ALL OR PART OF URE	10800	

收費編號	品項名稱及規格	本院收費	註記
77017B	REPLACEMENT URETER OF ALL OR PART OF URE	14200	
77018B	URETEROSTOMY, UNILATERAL, TRANSPLANTATIO	6859	
77019B	URETEROSTOMY, UNILATERAL, TRANSPLANTATIO	8457	
77020B	CLOSURE FISTULA, URETEROCUTANEOUS	7080	
77021B	CLOSUER FISTULA, URETEROVISCERAL	8620	
77022B	URETERO-ILEAL CATANEOUS DIVERSION	11396	
77023C	URETER CATHETERIZATION	2506	
77024B	INTERNAL DILATATION OF URETERAL STRICTUR	2904	
77026B	URETEROSCOPY & REMOVAL OF URETERAL STONE	5537	
77027B	URETEROSCOPY & REMOVAL OF URETERAL STONE	12100	
77028B	URETEROSCOPY & REMOVAL OF URETERAL STONE	7446	
77029B	ABDOMINAL PERINEAL URETHRAL SUSPENSION (11680	
77030B	URETEROLITHOTOMY	7410	
77034B	ENDOSCOPIC URETEROTOMY	7922	
77035B	TRANSURETHRAL INCISION OF URETEROCELE	6440	
77036B	LAPAROSCOPY, HIGH CUTANEOUS URETEROSTOMY (UNILATERAL)	8243	
77037B	LAPAROSCOPY, HIGH CUTANEOUS URETEROSTOMY (BILATERAL)	10148	
78001C	ASPIRATION BLADDER, WITH CATHETERIZATION	500	
78002C	CYSTOSTOMY, OPEN METHOD	4956	
78003C	CYSTOSTOMY, TROCAR METHOD	3285	
78004C	CLOSURE OF CYSTOSTOMY	4760	
78005B	CYSTOLITHOTOMY	4523	
78006B	CYSTOTOMY FOR SIMPLE EXCISION OF BLADDER	5170	
78007B	CYSTOTOMY FOR EXCISION OF BLADDER DIVERT	6440	
78008C	CYSTOTOMY FOR EXCISION OF BLADDER-TURB TUMOR RESECTION	8027	
78009B	CYSTOTOMY FOR EXCISION OF BLADDERTUMOR,	6770	
78010C	PARTIAL CYSTECTOMY	9670	
78011B	TOTAL CYSTECTOMY, WITHOUT LYMPHADENCTOMY	11750	
78012B	TOTAL CYSTECTOMY, WITHOUT LYMPHADENCTOMY	22887	
78013B	TOTAL CYSTECTOMY, WITH LYMPHADENCTOMY, W	17875	
78014B	TOTAL CYSTECTOMY, WITH LYMPHADENCTOMY, W	29160	
78015B	CYSTOPLASTY OR CYSTOURETHROPLASTY	7415	
78016B	CYSTOURETHROPLASTY WITH UNILATERAL OR BI	10800	
78017B	VESICOURETHROPEXY, ANTERIRO OR URETHROPE	4880	
78018B	CYSTORRHAPHY	5470	
78019B	CLOSURE FISTULA, VESICOVAGINAL ABDOMINAL	10612	
78020B	CLOSURE FISTULA, VESICOUTERINE WITH OR W	7840	
78021B	ENTEROCYSTOPLASTY INCLUDING BOWEL ANASTO	11579	
78022C	CUTANEOUS VESICOSTOMY	6440	
78023C	CYSTOURETHROSCOPY WITH INTERNAL URETEROT	3398	
78024C	CYSTOURETHROSCOPY WITH REMOVAL OF URETER	3568	
78025B	TUR FOR BLADDER NECK	3900	
78026C	ENDOSCOPIC CYSTOLITHOLAPAY, SIMPLE	4675	
78027C	ENDOSCOPIC CYSTALITHOLAPAY, COMPLICATED	5437	
78028B	BLADDER NECK SUSPENSION FOR FEMALE STREE	7427	
78029B	TRANSVAGINAL URINARY INCONTINENCE SURGERY(KELLY PLICATION INCLUDED)	9116	
78030B	BURCH COLPOSUSPENSION	18806	
78031C	CYSTOURETHROSCOPY WITH DILATION OF BLAD	2705	
78032C	COAGULATION OF BLADDER DIVERTICULUM	7760	
78033C	PARTIAL CYSTECTOMY WITH EXCISION OF BLA	5800	
78034B	REPAIR OF BLADDER RUPTURE	7080	
78039B	CYSTOPROSTATECTOMY WITHOUT PLND WITHOUT URETHRECTOMY WITHOUT	15380	
78040B	CYSTECTOMY WITHOUT PELVIS LND WITH URETHRECTOMY WITHOUT BLAD	18479	
78041B	CYSTOPROSTATECTOMY WITHOUT PELVIS LND WITHOUT URETHRECTOMY W	23982	

收費編號	品項名稱及規格	本院收費	註記
78042B	CYSTECTOMY WITHOUT PELVIS LND WITH URETHRECTOMY WITH CONTINE	27206	
78043B	CYSTOPROSTATECTOMY WITH PELVIS LND WITHOUT URETHRECTOMY WITHOUT BLADDER	19419	
78044B	CYSTECTOMY WITH PELVIS LND WITH URETHRECTOMY WITHOUT BLADDER	23171	
78045B	CYSTOPROSTATECTOMY WITH PELVIS LND WITHOUT URETHRECTOMY WITH	29609	
78046B	CYSTECTOMY WITH PELVIS LND WITH URETHRECTOMY WITH CONTINENT	60063	
78047B	(RETROPERITONEOSCOPY) LAPAROSCOPY, BLADDER NECK SUSPENSION	14332	
78048B	(RETROPERITONEOSCOPY) LAPAROSCOPY, BLADDER DIVERTICULECTOMY	7728	
78049C	CYSTOTOMY FOR EXCISION OF BLADDER-TURB TUMOR RESECTION	8886	
78201C	REMOVE OF URETHRAL STONE OR FOREIGN BODY	4174	
78202B	REPAIR OF URETHRAL STRICTURE, ANTERIOR U	6814	
78203B	REPAIR OF URETHRAL STRICTURE, POSTERIOR	8501	
78204B	URETHROPLASTY, INCLUDING URINARY DIVERSI	8571	
78205B	URETHROPLASTY, REPEAT PROCEDURE	11382	
78206C	POLYPECTOMY, EXTERNAL URETHRAL	2424	
78207C	URETHROSTOMY	3196	
78208B	URETHRAL DIVERTICULECTOMY, ANTERIOR (POS	5262	
78209C	OTIS URETHROTOMY	3502	
78210C	OPITIC URETROTOMY	4062	
78211B	REPAIR OF URETHRAL RUPTURE, POSTERIOR UR	7348	
78212B	REPAIR OF URETHRAL RUPTURE, ANTERIOR URE	4334	
78213B	OPERATION FOR HYPOSPADIA, GLANDULAR TYPE	10352	
78214B	OPERATION FOR HYPOSPADIA, OTHERS	14254	
78215B	TUI(TRANSUROTHRAL INCISION OF PROSTATE)	6137	
78216B	RESECTION OF URETHRAL URETHRAL TUMOR	4888	
78220B	URETHRAL FISTULECTOMY(ANTERIOR)	4853	
78221B	REPAIR OF RUPTURED CORPUS CAVERNOSUM, UNILATERAL	3580	
78401C	BIOPSY PENIS	2034	
78402B	PARTIAL AMPUTATION OF PENIS	4685	
78403B	TOTAL AMPUTATION OF PENIS	7148	
78404B	RADICAL OP. OF PENIS CANCER	11830	
78405B	RADICAL OP. OF PENIS CANCER WITH LYMPHAD	14580	
78406B	PENIS REPAIR FOR SEVERE TRAUMA	7393	
78407C	HYDROCELECTOMY	5425	
78408C	REMOVAL OF FOREIGN BODY, SCROTUM	3623	
78409B	RESECTION OF SCROTUM	4065	
78410B	NESBIT PROCEDURE FOR CURVATURE OF PENIS	5540	
78411C	SCROTAL REPAIR	3074	
78412C	I&D FOR SCROTAL ABSCESS	2201	
78413B	TOTAL PENECTOMY, WITH PERINEAL CUTANEOUS URETHROSTOMY	12136	
78414B	TOTAL PENECTOMY WITH INGUINAL LND, WITH PERINEAL CUTANEOUS U	15412	
78601C	TESTIS BIOPSY, INCISIONAL, UNILATERAL	1810	
78602C	TESTIS BIOPSY, INCISIONAL, BILATERAL	2904	
78603C	ORCHIEDECTOMY, UNILATERAL	5163	
78604B	ORCHIEDECTOMY, BILATERAL	6175	
78605C	ORCHIOPEXY, UNILATERAL	5874	
78606C	ORCHIOPEXY, BILATERAL	9045	
78607C	ORCHIOPEXY FOR UNDESCENDED TESTIS	12520	
78608C	SUTURE OR REPAIR TESTICULAR INJURY	4581	
78609B	ORCHIDECTOMY FOR MALIGNANT TUMOR	5064	
78610B	ORCHIDECTOMY FOR MALIGNANT TUMOR INCLUDI	12147	
78612C	ORCHIOPEXY FOR UNDESCENDED TESTIS, BILATERAL	13128	

收費編號	品項名稱及規格	本院收費	註記
78801C	EPIDIDYMECTOMY, UNILATERAL	4919	
78802B	EPIDIDYMECTOMY, BILATERAL	6858	
78803B	EPIDIDYMO-VASOSTOMY, UNILATERAL	7140	
78804B	EPIDIDYMO-VASOSTOMY, BILATERAL	9002	
78805C	I & D FOR EPIDIDYMAL ABSCESS DRAINAGE	3021	
79001C	VASOTOMY, UNILATERAL OR BILATERAL	2693	
79002B	VESICULECTOMY, SEMINAL VESICLE	7026	
79201C	EXCISION LESION, SPERMATIC CORD	3243	
79202B	VARICO-CELECTOMY	4819	
79203C	HIGH LIGATION OR INTERNAL SPERMATIC VEIN	5522	
79401C	BIOPSY PROSTATE (PUNCH)	1841	
79402C	BIOPSY PROSTATE (INCISIONAL)	3504	
79403B	PROSTATE CURING, INCLUDING VESICARLECTOMY	26050	
79404B	SUPRAPUBIC PROSTATECTOMY	9114	
79405B	RETROPUBLIC PROSTATECTOMY	9176	
79406B	TUR OF PROSTATE GLAND	13520	
79407C	TRANSURETHRAL BIOPSIES	4242	
79408C	ABSCESS DRAINAGE PROSTATIC	3829	
79410B	RADICAL PROSTATECTOMY WITH BILATERAL PELVIC LYMPH NODE DISSE	31171	
79411B	TURP 15 - 50 GMS	13210	
79412B	TURP > 50 GMS	15236	
79413B	BIOPOLAR TURR/TUVP 5-15 GMS	11759	
79414B	BIOPOLAR TURR/TUVP >15-50 GMS	13914	
79415B	BIOPOLAR TURR/TUVP > 50 GMS	15940	
79601C	INCISION AND DRAINAGE OF PERINEAL ABSCESS(NON- OBSTETRIC)	1304	
79602C	REPAIR OF PERINEUM	1686	
79603C	EXCISION OF GENITAL LEUKODERMA	1667	
79604C	REPAIR OF PERINEUM WITH REPAIR OF ANAL DEFECTS	9115	
79605C	REPAIR OF PERINEUM WITH SPHINCTER REPAIR	7762	
79801C	EXTENDED DRAINAGE OF EXTERNAL GENITAL ABSCESS	2068	
79802C	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	1663	
79803C	EXCISION OF BARTHOLIN GLAND	1815	
79804B	SIMPLE VULVECTOMY OR WIDE LOCAL EXCISION OF VALVAR CANCER	10663	
79806C	CLITORIDECTOMY	1231	
79807B	CLITOROPLASTY	2493	
79808C	HYMENOTOMY	597	
79809B	RADICAL VULVECTOMY	32150	
79810B	SIMPLE VULVECTOMY(WITH SKIN GRAFT OR RECONSTRUCTION OF SUBCUTANEOUS TISSUE)	14738	
80001C	VAGINOTOMY OR DRAINAGE OF PELVIC ABSCESS	2253	
80002C	EXCISION OF VAGINAL CYST	3068	
80003B	RESECTION OF VAGINAL SEPTUM	2368	
80004B	POSTERIOR CELIOTOMY (COLPOTOMY)	1796	
80005B	VAGINAL WALL REPAIR(NON-OBSTETRIC)	2999	
80006B	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF	5160	
80007B	COLPORRHAPHY, ANTERIOR	4897	
80008B	COLPORRHAPHY, POSTERIOR	2652	
80009B	COLPORRHAPHY COMBINED ANTERIOR-POSTERIOR	6802	
80010B	ANTERIOR AND POSTERIOR COLPORRHAPHY, (INCLUDING REPAIR OF ENTEROCELE)	8117	
80011B	TRANSABDOMINAL COLPOPEXY	10338	
80012C	VAGINAL DILATION UNDER ANESTHESIA	979	
80014C	LAPAROSCOPIC FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS-MINIMAL TO MILD	8171	
80015B	PARTIAL RESECTION OF VAGINA	7924	
80016B	COMPLETE RESECTION OF VAGINA, VAGINAL APPROACH	8616	
80017B	LEFORT COLPOCLEISIS	7441	

收費編號	品項名稱及規格	本院收費	註記
80018B	RECONSTRUCTION OF VAGINA(VAGINAL STENOSIS OR VAGINAL DEFECTS,WITHOUT SKIN GRAFT)	19586	
80019B	RECONSTRUCTION OF VAGINA(VAGINA STENOSIS OR VAGINAL DEFECTS,WITH SKIN, COLON OR O	26312	
80021B	PRIMARY RECTO-VAGINAL FISTULA REPAIR	13304	
80022B	URETHRAL VAGINAL FISTULA REPAIR	8410	
80023B	VESICO VAGINAL FISTULA REPAIR	10091	
80024B	COLPOPEXY, VAGINAL APPROACH	11744	
80025B	LAPAROSCOPIC COLPOPEXY	15801	
80026B	COMBINED ABDOMINAL AND VAGINAL PELVIC FLOOR RECONSTRUCTION (ABDOMINAL HYSTERECTOM	25308	
80027B	TRANSVAGINAL PELVIE FLOOR RECONSTRUCTION	25612	
80028B	TRANSVAGINAL PELVIC FLOOR RECONSTRUCTION (SACRO-SPINAL LIGAMENT FIXATION, COLPOR	21439	
80029C	LAPAROSCOPIC FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS - MODERATE	12580	
80030B	COMPLETE RESECTION OF VAGINA, COMBINED ABDOMINAL AND VAGINAL APPROACH	12186	
80031C	LAPAROSCOPIC FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS - SEVERE	18507	
80032B	RECURRENT RECTO-VAGINAL FISTULA REPAIR	14193	
80034B	VAGINAL MESH EXTRUSUON REPAIR	9804	
80035B	VAGINAL PERINEAL URETHRAL SUSPENSION(VPUS)	11680	
80201C	VAGINAL TRACHELECTOMY	2431	
80202C	TRACHELOPLASTY	2431	
80203C	CERVICAL CERCLAGE	4988	
80204C	D&C FOR CERVICAL-STUMP	1340	
80205C	CONIZATION OF THE UTERINE CERVIX	2810	
80206B	CERVICAL AMPUTATION	3174	
80207C	CERVICAL POLYPECTOMY	392	
80208B	VAGINAL EXCISION OF CERVICAL STUMP	4467	
80209B	MANCHESTER OPERATION(TRANSVAGINAL UTERINE SUSPENSION WITH PARTIAL CERVICECTOMY)	12877	
80210C	ABDOMINAL TRACHELECTOMY	11559	
80211C	RADICAL TRACHELECTOMY	35532	
80212B	ABDOMINAL EXCISION OF CERVICAL STUMP	7165	
80401C	D & C FOR DIAGNOSTIC	1799	
80402C	UNCOMPLICATED MYOMECTOMY	12015	
80403B	UNCOMPLICATED TOTAL HYSTERECTOMY	15191	
80404C	SUBTOTAL HYSTERECTOMY	13285	
80405C	LYSIS OF PELVIC (ABDOMINAL) ADHESION	3410	
80406B	SUSPENSION, UTERINE (ALEXANDER'S OP.)	6047	
80407B	REPAIR OR EXCISION OF BROAD LIGMENT TEAR	5496	
80408B	HYSTEROSALPINGOSTOMY	8933	
80409B	HYSTERORRHAPHY	9686	
80410B	METROPLASTIC SURGERY	13711	
80411B	SPALDING-RICHARDSON COMPENSATION OP. FOR	11980	
80412B	HYSTERECTOMY, TOTAL EXTENDED	28841	
80413B	RADICAL HYSTERECTOMY FOR CERVICAL CANCER	42640	
80414B	HYSTERECTOMY VAGINAL RADICAL, SCHAUTA TY	25989	
80415C	HYSTEROSCOPIC RESECTION OF UTERINE SEPTUM OR HYSTEROSCOPIC MYOMECTOMY	19466	
80416B	LAPAROSCOPIC TOTAL HYSTERECTOMY	29753	
80417B	BSO+OMMENTECTOMY+ATH+RETROPERITONEAL LYM	38471	
80418B	(BSO+OMMENTECTOMY+ATH+R. L.)+RADICAL DISS	50588	
80419B	LAPAROTOMY OF ABDOMEN FOR 2ND LOOK	18631	
80420C	COMPLICATED MYOMECTOMY	18748	
80421B	COMPLICATED TOTAL HYSTERECTOMY	21165	
80422C	HYSTEROSCOPIC REMOVAL OF FOREIGN BODY OR POLYP	10080	
80423C	HYSTEROSCOPIC LYSIS OF UTERINE ADHESION OR ENDOMETRIAL ABLATION	12844	

收費編號	品項名稱及規格	本院收費	註記
80424B	LAPAROSCOPIC GYNECOLOGIC ONCOLOGY STAGING SURGERY	46270	
80425C	LAPAROSCOPIC MYOMECTOMY	25907	
80603C	SALPINGOPLASTY	10739	
80604B	SALPINGOLYSIS WITH MICROSCOPIC	6665	
80605B	END TO END ANASTOMOSIS	17141	
80606B	SALPINGOSTOMY WITHOUT MICROSCOPIC	10739	
80607B	REIMPLANTATION WITH MICROSCOPIC	10739	
80801B	OOPHORECTOMY WITH OMENECTOMY	19866	
80802C	PARTIAL OR COMPLETE ADNEXECTOMY	9741	
80804C	INCISION AND DRAINAGE OF OVARIAN ABSCESS	7890	
80805C	BIOPSY OVARY, INCISIONAL	4079	
80807C	LAPAROSCOPIC PARTIAL OR COMPLETE ADNEXECTOMY	17912	
80809B	SECOND LOOK OPERATION FOR OVARIAN CANCER	17280	
80811C	PARTIAL OR COMPLETE ADNEXECTOMY-BILATERAL	12603	
80812C	LAPAROSCOPIC PARTIAL OR COMPLETE ADNEXECTOMY-BILATERAL	20956	
81001C	REMOVAL OF MOLAR PREGNANCY OR CHORIOCARCINOMA	7300	
81002C	ECTOPIC PREGNANCY OPERATION	10430	
81004C	CESAREAN SECTION	10237	
81005C	SUBTOTAL HYSTERECTOMY AFTER CESAREAN SECTION	23705	
81007C	D&C >12.WEEK	6085	
81008B	HYSTEROTOMY FOR TERMINATION OF PREGNANCY	10838	
81011C	CESAREAN SECTION	19999	
81012B	DESTRUCTION OF THE DEAD FETUS	6092	
81013B	PELVIC EXENTERATION-TOTAL OR ANTERIOR OR POSTERIOR	65210	
81014C	FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS, MINIMAL TO MILD	6456	
81015C	TRANSABDOMINAL REMOVAL OF INTRAUTERINE DEVICE	6865	
81016B	PRE-SACRAL NEURECTOMY	7392	
81020C	LAPAROSCOPIC ECTOPIC PREGNANCY OPERATION	15956	
81022B	SEPTIC ABORTION TREATMENT	6356	
81023C	ENDOMETRIAL ABLATION OR TRANSCERVICAL ENDOMETRIAL RESECTION	9493	
81028C	C/S DUE TO PLACENTA PREVIA OR PLACENTA ACCRETA	27962	
81029C	TOTAL HYSTERECTOMY AFTER CESAREAN SECTION	23749	
81031C	ENDOCERVICAL CURETTAGE	612	
81032C	FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS, MODERATE	11390	
81033B	FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS, SEVERE	16210	
81036B	LAPAROSCOPIC PRE-SACRAL NEURECTOMY	8458	
82001C	UNILATERAL SUBTOTAL THYROIDECTOMY	7536	
82002C	BILATERAL SUBTOTAL THYROIDECTOMY	11963	
82003C	EXCISION OF THYROID CYST OR THYROIDITIS	8356	
82004B	單側甲狀腺全葉切除術	11565	
82005B	NECK LYMPH NODE DISSECTION, UNILATERAL	9400	
82006B	NECK LYMPH NODE DISSECTION, BILATERAL	17740	
82007B	PARATHYROIDECTOMY-SIMPLE	10799	
82008B	RADICAL THYROIDECTOMY WITH UNILATERAL NE	19412	
82009B	ADRENALECTOMY, UNILATERAL	10430	
82010B	ADRENALECTOMY WITH RETROPERITONEAL TUMOR	11341	
82011B	ADRENALECTOMY WITH RETROPERITONEAL TUMOR	12000	
82013B	PARATHYROIDECTOMY+AU TOTRANSPLANTATION	14518	
82015B	單側甲狀腺全葉切除術及另一側次全甲狀腺切除術	14544	
82016B	雙側甲狀腺全葉切除術	16177	
82017B	PARATHYROIDECTOMY RE-EXPLORATION	12764	
82018B	PARATHYROIDECTOMY-SUBTOTAL	30119	
82019B	PARATHYROIDECTOMY-TOTAL	30109	
83001B	MICROVASCULAR DECOMPRESSION	19562	
83002C	LAMINECTOMY FOR DECOMPRESSION, <= 2 SEGME	11080	
83003C	LAMINECTOMY FOR DECOMPRESSION, > 2 SEGME	16080	
83004B	SUBTEMPORAL DECOMPRESSION, UNILATERAL	10900	

收費編號	品項名稱及規格	本院收費	註記
83005B	SUBTEMPORAL DECOMPRESSION, BILATERAL	13747	
83006C	DECOMPRESSION OF MEDIUM NERVE AT WRIST,	4325	
83007C	DECOMPRESSION OF MEDIUM NERVE AT WRIST,	8190	
83008C	DECOMPRESSION OF LATERAL FEMORAL CUTANEO	4822	
83009C	DECOMPRESSION OF LATERAL FEMORAL CUTANEO	7496	
83010B	BRAIN BIOPSY	9381	
83011B	DEPRESSED FRACTURE OF SKULL SIMPLE FRACT	8490	
83012B	DEPRESSED FRACTURE OF SKULL OPEN FRACTUR	10875	
83013C	BURR HOLE (TREPHINATION) FOR HEMOSTASIS,	3786	
83014C	BURR HOLE FOR HEMOSTASIS, ONE HOLE ADDED	2571	
83015C	CRANIECTOMY	12650	
83016B	CRANIOPLASTY	10380	
83017B	BRAIN TUMOR (I. C. T. /CEPHALOCELE), WITHI	29947	
83018B	BRAIN TUMOR (I. C. T. /CEPHALOCELE), BETWE	37399	
83019B	BRAIN TUMOR (I. C. T. /CEPHALOCELE), BETWE	40869	
83020B	MYELOTOMY	14945	
83021B	POSTERIOR RHIZOTOMY	14760	
83022C	DISKECTOMY, CERVICAL	30512	
83023C	DISKECTOMY, THORACIC	16000	
83024C	DISKECTOMY, LUMBAR	13000	
83025C	CERVICAL SYMPATHECTOMY	7340 *	
83026C	DORSAL SYMPATHECTOMY	14760 *	
83027C	LUMBAR SYMPATHECTOMY	12052 *	
83028C	NEURECTOMY	4650	
83029C	ONE ADDED	2944	
83030B	NEUROLYSIS	9035	
83031C	NERVE TRANSPOSITION	9035	
83032B	NERVE GRAFT	16563	
83033B	LAMINO PLASTY	28304	
83034B	ANASTOMOSIS OF PERIPHERAL NERVE	11546	
83035B	FACIAL HYPOGLOSSAL NERVE ANASTOMOSIS	12333	
83036C	REMOVAL OF EPIDURAL HEMATOMA	19371	
83037C	REMOVAL OF ACUTE SUBDURAL HEMATOMA	18729	
83038C	REMOVAL OF CHRONIC SUBDURAL HEMATOMA	12530	
83039B	REMOVAL OF INTRACEREBRAL HEMATOMA	21207	
83040B	BENIGN INTRASPINAL TUMOR, EXCISION	30186	
83041B	MALIGNANT INTRASPINAL TUMOR, EXCISION	30372	
83042B	INTRASPINAL INTRAMEDULLARY TUMOR, EXCISI	34010	
83043B	SPINAL FUSION, ANTERIOR SPINAL FUSION, W	15352	
83044B	SPINAL FUSION, ANTERIOR SPINAL FUSION, W	24030	
83045B	SPINAL FUSION, POSTERIOR SPINAL FUSION,	13480	
83046B	SPINAL FUSION, POSTERIOR SPINAL FUSION,	21580	
83047B	REPAIR OF MENINGOCELE OR ENCCPHALOCELE	17315	
83048C	SCALP TUMOR	4190	
83049B	V-P SHUNT	13378	
83050B	V-A SHUNT	10447	
83051B	EXTERNAL VENTRICULAR DRAINAGE	10232	
83052C	OMAYA RESERVOIR IMPLANTATION	4525	
83053B	LUMBAR-PERITONEAL SHUNT	7550	
83054B	EXTERNAL LUMBAR CISTERNAL DRAINAGE	3139	
83055B	REVISION OF CSF SHUNT	10560	
83056B	BRAIN LOBECTOMY FOR EPILEPSY	41175	
83057B	TRANSSPHENOIDAL REMOVAL OF PITUITARY ADE	30571	
83058B	CAROTID EMBOLIZATION	7700	
83059B	CAROTID ARTERY LIGATION, ACUTE LIGATION	4946	
83060B	CAROTID ARTERY LIGATION, GRADUAL OCCLUSI	5059	
83061B	CAROTID ARTERY LIGATION, GRADUAL OCCLUSI	6000	
83062A	CAROTID ENDARTERECTOMY	15470	
83063B	EC-IC BY-PASS	21751	
83064B	CRANIOTOMY FOR VASCULAR LESIONS, ANEURYS	48388	
83065B	CRANIOTOMY FOR VASCULAR LESIONS, ANEURYS	50389	
83066B	CRANIOTOMY FOR VASCULAR LESIONS, ANEURYS	50000	

收費編號	品項名稱及規格	本院收費	註記
83067B	CRANIOTOMY FOR VASCULAR LESIONS, ARTERIO	36000	
83068B	CRANIOTOMY FOR VASCULAR LESIONS, ARTERIO	42000	
83069B	CRANIOTOMY FOR VASCULAR LESIONS, ARTERIO	48000	
83070A	CRANIOTOMY FOR VASCULAR LESIONS, ARTERIO	54000	
83070B	CRANIOTOMY FOR VASCULAR LESIONS, ARTERIO	54000	
83071A	CRANIOTOMY FOR VASCULAR LESIONS, ARTERIO	60000	
83071B	CRANIOTOMY FOR VASCULAR LESIONS, ARTERIO	60000	
83072A	EXCISION OF INTRASPINAL AVM <=2 SEGMENTS	36000	
83072B	EXCISION OF INTRASPINAL AVM <=2 SEGMENTS	36000	
83073A	EXCISION OF INTRASPINAL AVM >2 SEGMENTS	42000	
83073B	EXCISION OF INTRASPINAL AVM >2 SEGMENTS	42000	
83074C	FACIAL TIC, ALCOHOL BLOCK	2303	
83075B	FACIAL TIC, SELECTIVE NEURECTOMY	5460	
83076C	EXCISION OF NEUROMA OR NERUOFIBROMA	9035	
83077B	OPERATION FOR CRANIOSYNOSTOSIS, SIMPLE S	8440	
83078B	OPERATION FOR CRANIOSYNOSTOSIS, MORCELLA	8960	
83079B	RADIOFREQUENCY COAGULATION	5360*	
83080B	ICP MONITORING	12042	
83081A	STEREOTAXIC PROCEDURE, FOR BIOPSY	18000	
83081B	STEREOTAXIC PROCEDURE, FOR BIOPSY	18000	
83082A	STEREOTAXIC PROCEDURE, FOR ASPIRATION	18000	
83082B	STEREOTAXIC PROCEDURE, FOR ASPIRATION	18000	
83083A	STEREOTAXIC PROCEDURE, FOR IMPLANTATION	25000	
83083B	STEREOTAXIC PROCEDURE, FOR IMPLANTATION	25000	
83084A	STEREOTAXIC PROCEDURE, FOR FUNCTIONAL DI	25000	
83084B	STEREOTAXIC PROCEDURE, FOR FUNCTIONAL DI	25000	
83085B	TRANSENDOSCOPIC DORSAL SYMPATHECTOMY	4308*	
83086B	BRACHIAL PLEXUS REPAIR	14760	
83087B	FACIAL NERVE DECOMPRESSION	10900	
83088B	SKULL BASE TUMOR SURGERY	84082	
83089B	NEUROLYSIS	7868	
83090B	NEUROLYSIS	7422	
83091B	NERVE GRAFT	18158	
83092B	NERVE GRAFT	17955	
83093B	NERVE REPAIR	9470	
83094B	NERVE REPAIR	8389	
83095B	SPINAL FUSION, ANTERIOR SPINAL FUSION, WITHOUT SP, <=4 ADDITIONAL MOTION SEGMENTS	8083	
83096B	SPINAL FUSION, ANTERIOR SPINAL FUSION, WITH SPINAL INSTRUMENTATION, 4 ADDITIONAL	10853	
83097B	SPINAL FUSION, POSTERIOR SPINAL FUSION, WITH SPIN, <=6 MOTION SEGMENTS	14795	
83098B	V	14745	
83099B	V	7373	
83100B	V	3686	
84001C	I & D FOR AURICLE ABSCESS OR HEMATOMA	2663	
84002C	EAR CANAL FOREIGN BODY REMOVAL WITH OTOS	140	
84003C	EAR CANAL FOREIGN BODY REMOVAL, WITH OTO	1360	
84004C	MYRINGOTOMY WITH T. D. PLUNGER	850	
84005C	EXCISION OF PREAURICULAR FISTULA OR CYST	3405	
84006C	SUTURE OF EAR INJURY	840	
84007C	MYRINGOTOMY	2316	
84008B	REMOVAL OF EXTERNAL EAR TUMOR (MICROSCOP	4000	
84009B	REMOVAL OF EXTERNAL EAR MALIGNANT TUMOR	12430	
84010B	MEATOPLASTY & CANALOPLASTY	10560	
84011B	TRAUMATIC OTOPLASTY	10560	
84012B	EAR CANAL PLASTIC OPERATION	7940	
84013B	MYRINGOPLASTY	7800	
84014B	POLYPECTOMY, MIDDLE EAR	4481	
84015B	MYRINGOTOMY WITH EUSTACHIAN TUBE INFLATI	3881	
84016B	EXPLORATORY TYMPANOTOMY	5202	
84017B	MYRINGOPLASTY	5930	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
84018B	TYMPANOPLASTY, WITHOUT MASTOIDECTOMY	12000	
84019B	TYMPANOPLASTY, WITH MASTOIDECTOMY	15000	
84020B	OSSICULOPLASTY	11650	
84021B	MASTOIDECTOMY, SIMPLE	7250	
84022B	MASTOIDECTOMY, MODIFIED	9470	
84023A	INTRACRANIAL OPERATION OTOLOGICALLY	14355	
84023B	INTRACRANIAL OPERATION OTOLOGICALLY	14355	
84024A	DRAINAGE OF OTOGENIC EPIDURAL ABSCESS	12829	
84024B	DRAINAGE OF OTOGENIC EPIDURAL ABSCESS	12829	
84025B	STAPEDECTOMY WITH PROSTHESIS	10196	
84026B	STAPES MOBILIZATION	5455	
84027B	SUTURE OF POSTAURICULAR	2665	
84028B	TRANSTYMPANIC TRANSMASTOID LABYRINTHECTO	11256	
84029B	ENDOLYMPHATIC SAC DECOMPRESSION	9720	
84030A	LABYRINTHOTOMY	9470	
84030B	LABYRINTHOTOMY	9470	
84031A	LABYRINTHECTOMY	10597	
84031B	LABYRINTHECTOMY	10597	
84032A	TRANSLABYRINTHINE ACOUSTIC NEUROMA EXCIS	28350	
84032B	TRANSLABYRINTHINE ACOUSTIC NEUROMA EXCIS	28350	
84033A	PETROUECTOMY (APICECTOMY, PETROUS)	12680	
84033B	PETROUECTOMY (APICECTOMY, PETROUS)	12680	
84034A	TEMPORAL BONE DISSECTION WITH MASTOIDECT	35241	
84034B	TEMPORAL BONE DISSECTION WITH MASTOIDECT	35241	
84035B	SACCULOTOMY FOR MENIERE' S DISEASE	8780	
84036B	FENESTRATION OF SEMICIRCULAR CANALS	7410	
85001C	ENUCLEATION	6783	
85002C	EVISGERATION OF EYEBALL	5946	
85003C	REPAIR OF EYEBALL WOUND, SCLERAL PEFORAT	5099	
85004C	REPAIR OF EYEBALL WOUND, CORNEOSCLERAL P	4923	
85201C	KERATOTOMY	2829	
85202C	PARACENTESIS	1516	
85203C	EXCISION PTERYGIUM, SIMPLE WITH KERATECT	2491	
85204C	EXCISION PTERYGIUM, COMPLICATED WITH KER	4073	
85205C	REMOVAL OF CORNEAL STITCHES UNDER MICROS	841	
85206C	SUTURE OF CORNEA	3700	
85207C	PERITOMY	1587	
85208B	TREPHINING CORNEOSECLERAL	1104	
85209C	REMOVAL OF CORNEAL EMBEDDED FOREIGN BODY	1163	
85210C	KERATECTOMY	3930	
85211B	EPIKERATOPHAKIA	10560	
85212A	KERATOPLASTY	10560	
85212B	KERATOPLASTY	10560	
85213A	PENETRATING KERATOPLASTY	12390	
85213B	PENETRATING KERATOPLASTY	12390	
85214C	LIMBAL TRANSPLANTATION	4800	
85401C	REMOVAL OF FOREIGN BODY IN ANTERIOR CHAM	4346	
85402C	DIAGNOSTIC ASPIRATION AQUEOUS	1646	
85403C	PARACENTESIS, ANTERIOR CHAMBER FOR VITRE	2381	
85404C	GONIOPUNCTURE	3130	
85405C	GONIOTOMY	4910	
85406C	AIR INJECTION INTO ANTERIOR CHAMBER	1480	
85407C	REMOVAL OF HYPHEMA PARACENTESIS	3429	
85601C	SCLEROTOMY, FOR GLAUCOMA	4790	
85602B	ELLIOT' S OPERATION	2460	
85604B	SCLEROTOMY, POSTERIOR, WITH DRAINAGE OF	4530	
85605B	SCLEROTOMY, POSTERIOR, WITH REMOVAL OF I	5715	
85606A	SCLEROTOMY, POSTERIOR, WITH REMOVAL OF I	6114	
85606B	SCLEROTOMY, POSTERIOR, WITH REMOVAL OF I	6114	
85607B	PERFORATING INJURY OF EYE BALL, ANY TYPE O	9360	
85608B	RESECTION, SCLERAL, WITH GRAFT OR BUCKLI	11540	
85609B	SCLERA GRAFT	3399	

收費編號	品項名稱及規格	本院收費	註記
85610B	REMOVAL OF SCLERAL SURFACE FOREIGN BODY	1227	
85611B	SCLERECTOMY	3130	
85801C	IRIDOTOMY	2898	
85802C	SYNECHIOTOMY (IRIDODIALYSIS)	6930	
85803C	CYCLOCRYOTHERAPY	3290	
85804C	CYCLODIATHERMY	3290	
85805C	TRABECULOTOMY UNDER MICROSCOPE	7441	
85806C	TRABECULECTOMY UNDER MICROSCOPE	6939	
85807C	OPTICAL IRIDECTOMY	3024	
85808C	PERIPHERAL IRIDECTOMY	2951	
85810C	IRIDENCELEISIS FOR GLAUCOMA	3944	
85811B	CORNEOSCLERAL IRIDOCYCLECTOMY	5821	
85812C	REPAIR OF IRIDODIALYSIS	5450	
85813C	CYCLODIALYSIS	3900	
85814C	COMPLETE IRIDECTOMY	9130	
85815C	CAUTERIZATION, IRIS	2480	
85816B	IRIDOCYSTECTOMY	5650	
85817C	IRIDOTASIS STRECHING OF IRIS	5650	
85818A	IRIDOPLASTY FIXATION TRANSFIXATION	3503	
85818B	IRIDOPLASTY FIXATION TRANSFIXATION	3503	
85820A	CILIARYBODY EXCISION OF PROLAPSE	5220	
85820B	CILIARYBODY EXCISION OF PROLAPSE	5220	
85821B	CILIARYBODY BIOPSY	2491	
85822B	DIVISION OF GONIOPUNCTURE	2634	
86001C	DISCISSION OF MEMBRANOUS CATARACT UNDER	3500	
86002C	LINEAR EXTRACTION FOR CATARACT	4070	
86005C	CAPSULECTOMY FOR CATARACT	4070	
86006C	LENS CAPSULOTOMY AND ASPIRATION OF LENS	4488	
86007C	EXTRACAPSULAR (INTRACAPSULAR) LENS EXTRA	7500	
86008C	INTRACAPSULAR (EXTRACAPSULAR) LENS EXTRA	9000	
86009C	PHACOEMULCIFICATION	7055	
86010A	PARS PLANA LENSECTOMY (OCUTOME)	7960	
86010B	PARS PLANA LENSECTOMY (OCUTOME)	7960	
86011C	IOL IMPLANTATION, PRIMARY	1960	
86012C	IOL IMPLANTATION, SECONDARY	5000	
86013C	IOL IMPLANTATION, REPOSITION	5000	
86201C	INTRAVITREOUS INJECTION	1485	
86203B	ANTERIOR VITRECTOMY (VITRECTOR)	3446	
86204B	ANTERIOR SEGMENT RECONSTRUCTION (VITRECT	3705	
86205B	DISCISSION, ANTERIOR HYALOID FOR PUPILLA	2724	
86206B	PARS PLANA VITRECTOMY, SIMPLE	9266	
86207B	PARS PLANA VITRECTOMY, COMPLICATED	14780	
86208C	LENSECTOMY & VITRECTOMY (VITRECTOR)	12330	
86209B	REMOVAL OF DISLOCATED LENS COMBINED VITR	17550	
86210B	ASPIRATION OF VITREOUS	1705	
86211B	TRANSPLANTATION VITREOUS INCLUDING SCLER	4450	
86212B	PRIMARY VITRECTOMY FOR PATHOLOGIC VITREO	9750	
86213B	REMOVE INTRAOCULAR F.B.	6688	
86214C	REMOVAL OF SILICON OIL	2969	
86401B	REMOVAL OF INTRAOCULAR FOREIGN BODY WITH	5350	
86402C	REATTACHMENT RETINA WITH DIATHERMY OR CR	6260	
86403B	DRAINAGE WITH REATTACHMENT OF RETINA	7730	
86404B	CRYOTHERAPY FOR RETINAL DEGENERATION OR	4266	
86405B	REMOVAL OF INTRAOCULAR FOREIGN BODY WITH	5558	
86406B	LAMELLAR SCLERA RESECTION	3000	
86407B	PHOTOCOAGULATION THERAPY, SIMPLE	3591	
86408A	PHOTOCOAGULATION THERAPY, COMPLICATED	9130	
86408B	PHOTOCOAGULATION THERAPY, COMPLICATED	9130	
86601C	RECESSION AND RESECTION- STRABISMUS, ONE	4134	
86602C	RECESSION AND RESECTION- STRABISMUS, TWO	5438	
86603C	RECESSION AND RESECTION- STRABISMUS, OVE	1562	
86604C	TRANSPLANT EXTRAOCULAR MUSCLE	4891	

收費編號	品項名稱及規格	本院收費	註記
86605C	SUTURE OR TUCKING OF EXTRAOCULAR MUSCLE	3294	
86801B	ORBITOTOMY WITH EXPLORATION	6431	
86802B	ORBITOTOMY, WITH DRAINAGE OF INTRAORBITA	7408	
86803B	ORBITOTOMY, WITH REMOVAL OF INTRAORBITAL	9787	
86804B	REMOVAL OF ORBITAL TUMOR, ANTERIOR APPRO	9907	
86805B	REMOVAL OF ORBITAL TUMOR, LATERAL APPROA	13109	
86806B	REMOVAL OF ORBITAL TUMOR, CRANIAL APPROA	15497	
86807B	RECONSTRUCTION OF ORBITAL SOCKET	9892	
86808B	EXENTERATION OF ORBIT	9687	
86809B	ORBITAL DECOMPRESSION	16352	
86810B	REPAIR OF ORBITAL FLOOR	8163	
86811B	EXCISION ORBIT LESION, REQUIRING	9291	
87001C	EXCISION OF LID TUMOR, BENIGN	1651	
87002C	EXCISION OF LID TUMOR, MALIGNANT	5244	
87003C	EXCISION OF LID TUMOR WITH LID RECONSTRU	6989	
87004C	FRONTALIS SLING FOR PTOSIS	5449	
87005C	FASCIA LATA SLING	7760	
87006C	SKIN GRAFT FOR ECTROPION OR ENTROPION	5598	
87007C	Z-PLASTY	3188	
87008C	CORRECTIVE OPERATION FOR ECTROPION	4070	
87009C	CORRECTION OF ENTROPION	4113	
87010C	HOTZ' S OPERATION	3324	
87011C	REPAIR LACERATED EYELID	3367	
87012C	TARSORRHAPHY FOR INTERMARGIN LID AKHENS	2068	
87013C	CANTHOPLASTY	3083	
87014C	BLEPHARORRHAPHY	3253	
87015B	CRYTHERAPY ON LID TUMOR, BENIGN	1424	
87016B	CRYTHERAPY ON LID TUMOR, MALIGNAHCY	1971	
87017C	LEVATOR MUSCLE RESECTION (FOR BLEPHAROPT	5820	
87018C	BLEPHAROPLASTY FOR DOUBLE LID FOLD	4217	
87019C	CANTHOTOMY	929	
87020C	SUTURE OF EYELID	1360	
87021C	WHEELER' S OPERATION	4057	
87022C	EXCISION OF TARSAL PLATE	2099	
87023C	RELIEF OF SYMBLEPHARON	3439	
87024B	RELIEF OF SYMBLEPHARON WITH CONJUNCTIVA	5883	
87025C	INCISION & CURETTAGE FOR CHALAZION	963	
87026C	RELIEF OF ANKYLOBLEPHARON	3397	
87202C	SUTURE OF CONJUNCTIVA	1011	
87203C	BIOPSY OF CONJUNCTIVA	1086	
87204C	EXCISION LESION OF CONJUNCTIVA, BENIGN	1315	
87205C	EXCISION LESION OF CONJUNCTIVA, BENIGN	1748	
87206C	EXCISION LESION OF CONJUNCTIVA, MALIGNANT	4503	
87207B	CONJUNCTIVA PLASTY, WITH GRAFT	4120	
87208B	CONJUNCTIVA PLASTY, WITHOUT GRAFT	2705	
87209C	CONJUNCTIVAL FLAP PERITECTOMY	1882	
87210C	CRYOTHERAPY OF CONJUNCTIVAL TUMOR, BENIG	1072	
87211B	CRYOTHERAPY OF CONJUNCTIVAL TUMOR, MALIG	1361	
87212C	EXCISION OF PTERYGIUM, PRIMARY	2269	
87213C	EXCISION OF PTERYGIUM, COMPLICATED OR RE	3250	
87214B	PARTIAL CONJUNCTIVAL SAC REFORMATION	2077	
87215B	TOTAL CONJUNCTIVAL SAC REFORMATION	3479	
87216B	COMBINED PLASTIC SURGERY OF CONJUNCTIVE A	4385	
87217B	CONJUNCTIVE FLAP FOR PERFORATING INJURIE	2520	
87218B	REMOVAL OF CONJUNCTIVAL STITCHES UNDER MICROSCOPE	781	
87218C	REMOVAL OF CONJUNCTIVAL STITCHES UNDER MICROSCOPE	781	
87219B	BIOPSY OF EXTERNAL EYE	1006	
87401C	DRAINAGE OF LACRIMAL GLAND ABSCESS	1172	
87402B	EXCISION LACRIMAL GLAND (DACRYOADENECTOM	4931	
87403B	DACRYOCYSTECTOMY (EXCISION OF LACRIMAL S	3819	
87404B	EXCISION LACRIMAL GLAND OR LACRIMAL SAC	5629	
87405B	DACRYOCYSTORRHINOSTOMY	7161	

收費編號	品項名稱及規格	本院收費	註記
87406B	CONJUNCTIVODACRYOCYSTORHINOSTOMY	8240	
87407C	CANALICULOTOMY	1063	
87408C	FISTULECTOMY FOR LACRIMAL FISTULA	2665	
87409C	PLASTIC OPERATION ON CANALICULI	3792	
87410C	SUTURE OF CANALICULUS	1892	
87413C	LACRIMAL APPARATUS, PRIMARY REPAIR	5210	
87414B	LACRIMAL APPARATUS, SECONDARY REPAIR	6730	
87415B	DACROCYSTO-HINOSTOMY, SIMPLE	7760	
87416B	DACROCYSTO-HINOSTOMY, COMPLICATED	9700	
87417B	SUTURE OF PUNCTUM	1028	
88001A	EXTENSIVE NECROTIZING ENTEROCOLITIS, RESE	26180	
88001B	EXTENSIVE NECROTIZING ENTEROCOLITIS, RESE	28465	
88002A	EXTENSIVE NECROTIZING ENTEROCOLITIS, JEJ	21110	
88002B	EXTENSIVE NECROTIZING ENTEROCOLITIS, JEJ	22953	
88003B	MECONIUM PERITONITSIS, SIMPLE	18739	
88005A	CHOLEDOCHOCYST, EXCISION & CHOLEDOCHO-JE	39983	
88005B	CHOLEDOCHOCYST, EXCISION & CHOLEDOCHO-JE	43473	
88006A	ESOPHAGOPLASTY WITH REPAIR OF T-E FISTUL	33444	
88006B	ESOPHAGOPLASTY WITH REPAIR OF T-E FISTUL	36363	
88007A	REPAIR OF IDIOPATHIC GASTRIC PERFORATION	20500	
88007B	REPAIR OF IDIOPATHIC GASTRIC PERFORATION	22290	
88008A	REPAIR OF DIAPHRAGMATIC HERNIA	23020	
88008B	REPAIR OF DIAPHRAGMATIC HERNIA	25030	
88009A	PLICATION OF DIAPHRAGM, FOR DIAPHRAGM EV	19600	
88009B	PLICATION OF DIAPHRAGM, FOR DIAPHRAGM EV	21311	
88010A	PYLOROMYOTOMY, FREDET RAMSTEDT	6670	
88011A	CONGENITAL DUODENAL ATRESIA, OR ANNULAR	24755	
88011B	CONGENITAL DUODENAL ATRESIA, OR ANNULAR	26916	
88012A	MALROTATION, LADD' S PROCEDURE	12852	
88012B	MALROTATION, LADD' S PROCEDURE	13974	
88013A	RESECTION & ANASTOMOSIS, INTESTINAL ATRE	22375	
88013B	RESECTION & ANASTOMOSIS, INTESTINAL ATRE	24328	
88014A	SACROCOCYGEAL TUMOR, EXCISION	10000	
88014B	SACROCOCYGEAL TUMOR, EXCISION	10873	
88015A	SACROCOCYGEAL TUMOR, EXTENSIVE EXCISION	23154	
88015B	SACROCOCYGEAL TUMOR, EXTENSIVE EXCISION	25175	
88016A	CONGENITAL BILIARY ATRESIA, EXPLORATION	9000	
88016B	CONGENITAL BILIARY ATRESIA, EXPLORATION	9786	
88017A	CONGENITAL BILIARY ATRESIA, KASAI' S PROC	35600	
88017B	CONGENITAL BILIARY ATRESIA, KASAI' S PROC	38708	
88018B	CONGENITAL ABDOMINAL WALL DEFECT, PRIMAR	10873	
88019A	CONGENITAL ABDOMINAL WALL DEFECT, PRIMAR	28246	
88019B	CONGENITAL ABDOMINAL WALL DEFECT, PRIMAR	30712	
88020B	OMPHALOCELE REPAIR, PRIMAR CLOSUREE, SIM	6328	
88021A	OMPHALOCELE REPAIR, PRIMAR CLOSUREE, COM	16225	
88021B	OMPHALOCELE REPAIR, PRIMAR CLOSUREE, COM	17641	
88022B	CLOSURE, EXTROPHY BLADDER	43149	
88023B	CYSTIC HYGROMA, COMPLICATED, EXCISION	22953	
88024A	IMPERFORATE ANUS, LOW TYPE	18700	
88024B	IMPERFORATE ANUS, LOW TYPE	20333	
88025A	IMPERFORATE ANUS, HIGH TYPE	35216	
88025B	IMPERFORATE ANUS, HIGH TYPE	38290	
88026A	CONGENITAL MEGACOLON, PULL-THROUGH	28100	
88026B	CONGENITAL MEGACOLON, PULL-THROUGH	30553	
88027A	CONGENITAL MEGACOLON, TOTAL AGANGLIONOSI	39763	
88027B	CONGENITAL MEGACOLON, TOTAL AGANGLIONOSI	43234	
88028A	URETHROPLASTY, ISLAND FLAP PROCEDURE	22364	
88028B	URETHROPLASTY, ISLAND FLAP PROCEDURE	26269	
88029C	INGUINAL HERNIA OPERATION	10780	
88030A	CORRECTION OF ANTERIOR WALL DEFECT	6510	
88030B	CORRECTION OF ANTERIOR WALL DEFECT	7646	
88031B	CORRECTION OF CHORDEE	17177	

收費編號	品項名稱及規格	本院收費	註記
88032B	EXCISION OF BRANCHIAL CLEFT SINUS OR CYS	9997	
88034B	EXCISION OF URACHUS OR ITS FISTULA	12145	
88035B	EXCISION OF VITELLINE DUCT OR ITS FISTUL	20438	
88036A	EXCISION OF SACROCOCCYGEAL TERATOMA	13685	
88036B	EXCISION OF SACROCOCCYGEAL TERATOMA	16075	
88037A	REPAIR OF MENINGOCELE OR MENINGOMYELOCEL	20680	
88037B	REPAIR OF MENINGOCELE OR MENINGOMYELOCEL	20680	
88038B	BONE VALGUS OR VARUS	10340	
88039B	CONGENITAL DISLOCATION OF HIPS, OPEN RED	9430	
88040B	CONGENITAL DISLOCATION OF HIPS, CLOSED R	2487	
88041C	RECONSTRUCTION OF POLYDACTYLY OR SYNDACT	5319	
88042C	RECONSTRUCTION OF POLYDACTYLY OR SYNDACT	4061	
88043B	CHEILOPLASTY, SINGLE	5820	
88044B	CHEILOPLASTY, DOUBLE	8730	
88045B	CHEILOPLASTY, MULTIPLE	12610	
88046C	HEMANGIOMA EXCISION, UNDER 2 CM	3880	
88047C	HEMANGIOMA EXCISION, BETWEEN 2 AND 5 CM	6790	
88048B	HEMANGIOMA EXCISION, OVER 5 CM	8730	
92043C	DISLOCATION, TMJ, CLOSED REDUCTION—WITHOUT FIXATION	310	
92060B	SURGICAL HOOKS FOR IMF	2000	*
92061B	RETAINER	2000	*
92062C	SALIVARY DUCT IRRIGATION	150	
92201B	SUBCONDYLAR OSTEOATOMY OR ARTHROPLASTY, U	9060	
92202B	SIALOLITHOTOMY. IN GLAND	1900	
92203B	CONDYLECTOMY UNILATERAL	3780	
92204B	SAUCERIZATION AND SEQUESTRECTOMY	4160	
92205B	SAUCERIZATION	790	
92206B	OPEN REDUCTION OF CONDYLAR FRACTURE, UNI	6260	
92207B	PALATOPLASTY	3160	
92208B	GILLIS METHOD FOR REDUCTION OF ZYGOMATIC	2610	
92209B	OPEN REDUCTION OF THE JAWS FRACTURE, SIN	4130	
92210B	OPEN REDUCTION OF THE JAWS FRACTURE, MUL	5700	
92211B	RESECTION OF THE JAW (EACH), MARGINAL	4410	
92212B	RESECTION OF THE JAW (EACH), PARTIAL	7020	
92213B	RESECTION OF THE JAW (EACH), HEMI-RESECT	7020	
92214B	RECONSTRUCTION OF THE JAW BY BONE GRAFTI	7730	
92215B	RECONSTRUCTION OF THE JAW BY METAL SPLIN	4850	
92218B	SIALOADENECTOMY, SUPERFICIAL OR BENIGN	2470	
92219B	SIALOADENECTOMY, MALIGNANT	4120	
92220B	PERIPHERAL NEURECTOMY	3160	
92221B	PERIPHERAL NEURECTOMY-INFERIOR ALVEOLAR	3780	
92222B	DISLOCATION, TMJ, COMPLICATED, OPEN REDUCTI	2750	
92223A	ORTHOGNATHIC SURGERY, TWO JAW SURGERY OR	9270	*
92224A	ORTHOGNATHIC SURGERY, ONE JAW OR TWO SIT	7730	*
92225A	ORTHOGNATHIC SURGERY, SINGLE SITE	5410	*
92229B	RAPID PALATAL EXPANDER	6260	*
95001C	PP CAST, HAND, WRIST, ANKLE, FOOT	517	
95002C	PP CAST, SHORT ARM	861	
95003C	PP CAST, LONG ARM	1223	
95004C	PP CAST, SHORT LEG	1120	
95005C	PP CAST, LONG LEG	1809	
95006C	WALKING CAST, SHORT	1421	
95007C	WALKING CAST, LONG	2067	
95008C	CYLINDER CAST	1654	
95009B	SHOULDER SPICA	2498	
95010B	HIP SPICA	2843	
95011B	BODY CAST	2756	
95012B	PTB CAST	1723	
95013C	PP SPLING, FINGER OR TOE	345	
95014C	PP SPLING, SHORT ARM	775	
95015C	PP SPLING, LONG ARM	1120	
95016C	PP SPLING, SHORT LEG	948	

收費編號	品項名稱及規格	本院收費	註記
95017C	PP SPLING, LONG LEG	1378	
95018B	HALO TYPE FIXATION & BODY CAST	3101	
95019C	CAST SPLITING, BIVALVE	172	
95020C	CAST WEDGING	861	
95023C	CAST BRACE OF KNEE	2067	
97	ORAL MUCOSA SCREEN (預防保健: 97)	130	
97221A	REPAIR OF INGUINAL HERNIA(OPD)	32760	
97406A	E. S. W. L. 1ST	29103	
97408A	E. S. W. L. 1ST(OPD, BILATERAL)	51368	
97410A	E. S. W. L. 2ND	23056	
97412A	E. S. W. L. 2ND	45318	
97606A	INTRACAPSULAR (EXTRACAPSULAR) LENS EXTRA	20739	
98	第一次孕婦產前健康照護衛教指導	100	
99	第二次孕婦產前健康照護衛教指導	100	
A1001C	T. B. CONFIRM PHYSICIAN FEE	750	
A1002C	T. B. RECOVERY PHYSICIAN FEE	2000	
A1003C	DISEASE MANAGEMENT FEE, FIRST STAGE, WITH CONTINUOUS MANAGEMENT FOR 3 MONTHS	1500	
A1004C	DISEASE MANAGEMENT FEE, FIRST STAGE, WITHOUT CONTINUOUS MANAGEMENT FOR 3 MONTHS	250	
A1005C	DISEASE MANAGEMENT FEE, SECOND STAGE, WITH CONTINUOUS MANAGEMENT FOR 6 MONTHS	1500	
A1006C	DISEASE MANAGEMENT FEE, SECOND STAGE, WITHOUT CONTINUOUS MANAGEMENT FOR 6 MONTHS	250	
A1007C	DISEASE MANAGEMENT FEE, THIRD STAGE, WITH CONTINUOUS MANAGEMENT	500	
A1008C	DISEASE MANAGEMENT FEE, THIRD STAGE, WITHOUT CONTINUOUS MANAGEMENT	250	
A1009C	DISEASE MANAGEMENT FEE, FOURTH STAGE, WITH CONTINUOUS MANAGEMENT	500	
A1010C	DISEASE MANAGEMENT FEE, FOURTH STAGE, WITHOUT CONTINUOUS MANAGEMENT	250	
D61-002	ORAL MUCOSA SCREEN (預防保健: 95)	130	
D61-003	ORAL MUCOSA SCREEN (預防保健: 97)	130	
D61-050A	REFERRAL FEE	50	
D61-050B	REFERRAL FEE	50	
D61-050C	REFERRAL FEE	50	
D61-050D	REFERRAL FEE	50	
D61-101	AMALGAM FILLING, 1 SURFACE	450	
D61-102	AMALGAM FILLING, 2 SURFACES	600	
D61-103	AMALGAM FILLING, 3 SURFACES	750	
D61-104	COMPOSITE RESIN FILLING	600	
D61-105	COMPOSITE RESIN RESTORATION WITH BONDING	1000	
D61-106	ENFORCING PIN, PER EACH	500	
D61-107	PIT & FISSURE SEALANT, PER TOOTH	200	☆
D61-108	CAPPING	200	
D61-109	POLISHING (EACH TOOTH)	50	☆
D61-110	INITIAL TREATMENT AND PLANNING	100	☆
D61-111	POSTERIOR TEETH COMPOSITE RESIN FILLING,	600	
D61-112	POSTERIOR TEETH COMPOSITE RESIN FILLING,	800	
D61-113	POSTERIOR TEETH COMPOSITE RESIN FILLING,	1000	
D61-119	ANTERIOR TEETH COMPOSITE RESIN RESTORATION	1050	
D61-120	GLASS IONOMER COMENT	400	
D61-121A	AMALGAM RESTORATION--SINGLE SURFACE	450	
D61-121B	AMALGAM RESTORATION--TWO SURFACES	600	
D61-121C	AMALGAM RESTORATION--THREE SURFACES	750	
D61-122A	ANTERIOR TEETH COMPOSITE RESIN RESTORATION--SINGLE SURFACE	450	
D61-122B	ANTERIOR TEETH COMPOSITE RESIN RESTORATION--TWO SURFACES	600	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
D61-123A	POSTERIOR TEETH COMPOSITE RESIN RESTORATION--SINGLE SURFACE	600	
D61-123B	POSTERIOR TEETH COMPOSITE RESIN RESTORATION--TWO SURFACES	800	
D61-123C	POSTERIOR TEETH COMPOSITE RESIN RESTORATION--THREE SURFACES	1000	
D61-124	GLASS IONOMER CEMENT	400	
D61-125	ANTERIOR TEETH COMPOSITE RESIN RESTORATION	1050	
D61-200	RUBBER DAM APPLIANCE	200	
D61-202	PULPOTOMY (PERMANENT)	800	
D61-203	INITIAL EXAM, TREATMENT & PLANNING	600	
D61-204	REMOVE OF FRACTURED CEMENT	1200	☆
D61-205	APEXIFICATION	800	☆
D61-205A	APEXIFICATION OR APEXOGENESIS-ANTERIOR TEETH	800	
D61-205B	APEXIFICATION OR APEXOGENESIS-POSTERIOR TEETH	1000	
D61-206	APICOECTOMY (ANTERIOR)	1800	
D61-207	APICOECTOMY-PREMOLAR	2800	
D61-208	RETROGRADE FILLING	1000	
D61-209	MOLAR APICOECTOMY	4000	
D61-210	EMERGENCY, OPEN CHAMBER IRRIGATION	400	
D61-211	HEMISECTION OR ROOT AMPUTATION	2000	
D61-212	REPLANTATION	2000	☆
D61-212A	REPLANTATION	2010	
D61-212B	REPLANTATION	1000	
D61-220	BLEACHING	2000	☆
D61-221	BANDING FOR CORONAL RECONTOURING	780	☆
D61-222	TREPINATION (PER TOOTH)	700	
D61-223	REMOVE OF FILLINGS	500	☆
D61-224	SPLINTING OF AVULSED TOOTH	1500	☆
D61-228	DIFFICULT CASE SPECIAL TREATMENT	1000	
D61-228A	DIFFICULT CASE SPECIAL TREATMENT	1000	
D61-228B	DIFFICULT CASE SPECIAL TREATMENT	1000	
D61-228C	DIFFICULT CASE SPECIAL TREATMENT	1000	
D61-228D	DIFFICULT CASE SPECIAL TREATMENT	1500	
D61-228E	DIFFICULT CASE SPECIAL TREATMENT	1600	
D61-228F	DIFFICULT CASE SPECIAL TREATMENT	2400	
D61-228G	DIFFICULT CASE SPECIAL TREATMENT	3200	
D61-231	ONE CANAL ENDODONTICS	1500	
D61-232	TWO CANAL ENDODONTICS	2500	
D61-233	THREE CANAL ENDODONTICS	3500	
D61-234	FOUR CANAL ENDODONTICS	4010	
D61-235	FIVE CANAL ENDODONTICS	5010	
D61-239	DENTAL MICROSCOPE	1800	☆
D61-240	CANAL ENLARGE & DEBRIDEMENT	600	
D61-300	COMPREHENSIVE PERIODONTAL TREATMENT-1ST PAYMENT	1800	
D61-301	COMPREHENSIVE PERIODONTAL TREATMENT-2ND PAYMENT	5000	
D61-302	COMPREHENSIVE PERIODONTAL TREATMENT-3RD PAYMENT	3200	
D61-303	PRESURGICAL TREATMENT & PLANNING	2000	☆
D61-304	CURETTAGE (1/2 ARCH)	1000	
D61-305	GINGIVECTOMY (1/3 ARCH)	2000	
D61-305A	GINGIVECTOMY (LOCALIZED)3齒內	910	
D61-305E	GINGIVECTOMY	300	
D61-307	PERIODONTAL FLAP OPERATION 1/3 ARCH	5010	
D61-307A	PERIODONTAL FLAP OPERATION-LOCALIZED	3010	
D61-309	PACKING	300	
D61-310	LATERALLY REPOSITIONED FLAP	3000	☆
D61-311	APICALLY REPOSITIONED FLAP	2000	☆
D61-312	FREE GINGIVAL GRAFT	4000	☆
D61-314	TEMPORARY SPLINTING (1/3 ARCH)	500	
D61-315	GROSS OCCLUSAL ADJUSTMENT, PER TOOTH	100	☆
D61-316	OCCLUSAL SPLINT OR NIGHT GUARD	2000	☆
D61-317	GINGIVOPLASTY, PER TOOTH	200	☆

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
D61-318A	FLUORIDE APPLICATION (XEROSTOMIA)	500	
D61-320	TREATMENT PLANNING FOR T-M-J DISTURBANCE	1000	
D61-321	BITE PLATE	4000	
D61-323	FLUORIDE APPLICATION	500	
D61-324	ORAL HYGIENE INSTRUCTION	200	☆
D61-326A	FLAP PER TOOTH(UNDER 4 CM SQUIRE)	720	
D61-326B	FLAP PER TOOTH(4-16 CM SQUIRE)	2000	
D61-326C	FLAP PER TOOTH(OVER 16 CM SQUIRE)	3200	
D61-327	CITRIC ACID NEW ATTACHMENT	200	☆
D61-329	A-SPLINTING	2010	
D61-330	A-STENT	2000	☆
D61-331	TREATMENT OF DENTITION HYPERSENSITIVITY	500	☆
D61-340	CROWN LENGTHENING (PER TOOTH)	6000	☆
D61-341	ROOT PLANING(1/2 ARCH)	1500	☆
D61-342	ROOT PLANING(<3 TEETH)	500	
D61-343	ROOT COVERAGE	12000	☆
D61-344	CROWN LENGTHENING(DISTAL WEDGE)	8000	☆
D61-345	GUIDE TISSUE REGENERATION(GTR)	11000	☆
D61-346	FLUORIDE CARRIES(ONE ARCH)	1500	☆
D61-347	RIDGE AUGMENTATION(OSSEOUS TISSUE)	15000	☆
D61-348	RIDGE AUGMENTATION(WITH GTAM/BONE GRAFT)	15000	☆
D61-350	PHASE I THERAPY	5000	☆
D61-351	BONE IMPLANT(PER SITE)	3000	☆
D61-352	GTR WITH GORE-TEX MEMBRANE	8000	☆
D61-353	GTR WITH GTPM	10000	☆
D61-355	IMPLANT (SURGICAL PART), SIMPLE	17500	☆
D61-356	IMPLANT (SURGICAL PART), COMPLICATED	27500	☆
D61-357	IMPLANT (SURGICAL PART), COMBINED GTR	37500	☆
D61-358	IMPLANT SUPPORTED BRIDGE(PC)	18600	☆
D61-376	SUPPORTIVE TREATMENT FOR PERIODONTAL DISEASES	1000	
D61-377	SCALING FOR PREGNANT WOMAN (FULL MOUTH)	850	
D61-378	COMPREHENSIVE PERIODONTAL TREATMENT (9-15TEETH)	2250	
D61-379	COMPREHENSIVE PERIODONTAL TREATMENT (4-8TEETH)	1250	
D61-381	DEFINITIVE SCALING/PER TOOTH	150	
D61-383	FINE SCALING (<8 TEETH)	200	☆
D61-384	GROSS SCALING	1000	
D61-384A	XEROSTOMIA OF SCALING -FULL MOUTH	1000	
D61-385	FINE SCALING	400	☆
D61-386	STAIN REMOVAL	400	☆
D61-387	PERIODONTAL EMERGENCY TREATMENT	150	
D61-388	POLISHING	200	☆
D61-389	ORAL HYGIENE EDUCATION, GROUP	600	☆
D61-401	UNILATERAL WROUGHT WIRE DENTURE	2500	☆
D61-402	BIL. WROUGHT WIRE DENTURE, TOOTH BOUND	5000	☆
D61-403	BIL. WROUGHT WIRE DENTURE, FREE-END	6500	☆
D61-405	COMPLETE DENTURE, ONE JAW, GENERAL	10000	☆
D61-406	COMPLETE DENTURE, ONE JAW, GEATHOLOGICAL	25000	☆
D61-407	CASTING PART. DENT. UNIL. CO-CR	4000	☆
D61-408	CASTING PART. DENT. BIL. CO-CR TOOTH BOUND	13000	☆
D61-409	CASTING PART. DENT. BIL. CO-CR DISTAL EX	15500	☆
D61-410	IMMEDIATE PARTIAL DENTURE, UNIL.	18000	☆
D61-411	IMMEDIATE PARTIAL DENTURE, BIL.	2000	☆
D61-412	IMMEDIATE FULL DENTURE	10000	☆
D61-413	RELINING PARTIAL DENTURE, UNIL. & BIL.	1000	☆
D61-414	RELINING COMPLETE DENTURE, ONE ARCH	2000	☆
D61-415	DENTURE REPAIR, ONE UNIT	300	☆
D61-416	CASTING CROWN, WHITE GOLD ALLOY	5500	☆
D61-417	CASTING CROWN, YELLOW GOLD ALLOY	7000	☆
D61-418	CASTING CROWN, GOLD ALLOY+PORCELAIN	8000	☆
D61-419	CASTING CROWN, PRECIOUS ALLOY+PORCE.	10000	☆
D61-420	CASTING CROWN, NON-PREC. ALLOY+PORCE.	7000	☆
D61-421	CASTING NI-CR ALLOY	4000	☆

收費編號	品項名稱及規格	本院收費	註記
D61-422	CHROME-STEEL CROWN FOR TEMPORARY	1200	☆
D61-423	KURER ANCHOR SYSTEM, ONE UNIT	800	☆
D61-424	CASTING POST OR CORE	1000	☆
D61-425	KURER PR ANCHOR SYSTEM, ONE UNIT	1500	☆
D61-427	DENTURE WITH SWING-LOCK ATTACHMENT	20000	☆
D61-428	OBTURATOR UNILATERAL	5000	☆
D61-429	OBTURATOR BILATERAL	20000	☆
D61-430	REMOVAL OF CROWN OR POST OR BRIDGE	100	☆
D61-431	INLAY, SIMPLE CAVITY	2000	☆
D61-432	INLAY, COMPOUND CAVITY	3000	☆
D61-433	TEMPORARY CROWN	800	☆
D61-434	STUDY CAST IMPRESSION, PER JAW	200	☆
D61-435	TEMPORARY CEMENTATION	100	☆
D61-436	OBTURATOR APPLIANCE	5000	
D61-437	SEMIPRECISION ATLACHME	3000	☆
D61-438	ETCHED-METAL RESIN BAN	3000	☆
D61-439	CROWN FIT TO DENTURE	2000	☆
D61-450	INLAY	5000	☆
D61-451	ONLAY	7000	☆
D61-452	VERNEERS	7000	☆
D61-461	FULL-CERAMIC CROWN	16200	☆
D61-462	FULL-CERAMIC CROWN(SIMPLE)	12300	☆
D61-500	COMPLICATED EXTRACTION OF DECIDUOUS TEETH	670	
D61-501	SIMPLE EXTRACTION, DECIDUOUS, WITHOUT INJ.	50	
D61-502	SIMPLE EXTRACTION, ONE TOOTH	510	
D61-503	EXTRACTION, COMPLICATED	900	
D61-505	SPECIAL TREATMENT OF EXTRACTION WOUND	200	
D61-506	ALVEOLOPLASTY, 1-2 TEETH	570	
D61-507	ALVEOLOPLASTY, 1/2ARCH	1070	
D61-508	INTRAORAL INCISION & DRAINAGE	510	
D61-509	EXTRAORAL INCISION & DRAINAGE	2000	
D61-510	ENUCLEATION OF CYST, SMALL, 1-2 TEETH AREA	3000	
D61-510B	ENUCLEATION OF CYST, 2-4 CM	3500	
D61-510C	ENUCLEATION OF CYST, OVER 4 CM	5000	
D61-512	EXTRAORAL FISTULECTOMY	1000	
D61-513	FRENECTOMY	570	
D61-513A	FRENECTOMY(SIMPLE METHOD)	500	
D61-514	INTERMAXILLARY FIXATION	9780	
D61-515	OCCLUSAL BITE SPLINT	4000	
D61-516	VESTIBULOPLASTY	2000	☆
D61-517	MARSUPIALIZATION	1510	
D61-518	OBTURATOR FOR VESTIBULOPLASTY	600	☆
D61-519	INTRAORAL EXCISION OF SOFT TISSUE TUMOR	1800	
D61-520	BIOPSY, SOFT TISSUE	610	
D61-521	BIOPSY, HARD TISSUE	1210	
D61-522	SEQUESTRATION	3010	
D61-522A	SEQUESTRATION(SIMPLE, UNDER 1/3 ARCH)	2010	
D61-523	DENTAL INJECTION BLOCK	150	
D61-524	FOLLOW UP EXAMINATION	100	
D61-525	REMOVAL OF SPLINTING WIRE	300	
D61-527	OPERCULECTOMY	600	
D61-528	REDUCTION OF MANDIBULAR DISLOCATION	2010	
D61-529	REMOVAL OF STITCHES	100	
D61-530	IRRIGATION	100	
D61-531	DEBRID. & CLOSURE FOR MAXLLOF. INJURY	1566	
D61-533	GENERAL TREATMENT AND PLANNING	200	
D61-536	REPAIR OF OROAUTRAL FISTULA OR COMMUNICATION	5710	
D61-541	INTRAMAX. ARCH BAR FIXATION ONE ARCH	1500	
D61-550	SURGICAL EXPOSURE	1200	
D61-551	SURG. REMOVAL OF IMPACT TOOTH FLAP ONLY	2730	
D61-552	SURG. REMOVAL OF IMPACT TOOTH	4300	
D61-556	TUMOR EXCISION BONE TUMOR<1CM	5010	

收費編號	品項名稱及規格	本院收費	註記
D61-557	TUMOR EXCISION 1CM<=BONE TUMOR<=2CM	10010	
D61-558	TUMOR EXCISION BONE TUMOR>2CM	15010	
D61-559	SURGICAL REMOVAL OF TOOTH OR FOREIGN BODY IN MAXILLARY SINUS	6010	
D61-561	NITROUS OXIDE-OXYGEN SEDATION WITHIN 30'	500	
D61-562	NITROUS OXIDE SEDATION > 30' PER 30'	250	
D61-563	SURGICAL REMOVAL OF DEEP IMPACTION IN MANDIBULAR ANGLE OR RAMUS	8010	
D61-564	SURGICAL REMOVAL OF FOREIGN BODY IN PTERYGOMANDIBULAR SPACE, UMANDIBULAR SPACE, E	10510	
D61-566	MANAGEMENT OF DIFFICULT ORAL MUCOSAL DISEASE	1000	
D61-570	CIRCUMFERENTIAL WIRING	2560	
D61-571	NERVE AVULSION	1200	
D61-572	INTRAORAL SKIN OR MUCOSAL GRAFTS	2400	
D61-573	SIALOLIGOTOMY, IN DUCT	2010	
D61-575	INTRAARTICULAR INJECTION	600	
D61-576	SALIVARY GALND CATHETERIZATION	200	
D61-577	SUBMUCOSAL INJECTION	400	
D61-581	SOFT SPLINT	800	
D61-600	PARTIAL ORTHODONTIC EXAM.	1500	☆
D61-601	FULL ORTHODONTCS EXAM.	3000	☆
D61-602	STUDY CASTS, PER SET	500	☆
D61-603	ORTHODONTIC CONSULTATION	800	☆
D61-604	REMOVABLE ORTHODONTIC APPLIANCE, ONE ARCH	8000	☆
D61-605	PERIODIC ADJUST. FOR REMOVE ORTHOD. APPL	600	☆
D61-606	MULTIBANDED APPLIANCE, ONE ARCH	18000	☆
D61-607	FULL DBS APPLIANCE (SIMPLE CASE)1/2JAW	7610	☆
D61-608	FULL DBS APPLIANCE(COMPLICATED)1/2 JAW	10000	☆
D61-609	MULTIBRACKET LINGUAL DBS APPL. 1/2 JAW	20000	☆
D61-610	PERIODIC ADJUST. OF MULTIBRACKET APPL.	800	☆
D61-611	RETAINER, ONE ARCH	2000	☆
D61-612	SPACE MAINTAINER, UNILATERAL	1500	☆
D61-613	SPACE MAINTAINER, BILATERAL	3000	☆
D61-614	EXPANSION APPLIANCE	6000	☆
D61-615	FIXED INCLINED BITE PLATE	3000	☆
D61-616	SINGLE BAND WITH BRACKET OR ACCESSORY	800	☆
D61-617	SINGLE MOLAR BAND WITH TUBE	1000	☆
D61-618	SINGLE BRACKET WITH DBS.	1000	☆
D61-619	CLASP, FINGER SPRING OR LABIAL BOW	500	☆
D61-620	ACRYLIC BASE PLATE	1500	☆
D61-621	BITE PLANE (ON BASE PLATE)	1500	☆
D61-622	ADJUST. OF REMOVAL ACTIVE APPL. FOR CLEFT	300	☆
D61-623	ORTHODONTIC FOLLOW-UP CHECK	250	☆
D61-624	ACTIVATOR (FUNCTIONAL APPLIANCE)	8000	☆
D61-625	HEADGEAR THERAPY IN INTERCEPTIVE ORTHOD.	8000	☆
D61-626	PRESURGICAL TREATMENT PLANNING	3000	☆
D61-627	PERIODIC ADJUST. FOR INTERCEPT. ORTHOD.	400	☆
D61-628	REPLACEMENT OF FACE BOW	1000	☆
D61-629	PEPLACEMENT OF HEADGEAR	1500	☆
D61-630	FOLLOW UP CHECK OR PHOTOGRAPHIC RECORDS	100	☆
D61-704	COMPOSITE RESIN FILLING WITH BONDING	600	☆
D61-705	ENDODONTIC EMERGENCY TREATMENT	300	☆
D61-708	POLY CARBONATE CROWN FOR PRIMARY ANTERIO	800	☆
D61-709	CHROME-STEEL CROWN FOR DECIDUOUS TOOTH	1500	☆
D61-710	CHROME-STEEL CROWN FOR PERMANENT TOOTH	1000	☆
D61-711	ENFORCING PIN	200	☆
D61-712	SIMPLE EXTRACTION WITHOUT INJECTION	50	☆
D61-713A	SIMPLE EXTRACTION(MILK TOOTH)	300	
D61-715	LABIAL FRENECTOMY	1000	☆
D61-716	TOPICAL FLUORIDE APPLICATION	600	☆
D61-716A	TOPICAL FLUORIDE APPLICATION	600	

收費編號	品項名稱及規格	本院收費	註記
D61-716C	CHILDREN FLUORIDE CARRIES(UNDER 12 YEARS OF LOW-INCOME...)	600	
D61-717	PIT AND FISSURE SEALANT (PER TEETH)	400	☆
D61-718A	國小學童白齒窩溝封填(小一、低收及中低收小二)/顆(醫令8A)(牙位16)	400	
D61-718B	國小學童白齒窩溝封填(小一、低收及中低收小二)/顆(醫令8B)(牙位26)	400	
D61-718C	國小學童白齒窩溝封填(小一、低收及中低收小二)/顆(醫令8C)(牙位36)	400	
D61-718D	國小學童白齒窩溝封填(小一、低收及中低收小二)/顆(醫令8D)(牙位46)	400	
D61-718E	國小學童白齒窩溝封填(山地、離島及身障)/顆(醫令8E)(牙位16)	470	
D61-718F	國小學童白齒窩溝封填(山地、離島及身障)/顆(醫令8F)(牙位26)	470	
D61-718G	國小學童白齒窩溝封填(山地、離島及身障)/顆(醫令8G)(牙位36)	470	
D61-718H	國小學童白齒窩溝封填(山地、離島及身障)/顆(醫令8H)(牙位46)	470	
D61-718I	國小學童白齒窩溝封填-第一次評估檢查/顆(醫令8I)(牙位16)	100	
D61-718J	國小學童白齒窩溝封填-第一次評估檢查/顆(醫令8J)(牙位26)	100	
D61-718K	國小學童白齒窩溝封填-第一次評估檢查/顆(醫令8K)(牙位36)	100	
D61-718L	國小學童白齒窩溝封填-第一次評估檢查/顆(醫令8L)(牙位46)	100	
D61-718M	國小學童白齒窩溝封填-第二次評估檢查/顆(醫令8M)(牙位16)	100	
D61-718N	國小學童白齒窩溝封填-第二次評估檢查/顆(醫令8N)(牙位26)	100	
D61-718O	國小學童白齒窩溝封填-第二次評估檢查/顆(醫令8O)(牙位36)	100	
D61-718P	國小學童白齒窩溝封填-第二次評估檢查/顆(醫令8P)(牙位46)	100	
D61-719	FLUORIDE INDIVID	1000	☆
D61-720	FIXED INCLINED PLANE	1500	☆
D61-721	SINGLE BRACKET WITH DBS	1000	☆
D61-722	MULTI BRACKET APPLIANCE(DBS) TWO ARCH	3000	☆
D61-723	PEDIODIC ADJUSTMENT OF MULTI BAND APPL	800	☆
D61-724	RECALL EXAMINATION	100	☆
D61-725	PARTIAL DENTURE UNILATERAL, REMOVABLE	1000	☆
D61-726	PARTIAL DENTURE BILATERAL, REMOVABLE	4000	☆
D61-727	TREATMENT PLANNING	200	☆
D61-731	SPACE MAINTAINER, REMOVAL, UNILATERAL	1000	☆
D61-732	SPACE MAINTAINER, REMOVAL, BILATERAL	2000	☆
D61-733	SPACE MAINTAINER, FIXED, UNILATERAL	1800	☆
D61-734	SPACE MAINTAINER, REMOVABLE, BILATERAL	3000	☆
D61-746	PULPECTOMY OF ANT PRIMARY TEETH, SIMPLE	600	☆
D61-747	PULPECTOMY OF ANT, PRIMARY TEETH RCF	1300	
D61-750	BEHAVIORAL CONTROL	200	☆
D61-751	DISTAL SHOE APPLIANCE	2100	☆
D61-752	PREVENTIVE RESIN RESTORATION	850	☆
D61-753	COMPOSITE RESIN FILLING WITH GLASSIONOME	1500	☆
D61-755	INTRA-ORAL SUTURE	500	☆
D61-756	COMPLETE DENTURE FOR CHILDREN(SINGLE ARC	4500	☆
D61-801	PERIAPICAL X-RAY	90	
D61-802	OCCLUSAL X-RAY	150	
D61-803	PANOREX X-RAY	600	
D61-804	CEPHALOMETRIC X-RAY	700	
D61-805	BITE-WING	120	

收費編號	品項名稱及規格	本院收費	註記
D61-806	S-P CROWN REMOVAL PER CROWN	240	
D61-807	POST CROWN REMOVAL PER TOOTH	1235	
D61-808	CASTING CROWN REMOVAL PER CROWN	500	
D61-810	T. M. J. RADIOGRAPHY, UNILATERAL	700	
D61-901	AMALGAM FILLING, ONE SURFACE(OR)	850	☆
D61-902	AMALGAM FILLING, TWO SURFACES(OR)	1050	☆
D61-903	AMALGAM FILLING, THREE SURFACES(OR)	1200	☆
D61-904	PULPOTOMY (DECIDUOUS)(OR)	1150	☆
D61-905	CHROME-STEEL CROWN FOR DECIDUOUS TOOTH(O	1850	☆
D61-906	SIMPLE EXTRACTION(OR)	650	☆
D61-907	ODONTECTOMY(OR)	1900	☆
D61-908	PIT AND FISSURE SEALANT/PER TEETH(OR)	400	☆
D61-909	TOPICAL FLUORIDE TRAY(OR)	1250	☆
D61-910	LIGHT CURING RESIN FILLING-1 SURFACE(OR)	1000	☆
D61-911	LIGHT CURING RESIN FILLING-2 SURFACE(OR)	1550	☆
D61-912	LIGHT CURING RESIN FILLING-3 SURFACE(OR)	1850	☆
D61-913	PULPECTOMY OF ANT PRIMARY TEETH(OR)	1800	☆
D61-914	PULPECTOMY OF POST PRIMARY TEETH(OR)	1950	☆
D61-915	PREVENTIVE RESIN RESTORATION(OR)	1200	☆
D61-916	GLASSIONOMER FILLING(OR)	1300	☆
D61-917	INTRA-ORAL SUTURE(OR)	600	☆
D61-918	COMPOSITE RESIN FILLING WITH GLASSIONOME	2150	☆
D61-S01	診斷模型STUDY CASE	200	☆
D61-S02	蓋體(ONLY PD)	3000	☆
D61-S03	口腔潰瘍	100	☆
D61-S04	保隙裝置	1500	☆
D61-S05	BITE PLANE	1000	☆
D61-S06	潔牙	300	☆
D61-S08	假牙費用	100	☆
D61-S09	假牙費用	1000	☆
D61-S10	假牙費用	10000	☆
D61-S12	蓋體 (ONLY GOLD)	4000	☆
D61-S13	瓷牙(一單位)普通金屬	4000	☆
D61-S14	瓷牙(一單位)J金屬	5000	☆
D61-S15	瓷牙(一單位)C金屬	8000	☆
D61-S16	PANA	3000	☆
D61-S17	PANA20%合金冠	3500	☆
D61-S18	局部活動假牙金屬床(雙側)	5000	☆
D61-S19	每排一牙(樹脂牙)	500	☆
D61-S20	全金冠	6000	☆
D61-S21	POST-CORE (CAST, SCREW)	500	☆
D61-S22	AD POOT	300	☆
D61-S23	酒精注射	300	
D61-S26	DUPLICATION X RAY FILM (牙科)	200	☆
D61-S27	RUBBER DAM APPLIANCE	250	
D61-S28	MILK TOOTH PULPECTOMY	1410	
D61-S29	牙周疾病控制基本處置	100	
D61-S30	特殊狀況牙結石清除-全口	600	
D61-S31	BISOPSY, SOFT TISSUE	1810	
D61-S32	BISOPSY, SCLEROUS TISSUE	2510	
D61-S33	ORAL AND MAXILLOFACIAL&NECK MALIGNANT TUMOR POST-OP TREATMENT	600	
D61-S34	SPECIFIC LOCAL TREATMENT	100	
D61-S35	CURETTAGE, TWO ARCH	3200	
D61-S37	COMPOMER RESTORATION	1000	
D61-S38	INTRAORAL INCISION & DRAINAGE(SIMPLE)	210	
D61-S39	COMPOSITE RESIN RESTORATION FOR MESIO AND DISTO PROXIMAL CARIES	1200	
D61-S40	COMPOSITE RESIN RESTORATION FOR MESIO AND DISTO PROXIMAL CARIES	1450	
D61-S41	ORAL AND MAXILLOFAICAL EMERGENT TREATMENT	1000	
D61-S42	懷孕婦女牙周緊急處置	500	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
D61-S43	牙菌斑去除照護	200	
D61-S44	顎顏面骨壞死術後傷口照護	600	
E1001C	SMOKE-FREE TREATMENT FEE	250	
E1006C	SMOKE-FREE TREATMENT FEE	250	
E1008C	SMOKE-GRAVIDA REFERRAL FEE	100	
E4003C	結核病接觸者檢查衛教諮詢及抽血	100	
E4005C	潛伏結核感染治療衛教諮詢	100	
E80-001	OBSERVATION(6-24 HRS)	800	
E80-001A	OBSERVATION(>24 HRS, PERDAY)	600	
E80-001B	OBSERVATION(>24 HRS, PERDAY)	600	
E80-001C	OBSERVATION(<6 HRS)	800	
E80-001E	OBSERVATION FEE (E. R.)	200	
E80-001F	TEMPORARY WARD FOR ER	550	
E80-001G	TEMPORARY WARD FOR ER	700	
E80-001H	TEMPORARY WARD FOR ER	100	
E80-002	OBSERVATION(6-24 HRS)	1200	
E80-002B	OBSERVATION(>24 HRS, PERDAY)	600	
E80-002C	OBSERVATION(<6 HRS)	800	
E80-022*	SPINAL PUNCTURE	706	
E80-023*	THORACOCENTESIS	1000	
E80-024*	ABDOMINAL PUNCTURE	787	
E80-025	URINE CATHETERIZATION	120	☆
E80-025A	URINAL INDWELLING CATHETERLIZATION	315	
E80-025B	URINAL CATHETERLIZATION	94	
E80-026	GASTRIC LAVAGE	800	
E80-029	E. R. GENERAL TREATMENT	100	
E80-031	C. V. P. CANULATION	1400	
E80-032	ARTERIAL PUNCTURE	60	
E80-033	CPR	755	
E80-034	O2 THERAPY PER HOUR	30	
E80-035	CHANG OF TRACHEOTOMY	210	
E80-036	ON N-G TUBE	195	
E80-037	ABDOMINAL IRRIGATION	3000	
E80-038A	E. K. G. MONITOR (DAY)	400	
E80-038B	E. K. G. MONITOR (DAY)	50	
E80-040	B. P. MONITOR	200	
E80-103	VENTRICULAR TACHYARRHYTHMIAS	308	
E80-104*	PERICARDIAL PUNCTURE	1000	
E80-105*	CARDIOVERSION / TRANSVENOUS PACING	1500	
E80-106*	E. K. G. (ELECTROCARDIOGRAPHY)	390	
E80-108*	ESOPHAGEAL ENDOSCOPY	971	
E80-109*	UPPER GI PANENDOSCOPY	1850	
E80-202	TRACHEOSTOMY	6745	
E80-204	NAIL EXTRACTION	450	☆
E80-204A	ELECTROCAUTERIZATION (ONE ADDED)	450	
E80-204B	ELECTROCAUTERIZATION (ONE ADDED)	450	
E80-221	CHEST TUBE	2400	
E80-222	STERNAL TRACTION	750	
E80-223	FIB FIXATION	460	
E80-241*	SIGMOIDFIBEROSCOPY	1018	
E80-264	BLADDER PUNCTURE	487	
E80-264*	BLADDER PUNCTURE	487	
E80-281	FIGURE-8 FIXATION	850	
E80-284	P. P. SPLINT, SHORT ARM	775	
E80-285	P. P. SPLINT, LONG ARM	1120	
E80-286	P. P. SPLINT, SHORT LEG	948	
E80-287	P. P. SPLINT, LONG LEG	1378	
E80-288	P. P. CAST, SHORT ARM	861	
E80-289	P. P. CAST, LONG ARM	1223	
E80-290	P. P. CAST, SHORT LEG	1120	
E80-291	P. P. CAST, LONG LEG	1809	
E80-303	TRACHEAL FOREIGN BODY REMOVAL	4618	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
E80-323	OB TREATMENT PACKAGE	4000	☆
E80-341	ABRATION, LACERATION	500	
E80-351	SIMPLE LACERATION	300	
E80-351A	WOUND TREATMENT, <5CM	350	
E80-351B	WOUND TREATMENT, 5~10CM	468	
E80-351C	WOUND TREATMENT, >10CM	616	
E80-351E	WOUND TREATMENT, >10CM	100	
E80-361	DIRTY LACERATION	600	
E80-361A	DEBRIDMENT, <5CM	2016	
E80-361B	DEBRIDMENT, 5~10CM	2536	
E80-361C	DEBRIDMENT, >10CM	3993	
E80-361E	DEBRIDMENT, >10CM	200	
E80-371	SIMPLE PLASTY LACERATION	1000	
E80-371A	TREATMENT OF FACIAL LACERATION, <5CM	1566	
E80-371B	TREATMENT OF FACIAL LACERATION, 5~10CM	2515	
E80-371C	TREATMENT OF FACIAL LACERATION, > 10CM	3249	
E80-371E	TREATMENT OF FACIAL LACERATION, > 10CM	200	
E80-372	WOUND TREATMENT, >10CM	1000	
E80-372A	WOUND TREATMENT, >10CM	350	
E80-372B	WOUND TREATMENT, >10CM	468	
E80-372C	WOUND TREATMENT, >10CM	616	
E80-372E	WOUND TREATMENT, >10CM	200	
E80-381	DIRTY OR COMPLICATE PLASTY LACERATION	1600	
E80-381A	DEBRIDMENT, >10CM	2016	
E80-381B	DEBRIDMENT, >10CM	2536	
E80-381C	DEBRIDMENT, >10CM	3993	
E80-381E	DEBRIDMENT, >10CM	400	
E80-401	TREATMENT < 1% (BURN)	2417	
E80-402	TREATMENT < 5% (BURN)	2417	
E80-403	TREATMENT 5-10% (BURN)	2417	
E80-404	TREATMENT 10-15% (BURN)	4431	
E80-405	TREATMENT 15-30% (BURN)	4431	
E80-410E	CHANGE DRESSING, EMERGENCY	20	☆
E80-411A	CHANGE DRESSING, SMALL (<10CM)	50	
E80-411B	CHANGE DRESSING, MEDIUM (10-20CM)	63	
E80-411C	CHANGE DRESSING, LARGE (>20CM)	104	
E80-502	ACUTE STROKE CARE INCENTIVES	2000	
E80-504	MYOCARDIAL INFARCTION CARE INCENTIVES	2000	
E80-506	MAJOR TRAUMA CARE INCENTIVES	2000	
E80-508	SEVERE SEPSIS CARE AWARD	2000	
E80-600	THERAPEUTIC PHLEBETOMY	140	
G02-025	PHYSICIAN FEE FOR INFLUENZA VACCINE INJECTION	100	
G02-030			
S	IPD PHYSICIAN FEE(EMR)	400	
G11-001	SKIN TEST(PC, PPD)	40	
G11-002	SUBCU, IM INJECT	35	
G11-003	IV PUSH	50	
G11-004	IV INFUSION	75	
G11-005	BLOOD TRANSFUSION	270	
G11-006	HYPODERMOCLYSIS	75	
G11-007	CVP CATHETERIZATION, PERCUTANEOUS	1400	
G11-008	ARTERIAL PUNCTURE SAMPLING	60	
G11-009	ARTERIAL CANULATION	802	
G11-010	ASPIRATION, CYST, ABSCESS ETC.	192	
G11-011	LUMBAR PUNCTURE	706	
G11-012	CHEST TAPPING	1000	
G11-013	ABDOMINAL TAPPING	787	
G11-014	DUODENAL TUBE	195	
G11-015	RECTAL TUBE APPLICATION	82	
G11-016	URINE CATHETERIZATION	94	
G11-017	GASTRIC LAVAGE	500	
G11-018	BLADDER IRRIGATION	120	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
G11-019	24 HOURS BLADDER IRRIGATION	390	
G11-021	EMERSON SUCTION/DAY	100	☆
G11-022	GLYCERINE ENEMA	40	
G11-023	TAP WATER ENEMA	134	
G11-024	CLEANSING ENEMA	392	
G11-025	TRACHEOSTOMY CARE	50	
G11-026	PERCUTANEOUS IV CATHETERIZATION	2801	
G11-027	CPR, FAILURE	755	
G11-028	CPR, SUCCESS	755	
G11-029	NEEDLE BIOPSY, SUPERFACIAL	300	☆
G11-029A	TESTICLE PUNCTURE	300	
G11-029B	THYROID PUNCTURE	606	
G11-029C	SIALIC PUNCTURE	300	
G11-029D	LYMPH NODES PUNCTURE	300	
G11-029E	BREAST PUNCTURE	524	
G11-030	NEEDLE BIOPSY, DEEP	500	☆
G11-030A	LUNG ASPIRATION	1000	
G11-030C	NEEDLE BIOPSY, PLEURA	660	
G11-030E	PROSTATE PUNCTURE	500	
G11-031	TURNING FRAME, NONE-ELECTRIC/DAY	120	
G11-032	S. S. ENEMA	134	
G11-033	ALCOHOL PACKING	56	
G11-034	SKIN PREPARATION	80	
G11-035	CHANGE DRESSING, LARGE(>20CM)	104	
G11-036	CHANGE DRESSING, MEDIUM(10-20CM)	63	
G11-037	CHANGE DRESSING, SMALL(<10CM)	47	
G11-038	SKIN PREPARE	150	☆
G11-039	SUBCU, IM INJECT FOR INFLUENZA VACCINE	35	
G11-041	TUBE IRRIGATION	128	
G11-042	HEATING PAD	28	
G11-043	IC NEEDLE INJECT	60	
G11-043A	IC NEEDLE (UNDER 6 MONTH)	938	
G11-043B	IC NEEDLE (6 MONTH TO 2 YEAR)	716	
G11-043C	IC NEEDLE (2 YEAR TO 6 YEAR)	604	
G11-044	URINE SUGAR TEST	15	
G11-047	ENDOTRACHEAL TUBE	464	
G11-049	IV PUMP (DAY)	150	
G11-050	OXYGEN	20	
G11-052	SP. GR(SPECIFIC GRAVITY)	20	
G11-053	FEEDING PUMP	150	
G11-054	ICE PILLOW	30	☆
G11-055	HEATING LAMP	46	
G11-056	PERINEAL IRRIGATION CARE, IPD PERDAY	64	
G11-057	MENTHOL OR REVANOL PACKING	40	
G11-058	ON RECTAL TUBE	82	
G11-059	ANORECTAL MANOMETRY	748	
G11-060	ON ESOPHANGEAL TUBE	1937	
G11-061	IV PUSH	20	
G11-062	TEMPERATURE MONITOR	400	
G11-063	SALINE LOADING TEST	1235	
G11-064	ON SUCTION(DAY)	218	
G11-065	ESOPHAGEAL TUBE CARE	139	
G11-066	INCUBATOR USE	200	
G11-067	HEMOSTASIS WITH AUTOMATICAL TOURNIQUET	130	
G11-068	HYPERTHERMIA	300	
G11-069	CARDIA VERSION	308	
G11-071	TRACTION	150	
G11-072	FINGER SUGAR	50	
G11-073	HBV INJECTION	20	☆
G11-074	NASAL FEEDING	222	
G11-075	GASTRIC FEEDING	222	
G11-076	GASTRIC DECOMPRESSION	150	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
G11-077	CHEST DRAINAGE	120	
G11-078	ABDOMINAL DRAINAGE	125	
G11-079	VENTRICULAR DRAINAGE (DAY)	80	
G11-080A	ICE BLANKET, 12 /U 24 HRS.	413	
G11-080B	ICE BLANKET, 12-24 HRS.	780	
G11-081	COLD/ICE PACK	28	
G11-082	WATER SPONGE	99	
G11-083	SITZ BATH	53	
G11-084	ON SUCTION(TIME)	30	
G11-085	TRANSCATHETER INFUSION THERAPY(DAY)	450	
G11-086	WOUND TREATMENT, <5CM	350	
G11-087	WOUND TREATMENT, 5-10CM	468	
G11-088	WOUND TREATMENT, >10CM	616	
G11-090	ENDOSCOPY-PHOTO, EACH	40	
G11-091	AG NO3 CAUTERIZATION	77	
G11-092	DRAINAGE ABSCESS & PACKING	244	
G11-093	TUBE DRAINAGE	107	
G11-096	BLADDER INSTILLATION	260	
G11-097	REMOVE STICHES <10CM	97	
G11-098	REMOVE STICHES >10CM	303	
G11-100	OXYGEN INHALATION	360	
G11-101	EKG MONITOR	500	
G11-102	WASHING EXTERNAL FIXATION APPARATUS	550	
G11-103	URINE PH	15	
G11-104	PROTEIN	15	
G11-108	CHANGE NEPHROSTOMY TUBE WITH OR WITHOUT	210	
G11-110	WET DRESSING	83	
G11-111	SOAKING	95	
G11-112	CHANGE CUISTOSTOMY TUBE WITH OR WITHOUT	183	
G11-120	LASER DOPPER BLOOD FLOW MONITOR(PER DAY)	1300	☆
G11-124	ELECTRODESSICATION, CONDYLOMATA, MALE	945	
G11-132	CHANGE TRACHEOSTOMY	210	
G11-134	INSERTION OF NASOGASTRIC TUBE	195	
G11-135	SALINE ENEMA	123	
G11-136	RETENSION ENEMA	123	
G11-137	ACID ENEMA	123	
G11-146	B. P. MONITOR	200	
G11-147	FLEET ENEMA	123	
G11-148	PERINEAL CARE	54	
G11-155	HEATING LAMP(DAY)	130	
G11-156	INFANT INCUBATOR(DAY)	200	
G11-160	PHYSICAL RESTRAINT(DAY)	744	
G11-175	FEEDING THROUGH OSTOMY	100	
G11-200	OPERATIVE SONOGRAM	1307	
G11-202	TRANSCRANIAL DOPPLER SONOGRAPHY	2000	
G11-203	INTRA-OPERATIVE T. C. D (3-6 HRS)	4000	
G11-204	INTRA-OPERATIVE T. C. D (>6 HRS)	6000	
G11-205	T. C. D (DAY)	9000	
G11-210	BOXTOX INJECTION	250	☆
G11-300	FUNDOSCOPIC EXAM	120	
G11-301	ADULT HEALTH EXAM. (2ND, 40-65 YRS)	220	
G11-302	ADULT HEALTH EXAM.	130	☆
G11-303	ADULT HEALTH EXAM. (2ND, OVER 65 YRS)	220	
G11-305	罹患小兒麻痺且35歲以上成人健檢(每年乙次)二階	220	
G11-307	ADULT HEALTH EXAM.	220	
G11-500	PHYSICAL EXAMINATION AND INTERPRETATION	1000	☆
G11-501	PHYSICAL EXAMINATION AND INTERPRETATION(2000	☆
G11-600	SERVICE FEE	500	☆
G11-700	NURSING VISITING FEE(BASED)	500	☆
G11-701	NURSING VISITING FEE/CATEGORY I, WITHIN, HOME	1050	
G11-701B	NURSING VISITING FEE/CATEGORY I, WITHIN, HOME	1050	
G11-703	NURSING VISITING FEE/CATEGORY II, WITHIN, HOME	1455	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
G11-703B	NURSING VISITING FEE/CATEGORY II, WITHIN, HOME	1455	
G11-706	NURSING VISITING FEE/CATEGORY III, WITHIN, HOME	1755	
G11-706B	NURSING VISITING FEE/CATEGORY III, WITHIN, HOME	1755	
G11-708	PHYSICIAN VISITING FEE/TIME - HOME	1553	
G11-708B	PHYSICIAN VISITING FEE/TIME - HOME	1553	
G11-709	PHYSICIAN VISITING FEE/BEYOND THE FIFTH, HOME	600	
G11-710	NURSING VISITING FEE/CATEGORY IV, WITHIN, HOME	2055	
G11-710B	NURSING VISITING FEE/CATEGORY IV, WITHIN, HOME	2055	
G11-711	NURSING VISITING FEE/CATEGORY I, WITHIN, HOME	1155	
G11-712	NURSING VISITING FEE/CATEGORY II, WITHIN, HOME	1601	
G11-713	NURSING VISITING FEE/CATEGORY III, WITHIN, HOME	1931	
G11-714	PHYSICIAN VISITING FEE/TIME - HOME	1709	
G11-715	PHYSICIAN VISITING FEE/BEYOND THE FIFTH	660	
G11-716	NURSING VISITING FEE/CATEGORY IV, WITHIN, HOME	2261	
G11-721	PHYSICIAN VISITING FEE, PSYCHOLOGY(TIME)	1656	
G11-722	PHYSICIAN VISITING FEE, PSYCHOLOGY, >5 TIMES(TIME)	960	
G11-723	PSYCOLOGIC HOME CARE(TIME)	775	
G11-732	PHYSICIAN VISITING FEE(HOSPICE)-HOME	1553	
G11-732B	PHYSICIAN VISITING FEE(HOSPICE)-HOME	1553	
G11-733	NURSING VISITING FEE(HOSPICE)/WITHIN ONE HOUR, HOME	1650	
G11-733B	NURSING VISITING FEE(HOSPICE)/WITHIN ONE HOUR, HOME	1650	
G11-734	NURSING VISITING FEE(HOSPICE)/OVER ONE HOUR, HOME	2250	
G11-734B	NURSING VISITING FEE(HOSPICE)/OVER ONE HOUR, HOME	2250	
G11-735	SOCIAL WORKER VISITING FEE(HOSPICE)-HOME	1050	
G11-735B	SOCIAL WORKER VISITING FEE(HOSPICE)-HOME	1050	
G11-736	PHYSICIAN VISITING FEE(HOSPICE)-HOME (B CLASS)	1088	
G11-736B	PHYSICIAN VISITING FEE(HOSPICE)-HOME (B CLASS)	1088	
G11-737	NURSING VISITING FEE(HOSPICE)/WITHIN ONE HOUR, HOME (B CLASS)	1155	
G11-737B	NURSING VISITING FEE(HOSPICE)/WITHIN ONE HOUR, HOME (B CLASS)	1155	
G11-738	NURSING VISITING FEE(HOSPICE)/OVER ONE HOUR, HOME (B CLASS)	1575	
G11-738B	NURSING VISITING FEE(HOSPICE)/OVER ONE HOUR, HOME (B CLASS)	1575	
G11-746	VISITING FEE(HOSPICE)/TERMINAL STAGE	5000	
G11-746B	VISITING FEE(HOSPICE)/TERMINAL STAGE	5000	
G11-752	NURSING CARE, PER INFANT(DAY)	500	☆
G11-753	NURSING CARE, INFANT ONLY(DAY)	1200	☆
G11-780	PALLIATIVE CARE FAMILY CONSULTING FEES	2250	
G11-782	DISCHARGE PLANNING AND TRACKING MANAGEMENT FEES	1800	
G11-S01	FEEDING PUMP (天)	150	
G11-S02	TRIGGER POINT INJECTION(ONE)	180	
G11-S04	看時費	3000	☆
G11-S05	IV INFUSION	365	☆
G11-S06	VAC傷口癒合處置費(天)	380	☆
G11-S07	剃頭費	200	☆
G11-S08	生物學藥劑注射 (包括反應試驗注射	20	
G11-S17	居家安寧照護病患自控式止痛處置及材料費	1890	
G11-S18	長照10年計畫-居家訪視(一般戶)	1092	☆
G11-S19	長照10年計畫-居家訪視(中低收入戶)	1235	☆
G11-S20	長照10年計畫-居家訪視(低收入戶)	1300	☆
G11-S21	桃園市衛生局長照補助-居家訪視(一般戶)(CB03/CB04)	1260	☆
G11-S22	桃園市衛生局長照補助-居家訪視(中低收入戶)(CB03/CB04)	1425	☆
G11-S23	桃園市衛生局長照補助-居家訪視(低收入戶)(CB03/CB04)	1500	☆
G11-S27	長照專業服務-困難照顧服務加計(失能等級5級以上)	100	
G11-S29	醫護人員出勤加班費	3600	☆
G11-S30	創新試辦計畫-居家醫師訪視費(一般戶)	700	☆
G11-S31	創新試辦計畫-居家醫師訪視費(中低收入戶)	900	☆
G11-S32	創新試辦計畫-居家醫師訪視費(低收入戶)	1000	☆
G11-S33	補助居家訪視費(一般戶)	390	☆

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
G11-S34	補助居家訪視費(中低收入戶)	130	☆
G11-S35	補助居家交通費(一般戶)	200	☆
G11-S36	補助居家交通費(中低收入戶)	20	☆
G11-S37	補助醫師訪視費(一般戶)	300	☆
G11-S38	補助醫師訪視費(中低收入戶)	100	☆
G11-S40	全口活動假牙-衛生局補助長者假牙計畫	40000	☆
G11-S41	上或下顎半口活動假牙-衛生局補助長者假牙計畫	20000	☆
G11-S42	上(下)顎半口活動假牙併下(上)顎部分活動假牙-衛生局補助長者假牙計畫	35000	☆
G11-S43	上下顎部分活動假牙-衛生局補助長者假牙計畫	30000	☆
G11-S44	上或下顎部分活動假牙-衛生局補助長者假牙計畫	15000	☆
G11-S45	彰化縣長照10年計畫-居家訪視(一般戶)	1040	☆
G11-S74	社區安寧療護網絡計畫-醫師、護理訪視費用(健保收案)	500	
G11-S75	社區安寧療護網絡計畫-乙類護理訪視費用(非健保收案)	2075	
G11-S76	社區安寧療護網絡計畫-乙類醫師訪視費用(非健保收案)	1588	
G14-009	ELECTRIC CIRCLE BED	300	
G14-010	HURBARD TANK(<10 BSA)	2417	
G14-011	HURBARD TANK(11-35 BSA)	4431	
G14-012	HURBARD TANK(36-50 BSA)	6663	
G14-013	HURBARD TANK(>51 BSA)	10071	
G14-021	CHANGE DRESSING BELOW 10% BSA	1343	
G14-022	CHANGE DRESSING 10%-35% BSA	2014	
G14-023	CHANGE DRESSING 35%-50% BSA	3357	
G14-024	CHANGE DRESSING OVER 50% BSA	4029	
G15-001	BABY ROOM MISCELLANEOUS	200	☆
L72-041	D-DIMER	600	
L72-041*	D-DIMER	600	
L72-S41	PROTEIN	15	
L72-S42	UROBILINOGEN	20	
L72-S43	BILIRUBIN (URINE)	20	
L72-S54	DIC PROFILE	1400	
L72-S55	ANTI-CARDIOLIPIN	450	
L72-S60	TSH receptor - Ab	600	
L72-S62	1.25-(OH)2-VITAMIN D	630	☆
L72-S81	17 @-OPH	300	
L72-S83	ANDROSTENEDIONE	410	
L72-S85	ALDOSTERONE	1000	
L72-S86	PRA (PLASMA RENIN ACTIVITY)	500	
L72-S87	GASTRIN	350	
L72-S90	ANTI-ACETYLCHOLINE RECEPTOR AB	1000	☆
L72-S92	ANTI-NEUTROPHIL CYTOPLASMIC AB(ANCA)	1000	
L72-S94	ANTI-SCL 70	600	
L72-S95	ANTI-RNP & ANTI-SM	561	
L72-S96	ANTI-SSA & ANTI-SSB	600	
L72-S97	ANTI-JO-1	700	
L72-S98	SYNOVIAL FLUID ANALYSIS - CRYSTAL EXAM.	200	
L72-SA1	MICR-BILIRUBIN	60	
L72-SA3	PHADIATOP	505	
L72-SA5	INSULIN ANTIBODY	240	
L72-SB3	SALIVA COLLECTION	200	
L72-SB4	SALIVA COLLECTION (STIMU.)	200	
L72-SB5	HBV YMDD MUTANT SEQUENCING ANALYSIS	3700	☆
L72-SB7	PTH C-TERMINAL	600	
L72-SB9	HYBRID CAPTURE HPV DNA	1200	☆
L72-SD2	ANTI-CITRULLINATED FILAGGRIN AB	1250	
L72-SD3	BS SCREENING FEE(SAMPLING AND TESTING)(FOR PRETERM IPD TOCOLYSIS)	500	
M21-003	CLOSED DRAINAGE	3259	
M21-010	THORACOSCOPY WITH BIOPSY	8956	
M21-011	BRONCHOSCOPY, DIAGNOSTIC	2000	
M21-013	BRONCHOSCOPY WITH TRANSBRONCHIAL BIOPSY	3200	
M21-042	EXERCISE PULMENARY FUNCTION TEST	2000	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
M21-051	ECHO FOR OTHERS	600	
M21-052	DOPPLER COLOR CHEST ECHO	2000	☆
M21-053	ECHO GUIDED NEEDLE ASPIRATION(胸腔內科)	1500	
M21-055	ECHO GUIDED BIOPSY	1500	
M21-056	SIMPLE BRONCHODILATOR TEST	485	
M21-057	PRG(PHLEBORHEOGRAPH)	2600	
M21-058	J. P. (JUGULAR PULSE)	300	
M21-059	C. P. C(CAROTID PULSE)	300	
M21-063	ORGAN PUNCTURE	1224	
M21-071	LASER THERAPY	18000	☆
M21-072	MULTIPLE BREATH NITROGEN WASHOUT TEST	335	
M21-075	DOPPLER FLOWMETER DETECTS BLOOD FLOW OF	1170	
M21-078	ENDOSCOPIC ULTRASONOGRAPHY	1200	
M21-127	BASAL METABOLIC RATE	305	
M21-S01	ON PIGTAIL FOR PLEURAL EFFUSION DRAINAGE	2400	
M22-001	PERICARDIAL TAPPING	1405	
M22-002	CARDIOVERSION	1200	
M22-003	INTRA-AORTIC BALLOON INSERTION	5400	
M22-009	GRADED EXERCISE TEST, GXT	1400	
M22-012	EKG RESTING	300	
M22-013	EKG MASTER TEST	400	
M22-015	VECTOCARDIOGRAPHY	1000	
M22-016	PHONO CARDIOGRAPHY	1000	
M22-017A	DOPPLING EX. AND PRESSURE RECODRING	1000	
M22-017B	DOPPLING EX. AND PRESSURE RECODRING	1000	
M22-018	24HRS. HOLTOR S SCAN	2800	
M22-024	WRIST ECG RECORDER	1020	
M22-030A	ENDOCARDIUM BIOPSY	5000	
M22-031	CARDIAC CATH, ONE SIDE	5400	
M22-032	心導管--二側	7200	
M22-033	CORONARY ANGIOGRAPHY	9000	
M22-034	HIS BUNDLE EKG ONE SIDE OR BOTH SIDES	3600	
M22-035	SWAN GANZ CATH	2700	
M22-036	TEMPORARY PACEMAKER	4000	
M22-037A	ELECTROPHYSIOLOGY - GENERAL	7200	
M22-037B	ELECTROPHYSIOLOGY - COMPLEX	7200	
M22-038	CINE-ANGIO	4830	
M22-039B	AOT ANGIO(ABDOMINAL)	4830	
M22-039C	AOT ANGIO(THORAXIC & ABDOMINAL)	6500	
M22-041A	CARDIAC OUT PUT(BASE)	1000	
M22-041B	CARDIAC OUT PUT(2ND INJECTION)	100	
M22-043	SERIAL ELECTROPHYSIOLOGIC STUDIES	20000	
M22-046	PACEMAKER IMPLANTATION	6850	
M22-047	PTCA 1 VESSEL(SELF PATIENT)	48890	
M22-049	TRANSCATHETER ELECTRIC ABLATION	50000	
M22-050	P. T. A. (PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY):SIMPLE	13000	
M22-051	ECHO CARDIOGRAPHY	1200	
M22-053	DOPPLER ECHOCARDIOGRAPHY	2000	
M22-056	CONTRAST 2D ECHO	500	
M22-060	ECHOCARDIOGRAPHY WITH DOPPLER AND COLOR	3200	
M22-061	T. E. E	4000	
M22-062	DOPPLER FLOWMETRY	2000	
M22-063	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER— MULTIPLE ELE	16500	
M22-073	DUPPLEX COLOR SCAN, ARTERIAL	1860	
M22-074	DUPPLEX COLOR SCAN, VEIN	2800	
M22-075	DUPPLEX COLOR SCAN, NECK	3500	
M22-078	SONOGRAPHY FOR PERIPHERAL VESSEL	900	
M22-083	PTAV-ARTERIA UNFEMORALIS	35000	
M22-086	ANTEGRADE VENOGRAPHY	6000	
M22-087	CARDIOANGIOGRAPHY	4830	

收費編號	品項名稱及規格	本院收費	註記
M22-088	PULMONOANGIOGRAPHY	4800	
M22-090	ARTERIA ENDOLECTOMY WITH OR WITHOUT BYPA	18780	
M22-092	AOS	25700	
M22-095	CAROTID ARTERIORGRAPHY, ONE SIDE	7500	
M22-096	CAROTID ARTERIORGRAPHY, TWO SIDE	11250	
M22-097	RENAL ARTERIOGRAM	5000	
M22-098	ARTERIOGRAPHY OF EXTREMITY	7500	
M22-149	TRANSCATHETER ELECTRIC ABLATION	50000	
M22-302	PACEMAKER FOLLOW UP EXAMINATION	1500	
M22-311	PTCA 2 VESSELS(SELF PATIENT)	73340	
M22-312	PTCA 3 VESSELS(SELF PATIENT)	97780	
M22-325	CORONARY INTRAVASCULAR ULTRASOUND	7500	
M22-S01	CPA(CAROTID PHONOANGIOGRAPH)	900	
M22-S02	P. C. G. (PHONOCARDIOGRAPHY)	700	
M22-S03	TEMPORARY INSERTION, TRANSVENOUS ELECTRO	4610	
M22-S04	VERTEBRAL ANGIOGRAPHY	5000	
M22-S05	JUGULAR VENOGRAPHY-ONE SIDE	4830	
M22-S06	JUGULAR VENOGRAPHY-BOTH SIDE	6650	
M22-S07	SUBCLAVIAN ANGIOGRAPHY	4830	
M22-S09	IV-DSA	11250	
M22-S10	STENTING FOR ILIAC VESSEL	15000	
M22-S12	PERCUTANEOUS TRANSLUMINAL CATHETER RETRIEVAL	30356	
M22-S13	EMBOLECTOMY, ARTERIAL CATHETER	6450	
M22-S14	EXTRACORPOREAL CIRCULATION-FIRST TIME	10173	
M22-S16	體外加強搏衝治療-非轉介	4000	☆
M22-S17	體外加強搏衝治療-經轉介	4000	☆
M22-S18	P. T. A. (PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY) : COMPLEX	20250	
M22-S19	EXCISION & GRAFT BYPASS OR DIRECT REPAIR	26489	
M22-S20	EXCISION AND GRAFT BYPASS OR DIRECT REPAIR A-V FISTULA OF CHEST OR ABDOMEN	31958	
M22-S21	EXCISION AND GRAFT BYPASS OR DIRECT REPAIR A-V FISTULA OF CHEST OR ABDOMEN	28034	
M22-S22	EXPLORATION VASCULAR	4649	
M22-S23	心血管套組(運動心電圖+周邊動靜脈全套檢查)	8000	☆
M22-S24	周邊動靜脈檢查套組	6800	☆
M22-S25	周邊靜脈血管檢查	4000	☆
M22-S26	周邊動脈血管檢查	4000	☆
M22-S27	運動心電圖	1400	☆
M22-S28	PERCUTANEOUS TRANSLUMINAL CATHETER RETRIEVAL(適用於 留置物血管大小直徑為≤7MM者)	35660	
M22-S29	DVT EXAMINATION ONLY	950	
M22-S30	TOURNIQUET TEST (INCLUDING PERTHES' S TEST AND BRODIE-TRENDELENBURG TEST--ETC.)	200	
M23-002	PANENDOSCOPY	1500	
M23-004	ERCP	15043	
M23-005	POLYPECTOMY	3690	
M23-006	POLYPECTOMY(LGI)	4172	
M23-007	PAPILLOTOMY	18000	
M23-008	ESOPHAGEAL INJECTION SCLEROSING THERAPY	4000	
M23-008B	ENDOSCOPE TREATMENT IN UPPER GI BLEEDING	7818	
M23-008C	ENDOSCOPIC ESOPHAGEAL FOREIGN BODY REMOV	3575	
M23-008D	DILATION ESOPHAGUS BY BALLOON	4530	
M23-008E	P. E. G(PERCUTANEOUS ENDOSCOPIC GASTROSTOMY)	3460	
M23-008F	REPLACEMENT OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY	2094	
M23-009	ESOPHAGEAL VARICE LIGATION	9005	
M23-010	LAPAROSCOPY	3274	
M23-011	SIGMOIDFIBEROSCOPY	1018	
M23-012	SIGMOIDFIBEROSCOPY	1018	
M23-013	COLONFIBEROSCOPY	2250	
M23-016	SMALL INTESTINESCOPY	3214	
M23-017	INTESTINE BIOPSY	1500	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
M23-022	HELICOBACTER PYROLI TEST (CLOTEST)	350	
M23-030	COLOR ULTRASONOGRAPHY	2000	☆
M23-031	ABDOMINAL ECHO(腸胃科)	882	
M23-032	ECHO·FOLLOW(腸胃科)	650	
M23-034	ABDOMINAL ECHO(其它科)	882	
M23-041	ECHO GUIDED NEEDLE ASPIRATION(腸胃科)	1500	
M23-043A	DIAINAGE OF PANCREATIC ABCESS OR CYST OR PANCREAT	9467	
M23-043B	DIAINAGE OF PANCREATIC ABCESS OR CYST 0	9866	
M23-043C	DIAINAGE OF PANCREATIC ABCESS OR CYST 0	9600	
M23-043D	DIAINAGE OF PANCREATIC ABCESS OR CYST 0	7983	
M23-044	PERCUTANEIOU ETHNAOL INJECTION THERAPY	2200	
M23-045	ASPIRATION CYTOLOGY, DIGESTIVE SYSTEM	667	
M23-046A	RADIOFREQUENCY ABLATION	7600	
M23-046B	RADIOFREQUENCY ABLATION	11400	
M23-046C	RADIOFREQUENCY ABLATION	15200	
M23-051	ENDOSPIC ULTRASONOGRAPHY	3600	
M23-055	E. R. B. D.	7552	
M23-056	E. N. B. D.	15968	
M23-057	E. R. P. D.	3600	
M23-064	ENDOSCOPIC BIOPSY	940	
M23-065	ENDOSCOPIC MUCOSAL RESECTION	15301	
M23-067	ENDOSCOPY ASSISTED INTERNAL HEMORRHOID LIGATION	2900	
M23-A02	PANENDOSCOPY	1500	
M23-A13	COLONFIBERSCOPY	2250	
M23-S01	C13 UREA BREATH TEST	1300	
M23-S02	ESOPHAGEAL BALLOON DILATATION	1500	
M23-S03	POLYPECTOMY	1853	
M24-003	HEMOPERFUSION	25000	
M24-010	INSERTION CANNULA FOR HEMODIALYSIS	1980	
M24-021	ECHO(腎臟科)	600	
M24-054	CAPD IPD SINGLE UNIT P. D. SET TRANSFER	633	
M24-062	TRANSONIC FLOW-QC MONITOR	900	
M25-001	SCHIRMER' S TEST	100	
M25-063	SYNOVIAN FLUID ASPIRATION	412	
M25-064	INTRAARTICULAR INJECTION	135	
M25-220	MUSCULOSKELETAL SONOGRAPHY WITH DOPPLER	1400	
M25-224	LASER DOPPLER PERFUSION IMAGING WITH FLO	1320	
M25-225	LASER DOPP. PERFUSION IMAGING WITH FLOWM	1320	
M27-SL7	無痛大腸鏡檢查(補差額)	4000	☆
M27-SP2	無痛胃鏡檢查(補差額)	4000	☆
M27-SR5	無痛胃鏡/大腸鏡檢查(補差額)	5000	☆
M28-001	PSYCHIATRIC DIAGNOSTIC INTERVIEW(TIME)(ADULT)	1031	
M28-001A	PSYCHIATRIC DIAGNOSTIC INTERVIEW(TIME)(6 TO 15 YEARS OLD)	1203	
M28-001B	PSYCHIATRIC DIAGNOSTIC INTERVIEW(TIME)(UNDER 6 YEAR)	1375	
M28-002	PSYCHOTHERAPEUTIC INTERVIEW	344	
M28-002A	RE-EDUCATIVE INDIVIDUAL PSYCHOTHERAPY BY DR.- 6 TO 15 YEARS OLD	430	
M28-002B	RE-EDUCATIVE INDIVIDUAL PSYCHOTHERAPY BY DR.-UNDER 6 YEARS OLD	515	
M28-003	CONJOINT INTERVIEW-ADULT	344	
M28-003A	CONJOINT INTERVIEW-6 TO 15 YEARS OLD	430	
M28-003B	CONJOINT INTERVIEW-UNDER 6 YEARS OLD	515	
M28-004	SUPPORTIVE INDIVIDUAL PSYCHOTHERAPY	231	
M28-005	INTENSIVE INDIVIDUAL PSYCHOTHERAPYBY DR.	1203	
M28-005A	INTENSIVE INDIVIDUAL PSYCHOTHERAPYBY DR.-6 TO 15 YEARS OLD	1460	
M28-005B	INTENSIVE INDIVIDUAL PSYCHOTHERAPYBY DR.-UNDER 6 YEARS OLD	1718	
M28-006	INTENSIVE GROUP PSYCHOTHERAPY BY DOCTOR	344	

收費編號	品項名稱及規格	本院收費	註記
M28-007	FAMILY THERAPY	800	
M28-012	SUPPORTIVE INDIVIDUAL PSYCHOTHERAPY	500	
M28-013	RE-EDUCATIVE INDIVIDUAL PSYCHOTHERAPY-ADULT	344	
M28-013A	RE-EDUCATIVE INDIVIDUAL PSYCHOTHERAPY-6 TO 15 YEARS OLD	430	
M28-013B	RE-EDUCATIVE INDIVIDUAL PSYCHOTHERAPY-UNDER 6 YEARS OLD	515	
M28-014	RE-EDUCATIVE GROUP PSYCHOTHERAPY BY DR.	200	
M28-014A	RE-EDUCATIVE GROUP PSYCHOTHERAPY	200	
M28-015	PROJECTIVE TEST(RORSCHACH)	1070	
M28-020	INTELLIGENCE ASSESSMENT(ADULT)	1070	
M28-021	INTELLIGENCE ASSESSMENT	1500	
M28-023	PERSONALITY ASSESSMENT	859	
M28-024	ATTENTION TEST	859	
M28-029	ELECTRIC CONVULSIVE THERAPY	1718	
M28-030	SUPPORTIVE GROUP PSYCHOTHERAPY	88	
M28-031	SPECIAL OCCUPATIONAL THERAPY	325	
M28-032	RECREATIONAL THERAPY	299	
M28-033	OCCUPATIONAL THERAPY	299	
M28-034	ACTIVITY THERAPY	108	
M28-035	PSYCHIATRIC INPATIENT SPECIAL CARE (DAY)	1547	
M28-036	OCCUPATIONAL ASSESSMENT	687	
M28-037	PSYCHOPHYSIOLOGICAL FUNCTION EXAMINATION	695	
M28-037A	PSYCHOPHYSIOLOGICAL FUNCTION EXAMINATION-6 TO 15 YEARS OLD	387	
M28-037B	PSYCHOPHYSIOLOGICAL FUNCTION EXAMINATION-UNDER 6 YEARS OLD	430	
M28-038	PSYCHODRAMA THERAPY	250	
M28-039	BIOFEESBACK THERAPY	610	
M28-040	INPATIENT BEHAVIOR THERAPY	52	
M28-042	INDUSTRIAL THERAPY	299	
M28-043	PSYCHIATRIC SPECIAL DRUG THERAPY (DAY)	86	
M28-057	MULTIPHASIC PSYCHOLOGICAL TEST	1375	
M28-S01	PSYCHIATRIC SOCIAL FUNCTION ASSESSMENT	344	
M28-S02	BIOFEEDBACK THERAPY ASSESSMENT AND PLANNING	1031	
M28-S03	GROUP BIOFEEDBACK THERAPY	129	
M28-S04	BEHAVIOR MODIFICATION ASSESSMENT	301	
M28-S05	BEHAVIOR MODIFICATION PLANNING	1203	
M28-S06	家庭暴力加害人認知輔導(二小時)	2000	☆
M28-S07	一般心理衡鑑(1小時)	1500	☆
M28-S08	一般心理衡鑑(2小時)	3000	☆
M28-S09	一般心理衡鑑(3小時)	4500	☆
M28-S10	個別心理諮詢(0.5小時)	1000	☆
M28-S11	個別心理諮詢(1小時)	1500	☆
M28-S12	個別心理諮詢(1.5小時)	2000	☆
M28-S13	個別心理諮詢(2小時)	2500	☆
M29-001	NERVE BLOCK, PERIPHERAL	400	
M29-002	NERVE BLOCK, TRIGEMINAL	1400	
M29-005	SUBDURAL TAPPING PED	500	
M29-007	VAGOSTIGMINE TEST	300	
M29-009	OCULOPLETHYSMOGRAPHY(O. P. G.)	600	
M29-011	BOTULINUM TOXIN LOCAL INJECTION	400	
M29-031	EMG FACIAL	1000	
M29-032	EMG HAND	1000	
M29-033	EMG LEG	1000	
M29-034	SINGLE FIBER EMG	900	
M29-036	NERVE CONDUCTION VELOCITY UPPER LIMBS	600	
M29-037	NERVE CONDUCTION VELOCITY LOWER LIMBS	600	
M29-041	BLINK REFLEX	1300	
M29-042	F WAVE	800	
M29-043	H REFLEX	800	
M29-044	REPSTITIVE STIMULATION	800	

收費編號	品項名稱及規格	本院收費	註記
M29-046	SNCV, HAND	900	
M29-047	SNCV, LEG	900	
M29-056	SENSATION TESTING	540	
M29-057	QUANTITATIVE THERMAL THRESHOLD	720	
M29-058	SNCV, HAND+LEG	1200	
M29-070	SYMPATHETIC SKIN RESPONSE	810	
M29-079	DOPSCAN & B-MODE REAL TIME SONOGRAM	3000	
M29-080	DOPPLER STUDY (DOPSCAN)	1350	
M29-081	SINGLE NERVE FIBER TEASING	1000	
M29-086	COLOR-CODED EXTRACRANIAL CAROTID SONOGRAM	3500	
M29-088	COLOR-CODED TRANSCRANIAL ULTRASONOGRAPHY	2500	
M29-151	COMPUTERIZED NEUROBEHAVIORAL TEST	968	
M29-S02	肌肉組織化學檢查	800	
M31-001	*SKIN BIOPSY PUNCH	300	
M31-002	SKIN BIOPSY, OPERATIVE	600	☆
M31-002B	SKIN BIOPSY, ONE SUTURE, OVER TWO PUNCHES	600	
M31-002C	SKIN BIOPSY, ONE SUTURE, OVER TWO PUNCHES	600	
M31-003	SKIN SIMPLE EXCISION, NO CLOSURE	200	
M31-004	TOTAL EXCISION OF SKIN TUMOR OR CYST	1200	☆
M31-004A	EXCISION OF SUBCUTANEOUS TUMOR, < 5CM	1623	
M31-004B	EXCISION OF SUBCUTANEOUS TUMOR, 5-10CM	1927	
M31-004C	EXCISION OF SUBCUTANEOUS TUMOR, > 10CM	3371	
M31-005	EXCISION OF FACIAL SKIN TUMOR, WITHIN 1CM	1300	
M31-006	EXCISION OF FACIAL SKIN TUMOR, 1CM TO 2CM	2520	
M31-007	EXCISION OF FACIAL SKIN TUMOR, OVER 2CM	5514	
M31-008	SCALP TUMOR	4190	
M31-010	DRAINAGE ABSCESS PERINEAL, NONOBSTETRICAL	1304	
M31-011	ELECTRO CAUTERIZATION, SIMPLE	300	
M31-012	ELECTRO CAUTERIZATION, COMPLICATE	600	
M31-013	IONTOPHORESIS	200	
M31-021	PHOTO THERAPY	430	
M31-022	PUVA THERAPY	400	☆
M31-022A	PHOTOTHERAPY INCLUDING SUN-LAMP AND UVL	855	
M31-031	ACUPUNCTURE	100	☆
M31-041	DERMABRASION	1000	☆
M31-042	DERMABRASION >100CMXCM, EACH 100CMXCM	1000	☆
M31-051	CHEMICAL CAUTERIZATION, SIMPLE	100	
M31-052	CHEMICAL CAUTERIZATION, COMPLICATE	270	
M31-061	CRYOTHERAPY	125	
M31-062	CRYOTHERAPY, COMPLICATED	250	
M31-063	LIQUID NITROGEN CRYOSURGERY	600	
M31-071	ACNE CLEARING	200	☆
M31-081	INTRALESION INJECTION <4CMXCM	250	
M31-082	INTRALESION INJECTION <9CMXCM	300	
M31-083	INTRALESION INJECTION >9CMXCM	375	
M31-085	INJ. ZYDERM LIQUID, SIMPLE, EACH AMP.	1300	
M31-086	INJ. ZYDERM LIQUID, COMPLICATE, EACH AMP.	1800	
M31-091	SUPERFICIAL FUNGUS EXAMINATION	60	
M31-113	ELECTROMICROSCOPIC EXAMINATION	4000	☆
M31-115	INCISION AND DRAINAGE	300	
M31-116	NAIL EXTRACTION	300	☆
M31-131	PHOTOGRAPHY, EACH	30	☆
M31-141	O. D. T. (OCCLUSIVE DRESSIG TECHNIQUE), LO	60	
M31-142	O. D. T. (OCCLUSIVE DRESSIG TECHNIQUE), U/	130	
M31-143	O. D. T. (OCCLUSIVE DRESSIG TECHNIQUE), WH	455	
M31-144	SCANFICATION, MINOR	297	
M31-145	SCANFICATION, MAJOR	524	
M31-151	EXCISION BIOPSY, SPECIAL	565	
M31-161	TRANSCUTANEOUS O2 & CO2 PRESSURE	1415	
M31-162	SKIN HYDRATION	640	☆
M31-163	SKIN PH	640	☆
M31-165	VITAMINE C ENHANCED BY ULTRASOUND	1200	☆

收費編號	品項名稱及規格	本院收費	註記
M31-201	HAIR TRANSPLANTATION(MINI)	400	☆
M31-202	HAIR TRANSPLANTATION(MICRO)	500	☆
M31-203	HAIR TRANSPLANTATION(MACRO)	600	☆
M31-204	SCALP REDUCTION	10000	☆
M31-211	FACE LIFT	25000	☆
M31-221	DOUBLE EYELID(STITCH METHOD)	10000	☆
M31-222	BLEPHAROPLASTY(SIMPLE)	15000	☆
M31-223	BLEPHAROPLASTY(COMPLICATED)	20000	☆
M31-231	AUTOGOUS FAT TRANSPLANTATION	10000	☆
M31-232	LIPOSUCTION	5000	☆
M31-241	MOHS MICROGRAPHIC(WITHIN 2CM IN DIAMETER)	12700	
M31-242	MOHS MICROGRAPHIC(2CM-5CM IN DIAMETER)	15900	
M31-243	MOHS MICROGRAPHIC(OVER 5CM IN DIAMETER)	19100	
M31-245	COSMETIC EXCISION	3000	☆
M31-401	RUBYLASER 1-10 SHOTS	3000	☆
M31-402	RUBYLASER 11-30 SHOTS	7000	☆
M31-403	RUBYLASER 31-50 SHOTS	10000	☆
M31-404	RUBYLASER 51-100 SHOTS	13000	☆
M31-405	RUBYLASER OVER 100-120 SHOTS	15000	☆
M31-406	ND-YAG LASER THERAPY, <1 CM (BASE)	2000	☆
M31-407	ND-YAG LASER THERAPY, EACH ADD 1CM	1200	☆
M31-408	PHOTODERM <2.8 CM SQUARE	1000	☆
M31-409	PHOTODERM EACH 2.8 CM SQUARE	900	☆
M31-410	PULSED MEGA-DYE LASER <10 SHOTS	1500	☆
M31-411	PULSED MEGA-DYE LASER 11-30 SHOTS	4000	☆
M31-412	PULSED MEGA-DYE LASER 31-50 SHOTS	7000	☆
M31-413	PULSED MEGA-DYE LASER 51-100 SHOTS	13000	☆
M31-S01	維他命C離子美白	800	☆
M31-S02	雷射基本費	500	☆
M31-S03	雷射--每發	90	☆
M31-S04	果酸換膚(次)	1600	☆
M31-S05	淨化換膚組恩 PURITY PEEL	2589	☆
M31-S06	高效老化換膚組 TIMELESS PEEL	3040	☆
M31-S07	麗緻換膚組 BENEFIT PEEL	2352	☆
M31-S08	點痣-第二次以後(次)	50	☆
M31-S09	點痣-第一次(次)	100	☆
M31-S10	植酸換膚(次)	2000	☆
M31-S11	A醇時空換膚(次)	3500	☆
M32-001	UMBILICAL V. CATH	1149	
M32-002	*UMBIBICAL A. CATH	1831	
M32-003	EXCHANGE TRANSFUSION NB(BET)	4500	
M32-004	PHOTO THERAPY	230	
M32-007	CHANGE DRESSING, SMALL (<10CM)	150	☆
M32-008	AGNO3 STICK	293	
M32-009	CHANGE DRESSING, SMALL (<10CM)	50	
M32-010	BABY DIAPER STERILIZATION	30	☆
M32-011	BABY MISCELLANEOUS	100	☆
M32-014	UMBILICAL GRANULOMA LIGATION, ELECTRIC	507	
M32-020	NEW BORN SCREENING	550	☆
M32-029	RECTAL SUCTION BIOPSY	2153	
M32-037	PED IV PUSH	60	
M32-041	PERCUTANEOUS IV CATHETERIZATION	2801	
M32-043	ENDOTRACHEAL INTUBATION	464	
M32-047	DRESSING POWER(FETAL)	20	
M32-050	NEWBORN FEE(NORMAL DELIVERY)	3000	
M32-051	NEWBORN FEE(C/S)	4000	
M32-052	RADIANT WORMER	200	
M32-061	BRAIN ECHO	800	
M32-063	ABDOMINAL ECHO(小兒科)	1200	
M32-064	PED NEPHROSONOGRAPHY	900	☆
M32-068	AEP BS	1000	
M32-069	COLOR FLOW MAPPING WITH 2D-ECHO DOPPLER	3200	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
M32-100	COLOR DOPPLER ABDOMINAL	2000	
M32-102	PEDIATVIC NEUROSONOGRAPHY FOR SPINAL COR	1000	☆
M32-108	URINE ORGANIC ACID ANALYSIS	1800	☆
M32-109	BREATH HYDROGEN TEST FOR LACTOSE INTOLER	500	☆
M32-112	FIBROBLAST CULTURE	1000	☆
M32-120	CHROMOSOME BREAKAGE TEST	3000	☆
M32-121	FRAGILE-X SYNDROME EXAMINATION	3000	☆
M32-122	HIGH-RESOLUTION CHROMOSOME EXAMINATION	3000	☆
M32-125	FISH(SINGLE-COLOR)	4000	☆
M32-126	FISH(DUAL-COLOR)	5000	☆
M32-127	FISH(MULTI-COLOR)	6000	☆
M32-131	SCREENING FOR MUCOPOLYSACCHARIDOSIS	600	☆
M32-132	MUCOPOLYSACCHARIDOSIS CLASSIFICATION	1000	☆
M32-133	ENZYME ACTIVITY FOR GAUCHER DISEASE	1000	☆
M32-135	SRV GENE DETECTION	900	☆
M32-136	ACHONDROPLASIA MUTATION DETECTION	1000	☆
M32-137	GSD I MUTATION DETECTION	4500	☆
M32-138	SILVER NITROPRUSSIDE URINE SCREENING	350	☆
M32-139	DNA SCREENING FOR MITOCHONDRIAL DISEASE	4200	☆
M32-141	FREE & TOTAL CARNITINE DETECTION(BLOOD)	900	☆
M32-157	SCID(SEVERE COMBINED IMMUNO-DEFICIENCY)	250	☆
M32-201	ESOPHAGOSCOPY	971	
M32-312	DESENSITIZATION INJECTION(EACH AG)	212	
M32-314	PEAK FLOW METER(MINI WRIGHT)	85	
M32-319	SKIN TEST INTERPRETATION(CHILD)	150	☆
M32-320	EPINEPHRINE INJECTION	100	
M32-325	SWEAT CHLORIDE TEST	400	☆
M32-329	CYTOKINE EIA TEST	3450	☆
M32-330	IGG SUBCLASS	1800	☆
M32-400	INSULIN HYPOGLYCEMIC STIMULATION TEST	1800	
M32-401	EXERCISE TEST FOR GH	567	
M32-402	ORAL GLUCOSE TOLERANCE TEST	313	
M32-403	INTRAVENEUS GLUCOSE STIMULATION TEST	1257	
M32-404	WATER DEPRIVATION TEST	2060	
M32-405	WATER DEPRIVATION + PITRESSIN TEST	2060	
M32-406	ACTH STIMULATION TEST	1145	
M32-407	L-DOPA TEST FOR GH	1265	
M32-504	BLOOD SMEAR INTERPRETATION	200	☆
M32-601	PRESSURE-VOLUME LOOP	1000	
M32-602	COMPLIANCE & RESISTANCE	1600	☆
M32-650	MUTANT GENE DETECTION, DNA SIZE<1000 BP	4200	☆
M32-651	MUTANT GENE DETECTION, 1000 BP <DNA SIZE<	9100	☆
M32-652	MUTANT GENE DETECTION, 5000 BP <DNA SIZE<	17200	☆
M32-653	GENOMIC DNA PURIFICATION	335	☆
M32-701	MOLECULAR GENETIC STUDY	8500	☆
M32-702	SPECIAL CHROMOSOME EXAMINATION	3000	☆
M32-801	OTOACUSTIC EMISSION(OAE)	250	☆
M32-899	CHILDREN HEALTH EXAM. (TAIPEI GOV CHILD C	200	☆
M32-900	CHILDREN HEALTH EXAM.	200	
M32-900A	CHILDREN HEALTH EXAM.	320	
M32-900C	CHILDREN' S HEALTH EDUCATION(AGE : 0-2MONTH)	100	
M32-900D	CHILDREN' S HEALTH EDUCATION(AGE : 2-4MONTH)	100	
M32-900E	CHILDREN' S HEALTH EDUCATION(AGE : 4-10MONTH)	100	
M32-900F	CHILDREN' S HEALTH EDUCATION(AGE : 10-18MONTH)	100	
M32-900G	CHILDREN' S HEALTH EDUCATION(AGE : 18-24MONTH)	100	
M32-900H	CHILDREN' S HEALTH EDUCATION(AGE : 24-36MONTH)	100	
M32-900I	CHILDREN' S HEALTH EDUCATION(AGE : 於3歲至未滿7歲)	100	
M32-901	TRANSILLUMINATION TEST	100	
M32-902	BLOOD SAMPLING	340	
M32-903	IV INJECTION	115	
M32-904	PPD TEST	100	
M32-911	PEDIATRIC OTOACUSTIC EMISSION(SCRENING	400	☆

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
M32-920	INTENSIVE PHOTOTHERAPY	817	
M32-922	CALORIMETRIC(OPD)	600	☆
M32-923	CALORIMETRIC(IPD)	1900	☆
M32-S01	NEW BORN SCREENING(II)	100	
M32-S02	NEW BORN SCREENING(III)	300	
M32-S07	BRAIN ECHO	800	☆
M32-S08	ABDOMINAL ECHO FOR NEW BORN	900	☆
M32-S10	新生兒先天性代謝篩檢(四合一溶小體儲積症篩檢LSD)	600	☆
M32-S11	AABR 嬰幼兒自動聽力腦幹篩檢	1200	☆
M32-S13	兒童發展及重要疾病篩檢轉介確診費	800	
M33-001	THYROID ECHO	610	
M33-003	DM EDUCATION FEE	100	☆
M33-004	BONE MINERAL DENSITY EXAM(ECHO)	600	☆
M33-012	THYROID ASPIRATION CYTOLOGY	265	
M33-020	FUNDUS COLOR PHOTO PICTURE	450	
M33-022	D.M. IPD INSTRUCTION(NEW)	300	☆
M33-023	D.M. IPD INSTRUCTION(ESTABLISHED)	150	☆
M33-024	D.M. IPD INSTRUCTION(GROUP)	50	☆
M33-025	D.M. OPD INSTRUCTION(NEW)	200	☆
M33-026	D.M. OPD INSTRUCTION(ESTABLISHED)	100	☆
M33-030	QUANTITATIVE SENSORY TEST	700	☆
M33-031	DEOXYPYRIDINOLINE	550	☆
M33-032	BONE-SPECIFIC ALKALINE PHOSPHATASE	550	☆
M33-033	BODY FAT DETECTION	100	☆
M34-001	CHEMOTHERAPY AND HORMONE THERAPY, SINGLE	361	
M34-005	FINE NEEDLE ASPIRATION	300	
M34-012	HEALTH EXAM. INTERPRETATION FEE	1500	☆
M34-013	PAIN CONTROL(DAY)	450	☆
M34-015	SUBCUTANEOUS CHEMOTHERAPY	361	
M34-016	INTRAVENTRICULAR RESERVOIR CHEMOTHERAPY(INTRATHECAL CHEMOTHERAPY)	1454	
M34-017	INTRAPLEURAL OR INTRAPERITONEAL CHEMOTHERA	1339	
M34-018	INTRAARTERIAL CHEMOTHERAPY ≤ 1 HOUR	1339	
M34-019	INTRAARTERIAL CHEMOTHERAPY 1-4 HOURS	1689	
M34-020	INTRAARTERIAL CHEMOTHERAPY 4-8 HOURS	2154	
M34-021	INTRAARTERIAL CHEMOTHERAPY > 8 HOURS	2707	
M34-022	INTRAVENOUS CHEMOTHERAPY ≤ 1 HOUR	1031	
M34-023	INTRAVENOUS CHEMOTHERAPY 1-4 HOURS	1234	
M34-024	INTRAVENOUS CHEMOTHERAPY 4-8 HOURS	1858	
M34-025	INTRAVENOUS CHEMOTHERAPY > 8 HOURS	2411	
M35-031	ANCA(ANTI-NEUTROPHIL CYTOPLASMA ANTIBODI	1000	☆
M35-033	ANCA WITH IG CLASS IDENTIFICATEION	2000	☆
M36-031	MUSCULOSKELETAL ECHO	600	
M37-001	營養諮詢(門診)	260	☆
M37-003	營養諮詢(住診)	300	☆
M37-007	NUTRITION ASSESSMENT	50	☆
N73-001	BRAIN SCAN 腦掃描	2160	
N73-004	SIALOSCINTIGRAPHY 唾腺閃爍攝影	2124	
N73-005	CEREBRAL PERFUSION SCAN WITH SPECT 腦質斷層灌注掃描	9254	
N73-006	SPECT 核子斷層檢查術	1200	
N73-007	鎘-99M TRODAT-1 腦部多巴神經元斷層造影	12000	
N73-010	TC-99M THYROID SCAN 鎘-99M甲狀腺掃描	1346	
N73-016	I-131 CANCER WORK-UP 碘-131癌症追蹤檢查	2693	
N73-018	PARATHYROID SCAN 副甲狀腺掃描	5349	
N73-020	LUNG PERFUSION SCAN 肺灌注檢查	2250	
N73-030	LIVER AND SPLEEN SCAN WITH SPECT 肝脾臟掃描暨核子斷層檢查術	3235	
N73-031	WHOLE BODY BONE MARROW SCAN 全身骨髓檢查	4000	
N73-033	ECTOPIC GASTRIC MUCOSA SCAN 異位胃黏膜掃描	2024	
N73-034	MECKLE'S DIVERTICULUM SCAN 邁克氏憩室掃描	2051	
N73-036	GASTRIC EMPTYING STUDY 胃排空測定	2544	
N73-037	BLEEDING SCAN 核醫出血檢查	2770	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
N73-038	ESOPHAGEAL TRANSIT STUDY 食道通過檢查	1966	
N73-040	ADRENAL SCAN WITH SPECT 腎上腺掃描暨核子斷層檢查術	13537	
N73-041	RENAL SCAN 腎臟掃描	1899	
N73-042	SCROTAL SCAN 陰囊攝影	1952	
N73-051	MYOCARDIAL INFARCT STUDY 心肌梗塞攝影	1997	
N73-052	STRESS & REDISTRIBUTION MYOCARDIAL PERFUSION STUDY 壓力與重分佈心肌斷層灌注掃描	8000	
N73-054	VENOGRAPHY SCAN 靜脈檢查	1833	
N73-060	WHOLE BODY BONE SCAN 全身骨骼掃描	3102	
N73-061A	WHOLE BODY TUMOR SCAN 全身腫瘤掃描	6500	
N73-061B	WHOLE BODY INFLAMMATION SCAN 全身炎症掃描	5070	
N73-065	TL-201CANCER WORK-UP 癌症追蹤檢查	4868	
N73-074	TC-99M RBC LIVER/SPLEEN SCAN WITH SPECT 鎇-99M紅血球 肝脾臟攝影暨核子斷層檢查術	3468	
N73-090A	I-131I TREATMENT PER 1 MCI 碘-131治療 (每 1 MCI)	478	
N73-S01	I-131 NECK & CHEST SCAN 碘-131頸及胸部掃描	1766	
N73-S02	RESTING MYOCARDIAL PERFUSION STUDY WITH SPECT 靜態心 肌斷層灌注掃描	4959	
N73-S04	VENTRICULAR EJECTION FRACTION MEASUREMENT & WALL WITH SPECT	3572	
N73-S05	DYNAMIC RENAL/URINARY FUNCTION STUDY 動態腎/泌尿功能 測定	2370	
N73-S06	DYNAMIC RENAL/URINARY FUNCTION STUDY AFTER INTERVENTION介入性動態腎/泌尿功能測定	3136	
N73-S07	SHUNT/PERITONEAL/PLEURAL SCAN 分流/腹膜腔/胸膜腔掃描	2010	
N73-S08	THREE-PHASE&WHOLE BODY BONE SCAN 三相暨全身骨骼掃描	5362	
N73-S09	QUANTITATIVE SACROILIAC&WHOLE BODY BONE SCAN 薦腸關 節定量檢查暨全身骨骼掃描	4972	
N73-S10	WHOLE BODY MUSCLE SCAN 全身肌肉攝影	2082	
N73-S11	LYMPHOSCINTOGRAM 淋巴閃爍攝影	2664	
N73-S12	I-131 CANCER FOLLOW UP EXAM.-INJECT THYROGEN 碘-131 癌症追蹤檢查-施打THYROGEN	20000 *	
N73-S13	OSTEOMYELITIS SCAN 骨髓炎掃描	9682	
N73-S14	PROSTHESIS INFECTION SCAN 人工關節感染檢查	9682	
N73-S15	核醫影像複製光碟片	200 ☆	
N73-S17	MYOCARDIAL PERFUSION SPECT WITH CARDIAC FUNCTION STUDIES	14000	
N73-S18	STRESS CARDIAC FUNCTION STUDY	3000	
N73-S19	RESTING CARDIAC FUNCTION STUDY	4000	
P1011C	呼吸照護病房/日第1-90天	4349	
P1012C	呼吸照護病房/日-第91天以後	3589	
P1341C	DOTS SERVICES OF TB CASES-PROVIDED BY HOSPITAL OR CLINIC PHARMACISTS	600	
P1342C	DOTS SERVICES OF TB CASES-PROVIDED BY NURSES IN HOME	1200	
P1407C	MANAGING FEE OF D.M. OPD TRIAL CARE PLAN, FIRST VISIT	650	
P1408C	MANAGING FEE OF D.M. OPD TRIAL CARE PLAN, RETURN VISIT	200	
P1409C	MANAGING FEE OF D.M. OPD TRIAL CARE PLAN, YEARLY OVERVIEW	800	
P1410C	糖尿病第二階段追蹤管理照護費	100	
P1411C	糖尿病第二階段年度評估管理照護費	300	
P1612C	MANAGING FEE OF ASTHMA OPD TRIAL CARE PLAN, FIRST VISIT	400	
P1613C	MANAGING FEE OF ASTHMA OPD TRIAL CARE PLAN, RETURN VISIT	200	
P1614B	MANAGING FEE OF ASTHMA OPD TRIAL CARE PLAN, YEARLY OVERVIEW	800	
P3401C	PRE-ESRD預防性計畫及病人衛教計畫-健康管理費	100	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
P3402C	PRE-ESRD預防性計畫及病人衛教計畫-新收案管理照護費	1200	
P3403C	PRE-ESRD預防性計畫及病人衛教計畫-完整複診衛教及照護費	600	
P3404C	PRE-ESRD預防性計畫及病人衛教計畫-完整性複診診察及年度評估照護費	600	
P3405C	PRE-ESRD預防性計畫及病人衛教計畫-結案資料處理費	600	
P3406C	PRE-ESRD預防性計畫及病人衛教計畫-STAGE 4 病患之照護獎勵費	1500	
P3407C	PRE-ESRD預防性計畫及病人衛教計畫-STAGE 5 病患之照護獎勵費	3000	
P3408C	PRE-ESRD預防性計畫及病人衛教計畫-蛋白尿為收案條件之患者獎勵費	1000	
P3409C	PRE-ESRD預防性計畫及病人衛教計畫-STAGE 3B、4、5及蛋白尿病患「持續照護獎勵費」	2000	
P3410C	PRE-ESRD預防性計畫及病人衛教計畫-預先建立瘻管或導管獎勵費	1000	
P3904C	母嬰親善機構孕產期管理照護費(全程產檢暨生產)	1200	
P4201C	BC肝新收案管理照護費	100	
P4202C	BC肝追蹤管理照護費	100	
P4203C	超音波檢查早期肝癌病兆-篩檢異常及轉介費	500	
P4204C	肝癌早期發現費-確診	500	
P4205C	肝癌早期發現費-篩檢及確診	1000	
P4301C	初期慢性腎臟病新收案管理照護費	200	
P4302C	初期慢性腎臟病追蹤管理照護費	200	
P4303C	初期慢性腎臟病轉診照護獎勵費	200	
P4401B	安寧首次共同照護費	2025	
P4402B	後續安寧照護團隊照護費(含醫師)(每週)(次)	1575	
P4403B	後續安寧照護團隊照護費(不含醫師)(每週)(次)	1275	
P4603B	TRANSFER REWARD FOR EMERGENCY PATIENT (TRANSFER, UPWARD)	500	
P4604B	TRANSFER REWARD FOR EMERGENCY PATIENT (RECEIVE, UPWARD)	500	
P4605B	TRANSFER REWARD FOR EMERGENCY PATIENT (TRANSFER, DOWNWARD)	2000	
P4606B	TRANSFER REWARD FOR EMERGENCY PATIENT (RECEIVE, DOWNWARD)	2000	
P4607B	TRANSFER REWARD FOR EMERGENCY PATIENT (TRANSFER, PARALLEL)	500	
P4608B	TRANSFER REWARD FOR EMERGENCY PATIENT (RECEIVE, PARALLEL)	500	
P4609B	醫學中心急診病患下轉住院獎勵	171	
P4611B	急性醫療醫院醫師訪視獎勵費	1000	
P5101B	急性後期整合照護與高強度復健費用(住院模式)-每日必需治療3-5次	3587	
P5102B	急性後期整合照護與高強度復健費用(住院模式)-因醫院或病人偶發原因, 當日治療<3次	2117	
P5103B	急性後期整合照護與高強度復健費用(住院模式)-週日或國定假日	1300	
P5107B	急性後期整合照護與一般強度復健費(住院模式)-每日必需治療1-2次	2411	
P5108B	急性後期整合照護與一般強度復健費(住院模式)-因醫院或病人偶發原因, 當日無法治療	1300	
P5109B	急性後期整合照護與一般強度復健費(住院模式)-週日或國定假日	1300	
P5113B	轉出醫院出院準備及評估費(上游醫院醫師及團隊)-同團隊	2000	
P5114B	提升急性後期照護品質試辦計畫-承作醫院評估費(初次)	1000	
P5115B	提升急性後期照護品質試辦計畫-承作醫院評估費(複評)	1000	
P5117B	承作醫院出院準備及結案評估費	1500	
P5118B	轉出醫院出院準備及評估費(上游醫院醫師及團隊)-不同團隊	1600	
P5123B	轉出醫院轉銜作業獎勵費	1000	

註記欄有☆註記者, 為健保不給付項目

註記欄有*註記者, 需事前審查

收費編號	品項名稱及規格	本院收費	註記
P5124B	醫事人員訪視獎勵費	1000	
P5125B	承作醫院醫事人員居家訪視獎勵費- 一名醫事人員訪視	1000	
P5201C	DEMENTIA CLINICAL CARE FAMILY COUNSELING (>=15 ~ <30 MINS)	300	
P5202C	DEMENTIA CLINICAL CARE FAMILY COUNSELING (30 MINS MORE)	500	
P5407C	緩和醫療家庭諮詢費 (居家醫療照護整合計畫專用)	2250	
P6011C	COPD ENROLLMENT CARE MANAGEMENT FEE	400	
P6012C	COPD TRACKING CARE MANAGEMENT FEE	200	
P6013C	COPD ANNUAL ASSESMENT AND CARE MANAGEMENT FEE (1 CLASS)	800	
P6015C	COPD PULMONARY REHABILIZATION AND TRAINING ASSESSMENT FEE	600	
P71-300	GYN CYTOLOGY EXAM.	110	☆
S40-001	CO2 LASER THERAPY	3213	
S40-011	APPLICATION OF SPECIAL MACHINES, CUSA	6000	
S40-013	APPLICATION OF SPECIAL MACHINES, SONOGRAM	2000	
S40-015	APPLICATION OF SPECIAL MACHINES, EVOKE PO	4000	
S40-017	APPLICATION OF SPECIAL MACHINES, MICROSCO	2000	
S41-001	CUT DOWN VEIN	360	
S41-002	CUT DOWN ARTERY	610	
S41-003	TRACHEOSTOMY	6745	
S41-004	INCISION & DRAINAGE	300	
S41-005A	NAIL EXTRACTION	300	
S41-005B	NAIL EXTRACTION (ONE ADDED)	300	
S41-008A	ELECTROCAUTERIZATION (ADDED ONE)	300	
S41-008B	ELECTROCAUTERIZATION (ADDED ONE)	300	
S41-009	PUNCTURE TEST	50	☆
S41-010	UNNA BOOT	200	
S41-011	ARTERIAL FLOWMETRY	2000	
S41-012	VENOUS FLOWMETRY	2000	
S41-021	CHOLEDOCHOSCOPY AND REMOVAL OF STONES	5816	
S41-022	CHOLEDOCHOSCOPY, EX.	3877	
S41-031	BREAST ECHO	1500	
S41-050	CAPD, TENCKHOFF CATHETER IMPLATION	3570	
S41-351	SUTURE	300	
S41-S04	乳房微創技術費	8000	☆
S42-001	CHEST TUBE	2400	
S42-010	ECMO(EXTRACORPOREAL MEMBRANE OXYGENATION)	3800	
S42-011	CHANGE ECMO CIRCUIT(CENTRIFUGAL PUMP + MICROPOROUS MEMBRANE OXYGENATOR)	7450	
S42-201	PERCUTANEOUS TRANSLUMINAL DEPLOYMENT OF VEINUS DEVICE	21500	
S42-S01	靜脈曲張雷射技術費	3500	☆
S42-S02	硬化劑治療技術費	3176	☆
S43-009	CORT ENEMA	123	
S43-010	CLEANSING ENEMA	392	
S43-011	CLEAR IMPACTION	400	
S43-012	RECTAL IRRIGATION	392	
S43-014	POST APR WOUND CARE, EACH	324	
S43-015	ILEOSTOMY, PERMANENT APPLIANCE	250	
S43-017	COLOSTOMY IRRIGATION	250	
S43-019	ILEUM BLADDER, PERMANENT APPLIANCE	250	
S43-021	FISTULA CURRETAGE	358	
S43-022A	ELECTRO-CAUTERIZATION, PERIANAL SMALL	677	
S43-023	HEMORRHOID CRYOTHERAPY	1400	
S43-024	HEMORRHOID INJECTION	420	
S43-025	SUBCUTANEOUS SPHINCTEROTOMY	1600	
S43-027A	HEMORRHOID PROLAPSE INJECTION	600	
S43-028	PERIPROCTAL ABSCESS DRAINAGE	1770	
S43-050	ENDOSCOPIC CONTROL OF HEMORRHAGE, RECTUM	2062	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
S43-054	ANOSCOPY.	804	
S43-056	RECTOSCOPY WITH PHOTO	611	
S43-061	HEMORRHOID THROMBECTOMY	1200	
S43-062	HEMORRHOID BANDING	2534	
S43-063	TRANSANAL REMORAL OF F. B.	3250	
S43-064	PERINEAL CARE & FISTULA IRRIGATION	300	
S43-072	THREE WAY IRRIGATION	350	
S43-074	REMOVE POSTERIOR PACKING	5044	
S43-095	BALLON EXPLUSION EXAM	300	☆
S44-001	CYSTOMETRY	832	
S44-002	URETHRAL BOUGIE METAL	630	
S44-004	ORCHIOPEXY , BILATERAL	143	
S44-005	MEATOTOMY	400	
S44-006	PHIMOSIS DORSAL SPLITING	1075	
S44-007	EXCISION, CONDYLOMATA, MALE	1869	
S44-008	BLADDER TAPPING	487	
S44-010	CATHETER CHANGE	100	
S44-011	BLADDER DISTENSION	226	
S44-012	PROSTATIC MASSAGE & EXAM.	230	
S44-014	INTERMITENT CATHETERIZATION INSTRUCTION	100	☆
S44-015	INTRAVESICAL CHEMOTHERAPY FOR BLADDER CA	354	
S44-018	ECHO (泌尿科)	600	
S44-021	VASECTOMY	2693	
S44-022	CIRCUMCISION	5500	☆
S44-023	CYSTOSCOPY	1800	
S44-024	CYSTO+RETROGRADED RETERAL CATH.	2100	
S44-030	ON CYSTOFIX	560	
S44-050	N. P. T. T	5000	☆
S44-051	PENILE BRACHIAL INDEX (P. B. I.)	570	☆
S44-052	PHARMACOLOGICALLY INDUCED PENILE ERECTIO	800	☆
S44-054	DYNAMIC CAVERNOSOMETRY	1500	☆
S44-056	ELECTRICAL AND/AT NEEDLE STIMULATION	570	☆
S44-058	AUDIO-VISUAL EVOKED PENILE ERECTION	350	☆
S44-059	RIGISCAN + P. I. P. E.	2200	☆
S44-060	ELECTROEJACULATION	1200	☆
S44-061	FIBEROCYSTOSCOPY	1800	
S44-062	NOCTURNAAL ELECTROBOIMPEDENCE VOLUMETRIC ASSESSMENT	3900	☆
S44-101	CYSTOMETROGRAPHT (C. M. G.)(WITH H2O)	832	
S44-102	SPHINCTER E. M. G.	702	
S44-103	UROFLOW STUDY	671	
S44-104	URETHRAL PRESSURE PROFILE (U. P. P.)	1254	
S44-201	TRANSRECTAL ULTRASOUND OF PROSTATE	800	
S44-212	ULTRASOUND OF TESTIS AND SCROTUM	697	
S44-231	ECHO GUIDE PERCUTANEOUS NEPHROSTOMY	7500	
S44-250	BLADDER SCAN	210	
S44-801	E. S. W. L OP FEE	6300	
S44-851	E. S. W. L. 1ST(CGMH PT' S)	28600	
S44-852	E. S. W. L. 2ND(CGMH PT' S)	21100	
S44-853	E. S. W. L. 1ST(OTHERS)	23600	☆
S44-854	E. S. W. L. 2ND(OTHERS)	16100	☆
S44-855	ECHO GUIDED PROSTATE IMPLANTATION	15000	☆
S44-S03	診斷性軟式輸尿管鏡-簡單	3000	☆
S44-S04	診斷性軟式輸尿管鏡	4500	☆
S44-S05	處置性軟式輸尿管鏡	9500	☆
S44-S06	攝護腺鈦雷射切除手術	25000	☆
S44-S07	攝護腺銻雷射切除手術	25000	☆
S44-S09	尿動力學檢查套組 (UFR+EMG+UPP+CMG)	3459	
S44-S10	尿失禁檢查套組(UFR+EMG+UPP+CMG+STRESS UPP)	4377	
S44-S11	雷射包皮環切術	10000	☆
S45-021	KELOID INJ.	278	
S45-024	SIMPLE SWALLOWING THERAPY	700	
S45-030	ARGON LASER THERAPY	3030	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
S45-035	DYE LASER THERAPY UNDER 30 SPOTS	3000	☆
S45-036	DYE LASER THERAPY 30~50 SPOTS	5000	☆
S45-037	DYE LASER THERAPY 50~100 SPOTS	10000	☆
S45-038	DYE LASER THERAPY 100~150 SPOTS	12000	☆
S45-039	DYE LASER THERAPY >150 SPOTS	15000	☆
S45-091	POLLEY MAXILLARY DISTRACTOR(RENT FEE)	250	☆
S46-001	SKIN TRACTION	580	
S46-002	SKELETAL TRACTION	2013	
S46-003	PELVIC TRACTION	352	
S46-004	STRAPE CERVICAL TRACTION	352	
S46-005	CRUTCH FIELD CERVICAL TRACTION	1500	
S46-006	REMOVAL SKELETAL TRACTION DEVICE	560	
S46-007	FIGURE-8 FIXATION SHOULDER	850	
S46-008	VELPEAU FIXATION, ARM	250	
S46-009	JOINT TAPPING	412	
S46-011	TENDON INJECTION	135	
S46-012	REMOVAL OF K-PINS, SIMPLE	300	
S46-014	BALANCE TRACTION	2013	
S46-021	CAST SPLITTING, BIVALVE, WINDOW	172	
S46-022	CAST WEDGING	861	
S46-023	CAST REMOVAL	172	
S46-024	P. P. SPLINT, SHORT ARM	775	
S46-025	P. P. SPLINT, LONG ARM	1120	
S46-026	P. P. SPLINT, SHORT LEG	948	
S46-027	P. P. SPLINT, LONG LEG	1378	
S46-028	P. P. CAST, SHORT ARM	861	
S46-029	P. P. CAST, LONG ARM	1223	
S46-030	P. P. CAST, SHORT LEG	1120	
S46-031	P. P. CAST, LONG LEG	1809	
S46-032	PTB CAST	1723	
S46-033	WALKING CAST, SHORT	1421	
S46-034	WALKING CAST, LONG	2067	
S46-035	CYLINDER CAST	1654	
S46-036	SHOULDER SPICA	2498	
S46-037	HIP SPICA	2843	
S46-038	BODY CAST	2756	
S46-041	CPM	160	
S46-051	HYPERBARIC OXYGENATION CHAMBER	110	☆
S46-061	COMPARTMENT PRESSURE MEASUREMENT	300	☆
S46-071	KNEE LIGAMENT STABILITY&KINEMATIC ASSESS	800	☆
S46-072	KNEE LIGAMENT STABILITY ASSESSMENT	300	☆
S46-073	OASIS ANALYSIS OF MECHANICS OF KNEE JOIN	670	☆
S46-126	HYPERBARIC OXYGEN EXPERIMENTAL THERAPY	1200	☆
S46-127	HYPERBARIC OXYGEN THERAPY(33PSI 30MINS)	500	☆
S46-128	HYPERBARIC OXYGEN THERAPY(50PSI 30MINS)	600	☆
S46-201	JOINT ECHO	1000	
S46-202	SOFTISSUE ECHO	600	
S46-203	HIP ECHOGRAM(STATIC TYPE)	250	☆
S46-204	HIP ECHOGRAM(DYNAMIC TYPE)	1200	☆
S46-240	PRP(PLASMA-RICH-PLATELET)	5200	☆
S46-241	PRP(PLASMA-RICH-PLATELET)	7000	☆
S46-S01	骨科震波治療-軟組織	6800	☆
S46-S02	骨科震波治療-硬組織	35000	☆
S47-100	EPILATION, CRYOLYSIS	610	
S47-101	EPILATION, MANUAL	50	
S47-102	EPILATION, ELECTRIC	300	
S47-103	I&D FOR HORDEOLUM	300	
S47-104	I&C FOR CHALAZION	963	
S47-105	EYE-LID SUTURE/STITCH	80	
S47-106	REMOVE STITCHES/MONOCULAR	70	
S47-108	HOT' S OPERATION	3324	
S47-121	NASO-LACRIMAL DUCT CATHETERIZATION	1990	

收費編號	品項名稱及規格	本院收費	註記
S47-122	LACRIMAL IRRIGATION	195	
S47-123	LACRIMAL DUST BG.	300	
S47-130	REMOVAL OF FOREIGN BODY FROM SURFACE OF	170	
S47-131	REMOVAL CONJ. LITHIASIS, SIMPLE	160	
S47-132	REMOVAL CONJ. LITHIASIS, COMPLICATE	300	
S47-133	SUBCONJUNCTIVAL INJECTION	150	
S47-134	CONJUNCTIVAL SUTURE/STITCH	160	
S47-135B	EXCISION OF PTERYGIUM , COMPLICATE	3250	
S47-141	CORNEAL FOREIGN BODY REMOVAL, SIMPLE	230	
S47-142	CORNEAL FOREIGN BODY REMOVAL, RUST RING	490	
S47-143	角膜藥物燒灼	300	
S47-144	角膜電氣燒灼	296	
S47-145	CORNEAL SUTURE/STITCH	240	
S47-148	PHOTOKERATOSCOPY(COLOR)	410	
S47-151	PARACENTESIS	540	
S47-161	RETROBULBAR INJ.	240	
S47-162	INCISION & CURETTAGE OF ORBITAL ABSCESS	975	
S47-171	CHANGE DRESSING	50	
S47-310	LASER FLARE CELL METER	900	☆
S47-319	LASER FOR MACULA, FIRST VISIT	4330	
S47-320	LASER FOR MACULA, RETURN VISIT	2180	
S47-321	PAN RETINAL PHOTOCOAGULATION I (L)	5000	
S47-322	FOCAL RETINAL PHOTOCOAGULATION I (S)	4330	
S47-323	PAN RETINAL PHOTOCOAGULATION II (L)	3000	
S47-324	FOCAL RETINAL PHOTOCOAGULATION II (S)	2500	
S47-325	LASER FOR IRIS (GLAUCOMA), FIRST VISIT	4000	
S47-326	LASER FOR IRIS (GLAUCOMA), RETURN VISITE	2000	
S47-329	LASER CAPSULOTOMY, FIRST VISIT	4000	
S47-330	LASER CAPSULOTOMY, RETURN VISIT	2500	
S47-331	REMOVAL OF CORNEAL STITCHES UNDER MICROS	841	
S47-332	LASER CILIARY BODY DESTRUCTION, FOR GLAU	2915	
S47-333	LASER CILIARY BODY DESTRUCTION, FOR GLAUC	1494	
S47-334	LASER FOR TRABECULAR MESHWORK(GLAUCOMA),	3900	
S47-335	LASER FOR TRABECULAR MESHWORK(GLAUCOMA),	1950	
S47-501	LIGHT PERCEPTION	121	
S47-503	PANEL D-15 TEST	70	
S47-504	100 HUE TEST	145	
S47-505	SYNOPTOMETRY	90	
S47-507	WORTH-4-DOTS TEST	120	
S47-509	PRISM COVER TEST	120	
S47-511	TITMUS TEST	120	
S47-512	SQUINT EXAMINATION	80	
S47-515	FLUORESCEIN STAIN OF CORNEA	80	
S47-516	IMPRESSION CYTOLOGY	1000	☆
S47-517	ROSE BENGAL STAIN OF CORNEA	300	
S47-519	PUPIL DILATATION	40	
S47-521	FUNGUS DARK FIELD EXAMINATION	90	
S47-523	CONJUNCTIVAL SCRAPING	100	
S47-525	NEOSTIGMINE TEST	300	
S47-527	DBR	362	
S47-531	CONTINUOUS IRRIGATION	390	
S47-533	EXPRESSION OR ELECTRO CAUTERIZATION FOR	610	
S47-600	OPHTHALMOMETRY FOR BABY	250	☆
S47-603	OPHTHALMOMETRY EXAM.	120	
S47-604	PRESCRIPTION FOR GLASSES	150	☆
S47-605	FOR CONTACT LENS	200	☆
S47-606	OCULAR BIOMETRY (A SCAN)	201	
S47-609	HARD CONTACT LENS EXAM.	150	☆
S47-610	SOFT CONTACT LGNS EXAM.	200	☆
S47-611	VISUAL FUNCTION TEST	561	
S47-612	LOW VISION TEST	500	
S47-613	LOW VISION TRAINING	167	

收費編號	品項名稱及規格	本院收費	註記
S47-615	VISUAL FUNCTIONAL TRAINING	167	
S47-616	VISUAL ACUITY WITH CORRECTION	100	☆
S47-617	REFRACTOMETER	150	☆
S47-618	VISUAL ACUITY WITH CORRECTION(UNDER AGE	320	☆
S47-619	VISUAL ACUITY(UNDER AGE 4)	125	☆
S47-621	COLOR BLINDNESS TEST	38	
S47-622	DARK ADAPTATION TEST	410	
S47-635	MADDOX ROD TEST	120	
S47-636	COMITANCE TEST	300	
S47-637	CHEIROSCOPE	120	
S47-638	STRABISMUS EXAM.	600	
S47-639	STRABISMUS TRAINING.	200	
S47-640	VISUAL FUNCTION TRAINING	167	
S47-641	SCHIOTZ' S TONOMETRY, SIMPLE	44	
S47-642	APPLANATION TONOMETRY	98	
S47-643	TONOGRAPHY	370	
S47-644	DARK ROOM + PRONE TEST	370	
S47-645	WATER DRINKING TEST	370	
S47-646	DIURNAL VARIATION	1200	
S47-647	MYDRIATIC TEST (PROVOCATIVE TEST)	240	
S47-648	PENUMA TONOMETRY	150	
S47-649	OPHTHALMODYNAMOMETER	450	
S47-651	SLIT LAMP EXAM	51	
S47-652	GONIOSCOPE EXAM	179	
S47-653	FUNDUS (WITH CONTACT LENS)	300	
S47-654	VITREOUS (WITH CONTACT LENS)	300	
S47-655	PACHOMETRY	100	
S47-656	CORNEAL ENDOTHELIAL MICROSCOPE	493	
S47-657	EXTERNAL EYE PHOTOGRAPHY, SIMPLE	150	
S47-662	FUNDUS PHOTO PICTURE/PICTURE	43	
S47-663	FLUORESCEIN ANGIOGRAPHY	1004	
S47-665	ECHO EXAM (B SCAN)	700	
S47-667	MICROSONOGRAPHY	1500	
S47-670	LOCALIZATION OF RETINAL BREAK	290	
S47-671	DIPLOPIA TEST	200	
S47-672	VISUAL FIELD EXAM(PERIMETRY)	250	
S47-673	SCOTOMETRY EXAM	217	
S47-674	OPHTHALMODYNAMOMETRY	180	☆
S47-676	EXOPHTHALMOMETRY EXAM	50	
S47-678	VISUAL FIELD OCTOPUS (HUNPHREY)	1000	
S47-680	INDIRECT OPHTHALMOSCOPY	180	
S47-681	ELECTRO RETINOGRAPHY (ERG)	676	
S47-682	ELECTRO-OCULOGRAPHY (EOG)	1000	
S47-689	RINETIC VISUAL FIELD EXAMINATION	225	
S47-690	STATIC VISUAL FIELD EXAMINATION	400	
S47-903	AMBLYOPIA EXAM.	450	
S47-905	ANISOMETROPIA EXAMINATION	150	
S47-911	EYE PROSTHESIS	8000	☆
S47-913	SPECIAL EYE PROSTHESIS	10000	☆
S47-915	OPERATIONAL EYE PROTHESIS	1000	☆
S47-917	CORNEAL PRSOTHESES	1000	☆
S47-920	EYE PROTHESIS REVERSION	1800	☆
S47-921	CORNEAL MAINTENACE & SHIPPING FEE(FROM SAN LOUIS)	28100	☆
S47-922	CORNEAL MAINTENACE & TREATMENT	20500	☆
S47-931	AUTOLOGOUS LIMBAL STEM CELL CULTURED	58500	☆
S47-950	RETROBULAR ANESTHESIA	1200	
S47-S01	角膜內注射	100	
S47-S03	前房內注射	640	
S47-S06	IRRIGATION AND PROBING OF NASOLACRIMAL D	264	
S47-S07	DILATION OF PUNCTURE	170	
S48-001	E. N. T. BIOPSY	536	
S48-003	LARYNGOSCOPY	600	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
S48-004	LARYNGOSCOPY BIOPSY	1000	☆
S48-005	ESOPHAGOSCOPY	971	
S48-006	ESOPHAGOSCOPY C BIOPSY	1200	☆
S48-008	LARYNX STROBOSCOPE	2080	
S48-011	ESOPHAGEAL BOUGINATION	262	
S48-012	ESOPHAGEAL FOREIGN BODY	2626	
S48-013	ELECTRIC CAUTERIZATION	400	
S48-016	ENDOSCOPIC LARYNGEAL FOREIGN BODY REMOVAL	1632	
S48-017	CORRECTION OF NASAL BONE FRACTURE	2566	
S48-020	ECONG	2012	
S48-021	PURE TONE AUDIOMETRY	450	
S48-022	TYMPANOMETRY	300	
S48-023	TONE DECAY TEST	300	
S48-025	SPEECH DISCRIMINATION	279	
S48-026	SPEECH EVALUATION	357	
S48-029	ENG	1200	
S48-030	V. F. T.	500	
S48-031	B. S. R.	1792	
S48-032	NASO PHARYNYSCOPE	800	
S48-033	SPEECH RE-EVALUATION	210	
S48-034	COMPUTARIZED ROTATORY CHAIR SYSTEM	4000	☆
S48-035	V. F. S.	300	
S48-041	TOPOGRAPHY	1000	☆
S48-051	INTRATYMPANIC INJECTION UNDER MICRO	503	
S48-055	TYMPANCENTESIS	220	
S48-061	VENTILATION TUBE INSERTION, UNILATERAL	3881	
S48-064	E-TUBE INFLATION	200	☆
S48-064A	E-TUBE INFLATION, UNILATERAL	224	
S48-064B	E-TUBE INFLATION, BILATERAL	376	
S48-069	OLFACTION TEST(40 ITEMS)	950	☆
S48-070	OLFACTION TEST	325	
S48-071	INTRANASAL INJECTION	160	
S48-072	REMOVE NASAL PACKING	170	
S48-073	ANTERIOR NASAL PACKING	300	
S48-074	POSTERIOR NASAL PACKING	735	
S48-075	SIMPLE EPISTAXIS	280	
S48-076	NASAL TURBINATE, ELECTRIC CAUTERIZATION	1130	
S48-077	NASAL DOUCHING	170	
S48-078	ENT LOCAL TREATMENT	120	
S48-079	MAXILLARY SINUS PUNCTURE & IRRIGATION, U	600	
S48-080	MAXILLARY SINUS PUNCTURE & IRRIGATION, BI	900	
S48-081	SINOSOPY	1332	
S48-085	SINOSCOPY WITH BIOPSY, UNILATERAL	810	☆
S48-086	SINOSCOPY WITH BIOPSY, BILATERAL	2130	☆
S48-087	RHINOMANOMETRY	590	
S48-091	INCISION & DRAINAGE PERITONSILLAR ABSCESS	657	
S48-092	POST-OPERATIVE BLEEDING, MANAGEMENT, TONSIL	2942	
S48-100	GLYCERINE TEST	950	
S48-101	SOUND FIELD TESTING	2270	
S48-102	RECRUITMENT TEST (SISI)	300	
S48-103	FUNCTIONAL HEARING TEST	800	
S48-104	IMPEDANCE AUDIOMETRY	452	
S48-105	SOUND SPECTROGRAPHY	497	
S48-106	SPEECH AUDIOMETRY	300	
S48-107	SOUND RECORD TESTING	280	
S48-109	CALORIC TEST	596	
S48-110	PROMONTORY TEST	6060	☆
S48-111	SPEECH PERCEPTION TEST	1400	☆
S48-112	TEST FOR PSYCHOLOGIC AND PHYSICAL STATUS	1220	☆
S48-113	EVALUATED OF HEARING ACCESSORY MACHINE	270	☆
S48-114	COUNSELING	350	☆
S48-131	VISUAL FEEDBACK TRAINING PHOTOTARYNGOGRA	700	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
S48-132	VISUAL FEEDBACK TRAINING WITH SOUND SPEC	700	
S48-133	EAR LOCAL TREATMENT, BILATERAL	180	
S48-134	CHANGING DRESSING OF EAR, BILATERAL	180	
S48-135	I & D OF EXTERNAL EAR CANAL	434	
S48-136	EAR CANAL DOUCHING	156	
S48-139	IMPACTED CERUMEN, UNILATERAL	190	
S48-140	SIMPLE F.B. REMOVAL, ENT	325	
S48-141	COMPLICATED F.B. REMOVAL, ENT	919	
S48-151	SWALLOWING EVALUATION	350	
S48-152	SIMPLE FRENECTOMY	657	
S48-161	OTO ACOUSTIC EMISSION TEST	837	
S48-181	STALOGRAM INBUBATION	150	
S48-183	ENT LOCAL TREATMENT CHANGING DRESSING	120	
S48-200	NERVE PLEXUS BLOCK	1060	
S48-202	TRIGEMINALE SEMILUNAR GANGLION(GASSERI)	960	
S48-204	CANALITH REPOSITIONING PROCEDURE	432	
S48-S01	鼻竇超音波檢查	240	
S48-S02	誘發反應聽力檢查	706	
S48-S03	上頷竇機能檢查--單側	1076	
S48-S04	上頷竇機能檢查--雙側	1292	
S48-S05	上頷竇穿刺(一側)	405	
S48-S06	鼓室穿刺	270	
S48-S07	鼓膜穿刺(一側)	100	
S48-S08	中耳腔穿刺	100	
S48-S09	小兒自費聽力篩檢	550	☆
S49-001	MENSTRAL REGULATION	1200	☆
S49-002	D&C (OPD)	1799	
S49-003	THERAPEUTIC CERVICAL DILATATION	483	
S49-004	CERVIX BIOPSY	430	
S49-005	CERVICAL POLYPECTOMY	392	
S49-006	CRYOSURGERY R ELECTROSURGERY OF CERVIX	671	
S49-008	PELVIS EXAMINATION	55	
S49-009	VAGINAL IRRIGATION	60	
S49-010	CERVICAL PAPSMEAR EXAM.	265	☆
S49-011	PAPANICOLAOUS SMEAR	80	
S49-013	MEDICATION, CERVIX BLEEDING	49	
S49-015	PAPANICOLON SMEAR	230	
S49-016	PAPANICOLON SMEAR(BY OPD VISIT)	230	
S49-018	THE THINPREP PAP TEST	1500	☆
S49-021	REMOVAL OF FOREIGN BODY, SIMPLE	72	
S49-022	REMOVAL OF FOREIGN BODY, COMPLICATED	800	
S49-023	BLADDER SONOGRAPHY FOR MEASUREMENT OF URINE AMOUNT	90	
S49-030	HYSTEROSCOPY(OPD)	2034	
S49-031	COLPOSCOPY	605	
S49-032	CULDOCENTESIS	180	
S49-041	CONDYLOMA, ELECTRO CAUTERIZATION (S)	1064	
S49-047	ELECTRO/CHEMICAL CAUTERIZATION	230	
S49-049	SPERM WASHING & X-Y SEPARATION	4900	☆
S49-050	SEMEN ANALYSIS & STORAGE	500	☆
S49-051	SPERMATOZOA PURIFICATION	1700	☆
S49-052	SEMINALYSIS & MORPHOLOGY	300	☆
S49-053	LHRH/TRH BLOOD SAMPLING	200	☆
S49-054	PUSTILE PUMP SYRINGE, RENT/MONTH	1300	☆
S49-055	PUSTILE PUMP DRUG RENEW	550	☆
S49-058	BONE MARROW CHROMOSE	3200	☆
S49-059	CHROMOSOME AMNIOTIC FLUID	5000	☆
S49-060	CHROMOSOME CHORION BIOPSY	4500	☆
S49-061	HYDRO TUBATION	300	
S49-063	INSEMINATION	2000	☆
S49-065	VX. DISCHARGE TEST POST COITAL	200	
S49-066	PREGNANCY TEST	160	
S49-069	HIGH RISK PREGNANCY TREAT	400	☆

收費編號	品項名稱及規格	本院收費	註記
S49-070	URINARY L. H. SURGE TEST	350	☆
S49-071	LOOP INSERTION	80	☆
S49-072	RING INSERTION	250	☆
S49-073	COPPER CONTRACEPTIVE INSERTION	300	☆
S49-074	COPPER CONTRACEPTIVE INSERTION(GOV COMPR	400	☆
S49-075	IUD REMOVAL	100	☆
S49-076	IUD REMOVAL, COMPLICATE	800	☆
S49-077	CONTRACEPTION PILLS ORAL	10	☆
S49-078	MORPHOLOGICAL CLASSIFICATION OF SPERMATOG	770	☆
S49-079	SEMEN FRUCTOSE TEST	460	☆
S49-101	GYNECOLOGIC ULTRASOUND	450	
S49-102	NON-STRESS TEST (NST)	517	
S49-106	FETAL ANATOMY &PHYSIOLOGY PROFILE	4900	☆
S49-122	CHORIONIC VILLI SAMPLING	2000	☆
S49-124	FETAL BLOOD FLAN WAVE FORM EXAMINATION	1100	☆
S49-125	FETAL ECHOCARDIOGRAPHY	2200	☆
S49-126	DOPPLER COLOR PELVIC FLOW MAPPING	2000	☆
S49-127	DETAIL FETAL ASSESSMENT	2200	☆
S49-128	3D FETAL IMAGE	1600	☆
S49-131	FOAM TEST FOR AMNIOTIC FLUID	200	☆
S49-132	PG AGGLUTINATION TEST FOR AMNIOTIC FLUID	3000	☆
S49-144	TREATMENT POST CAUTERISM OR CRYOSURGERY OF CERVIX	54	
S49-152	P. P. CARE OR VAGINAL WASH, OPD	54	
S49-160	PAD TEST	358	
S49-181	SPERM MAR TEST	500	☆
S49-191	SPERM PENETRATION ASSAY	7500	☆
S49-201	EMBRYO CULTURE	12000	☆
S49-202	GAMETE PREPARATION & CULTURE	9000	☆
S49-203	EMBRYO CRYOPRESERVATION & THAWING	6600	
S49-204	ZONA CUTTING	4500	
S49-205	ICSI	18000	☆
S49-206	LEUKOCYTE TRANSFUSION FOR ABORTION	450	☆
S49-207	A-THALASSEMIA (AMNI. OR. CVS)	2000	☆
S49-208	A-THALASSEMIA (BLOOD)	2300	☆
S49-209	FLUORECENT IN SITU HYBRIDIZATION	5300	☆
S49-210	DRUG USE COUNSELING FEE	400	☆
S49-211	GENETICS COUNSELING FEE	290	☆
S49-212	INFATILITY COUNSELING FEE	250	☆
S49-213	COMPUTER-AIDED SPERM	450	☆
S49-215	PREIMPLANTATION GENETIC DIAGNOSIS(EMBRYO BIOPSY+5 COLOR FISH, 1-5 EMBRYO)	43200	☆
S49-216	PREIMPLANTATION GENETIC DIAGNOSIS(EMBRYO BIOPSY+2 COLOR FISH, 1-5 EMBRYO)	29000	☆
S49-217	PREIMPLANTATION GENETIC DIAGNOSIS(EMBRYO BIOPSY+5 COLOR FISH, >5 EMBRYO PEREMBRO)	32400	☆
S49-218	PREIMPLANTATION GENETIC DIAGNOSIS(EMBRYO BIOPSY+ COLOR FISH, >5 EMBRYO PEREMBRO)	21800	☆
S49-221	URETHROCYSTOMETRY	1560	☆
S49-222	LEAK POINT PRESSURE	1560	☆
S49-224	BLASTOCYST CULTURE AND COCULTURE	14000	☆
S49-230	BIOFEEDBACK ASSISTED PELVIC FLOOR MUSCLE TRAINING(BAPFMT)	415	
S49-231	ELECTRICAL STIMULATION FOR URINARY INCONTINENCE	200	☆
S49-232	尿失禁電刺激治療	350	
S49-233	ELECTRICAL STIMULATION FOR URINARY INCONTINENCE AT HOME	2500	☆
S49-301	ROUTINE ANTEPARTUM EXAM.	267	
S49-302	FIRST TRIMESTER ANTEPARTUM EXAM.	662	
S49-303	ANTEPARTUM EXAM. ULTRASOUND SCANNING	350	
S49-304	THIRD TRIMESTER ANTEPARTUM EXAM.	297	
S49-S01	道格拉斯窩穿刺	180	

收費編號	品項名稱及規格	本院收費	註記
S49-S03	ECHO GUIDED AMNIOCENTESIS	2500	
S49-S04	羊水晶片式全基因體定量分析	18000	☆
S49-S05	VAGINAL ULTRASOUND	957	
S50-005	HEMOSATSIS PROCEDURES FOR POSTPARTUM HEMORRHAGE	11500	
S50-007	TREATMENT OF ECLAMPSIA AND PREECLAMPSIA	5572	
S50-008	FETAL MONITOR <=3 HRS	259	
S50-009	FETAL MONITOR>3HRS, EACH HOUR	45	
S50-010	INNER ORGANS INJECTION	40	
S50-012	FETAL MONITOR, PERDAY	550	
S50-013	SCALP LEAD	200	☆
S50-015	INTRA PRESSURE	400	☆
S50-017	PUDENDAL BLOCK	250	☆
S50-020	SELF PAY FOR C. S.	19098	☆
S50-022	OXYTOCIN CHALLENGE TEST (OCT)	700	
S50-023	INDUCTION LABOR	400	
S50-024	CHECK URINE	30	
S50-031	OBSTETRIC ULTRASOUND	550	
S50-051	RENT FOR BREAST SUCTION PUMP	130	☆
S50-101	DELIVERY PHYSICIAN SPECIAL FEE 非值班時間醫師出勤費 (自然產)	4500	☆
S50-102	DELIVERY PHYSICIAN SPECIAL FEE 非值班時間醫師出勤費 (剖腹產)	4500	☆
S51-003	ULTRAVIOLET	150	☆
S51-004	INFRARED	120	☆
S51-005	ULTRASOUND	120	☆
S51-008	SHORTWAVE DIATHERMY	150	☆
S51-009	ELECTRIC STIMULATION	160	☆
S51-011	FARADISM UNDER PRESSURE	200	☆
S51-012	HOT PACK	80	☆
S51-013	COLD PACK	80	☆
S51-014	PARAFFIN	120	☆
S51-015	HYDRO THERAPY U/E	150	☆
S51-016	HYDRO THERAPY L/E	180	☆
S51-017	HURBARD TANK	450	☆
S51-018	CERVICAL TRACTION	150	☆
S51-019	LUMBAR TRACTION	150	☆
S51-020	FACIAL MASSAGE	150	☆
S51-021	MANUAL MUSCLE TEST, LOCAL	250	☆
S51-022	MANUAL MUSCLE TEST, GENERAL	400	☆
S51-023	MEASUREMENT OF ROM	150	☆
S51-024	EVALUATION OF CVA	180	☆
S51-025	CONSULTATION AMPUTEE, CP, CVA P' T	200	☆
S51-026	MECHANICAL THERAPEUTIC EXERCISE	120	☆
S51-027	NEUROPHYSIOLOGICAL THERAPEUTIC EXERCISE	200	☆
S51-028	SPECIAL EXERCISE	150	☆
S51-029	CIRCULATOR	150	☆
S51-035	RESTING SPLINT, SHORT LEG	420	
S51-036	COCK-UP, SPLINT	315	
S51-037	BED SIDE CARE	160	☆
S51-038	STEAM BATH	150	☆
S51-039	TNS	200	☆
S51-041	ELECTRICAL ACUPUNCTURE	200	☆
S51-050	INSPECTION	100	☆
S51-051	FUNCTIONAL OT	200	☆
S51-053	MEASUREMENT ROM	150	☆
S51-054	EVALUATION OF CVA	200	☆
S51-055	EVALUATION OF ADL	160	☆
S51-056	TRAINING & CONSULTATION OF ADL	200	☆
S51-057	PHYSICAL THERAPY EVALUATION	240	
S51-059	CHECK UP PF U/E PROSTHESIS & TRAINING	180	☆
S51-060	EVALUATION OF HAND INJURY	180	☆
S51-061	PROVOCATIONAL EXPLORATION & CONSULTATION	200	☆

收費編號	品項名稱及規格	本院收費	註記
S51-062	HOME VISIT	600	☆
S51-063	CONSULTATION CP, CVA & OTHER CHROMIC P' T	200	☆
S51-064	SPLINT, LARGE	500	☆
S51-065	SPLINT, MED.	350	☆
S51-066	SPLINT, SMALL	200	☆
S51-067	GROUP THERAPY	150	☆
S51-068	BEDSIDE CARE	160	☆
S51-071	PHYSICAL THERAPY, SIMPLE 30 MINUTS	160	
S51-072	PHYSICAL THERAPY, MODERATE 30-50 MINUTS	320	
S51-073	PHYSICAL THERAPY, COMPLICATED 50 MINUTES	600	
S51-074	PHYSICAL THERAPY, SIMPLE OVER 30 MINUTES	320	
S51-075	PHYSICAL THERAPY, MODERATE OVER 30 MINUTE	480	
S51-077	OCCUPATIONAL THERAPY EVALUATION	240	
S51-080	OCCUPATIONAL THERAPY, COMPLICATED 50 MINU	600	
S51-081	OCCUPATIONAL THERAPY, SIMPLE 30 MINUTS	160	
S51-082	OCCUPATIONAL THERAPY, MODERATE 30 MINUTS	320	
S51-083	OCCUPATIONAL THERAPY, COMPLICATED 50 MINU	480	
S51-084	RESTING SPLINT, SHORT LEG	2150	
S51-085	RESTING SPLINT, LONG LEG	3400	
S51-086	COCK-UP, SPLINT,	830	
S51-087	SPASTECITY REDUCTION SPLING,	1020	
S51-088	INDIVIDUAL FINGER SPLING	320	
S51-089	LONG OPPONEUS SPLINT	500	
S51-090	SHORT OPPONEUS SPLINT	385	
S51-103	COMMUNICATION THERAPY, SIMPE 30 MINUTS	240	
S51-104	COMMUNICATION THERAPY, MODERATE 30-50 MIN	320	
S51-105	COMMUNICATION THERAPY, COMPLICATED 30 MIN	600	
S51-107	SPEECH THERAPY EVALUATION	240	
S51-112	COMMUNICATION THERAPY, COMPLICATED 30 MIN	480	
S51-113	ERGONOMIC PRESSURE EVALUATION(SIMPLE)	650	☆
S51-114	ERGONOMIC PRESSURE EVALUATION(MODERATE)	1250	☆
S51-115	ERGONOMIC PRESSURE EVALUATION(COMPLICATE	2250	☆
S51-200	INSPECTION	100	☆
S51-301	KNEE JOINT ANALYSIS, SIMPLE	1200	☆
S51-302	KNEE JOINT ANALYSIS, MODERATE	1800	☆
S51-304	HIP JOINT MOTION ANALYSIS, SIMPLE	1200	☆
S51-305	HIP JOINT MOTION ANALYSIS, MODERATE	1800	☆
S51-306	HIP JOINT MOTION ANALYSIS, COMPLICATED	2000	☆
S51-307	ANKLE JOINT MOTION ANALYSIS, SIMPLE	1200	☆
S51-308	ANKLE JOINT MOTION ANALYSIS, MODERATE	1800	☆
S51-309	ANKLE JOINT MOTION ANALYSIS, COMPLICATED	2000	☆
S51-310	FOOT-FLOOR REACTION FORCE ANALYSIS, SIMP.	1200	☆
S51-311	FOOT-FLOOR REACTION FORCE ANALYSIS, MOD.	1800	☆
S51-312	FOOT-FLOOR REACTION FORCE ANALYSIS, COM.	2000	☆
S51-313	FOOT CONTACT PATTERN ANALYSIS	500	☆
S51-314	GAIT DISTANCE FACTOR ANALYSIS	300	☆
S51-315	STANDING STABILITY ANALYSIS, SIMPLE	300	☆
S51-317	GAIT CYCLE RATE ANALYSIS	500	☆
S51-318	CENTER OF GRAVITY TRACK ANALYSIS	500	☆
S51-320	LOWER LIMB FUNCTION EVALUATION	1500	☆
S51-321	FOOT PRESSURE ANALYSIS: SEQUENTIAL MAGE A	800	☆
S51-322	PRESSURE DISTRIBUTING IMAGE ANAL: STATIC	500	☆
S51-324	PRESSURE DISTRIBUTING IMAGE ANALYSI: D. R.	600	☆
S51-325	FOOT PRESSURE ANALYSIS: ARCH CHARACTER A.	500	☆
S51-329	DYNAMIC EMG IN GAIT ANALYSIS	1500	
S51-331	VIDEO-URODYNAMIC STUDY	7883	
S51-708	FUNCTIONAL ORTHOSIS(LARGE)	2000	☆
S51-709	FUNCTIONAL ORTHOSIS(MEDIA)	1000	☆
S51-710	FUNCTIONAL ORTHOSIS(SMALL)	500	☆
S51-990	KINESIO TAPING	20	☆
S51-991	KINESIO TAPING-DR	20	☆
S51-S01	RESTING SPLINT, SHORT LEG	1300	

收費編號	品項名稱及規格	本院收費	註記
S51-S02	RESTING SPLINT, LONG LEG	420	
S51-S03	RESTING SPLINT, LONG LEG	2300	
S51-S04	COCK-UP, SPLINT,	350	
S51-S05	SPASTECITY REDUCTION SPLING	315	
S51-S06	SPASTECITY REDUCTION SPLING,	500	
S51-S07	INDIVIDUAL FINGER SPLING	140	
S51-S08	INDIVIDUAL FINGER SPLING	180	
S51-S09	LONG OPPONEUS SPLING	160	
S51-S10	SOFTISSUE ECHO	1000	☆
S51-S11	SHORT OPPONEUS SPLINT	160	
S51-S12	SHORT OPPONEUS SPLINT	150	
S51-S13	長型對掌副木 材料費	240	
S51-S14	TORTICOLLIS CORRECTION ORTHOSIS	815	
S51-S15	NECK SPLINT	815	
S51-S16	SHOULD SPLINT	1720	
S51-S22	NECK SPLINT	315	
S51-S23	SHOULD SPLINT	420	
S52-002	OXYGEN TENT/DAY	1308	
S52-003	BIRD OR PR2 RESPIRATOR/DAY	1150	
S52-007	VOLUME RESPIRATOR/DAY (MAI, GUPI I)	1800	
S52-008	INHALATION THERAPY WITH MEDICINE	550	
S52-009	INHALATION THERAPY WITH MEDICINE OPD	150	
S52-010	HUMIDITY THERAPY/TIME	150	
S52-011	AEROSOL THERAPY (MULTY FLOW)/TIME	205	
S52-012	RESUSOITATOR/DAY	100	
S52-021	BREATHING EXERCISE/TIME	100	
S52-026	INCENTIVE INSPIRATORY EXERCISE, TRI-FLO	100	
S52-032	POSTURAL DRAINAGE	150	
S52-038	RECONDITIONING EXERCISE/TIME	140	
S52-053	HALOSCALE RESPIRATION	100	
S52-061	APNEA MONITOR	70	
S52-062	O2 ANALYZER	166	
S52-063	TC PO2 MONITOR/DAY	531	
S52-064	TC POO2 MONITOR/DAY	600	
S52-065	PULSE OXIMETER/TIME	120	
S52-066	PULSE OXIMETER/DAY	500	
S52-071	NOSAL POSITIVE PRESSURE INHALATION THERA	900	
S52-072	OXYGEN INHALATION, PER HOURS	91	
S52-073	VAPOR INHALATION, PER TIME	80	
S52-074	VAPOR INHALATION, PER DAYS	360	
S52-075	NITRIC OXIDE GAS	2500	☆
S53-000	GENERAL ANES	750	
S53-001	TUBE OR MASK	4330	
S53-002	TUBE OR MASK	4330	
S53-003	TUBE OR MASK	4330	
S53-004	TUBE OR MASK	4330	
S53-005	TUBE OR MASK	4730	
S53-006	TUBE OR MASK	5610	
S53-007	TUBE OR MASK	6490	
S53-008	TUBE OR MASK	7370	
S53-009	TUBE OR MASK	8470	
S53-010	TUBE OR MASK	9570	
S53-011	TUBE OR MASK	10670	
S53-012	TUBE OR MASK	11770	
S53-013	TUBE OR MASK	12870	
S53-014	TUBE OR MASK	13970	
S53-015	TUBE OR MASK	15070	
S53-016	TUBE OR MASK	16170	
S53-017	TUBE OR MASK	17270	
S53-018	TUBE OR MASK	18370	
S53-019	TUBE OR MASK	19470	
S53-020	TUBE OR MASK	20570	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
S53-021	TUBE OR MASK >10HRS, <10. 5HRS	21670	
S53-022	TUBE OR MASK >10. 5HRS, <11HRS	22770	
S53-023	TUBE OR MASK >11HRS, <11. 5HRS	23870	
S53-024	TUBE OR MASK >11. 5HRS, <12HRS	24970	
S53-025	TUBE OR MASK >12HRS, <12. 5HRS	26070	
S53-026	TUBE OR MASK >12. 5HRS, <13HRS	27170	
S53-027	TUBE OR MASK >13HRS, <13. 5HRS	28270	
S53-028	TUBE OR MASK >13. 5HRS, <14HRS	29370	
S53-029	TUBE OR MASK >14HRS, <14. 5HRS	30470	
S53-030	TUBE OR MASK >14. 5HRS, <15HRS	31570	
S53-031	TUBE OR MASK >15HRS, <15. 5HRS	32670	
S53-032	TUBE OR MASK >15. 5HRS, <16HRS	33770	
S53-033	TUBE OR MASK >16HRS, <16. 5HRS	34870	
S53-034	TUBE OR MASK >16. 5HRS, <17HRS	35970	
S53-035	TUBE OR MASK >17HRS, <17. 5HRS	37070	
S53-036	TUBE OR MASK >17. 5HRS, <18HRS	38170	
S53-037	TUBE OR MASK >18HRS, <18. 5HRS	39270	
S53-038	TUBE OR MASK >18. 5HRS, <19HRS	40370	
S53-039	TUBE OR MASK >19HRS, <19. 5HRS	41470	
S53-040	TUBE OR MASK >19. 5HRS, <20HRS	42570	
S53-099	TUBE OR MASK	1100	☆
S53-101	PAIN CLINIC OPD	1200	
S53-102	NEUROLYSIS FOR PAIN	2000	
S53-103	IV PCA 3天 技術費	4500	☆
S53-104	EPIDURAL PCA 1天 技術費	4000	☆
S53-105	PAIN CONTRAL	2000	☆
S53-106	FEE OF POST ANES. RECOVERY CARE	350	
S53-107	PRE-ANESTHESIA PATIENT EVALUATION	180	
S53-108	EPIDURAL PCA 三天 技術費	5000	☆
S53-109	EPIDURAL BLOCK	3300	
S53-110	PAINLESS DELIVERY ANESTHESIA	5000	☆
S53-111	NERVE PLEXUS BLOCK	1060	
S53-112	PAIN CONTROL, IV OR IM	1500	
S53-121	IV/IM ANES, IPD	1500	
S53-122	IV/IM ANES, OPD	1500	
S53-123	LOCAL ANES	450	
S53-124	PAINLESS ENDOSCOPY ANESTHESIA	3000	☆
S53-125	PAINLESS COLONOSCOPY ANESTHESIA	3000	☆
S53-126	PAINLESS ENDOSCOPY AND COLONOSCOPY ANESTHESIA	4500	☆
S53-133	DEPTH OF ANESTHESIA MONITORING >12YEARS	1316	
S53-134	DEPTH OF ANESTHESIA MONITORING ≤12YEARS	2133	
S53-200	SPINAL ANES	150	
S53-201	SPINAL ANES<0. 5 HOURS	2250	
S53-202	SPINAL ANES<1. 0 HOURS	2250	
S53-203	SPINAL ANES<1. 5 HOURS	2250	
S53-204	SPINAL ANES<2. 0 HOURS	3000	
S53-205	SPINAL ANES<2. 5 HOURS	3750	
S53-206	SPINAL ANES<3. 0 HOURS	4200	
S53-207	SPINAL ANES<3. 5 HOURS	4650	
S53-208	SPINAL ANES<4. 0 HOURS	5100	
S53-209	SPINAL ANES<4. 5 HOURS	5550	
S53-210	SPINAL ANES<5. 0 HOURS	6000	
S53-211	SPINAL ANES<5. 5 HOURS	6600	
S53-212	SPINAL ANES<6. 0 HOURS	7200	
S53-213	SPINAL ANES<6. 5 HOURS	7800	
S53-214	SPINAL ANES<7. 0 HOURS	8400	
S53-215	SPINAL ANES<7. 5 HOURS	9000	
S53-216	SPINAL ANES<8. 0 HOURS	9450	
S53-217	SPINAL ANES<8. 5 HOURS	9900	
S53-218	SPINAL ANES<9. 0 HOURS	10350	
S53-219	SPINAL ANES<9. 5 HOURS	10800	
S53-220	SPINAL ANES<10 HOURS	11250	

收費編號	品項名稱及規格	本院收費	註記
S53-300	EPIDURAL ANES	750	
S53-301	EPIDURAL ANES <0.5 HOURS	3300	
S53-302	EPIDURAL ANES <1.0 HOURS	3300	
S53-303	EPIDURAL ANES <1.5 HOURS	3300	
S53-304	EPIDURAL ANES <2.0 HOURS	3300	
S53-305	EPIDURAL ANES <2.5 HOURS	3750	
S53-306	EPIDURAL ANES <3.0 HOURS	4200	
S53-307	EPIDURAL ANES <3.5 HOURS	4650	
S53-308	EPIDURAL ANES <4.0 HOURS	5100	
S53-309	EPIDURAL ANES <4.5 HOURS	5550	
S53-310	EPIDURAL ANES <5.0 HOURS	6000	
S53-311	EPIDURAL ANES <5.5 HOURS	6600	
S53-312	EPIDURAL ANES <6.0 HOURS	7200	
S53-313	EPIDURAL ANES <6.5 HOURS	7800	
S53-314	EPIDURAL ANES <7.0 HOURS	8400	
S53-315	EPIDURAL ANES <7.5 HOURS	9000	
S53-316	EPIDURAL ANES <8.0 HOURS	9450	
S53-317	EPIDURAL ANES <8.5 HOURS	9900	
S53-318	EPIDURAL ANES <9.0 HOURS	10350	
S53-319	EPIDURAL ANES <9.5 HOURS	10800	
S53-320	EPIDURAL ANES <10 HOURS	11250	
S53-400	IV BLOCK	1500	
S53-401	IV BLOCK	3000	
S53-500	NERVE BLOCK	750	
S53-501	NERVE BLOCK <0.5 HOURS	1060	
S53-502	NERVE BLOCK <1.0 HOURS	1500	
S53-503	NERVE BLOCK <1.5 HOURS	2250	
S53-504	NERVE BLOCK <2.0 HOURS	3000	
S53-505	NERVE BLOCK <2.5 HOURS	3750	
S53-506	NERVE BLOCK <3.0 HOURS	4200	
S53-507	NERVE BLOCK <3.5 HOURS	4650	
S53-508	NERVE BLOCK <4.0 HOURS	5100	
S53-509	NERVE BLOCK <4.5 HOURS	5550	
S53-510	NERVE BLOCK <5.0 HOURS	6000	
S53-511	NERVE BLOCK <5.5 HOURS	6600	
S53-512	NERVE BLOCK <6.0 HOURS	7200	
S53-513	NERVE BLOCK <6.5 HOURS	7800	
S53-514	NERVE BLOCK <7.0 HOURS	8400	
S53-515	NERVE BLOCK <7.5 HOURS	9000	
S53-516	NERVE BLOCK <8.0 HOURS	9450	
S53-517	NERVE BLOCK <8.5 HOURS	9900	
S53-518	NERVE BLOCK <9.0 HOURS	10350	
S53-519	NERVE BLOCK <9.5 HOURS	10800	
S53-520	NERVE BLOCK <10 HOURS	11250	
S53-600	MASK GENERAL ANESTHESIS	750	
S53-601	MASK GENERAL ANESTHESIS, <0.5 HOURS	3960	
S53-602	MASK GENERAL ANESTHESIS, <1.0 HOURS	3960	
S53-603	MASK GENERAL ANESTHESIS, <1.5 HOURS	3960	
S53-604	MASK GENERAL ANESTHESIS, <2.0 HOURS	3960	
S53-605	MASK GENERAL ANESTHESIS, <2.5 HOURS	4400	
S53-606	MASK GENERAL ANESTHESIS, <3.0 HOURS	5280	
S53-607	MASK GENERAL ANESTHESIS, <3.5 HOURS	6160	
S53-608	MASK GENERAL ANESTHESIS, <4.0 HOURS	7040	
S53-609	MASK GENERAL ANESTHESIS, <4.5 HOURS	8140	
S53-610	MASK GENERAL ANESTHESIS, <5.0 HOURS	9240	
S53-611	MASK GENERAL ANESTHESIS, <5.5 HOURS	10340	
S53-612	MASK GENERAL ANESTHESIS, <6.0 HOURS	11440	
S53-613	MASK GENERAL ANESTHESIS, <6.5 HOURS	12540	
S53-614	MASK GENERAL ANESTHESIS, <7.0 HOURS	13640	
S53-615	MASK GENERAL ANESTHESIS, <7.5 HOURS	14740	
S53-616	MASK GENERAL ANESTHESIS, <8.0 HOURS	15840	
S53-617	MASK GENERAL ANESTHESIS, <8.5 HOURS	16940	

收費編號	品項名稱及規格	本院收費	註記
S53-618	MASK GENERAL ANESTHESIS, <9.0 HOURS	18040	
S53-619	MASK GENERAL ANESTHESIS, <9.5 HOURS	19140	
S53-620	MASK GENERAL ANESTHESIS, <10.0 HOURS	20240	
S53-621	MASK GENERAL ANESTHESIS, >10.0 HOURS, <10.	21340	
S53-622	MASK GENERAL ANESTHESIS, >10.5 HOURS, <11.	22440	
S53-623	MASK GENERAL ANESTHESIS, >11.0 HOURS, <11.	23540	
S53-624	MASK GENERAL ANESTHESIS, >11.5 HOURS, <12.	24640	
S53-625	MASK GENERAL ANESTHESIS, >12.0 HOURS, <12.	25740	
S53-626	MASK GENERAL ANESTHESIS, >12.5 HOURS, <13.	26840	
S53-627	MASK GENERAL ANESTHESIS, >13.0 HOURS, <13.	27940	
S53-628	MASK GENERAL ANESTHESIS, >13.5 HOURS, <14.	29040	
S53-629	MASK GENERAL ANESTHESIS, >14.0 HOURS, <14.	30140	
S53-630	MASK GENERAL ANESTHESIS, >14.5 HOURS, <15.	31240	
S53-631	MASK GENERAL ANESTHESIS, >15.0 HOURS, <15.	32340	
S53-632	MASK GENERAL ANESTHESIS, >15.5 HOURS, <16.	33440	
S53-633	MASK GENERAL ANESTHESIS, >16.0 HOURS, <16.	34540	
S53-634	MASK GENERAL ANESTHESIS, >16.5 HOURS, <17.	35640	
S53-635	MASK GENERAL ANESTHESIS, >17.0 HOURS, <17.	36740	
S53-636	MASK GENERAL ANESTHESIS, >17.5 HOURS, <18.	37840	
S53-637	MASK GENERAL ANESTHESIS, >18.0 HOURS, <18.	38940	
S53-638	MASK GENERAL ANESTHESIS, >18.5 HOURS, <19.	40040	
S53-639	MASK GENERAL ANESTHESIS, >19.0 HOURS, <19.	41140	
S53-640	MASK GENERAL ANESTHESIS, >19.5 HOURS, <20.	42240	
S53-700	HYPOTHERMIA ANESTHESIA	150	
S53-701	HYPOTHERMIA ANESTHESIA	150	
S53-702	HYPOTHERMIA ANESTHESIA	300	
S53-703	HYPOTHERMIA ANESTHESIA	450	
S53-704	HYPOTHERMIA ANESTHESIA	600	
S53-705	HYPOTHERMIA ANESTHESIA	750	
S53-706	HYPOTHERMIA ANESTHESIA	900	
S53-707	HYPOTHERMIA ANESTHESIA	1050	
S53-708	HYPOTHERMIA ANESTHESIA	1200	
S53-709	HYPOTHERMIA ANESTHESIA	1350	
S53-710	HYPOTHERMIA ANESTHESIA	1500	
S53-711	HYPOTHERMIA ANESTHESIA	1650	
S53-712	HYPOTHERMIA ANESTHESIA	1800	
S53-713	HYPOTHERMIA ANESTHESIA	1950	
S53-714	HYPOTHERMIA ANESTHESIA	2100	
S53-715	HYPOTHERMIA ANESTHESIA	2250	
S53-716	HYPOTHERMIA ANESTHESIA	2400	
S53-717	HYPOTHERMIA ANESTHESIA	2550	
S53-718	HYPOTHERMIA ANESTHESIA	2700	
S53-719	HYPOTHERMIA ANESTHESIA	2850	
S53-720	HYPOTHERMIA ANESTHESIA	3000	
S53-723	PULSE OXIMETER/TIME	120	
S53-S01	無痛胃鏡／大腸鏡檢查(補差額)	5000	☆
S53-S02	EPIDURAL ANESTHESIA, PER 30 MINUTES ADDED	240	
S53-S03	SPINAL ANESTHESIA, PER 30 MINUTES ADDED	220	
S53-S04	NERVE PLEXUS BLOCK, PER 30 MINUTES ADDED	150	
S53-S05	MASK GENERAL ANESTHESIS, <2.5 HOURS	880	
S53-S06	MASK GENERAL ANESTHESIS, <4.5 HOURS	1100	
S53-S07	TUBE OR MASK	880	
S53-S08	TUBE OR MASK	1100	
S53-S09	IV PCA 1天 技術費	2000	☆
S53-S10	朦朧麻醉	140	
S53-S11	尾椎麻醉	1350	
S53-S12	離子電泳法局部麻醉	180	
S53-S13	BUTARO 鼻噴劑止痛	3000	☆
S53-S14	兩個部位內視鏡麻醉費(健檢用)	4000	☆
S53-S15	單一部位內視鏡麻醉費(健檢用)	3000	☆
S53-S16	PCEA 3 DAY	5000	☆
S53-S17	SWAN GANZ CATH (麻醉科)	2405	

註記欄有☆註記者，為健保不給付項目

註記欄有*註記者，需事前審查

收費編號	品項名稱及規格	本院收費	註記
S53-S18	CARDIAC OUT PUT(BASE) (麻醉科)	1000	
S53-S19	TRANSESOPHAGEAL ECHOCARDIOGRAPHY(麻醉科)	4000	
S53-S22	無痛胃鏡／大腸鏡檢查(補差額)	5000	☆
S53-S23	SECOND TIME CARDIAC OUTPUT	100	
S55-S01	腦室穿刺	943	
S55-S02	後頭下穿刺	943	
S56-003	VACUUM ASSISTED CLOSURE, DAY	380	☆
S56-004	FRACTURE HEALED WITH ULTRASOUND 6 TIMES	4500	☆