

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，則健悉依本院自費收費標準自付醫療費用。
- 四、註記欄有「@」、「E」、「H」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	英文名稱	收費金額	管制代號	備註
01	CHILDREN'S HEALTH EDUCATION(AGE：01MONTH)	100	F	
02	CHILDREN'S HEALTH EDUCATION(AGE：04-06MONTH)	100	F	
08003C	HEMOGLOBIN (HB)	20		
08004C	HEMATOCRITE (HCT)	20		
08089B	ACT TEST	150		
09021C	NA+	40		
09022C	K+	40		
09041B	BLOOD GAS ANALYSIS	200		
17002B	PI MAX AND PE MAX	85		
17003C	FLOW VOLUME WITH FUNCTIONAL RESIDUAL CAP	305		
17017B	HALOSCALE RESPIRATION	100		
18008B	DOPPLER FLOWMETRY (PERIVASCULARY)	158		
18008C	DOPPLER FLOWMETRY (PERIVASCULARY)	158		
18012B	PRG(PHLEBORHEOGRAPH)	2340		
18027B	AORTOGRAPHY (OPERATING ROOM)	4830		
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		
18037C	FETAL,UMBILICAL CORD,OR GRAVID UTERINE ARTERY DOPPLER ULTRASOUND	1197		
18038B	PELVIC DOPPLER ULTRASOUND	1050		
18041B	SONOGRAPHY FOR PERIPHERAL VESSEL	800		
19002B	INTRA-OPERATIVE ECHO	1372		
19005C	ECHO FOR OTHER	630		
19007C	Ultrasonic guidance for needle placement(eg, biopsy, aspiration, injection)	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		
24003A	血漿體抑制素	160		
24007A	血漿游離鈣測定	400		
24011A	靜脈點滴鈣試驗	1191		
24012A	水負荷試驗	180		
24012B	水負荷試驗	180		
24014A	高張性鹽水負荷試驗	300		
24014B	高張性鹽水負荷試驗	300		
24017A	脫水與口服 TEGRETOL 試驗	2060		
24017B	脫水與口服 TEGRETOL 試驗	2060		
24021A	小腸內泌素試驗	895		
24021B	小腸內泌素試驗	895		
24022A	六胃泌激素試驗	720		
24022B	六胃泌激素試驗	720		
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		
27+L1001C	ADULT HEALTH EXAM.	500		
28001C	ARTHROSCOPY	3931		
28002C	NASOPHARYNGOSCOPY	800		
28003C	SINOSCOPY	1332		
28004C	LARYNGOSCOPY, INDIRECT, WITH BIOPSY	500		
28006C	BROCHOSCOPY, DIAGNOSTIC	1680		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
28007B	FIBER CHOLEDOCHOSCOPY,INTRAOPERATIVE	1939		
28008B	FIBER CHOLEDOCHOSCOPY,INTRAOPERATIVE,WITH REMOVAL OF STONES	5816		
28009B	THORACOSCOPY	9404		
28014C	LAPAROSCOPY	4584		
28015C	ESOPHAGOSCOPY, DIAGNOSTIC	1020		
28016C	UPPER GI PANENDOSCOPY	1575		
28017C	FIBEROPTIC COLONOSCOPY, DIAGNOSTIC	2363		
28019C	CYSTOSCOPY	1800		
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		
29	成人預防保健B、C肝篩檢(45歲-79歲)	200		
29007B	T-E PUNCTURE	2362		
29010C	BIOPSY, SALIVARY GLAND, NEEDLE	100		
29011C	THYROID PUNCTURE	606		
29012B	THORACOCENTESIS	1000		
29013B	PERICARDIAL PUNCTURE	1120		
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		
29035B	BREAST LESION CORE NEEDLE BIOPSY (UNILATERAL)	1623		
29A	成人預防保健B、C肝篩檢(原住民)(40歲-79歲)	200		
30513C	AMNIOTIC PH	15		
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		
32-961	NIR MINIMALLY INVASIVE SURGERY	15000	@	自費
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	16356		
33127B	PERCUTANEOUS VERTEBROPLASTY(ANY VERTEBRA AFTER THE FIRST)	5231		
33133B	STENTING FOR ILIAC VESSEL	12948		
37024A	PORT-A CATHETER IMPLATATION	5716		
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	842		
47013C	URINAL CATHETERIZATION	96		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
47014C	URINAL INDWELLING CATHETERIZATION	363		
47015B	CVP CATHETERIZATION, PERCUTANEOUS	1470		
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 DEBRILLATION OR CARDIOVERSI	554		
47029C	CPR	1800		
47030B	TEMPORARY PACEMAKER	3136		
47031C	ENDOTRACHEAL INTUBATION, EMERGENCY PROCE	835		
47035B	VENTRICULAR DRAINAGE	112		
47036B	SWAN-GANG CATHETERIZATION	2525		
47041C	SUCTION	60		
47045C	POSTURAL DRAINAGE	150		
47052B	NERVE BLOCK, TRIGEMINAL	1320		
47054C	一般高壓氧治療	720		
47058B	ESOPHAGEAL METAL STENT PLACEMENT	4439		
47059B	THERAPEUTIC CATHETER IMPLANTATION-HICKMAN CATHETER IMPLANTATION	3658		
47060B	ARTERIAL LINE INSERTION FOR CHEMOTHERAPY	3000		
47063B	INTRA AORTIC BALLOON ASSIST, DAY	2668		
47064B	GENETIC CONSULTING	1359		
47065B	THERAPEUTIC CATHETER IMPLANTATION - PICC(PERIPHERAL LINE FOR CENTRAL VENOUS CATH	3101		
47068B	E.V.D. MONITORING (DAY)	500		
47069B	ON ICP MONITOR (DAY)	280		
47073B	EXT. CUFF EXCISION AND CAPD TUNNEL DEBRIMENT	4614		
47077B	上消化道息肉切除術	3754		
47078B	GASTRIC VARICEAL SCLEROSING THERAPY	9476		
47080B	THERAPEUTIC CATHETER IMPLANTATION — PORT-A CATHETER IMPLATATION	5716		
47090B	HIGH FREQUENCY CHEST WALL OSCILLATION THERAPY	247		
47101B	急性缺血性腦中風處置費	14559		
47104B	Prone positioning ventilation, each procedure	5114		
48001C	WOUND TREATMENT, <5CM	420		
48002C	WOUND TREATMENT, 5-10CM	562		
48003C	WOUND TREATMENT, >10CM	739		
48004C	DEBRIDMENT, <5CM	2419		
48005C	DEBRIDMENT, 5-10CM	3043		
48006C	DEBRIDMENT, >10CM	4792		
48007C	ABSCISS INCISION	194		
48008C	CHANGE DRESSING	244		
48009C	TUBE DRAINAGE	107		
48010C	CHANGE DRESSING, WOUND CARE	97		
48012C	CHANGE DRESSING MEDIUM (10-20CM)	76		
48013C	CHANGE DRESSING LARGE (>20CM)	125		
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)	17854		
48031B	皮面創傷換藥－體表面積71-90 BSA (軀幹四肢者)	7966		
48032B	皮面創傷換藥－體表面積>91 BSA (軀幹四肢者)	8926		
48033C	深部複雜面部創傷處理—小 5公分以內	2445		
48034C	深部複雜面部創傷處理—中 5公分~10公分	3534		
48035C	深部複雜面部創傷處理—大 超過10公分	4101		
49006C	BOUGINATION	82		
49007C	FISTULA CURRETAGE	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		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
49014C	COLONOSCOPIC POLYPECTOMY	4172		
49015C	HEMORRHOID THROMBECTOMY	987		
49016C	ENDOSCOPIC REMOVAL OF FOREIGN BODY	3250		
49023C	ENDOSCOPIC CONTROL OF HEMORRHAGE, RECTUM	2392		
49024B	APPLIANCE OF COLOSTOMY BAG	95		
49025C	COLONOSCOPY, WITH REMOVAL OF FOREIGN BODY	5627		
49026C	CHECK COLON BLEEDING THROUGH COLONOSCOPY	8044		
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		
50-660	RETROGRADE INTRARENAL SURGERY	28000	@	自費
51001C	SKIN BIOPSY,ONE SUTURE,PUNCH EACH	348		
51002C	SKIN BIOPSY,ONE SUTURE,TWO PUNCHS	432		
51003C	SKIN BIOPSY,ONE SUTURE,OVER TWO PUNCHS	564		
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		
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	1476		
51031A	ZYDERM LIQUID, EACH AMP COMPLICATE	2040		
52001B	SKIN TRACTION	580		
52002B	SKELETAL TRACTION	2013		
52004B	STERNUM TRACTION	565		
52005B	羅氏牽引-- 一次	705		
52006B	CRUTCHFIELD TONGS TRACTION	2130		
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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	585		
54004C	REMOVAL OF FOREIGN BODY, INTRANASAL COMP	1654		
54006C	E-TUBE INFLATION,BILATERAL	376		
54007C	PAPER TYMPANOPLASTY	590		
54008C	I & D OF EXTERNAL EAR CANAL	434		
54009B	INTRATYMPANIC INJECTION UNDER MICRO.	503		
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	180		
54042C	E.N.T. BIOPSY	536		
54043B	OTHER ABSCESS PUNCTURE OR DRAINAGE	150		
54043C	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 EMBEDDED	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		
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	588		
56028B	SIMPLE THROUGH BRONCHOSCOPIC LASER RESECTION OF TUMOR OR SCAR	9193		
56029B	全肺灌洗	7880		
56030B	TRANSJUGULAR LIVER BIOPSY	8923		
56031B	ENDOSCOPIC SPHINCTEROTOMY	27331		
56032B	經內視鏡十二指腸括約肌成形術	27331		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
56034B	CHOLEDOCHOSCOPY AND CHOLEDOCHOTOMY	6852		
57001B	PRESSURE/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	RESUSCITATOR/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	9398		
57026B	INHALED NITRIC OXIDE THERAPY	756		
57027B	INHALED NITRIC OXIDE THERAPY	1260		
57028B	TRANSCUTANEOUS O2 & CO2 PRESSURE	1415		
57029C	震動式高頻呼吸器治療	3500		
57030B	Humidified high flow oxygen therapy -First time	6000		
57031B	Humidified high flow oxygen therapy -Daily care	1937		
58002C	PERITONEAL DIALYSIS	2112		
58012B	CAPD, TENCKHOFF CATHETER IMPLANTATION	4284		
58013C	ASCITES DIALYTIC ULTRAFILTRATION	4100		
58014C	CONTINUOUS VENO-VENOUS HEMOFILTRATION(C.V.V.H)	4343		
58015C	血小板分離術	2475		
58016C	DOUBLE FILTRATION PLASMAPHERESIS	2475		
58018C	CONTINUOUS VENO-VENOUS HEMOFILTRATION DIALYSIS (C.V.V.H.D)	5387		
59-460	LAMINALIA APPLICATION	137.5		
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		
61020C	APPLICATION OF EXTERNAL FIXATION APPARATUS FACIAL IN FACIAL BONE FRACTURE-	138		
62001C	EXCISION OF FACIAL SKIN TUMOR, WITHIN 1CM	1300		
62002C	EXCISION OF FACIAL SKIN TUMOR, 1CM TO 2CM	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 SUBCUTANEOUS, 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		
62020C	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, EXPLANDER	10880		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
62029B	CROSS LEG SKIN FLAP	13111		
62030B	CROSS PALM SKIN FLAP	7540		
62031B	CROSS ARM SKIN FLAP	11124		
62032B	MICROVASCULAR FREE FLAP, CUTANEOUS	26627		
62033B	MICROVASCULAR FREE FLAP, MUSCLE	26765		
62034B	MICROVASCULAR FREE FLAP, BONE	38342		
62035B	MICROVASCULAR FREE FLAP, OMENTUM	38342		
62036B	MICROVASCULAR FREE FLAP, INTESTINE	38342		
62037B	MICROVASCULAR FREE FLAP, FASCIA FREE FL	26627		
62038B	MICROVASCULAR FREE FLAP, FUNCTIONING MUS	38342		
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		
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	SEQUESTRECTOMY 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	20550		
64012B	COSTO-TRANSVERSECTOMY	4296		
64013B	EXCISION OF CLAVICLE, PARTIAL	4401		
64014B	EXCISION OF CLAVICLE, TOTAL	7380		
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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	6720		
64036C	OPEN REDUCTION FOR FRACTURE OF TOE	3176		
64037B	EXCISION OF CARPAL AND TARSAL BONE	3352		
64040B	OSTEOSYNTHESIS, METATARSAL OR CLAVICLE	6720		
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	1800		
64048C	CLOSED REDUCTION FOR FRACTURE OF METATAR	1206		
64049C	CLOSED REDUCTION FOR FRACTURE OF TOE BON	1740		
64050B	REALIGNMENT OF PATELLA	6140		
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	6324		
64061B	DISARTICULATION OF KNEE	5720		
64062B	DISARTICULATION OF ANKLE	6424		
64063C	DISARTICULATION OF FINGER OR TOE	3609		
64064B	OPEN REDUCTION FOR DISLOCATION OF HIP JO	7212		
64065B	OPEN REDUCTION FOR DISLOCATION OF SHOULD	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	4548		
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	4812		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
64102B	OPEN REDUCTION FOR FRACTURE OF PALATE, M	6636		
64103B	ORTHOGNATHIC SURGERY	5861		
64104B	RESECTION OF MANDIBLE, MARGINAL	5136		
64105B	RESECTION OF MANDIBLE, PARTIAL	7640		
64106B	RESECTION OF MANDIBLE, HEMI-RESECTION	8184		
64107C	REDUCTION OF DISLOCATION OF MANDIBULAR	2805		
64108B	REDUCTION OF MANDIBLE; SIMPLE	11154		
64109B	MAXILLA SUSPENSION WIRING	6528		
64110B	MAXILLA OPEN REDUCTION, SIMPLE	7030		
64111B	MAXILLA OPEN REDUCTION, COMPLICATED	14898		
64112B	ORBITAL FLOOR OPEN REDUCTION, SILICON SH	14081		
64113B	ORBITAL FLOOR OPEN REDUCTION, AUTOGRAFT	18430		
64114B	INTER-MAXILLARY WIRING	7392		
64115B	RELEASE OF T.M. JOINT ANKYLOSIS	14450		
64116C	BENIGN NECK MASS EXCISION (DEEP)	4150		
64117C	RUPTURE OF ACHILLES TENDON PRIMARY SUTUR	6816		
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	11301		
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	31732		
64146B	DISCOTOMY, THORACIC	25293		
64148B	HEMIPELVECTOMY	22812		
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	21600		
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.METATAR SAL OR FOOT	36970		
64158B	REPLANTATION-ARM.LEG.METATAR SAL OR FOOT	36970		
64159A	INCLUDING TOE REPLANTATION, TOE TO FINGE	57036		
64160B	OPEN REDUCTION FOR FRACTURE OF SPINE	13190		
64161B	OPEN REDUCTION FOR FRACTURE OF PELVIS	10560		
64162B	TOTAL HIP REPLACEMENT	19608		
64163B	TOTAL SHOULDER REPLACEMENT	9320		
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	11550		
64170B	PARTIAL JOINT REPLACEMENT, CUP OR HIP PR	11500		
64171B	ARTHROPLASTY OF HIP JOINT	13460		
64172B	ARTHROPLASTY OF ELBOW JOINT	8740		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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		
64178B	ARTHRODESIS OF HIP JOINT	13989		
64179B	ARTHRODESIS OF SHOULDER JOINT	11364		
64180B	ARTHRODESIS OF KNEE JOINT	9040		
64181B	ARTHRODESIS OF ELBOW JOINT	9840		
64182B	ARTHRODESIS OF WRIST JOINT OR CARPAL JOIN	6300		
64183B	ARTHRODESIS OF ANKLE JOINT	8200		
64184B	DISARTICULATION OF HIP	14580		
64185B	DISARTICULATION OF SHOULDER	12672		
64186B	ARTHROPLASTY OF TEMPOROMANDIBULAR JOINT	6252		
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	6046		
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	28152		
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	7260		
64228B	REGIONAL FASCIECTOMY	4971		
64229B	ISLAND PEDICLE FLAP	9200		
64230B	FREE VASCULARIZED BONE GRAFT, FREE MUSCL	22716		
64231B	POLLICIZATION	21542		
64232B	POLAR PLATE ARTHROPLASTY	7760		
64233B	TENDON PROSTHESIS IMPLANT	5310		
64234B	DISTAL RADIO-ULNAR JOINT RECONSTRUCTION	6040		
64235B	OPEN REDUCTION FOR SCAPULA FRACTURE JXT	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	15400		
64241B	OSTEOPLASTY, LENGTHENING	16800		
64242B	EXCISION,RADIAL HEAD	4827		
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		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
64247C	REMOVAL OF INTERNAL FIXATOR, OTHER	3589		
64249B	PATELLECTOMY	4480		
64253C	踝骨骨折開放復位(修補)術	11550		
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	6695		
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	4489		
64277C	TENDON OR LIGAMENT REPAIR (INCOMPLETE DISRUPTION)	3939		
64278B	TRANSPOSITION OF DIGIT FOR FINGER RECONSTRUCTION	38332		
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)	4860		
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	4650		
65012B	ENDONASAL ETHMOIDECTOMY	4439		
65013B	MULTIPLE SINUSECTOMY	8940		
65014B	PANSINUSECTOMY	10470		
65015B	POST OPERATION CHEEK CYST, REVISED LUC'S	7296		
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	4860		
65024C	BILATERAL	6264		
65025C	EXPLORATORY ANTROTOMY	3711		
65026B	ATROPHIC RHINITIS OPERATION, UNILATERAL	3711		
65027B	DACRYOALPLOIFINOSTOMY + CANALICULAR INTUB	8593		
65028B	REPAIR OF OROANTRAL FISTULA	6074		
65029B	INFESTOR TURBINOPLASTY	4310		
65030B	ETHMOIDECTOMY EXTERNAL	9691		
65031B	CLOSURE OF PERFORATION OF SEPTUM	4551		
65032B	SEPTAL RECONSTRUCTION/SEPTOPLASTY	6469		
65033C	ORDINARY CONCHOTOMY	3711		
65034B	RHINOPLASTY	8450		
65035B	VIDIAN NEURECTOMY	8450		
65036B	EXCISION OF NASAL TUMOR WITH SKIN GRAFT	7456		
65037B	LYNCH'S OPERATION	11412		
65038B	PARTIAL	22361		
65039B	TOTAL	26628		
65040B	NASOPHARYNGEAL EXPLORATION THROUGH PALAT	9592		
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	9720		
65045B	EXCISION OF TUMOR FROM MAXILLARY SINUS	6540		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
65046B	EXCISION OF TUMOR FROM ETHMOIDAL SINUS	8100		
65047B	TRANS NASAL	8606		
65048B	TRANS ORAL	14974		
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	8526		
65056B	REPAIR CHOANAL ATRESIA TRANSSPALATINE	8282		
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	6823		
65064B	ENDOSCOPIC FUNCTIONAL SINUS SURGERY, BIL	12390		
65065B	EXTERNAL FRONTOETHMOIDECTOMY	12728		
65066B	EXTERNAL FRONTOETHMOIDECTOMY WITH MUCOPE	16596		
65067B	OSTEOPLASTIC APPROACH FOR FRONTAL SINUS	16596		
65068B	OSTEOPLASTIC APPROACH FOR FRONTAL SINUS	13830		
65069B	TREPHINATION OF FRONTAL SINUS	12030		
65070B	NASAL BUTTON INSERTION	8220		
65071B	LATERAL RHINOTOMY	21788		
65072B	CO2 LASER FOR ALLERGIC RHINITIS	3108		
65075B	副咽腫瘤-經下顎骨切開	19786		
65076B	DEGLOVING MIDFACIAL SURGERY WITHOUT FACIAL BONE REPOSITION	12126		
65077B	LATERAL RHINOTOMY WITHOUT FACIAL BONE REPOSITION	12963		
65079B	Endoscopic Sphenopalatine Artery Ligation	6732		
66002B	LARYNGOSCOPY, OPERATIVE INCLUDING EXCISI	4771		
66003B	TEFLON INTRACORDAL INJECTION	6349		
66004B	LARYNGEAL PLASTY, SIMPLE	8298		
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	29160		
66015B	HEMILARYNGECTOMY, HORIZONTAL	19125		
66016B	HEMILARYNGECTOMY, VERTICAL (LATERAL/ANTE	18630		
66017B	RADICAL NECK LYMPHATIC DISSECTION	20859		
66018B	ARYTENOIDECTOMY	12672		
66019B	ARYTENOIDECTOMY, ENDOSCOPIC	8700		
66022B	LARYNX RECONSTRUCTION	16476		
66023B	LARYNGOPHARYNGECTOMY	24300		
66024B	THYROID CARTILAGE PLASTY-TWO TYPES	8707		
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	7381		
67001B	CHEST WALL RESECTION	10858		
67002B	EXPLORATORY THORACOTOMY	9199		
67003B	CORRECTION FOR STERNAL OR RIB FRACTURE O	9406		
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	4987		
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		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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 ≥ 10CM	15316		
67039B	WIDE EXCISION OF MALIGNANT CHEST WALL DISEASES	22462		
67040B	EXTENSIVE THYMECTOMY	18226		
67041B	COMPLICATED DEBRIDEMENT OF CHEST WALL ≥ 10CM	8422		
67042B	BILOBECTOMY	27700		
67043B	RECONSTRUCTION OF CONGENITAL FUNNEL OR PIGEON CHEST	19816		
67044B	COMPLICATED CORRECTION OF CHEST WALL DEFORMITY	26819		
67045B	CORRECTION OF ADULT CHEST WALL DEFORMITY	22494		
67046C	TRACHEAL STENT INTUBATION	9954		
67047B	THORACOSCOPIC DECORTICATION OF PLEURA	28705		
67048B	THORACOSCOPIC PLEURODESIS	11039		
67049B	THORACOSCOPIC PNEUMONECTOMY	54210		
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		
68006B	EXPLORATORY CARDIOTOMY INCLUDES REMOVAL	20898		
68007B	CREATION OF ATRIAL-SEPTAL-DEFECT, BLALOC	22390		
68008B	CREATION, ATRIAL-SEPTAL-DEFECT RASHKIND	15540		
68009B	CREATION OF A.S.D. WITH INFLOW OCCLUSION	25013		
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	58738		
68018B	TRIPLE VALVES REPLACEMENT	69541		
68019B	REPAIR VENTRICULAR ANEURYSM	43671		
68020B	REPAIR ATRIAL-SEPTAL DEFECT, SECUNDUM	26388		
68021B	REPAIR ENDOCARDIAL CUSHION DEFECT	36035		
68022B	REPAIR FISTULA SINUS OF VALSALVA	36604		
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	45692		
68027B	REPAIR VENTRICULAR SEPTAL DEFECT	36888		
68029B	CLOSED MITRAL OR OPEN MITRAL COMMISSUROT	26505		
68030B	ENDOCARDIUM BIOPSY	6050		
68031B	EPICARDIUM BIOPSY	6342		
68035B	HEART IMPLANTATION	183312	*	
68036B	EXTRACORPOREAL CIRCULATION-FIRST TIME	19910		
68041B	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER— MULTIPLE ELE	7174		
68043B	SURGERY FOR A TYPE AORTIC DISSECTION	86451		
68049B	THORACOSCOPIC PERICARDIAL WINDOW	20720		
68050B	ARRHYTHMIA SURGERY VIA ATRIOTOMY	27272		
68052B	CARDIOPULMONARY BYPASS	11505		
68053B	CORONARY ARTERY BYPASS GRAFTING(CABG), FOUR VESSELS	82610		
68054B	CORONARY ARTERY BYPASS GRAFTING(CABG) - FIVE VESSELS	87684		
68055B	CORONARY ARTERY BYPASS GRAFTING(CABG) - SIX VESSELS	90905		
69	HBSAG、HBEAG	450		
69001B	EMBOLECTOMY, ARTERIAL	7014		
69002B	EMBOLECTOMY, ARTERIAL CATHETER	7014		
69003B	THROMBECTOMY, VENOUS	7014		
69004B	ARTERIAL ENDARTERECTOMY WITH OR WITHOUT	16820		
69005B	EXPLORATION VASCULAR	5055		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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 PSTPARTUM HEMORRHAGE OR UNCONTROLLED BLEE	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 VEIN	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	21568		
69023B	EXCISION & GRAFT BYPASS OR DIRECT REPAIR	13113		
69024B	EXCISION & GRAFT BYPASS OR DIRECT REPAIR	33678		
69029B	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE	5610		
69030B	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE	4820		
69032C	REPAIR AND ANASTOMOSIS OF PERIPHERAL VES	6506		
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	40956		
69037B	EXCISION AND GRAFT BYPASS OR DIRECT REPAIR A-V FISTULA OF CHEST OR ABDOMEN	35926		
69038C	REPAIR OR ANASTOMOSIS OF PERIPHERAL VESSEL WITH GRAFT	8374		
69039B	PERMANENT CATHETER IMPLANTATION THROUGH INTERNAL JUGULAR VEIN	7449		
69040B	UNTERINE ARTERY LIGATION	8804		
69041B	Open Femoro-femoral bypass, Femoro-popliteal bypass, Axillo-femoral bypass	23272		
69042B	Open femoro-infraknee distal bypass - one vessel	31028		
69043B	Open femoro-infraknee distal bypass - two vessels	40724		
70001B	SPLENECTOMY	18425		
70002B	SPLENORRHAPHY	13379		
70003B	PARTIAL SPLENECTOMY	13414		
70004B	AUTO-IMPLANTATION OF SPLEEN	6410		
70005B	SPLENORENAL SHUNT (INCLUDING SPLENECTOMY)	11910		
70006B	LAPAROSCOPIC SPLENECTOMY	22108		
70201C	BIOPSY LYMPHNODE	530		
70202C	EXCISION OF T.B LYMPHADENITIS FISTULA, S	732		
70203B	EXCISION OF T.B LYMPHADENITIS FISTULA, D	1812		
70204B	REMOVAL OF AXILLARY LYMPHNODE	3535		
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	18059		
70210B	ILEO-INGUINAL LYMPHADENECTOM,	11116		
70211B	ILEO-INGUINAL LYMPHADENECTOM,	16038		
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	17654		
70407B	REPAIR OF ACUTE TRAUMATIC DIAPHRAGMATIC	15781		
70408B	MEDIASTINOTOMY WITH EXPLORATION OR DRAIN	6347		
70409B	MEDIASTINOTOMY WITH EXPLORATION OR DRAIN	11278		
70410B	MEDIASTINOTOMY WITH EXPLORATION OR DRAIN	11730		
70411B	REMOVAL OF FOREIGN BODY OF MEDIASTINUM,	5382		
70412B	REMOVAL OF FOREIGN BODY MEDIASTINUM BY	11403		
70413B	REPAIR OF, DIAPHRAGMATIC HERNIA, COMBINE	19245		
70414B	BENIGN COMPLICATED MEDIASTINAL MASS EXCISION (≥ 5CM)	18966		
70415B	MALIGNANT MEDIASTINAL TUMOR RESECTION	22069		
70416B	THOREOSCOPIC EXCISION OF MEDIASTINAL TUMOR(<5CM)	20457		
70417B	THOREOSCOPIC EXCISION OF MEDIASTINAL TUMOR(≥ 5CM)	23673		
70418B	LAPAROSCOPIC NISSEN FUNDOPLICATION	18948		
70419B	Nissen Fundoplication	9474		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
70420B	Laparoscopic repair of diaphragmatic hernia trans-abdominal	32160		
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)	6204		
71007C	LINGUAL TONSILLECTOMY	5170		
71008C	PALATINA & ADENOID TONSILLECTOMY	6204		
71009C	CRYOTHERAPY FOR TONSILLAR	810		
71010B	ABLATION OF SUBMAXILLARY GLAND	9192		
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		
71015B	EXCISION OF PAROTID TUMOR	12150		
71016B	HEMIGLOSSECTOMY	8872		
71017B	TOTAL GLOSSECTOMY	17940		
71018B	LIGATION OF INTERNAL MAXILLARY ARTERY	6043		
71019B	PAROTIDECTOMY, TOTAL LOBECTOMY	24622		
71020B	PAROTIDECTOMY, EXCISION	21120		
71021B	COMMANDO OP.	20288		
71022B	COMPOSITE RESECTION FOR ORAL CA	24864		
71023B	DEEP NECK INCISION & DRAINAGE	6822		
71201B	ESOPHAGEAL MYOMECTOMY	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	19544		
71217B	DEVASCULARIZATION PROCEDURE, TRANSTHORAC	27219		
71218B	DEVASCULARIZATION PROCEDURE, TRANSABDOMI	26349		
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	15266		
71224B	THORACOSCOPIC ESOPHAGECTOMY	60155		
71225B	THORACOSCOPIC OR LAPAROSCOPIC ESOPHAGOMY OTOMY(HELLER MYOTOMY)	17959		
72001B	GASTROTOMY, EXPLORATION	12417		
72002B	GASTROTOMY, REMOVAL OFFOREIGN BODY	12726		
72003B	PYLOROMYOTOMY, FREDET-RAMSTEDT	7541		
72006B	LOCAL EXCISION, ULCER OR TUMOR	17749		
72007B	GASTRECTOMY, TOTAL	31540		
72008B	GASTROSTOMY & PYLOROPLASTY	13716		
72009B	GASTRECTOMY, SUBTOTAL OR HEMIGASTRECTOMY	21383		
72010B	GASTRECTOMY, SUBTOTAL OR HEMIGASTRECTOMY	20583		
72011B	VAGOTOMY AND PYLOROPLASTY	18443		
72012B	PYLOROPLASTY	11848		
72013B	GASTRO-DUODENOSTOMY	11146		
72014B	GASTROJEJUNOSTOMY	17818		
72015B	GASTROENTEROSTOMY	10152		
72016B	GASTROJEJUNOSTOMY WITH VAGOTOMY	18125		
72017C	GASTROSTOMY	11560		
72018B	DUODENORRHAPHY, SUTURE OF PERFORATED ULC	17716		
72019B	GASTRORRHAPHY, SUTURE OR REPAIR WOUND, I	17387		
72020B	REVISION OF GASTRODUODENOSTOMY WITH OR W	15839		
72021B	RE-EXPLORATION FOR POSTGASTRECTOMY BLEED	7830		
72022C	CLOSURE OF GASTROSTOMY	7591		
72023B	DUODENOSTOMY	9627		
72024B	EXCISION OF DUODENUM TUMOR	12935		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
72025B	EXCISION OR INVERSION OF DUODENAL DIVERT	8532		
72026B	CLOSURE OF DUODENALFISTULA	11480		
72027B	DUODENAL OBSTRUCTION	10596		
72028B	HIGHLY SELECTIVE VAGOTOMY	11912		
72029B	VAGOTOMY	8093		
72030B	PROXIMAL GASTRECTOMY & ESOPHAGECTOMY & R	26231		
72031B	GASTRECTOMY, TOTAL, WITH SPLENECTOMY OR	40939		
72032B	GASTRECTOMY, RADICAL	46233		
72033B	REVISION OF GASTROJEJUNOSTOMY	13717		
72034B	RESECTION OF RETAINED ANTRUM, POSTGASTRE	11940		
72036B	TRANSDUODENAL SPHINTEROPLASTY	17712		
72037B	PLICATION OF STOMACH	11370		
72038B	GASTROPEXY FOR GASTRIC VOLVULUS	13068		
72039B	EPT (ENDOSCOPIC PAPILLECTOMY)	14832		
72042B	GASTROTOMY-WITH SUTURE REPAIR OF BLEEDING ULCER	20954		
72043B	SUBTOTAL GASTRECTOMY OR HEMIGASTRECTOMY WITH GASTROJEJUNOSTO	27798		
72044B	次全或半胃切除術及胃空腸吻合術 ROUX-EN-Y 型－無迷	18807		
72045C	LAPAROSCOPIC GASTROSTOMY	11906		
72046B	95%胃切除及淋巴清除及腸胃重建	34241		
72047B	次全胃切除及淋巴清除及腸胃重建	36709		
72048B	LAPAROSCOPIC SUBTOTAL GASTRECTOMY	33357		
72049B	LAPAROSCOPIC VALGOTOMY AND DRAINAGE	15577		
72050B	內視鏡黏膜切除術	8199		
72053B	Laparoscopic pyloromyotomy, Fredet-Ramstedt	13951		
72054B	Laparoscopic partial gastrectomy (ulcer or tumor)	22646		
72055B	Laparoscopic gastrojejunostomy	18125		
72056B	Laparoscopic duodenorrhaphy, suture of perforated ulcer	27031		
72057B	Laparoscopic gastrorrhaphy(perforated peptic ulcer or stomach injury)	29378		
72058B	Laparoscopic total gastrectomy with lymph node dissection,with reconstruction(any type)	70546		
72059B	Laparoscopic subtotal gastrectomy with lymph node dissection,with reconstruction(any type)	60163		
73001B	ENTEROLYSIS, FREEING ADHESION	16515		
73002B	ENTEROLYSIS, WITH BOWEL DECOMPRESSION	17603		
73003B	ENTEROLYSIS, WITH RESECTION & ANASTOMOSI	21447		
73004B	EXTERIORIZATION OF INTESTINE, MIKULICZ R	9390		
73005B	REDUCTION OF INTUSSUSCEPTION	13370		
73006B	REDUCTION OF INTUSSUSCEPTION WITH BOWEL	15715		
73007B	REDUCTION OF INTUSSUSCEPTION WITH ENTERO	12517		
73008B	EXCISION, BENIGN BOWEL LESION	14001		
73009B	MECKEL'S DIVERTICULECTOMY	9191		
73010B	RESECTION OF SMALL BOWEL, WITH ANASTOMOS	14850		
73011B	COLECTOMY, PARTIAL, WITH ANASTOMOSIS	14346		
73012B	COLECTOMY, RADICAL HEMICOLECTOMY WITH	34141		
73013B	COLECTOMY, LOW ANTERIOR RESECTION WITH A	22008		
73014B	COLECTOMY, LOW ANTERIOR RESECTION WITH A	35995		
73015B	COLECTOMY, SUBTOTAL WITH ILEO-OR CECO-RE	22299		
73016B	COLECTOMY, SUBTOTAL WITH ILEOSTOMY	22299		
73017B	COLECTOMY, TOTAL WITH PROCTECTOMY, WITH	26249		
73018B	REVISION OF COLOSTOMY OR ENTEROSTOMY	6974		
73020C	CLOSURE OF LOOP ENTEROSTOMY OR COLOSTOMY	10356		
73021B	CLOSURE OF DUBLE-BARREL ENTEROSTOMY OR C	10356		
73022B	ENTEROSTOMY (INCLUDING COLOSTOMY, JUJUNO	10160		
73023B	CLOSURE OF INTESTINAL FISTULA, ENTEROCUT	12247		
73024B	CLOSURE OF INTESTINAL FISTULA, ENTERO-CO	13046		
73025B	FISTULA OF BOWL WITH OTHER ORGANS OR COM	14088		
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	14216		
73031B	ANASTOMOSIS OF BOWEL ILEO-COLOSTOMY, WIT	17420		
73032B	ANASTOMOSIS OF BOWEL, FOR INTESTINAL ATR	12068		
73033B	REPAIR OF INTESTINAL PERFORATION	11254		
73034B	SUTURE AND REPAIR OF MESENTRY	7662		
73035B	RESECTION OF INTESINAL POLYP	8219		
73036B	INTESTINAL PLICATION ,NOBLE TYPE	9135		
73037B	TUBE ENTEROSTOMY OR TUBE CECOSTOMY	7024		
73038B	TAKE DOWN OF ANASTOMOSIS, REVISION OF IL	11513		
73039B	CLOSURE OF ENTEROSTOMY OR COLOSTOMY,WITH	12527		
73042B	REVISION OF COLOSTOMY OR ENTEROSTOMY COMPLICATED, DEEP	13057		
73043B	LAPAROSCOPIC ADHESIONOLYSIS	18795		
73044B	LAPAROSCOPIC JEJUNOSTOMY	8429		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
73045B	LAPAROSCOPIC RIGHT COLECTOMY AND ANASTOMOSIS	40409		
73046B	LAPAROSCOPIC ANTERIOR RESECTION ADN ANASTOMOSIS(SIGMOID COLON RESECTION)	30394		
73047B	COLECTOMY, TOTAL OR SUBTOTAL	25506		
73048B	LAPAROSCOPIC ANTERIOR RESECTION AND ANASTOMOSIS (SIGMOID COLON RESECTION)(TUMOR)	38097		
73051B	Laparoscopic reduction of intussusception	30084		
73052B	Laparoscopic reduction of intussusception with bowel resection & anastomosis	35359		
73053B	Laparoscopic reduction of intussusception with enterostomy or colostomy	17385		
73054B	Laparoscopic excision of benign small intestine lesion	22946		
73055B	Laparoscopic resection of small intestine, with anastomosis	24338		
73056B	Laparoscopic partial colectomy	19925		
73057B	Laparoscopic left hemicolectomy	46327		
74001B	DRAINAGE OF APPENDICEAL ABSCESS TANSABDO	7857		
74002B	APPELDECTOMY	9528		
74003B	CLOSURE OF APPENDICEAL FISTULA	9761		
74004B	LAPAROSCOPIC APPELDECTOMY	11433		
74005B	Laparoscopic drainage of appendiceal abscess	12416		
74201C	INCISION AND DRAINAGE FOR PERIPROCTAL AB	3206		
74202C	RECTAL INCISIONAL BIOPSY	2520		
74203C	REPAIR OF RECTAL LACERATION OR INJURY	12509		
74204B	PROCTOPEXY	10512		
74205B	RADICAL PROTECTOMY	35315		
74206B	HARMANN'S OPERATION	20980		
74207C	TRANSRECTAL COLONIC POLYPECTOMY	8213		
74208B	RECTAL PROCIDENTIA, PROLAPSE PERINEAL AP	16293		
74209B	RECTAL PROCIDENTIA, PROLAPSE ABDOMINAL P	18948		
74210B	EXCISION, SACROCOCCYGEAL TUMOR, BENIGN	11237		
74211B	EXTENSIVE EXCISION OF SACROCOCCYGEAL REC	14642		
74212B	RECTOPLASTY FOR STRICTURE OR STENOSIS	6952		
74213B	RESTORATIVE PROTECTOMY WITH COLO-ANAL A	40511		
74214B	RESTORATIVE PROCTOCOLECTOMY, PELVIC ILEA	36197		
74215B	CLOSURE FISTURA, RECO-VESICAL	17111		
74216B	COMBINED ABDOMINAL PERINEAL RESECTION FO	42428		
74217B	PROCTOSIGMOIDECTOMY WITH PULL THROUGH CO	28270		
74221B	Laparoscopic low anterior resection of rectum	63767		
74222B	PROCTOSIGMOIDECTOMY WITH PULL THROUGH COLON ANAL ANASTOMOSIS	38764		
74223B	HARMANN'S OPERATION (MALIGNANT TUMOR)	22303		
74224B	Laparoscopic combined abdominoperineal resection	58927		
74225B	Laparoscopic Hartmann's operation	26725		
74401C	FISTULOTOMY, SUBCUTANEOUS	3622		
74402C	SPHINCTEROTOMY ANAL	2235		
74403C	FISSURECTOMY OR ULCERECTOMY, ANAL	2248		
74404C	CRYPTECTOMY,SINGLE	1476		
74405C	CRYPTECTOMY,MULTIPLE	2084		
74406C	HEMORRHOIDECTOMY, EXTERNAL	3758		
74407C	HEMORRHOIDECTOMY, PARTIAL, INTERNAL & EX	4329		
74408C	PAPILLECTOMY ANAL, SINGLE	1255		
74409C	PAPILLECTOMY ANAL, MULTIPLE	1647		
74410C	HEMORRHOIDECTOMY, INTERNAL & EXTERNAL	8631		
74411C	ANAL FISTULECTOMY OR FISTULOTOMY C HEMOR	8007		
74412C	THROMBECTOMY, EXTERNAL HEMORRHOID	2236		
74413B	ANOPLASTY FOR STRICTURE OR IMPERFORATE	11778		
74414B	SPHINCTEROPLASTY ANAL FOR INCONTINENE	16532		
74415B	REMOVAL OF KARLEX SPONGE S/P APR	6537		
74416C	CHECK ANAL BLEEDING	2760		
74417C	INTERNAL HEMORRHOID LIGATION	2534		
74418B	ANAL RECONSTRUCTION OR ANOPLASTY WITH S-	11639		
74419B	LEVATOR PLICATION PROCEDURE	7422		
74420C	FISTULECTOMY, SUBCUTANEOUS	6398		
75001B	WEDGE BIOPSY OF LIVER, LAPAROTOMY	10973		
75002B	PARTIAL HEPATECTOMY	28933		
75003B	SEGEMENTAL HEPATECTOMY, ONE SEGEMENT	33241		
75004B	SEGEMENTAL HEPATECTOMY, TWO SEGEMENTS	35914		
75005B	SEGEMENTAL HEPATECTOMY, THREE SEGEMENTS	54382		
75006B	DRAINAGE OR MARSUPIALIZATION OF CYST OR	11031		
75007B	HEPATORRHAPHY, SUTURE OF LIVER WOUND < 5	14291		
75008B	HEPATORRHAPHY, WITH COMMON DUCT OR GALLB	17292		
75009B	HEPATORRHAPHY, SUTURE OF LIVER WOUND, CO	15696		
75010B	HEPATIC ARTERY LIGATION FOR LIVER BLEEDI	11449		
75011B	HEPATO-ONTEROSTOMY (LONGMIRE OP.)	21251		
75012B	PORTOCAVO SHUNT (H-GRAFT)	20796		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
75014B	WARREN'S SHUNT	17391		
75015B	TOTAL RIGHT LOBECTOMY	45910		
75016B	TOTAL LEFT LOBECTOMY	40888		
75017B	EXTENDED RIGHT LOBECTOMY	66301		
75018B	EXTENDED LEFT LOBECTOMY	65134		
75019B	HEPATECTOMY, REMOVAL OF CALCULUS	13980		
75023B	LAPAROSCOPIC FENESTRATION FOR HEPATIC CYST	18584		
75024B	Wedge biopsy of liver,laparoscopy	19423		
75025B	Laparoscopic liver resection - partial hepatectomy	38161		
75026B	Laparoscopic liver resection -one segment	50722		
75027B	Laparoscopic liver resection -two segments	54799		
75028B	Laparoscopic liver resection -three segments	84096		
75029B	Laparoscopic hepatorrhaphy,suture of liver wound < 5 cm	21807		
75030B	Laparoscopic liver resection - right lobectomy	70844		
75031B	Laparoscopic liver resection - left lobectomy	63093		
75032B	Laparoscopic liver resection - extended right lobectomy	102528		
75033B	Laparoscopic liver resection - extended left lobectomy	100723		
75034B	Laparoscopic living donor hepatectomy	90483		
75201B	CHOLECYSTOSTOMY (HEPATICOSTOMY)	8562		
75202B	CHOLECYSTOLITHOTOMY (TRANSDUODENAL)	13526		
75203B	CHOLECYSTECTOMY	14736		
75204B	CHOLEDOCHOJEJENOSTOMY	18302		
75205B	CHOLECYSTOENTEROSTOMY	15163		
75206B	TOTAL EXCISION OF COMMON BILE DUCT	21821		
75208B	CHOLEDOCHOTOMY WITH T-TUBE DRAINAGE	15416		
75209B	CHOLEDOCHOLITHOTOMY WITH T-TUBE DRAINAGE	25768		
75210B	CHOLEDOCHOPLASTY	17168		
75211B	BIOPSY OF BILIARY TRACT	4378		
75212B	CHOLEDOCHODUODENOSTOMY	19459		
75213B	PLASTY OF EXTRAHEPATIC BILE DUCT	18444		
75214B	CLOSURE OF BILIARY FISTULA	13259		
75215B	LAPAROSCOPIC CHOLECYSTECTOMY	16209		
75216B	ROUX-EN-Y HEPATICOJEJUNOSTOMY	19995		
75218B	LAPAROSCOPIC CHOLEDOCHOLITHOTRIPTY	24586		
75219B	Laparoscopic choledochojejunostomy	27927		
75220B	Laparoscopic choledocholithotomy with/without placement of T-tube	27824		
75221B	Laparoscopic biopsy of bile duct	7748		
75222B	Laparoscopic plasty of extrahepatic bile duct	28143		
75401B	DIAINAGE OF PANCREATIC ABCESS OR CYST O	9260		
75402B	PANCREAS INCISIONAL BIOPSY	7956		
75403B	EXCISION OR ENUCLEATION OF PANCREATIC TU	13546		
75404B	DISTAL PARTIAL PANCREATECTOMY	19882		
75405B	BODY PARTIAL PANCREATECTOMY	19652		
75406B	PENCREATIC FISTULECTOMY	14160		
75407B	ANASTOMOSIS OF PANCREATIC CYST TO GI TRA	14555		
75408B	ANASTOMOSIS OF PANCREATIC CYST TO GI TRA	20155		
75409B	REMOVAL PANEREATIC CALCULUS	10920		
75410B	PANCREATECTOMY SUBTOTAL	22890		
75411B	TOTAL PANCREATECTOMY (95%)	34271		
75412A	PANCREATICO-DUODENECTOMY, WHIPPLE TYPE,	68870		
75412B	PANCREATICO-DUODENECTOMY, WHIPPLE TYPE,	68870		
75413B	PANCREATICO-JEJUNOSTOMY	22847		
75414B	MARSUPIALIZATION OF PANCREATIC CYST	12799		
75415B	胰臟尾端部分切除術-脾臟保留	21425		
75416B	胰臟體部分切除術-脾臟保留	20650		
75417B	PANCREATICO-DUODENECTOMY, WHIPPLE TYPE,WITH RECONSTRUCTION (68870		
75420B	Laparoscopic incisional biopsy of pancreas	14082		
75421B	Laparoscopic excision or enucleation of pancreatic tumor or cyst	17867		
75601C	DRAINAGE OF ABDOMINAL WALL ABSCESS	3721		
75602C	EXCISION OF ABDOMINAL WALL TUMOR, BENIGN	5719		
75603B	EXCISION OF ABDOMINAL WALL TUMOR, MALIGN	16313		
75604B	REPAIR OF VENTRAL HERNIA, WITH BOWEL RES	17860		
75605C	REPAIR OF VENTRAL HERNIA, WITHOUT BOWEL	14011		
75606B	REPAIR OF INGUINAL HERNIA, WITH BOWEL RE	13985		
75607C	REPAIR OF INGUINAL HERNIA, WITHOUT BOWEL	11292		
75608B	REPAIR OF LUMBAR HERNIA	12853		
75609B	PERITONEAL TOILET	1100		
75610B	LAPAROSCOPIC HERNIORRHAPHY	14244		
75611C	腹壁疝氣修補術，嵌頓性－無腸切除	16867		
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	12890		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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	13921		
75616B	Laparoscopic Repair of ventral hernia -with bowel resection	29271		
75617C	Laparoscopic Repair of ventral hernia -without bowel resection	23263		
75618B	Laparoscopic Repair of inguinal hernia -with bowel resection	22920		
75619C	Laparoscopic Repair of inguinal hernia -without bowel resection	19987		
75620B	Laparoscopic repair of lumbar hernia	19611		
75621C	Laparoscopic Repair of ventral hernia incarceration-without bowel resection	27644		
75622C	Laparoscopic Repair of ventral hernia recurrence-without bowel resection	26597		
75623C	Laparoscopic Repair of inguinal hernia incarceration -without bowel resection	21125		
75624C	Laparoscopic Repair of inguinal hernia recurrence - without bowel resection	22239		
75625C	Laparoscopic Repair of femoral hernia -without bowel resection	22816		
75801C	DRAINAGE OF INTRAABDOMINAL ABSCESS FOR A	13076		
75802B	DRAINAGE OF SUBPHRENIC ABSCESS	12415		
75803C	DRAINAGE OF PELVIC ABSCESS, TRANSABDOMIN	9594		
75804C	DRAINAGE OF PELVIC ABSCESS, TRANSANAL	4030		
75805B	EXPLORATORY LAPARATOMY	11947		
75806B	EXCISION OF INTRAA BDOMINAL TUMOR, BENIGN	13263		
75807B	EXCISION OF RETROPERITONEAL TUMOR, BENIG	17569		
75808B	REMOVAL OF INTRAA BDOMINAL FOREIGN BODY	9567		
75809B	RETROPERITONEAL EXPLORATORY LAPARATOMY	9629		
75810B	EXCISION OF INTRAA BDOMINAL TUMOR, MALIGN	17703		
75811B	EXCISION OF RETROPERITONEAL TUMOR, MALIG	22354		
75812B	PERITONEO-VEINUS SHUNT	9858		
75813B	EXCISION OF URACHAL DUCT OR FISTULA WITH	9373		
75814B	REPAIR OF ABDOMINAL WALL INJURY, SIMPLE	8037		
75816B	SUTURE OF ABDOMINAL WALL FOR EVISCERATIO	7109		
75817C	Laparoscopic Drainage of intraabdominal abscess for acute perforation peritonitis	21429		
75818B	Laparoscopic drainage of subphrenic abscess	17242		
75819C	Laparoscopic Drainage of pelvic abscess-transabdominal	16982		
75820B	Exploratory Laparoscopic Surgery	19580		
75821B	Laparoscopic excision of intraabdominal tumor, benign	23475		
75822B	Laparoscopic excision of retroperitoneal tumor, benign	29608		
75823B	Laparoscopic removal of intraabdominal foreign body	15679		
75824B	Laparoscopic retroperitoneal exploration	15781		
75825B	Laparoscopic excision of intraabdominal tumor, malignant	27012		
75826B	Laparoscopic excision of retroperitoneal tumor,malignant with retroperitoneal lymphadenectomy	35074		
76001B	DRAINAGE ABSCESS PERIRENAL OR RENAL	5946		
76002B	PYELOTOMY WITH EXPLORATION DRAINAGE OR P	16584		
76003B	OPEN RENAL BIOPSY	7572		
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	6828		
76010C	NEPHROSTOMY, OPERATIVE	6340		
76011B	NEPHRO-PYELOLITHOTOMY	10757		
76012B	STAG-HORN STONE NEPHRO-PYELOLITHOTOMY	15060		
76013B	NEPHRORRHAPHY	14580		
76014B	PYELOPLASTY	14407		
76015B	PYELOSTOMY	6440		
76016B	PERCUTANEOUS NEPHROSTOLITHOTOMY (PCNSL)	13550		
76017B	NEPHROSCOPE. (INCLUDING SECONDARY SURGIC	7332		
76018B	NEPHRECTOMY FROM CADAVER DONOR	39985		
76019B	NEPHRECTOMY FROM LIVING DONOR	43138		
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	17885		
76034C	(RETROPERITONEOSCOPY) LAPAROSCOPY, NEPHROPEXY	8194		
76037B	Laparoscopic radical nephrectomy	46385		
77001B	URETEROLITHOTOMY, - UPPER 1/3	7944		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
77002B	URETEROLITHOTOMY, - MIDDLE 1/3	6736		
77003B	URETERECTOMY, WITH BLADDER CUFF	10069		
77004B	URETEROPLASTY, UNILATERAL	8586		
77005B	URETEROPLASTY, BILATERAL	10572		
77006B	URETEROLYSIS, UNILATERAL	8496		
77007B	URETEROLYSIS, BILATERAL	10344		
77008B	URETEROPYELOSTOMY OR URETEROPYELOPLASTY	12020		
77009B	URETEROURETEROSTOMY	12040		
77010B	TRANSURETEROURETEROSTOMY	15720		
77011B	URETERONEOCYSTOMY, UNILATERAL	14082		
77012B	URETERONEOCYSTOMY, BILATERAL	16310		
77013B	UNILATERAL	9600		
77014B	BILATERAL	11333		
77015B	URETEROSIGMOIDOSTOMY	10800		
77016B	REPLACEMENT URETER OF ALL OR PART OF URE	12960		
77017B	REPLACEMENT URETER OF ALL OR PART OF URE	17040		
77018B	URETEROSTOMY, UNILATERAL, TRANSPLANTATIO	8231		
77019B	URETEROSTOMY, UNILATERAL, TRANSPLANTATIO	10148		
77020B	CLOSURE FISTULA, URETEROCUTANEOUS	8496		
77021B	CLOSURE FISTULA, URETEROVISCERAL	10344		
77022B	URETERO-ILEAL CATANEOUS DIVERSION	13675		
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)	9892		
77037B	LAPAROSCOPY, HIGH CUTANEOUS URETEROSTOMY (BILATERAL)	12178		
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	13799		
78012B	TOTAL CYSTECTOMY, WITHOUT LYMPHADENCTOMY	27464		
78013B	TOTAL CYSTECTOMY, WITH LYMPHADENCTOMY, W	21450		
78014B	TOTAL CYSTECTOMY, WITH LYMPHADENCTOMY, W	34992		
78015B	CYSTOPLASTY OR CYSTOURETHROPLASTY	8898		
78016B	CYSTOURETHROPLASTY WITH UNILATERAL OR BI	10800		
78017B	VESICOURETHROPEXY, ANTERIRO OR URETHROPE	5856		
78018B	CYSTORRHAPHY	5470		
78019B	CLOSURE FISTULA, VESICOVAGINAL ABDOMINAL	11461		
78020B	CLOSURE FISTULA, VESICOUTERINE WITH OR W	9408		
78021B	ENTEROCYSTOPLASTY INCLUDING BOWEL ANASTO	13895		
78022C	CUTANEOUS VESICOSTOMY	7728		
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	9912		
78039B	CYSTOPROSTATECTOMY WITHOUT PLND WITHOUT URETHRECTOMY WITHOUT	18456		
78040B	CYSTECTOMY WITHOUT PELVIS LND WITH URETHRECTOMY WITHOUT BLAD	18479		
78041B	CYSTOPROSTATECTOMY WITHOUT PELVIS LND WITHOUT URETHRECTOMY W	28778		
78042B	CYSTECTOMY WITHOUT PELVIS LND WITH URETHRECTOMY WITH CONTINE	32647		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
78043B	CYSTOPROSTATECTOMY WITH PELVIS LND WITHOUT URETHRECTOMY WITHOUT BLADDER	19419		
78044B	CYSECTOMY WITH PELVIS LND WITH URETHRECTOMY WITHOUT BLADDER	27805		
78045B	CYSTOPROSTATECTOMY WITH PELVIS LND WITHOUT URETHRECTOMY WITH	35531		
78046B	CYSECTOMY WITH PELVIS LND WITH URETHRECTOMY WITH CONTINENT	60063		
78047B	(RETROPERITONEOSCOPY) LAPAROSCOPY, BLADDER NECK SUSPENSION	17198		
78048B	(RETROPERITONEOSCOPY) LAPAROSCOPY, BLADDER DIVERTICULECTOMY	9274		
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	10285		
78205B	URETHROPLASTY, REPEAT PROCEDURE	13658		
78206C	POLYPECTOMY, EXTERNAL URETHRAL	2424		
78207C	URETHROSTOMY	3835		
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	13416		
78214B	OPERATION FOR HYPOSPADIA, OTHERS	18473		
78215B	TUI(TRANSUROTHRAL INCISION OF PROSTATE)	6137		
78216B	RESECTION OF URETHRAL URETHRAL TUMOR	4888		
78220B	URETHRAL FISTULECTOMY (ANTERIOR)	6197		
78221B	REPAIR OF RUPTURED CORPUS CAVERNOSUM, UNILATERAL	3580		
78401C	BIOPSY PENIS	2034		
78402B	PARTIAL AMPUTATION OF PENIS	5622		
78403B	TOTAL AMPUTATION OF PENIS	8578		
78404B	RADICAL OP. OF PENIS CANCER	12463		
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	7613		
78606C	ORCHIOPEXY, BILATERAL	11722		
78607C	ORCHIOPEXY FOR UNDESCENDED TESTIS	13522		
78608C	SUTURE OR REPAIR TESTICULAR INJURY	4581		
78609B	ORCHIDECTOMY FOR MALIGNANT TUMOR	5064		
78610B	ORCHIDECTOMY FOR MALIGNANT TUMOR INCLUDI	14576		
78612C	ORCHIOPEXY FOR UNDESCENDED TESTIS, BILATERAL	14178		
78801C	EPIDIDYMECTOMY, UNILATERAL	5903		
78802B	EPIDIDYMECTOMY, BILATERAL	8230		
78803B	EPIDIDYMO-VASOSTOMY, UNILATERAL	8568		
78804B	EPIDIDYMO-VASOSTOMY, BILATERAL	10802		
78805C	I & D FOR EPIDIDYMAL ABSCESS DRAINAGE	3021		
79001C	VASOTOMY, UNILATERAL OR BILATERAL	2693		
79002B	VESICULECTOMY, SEMINAL VESICLE	8431		
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	11011		
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
79412B	TURP > 50 GMS	15236		
79413B	BIPOLAR TURR/TUVP 5-15 GMS	11759		
79414B	BIPOLAR TURR/TUVP >15-50 GMS	13914		
79415B	BIPOLAR TURR/TUVP > 50 GMS	15940		
79416C	Transrectal ultrasound guided prostate biopsy	3167		
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	1477		
79807B	CLITOROPLASTY	2992		
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		
80005C	VAGINAL WALL REPAIR(NON-OBSTETRIC)	2999		
80006C	Colpoperineorrhaphy,suture of injury of vagina and/or perineum nonobstetrical	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		
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	14368		
80022B	URETHRAL VAGINAL FISTULA REPAIR	10899		
80023B	VESICO VAGINAL FISTULA REPAIR	13078		
80024B	COLPOPEXY, VAGINAL APPROACH	11744		
80025B	LAPAROSCOPIC COLPOPEXY	15801		
80026B	COMBINED ABDOMINAL AND VAGINAL PELVIC FLOOR RECONSTRUCTION (ABDOMINAL HYSTERECTOM	27333		
80027B	TRANSVAGINAL PELVIC FLOOR RECONSTRUCTION	27661		
80028B	TRANSVAGINAL PELVIC FLOOR RECONSTRUCTION (SACRO-SPINAL LIGAMENT FIXATION, COLPOR	23154		
80029C	LAPAROSCOPIC FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS - MODERATE	12580		
80030B	COMPLETE RESECTION OF VAGINA, COMBINED ABDOMINAL AND VAGINAL APPROACH	14623		
80031C	LAPAROSCOPIC FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS - SEVERE	18507		
80032B	RECURRENT RECTO-VAGINAL FISTULA REPAIR	15328		
80034B	VAGINAL MESH EXTRUSION 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	5360		
80209B	MANCHESTER OPERATION(TRANSVAGINAL UTERINE SUSPENSION WITH PARTIAL CERVICECTOMY)	12877		
80210C	ABDOMINAL TRACHELECTOMY	13871		
80211C	RADICAL TRACHELECTOMY	42638		
80212B	ABDOMINAL EXCISION OF CERVICAL STUMP	7165		
80401C	D & C FOR DIAGNOSTIC	1799		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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	6595		
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"	20121		
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		
80424B	LAPAROSCOPIC GYNECOLOGIC ONCOLOGY STAGING SURGERY	46270		
80425C	LAPAROSCOPIC MYOMECTOMY	25907		
80430B	Laparoscopic subtotal hysterectomy	25885		
80603C	SALPINGOPLASTY	10739		
80604B	SALPINGOLYSIS WITH MICROSCOPIC	6665		
80604C	SALPINGOLYSIS WITH MICROSCOPIC	6665		
80605B	END TO END ANASTOMOSIS	20569		
80606B	SALPINGOSTOMY WITHOUT MICROSCOPIC	10739		
80606C	SALPINGOSTOMY WITHOUT MICROSCOPIC	10739		
80607B	REIMPLANTATION WITH MICROSCOPIC	12887		
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		
81003C	MANUAL REMOVAL OF PLACENTA	1161		
81004C	CESAREAN SECTION	10237		
81005C	SUBTOTAL HYSTERECTOMY AFTER CESAREAN SECTION	23705		
81006C	D&C <=12.WEEK	2556		
81007C	D&C >12.WEEK	9347		
81008B	HYSTEROTOMY FOR TERMINATION OF PREGNANCY	10838		
81009C	MEDICAL INDUCTION FOR FETAL DEATH (12-24WEEKS)	9347		
81010C	MEDICAL INDUCTION FOR FETAL DEATH(AFTER 24 WEEKS)	17065		
81011C	CESAREAN SECTION	19999		
81012B	DESTRUCTION OF THE DEAD FETUS	9357		
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		
81017C	VAGINAL DELIVERY IN NORMAL PREGNANCY	14000		
81018C	VAGINAL DELIVERY OF TWINS	26393		
81019C	VAGINAL DELIVERY OF MULTIPLE PREGNANCY	29439		
81020C	LAPAROSCOPIC ECTOPIC PREGNANCY OPERATION	15956		
81022B	SEPTIC ABORTION TREATMENT	7627		
81023C	ENDOMETRIAL ABLATION OR TRANSCERVICAL ENDOMETRIAL RESECTION	9493		
81024C	DELIVERY	23386		
81025C	DELIVERY	27165		
81026C	DELIVERY	30907		
81028C	C/S DUE TO PLACENTA PREVIA OR PLACENTA ACCRETA	30199		
81029C	TOTAL HYSTERECTOMY AFTER CESAREAN SECTION	23749		
81030C	DILATION AND EVACUATION AFTER INDUCTION FAILURE	6085		
81031C	ENDOCERVICAL CURETTAGE	612		
81032C	FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS, MODERATE	11390		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
81033B	FULGURATION OR EXCISION OF PELVIC ENDOMETRIOSIS, SEVERE	16210		
81034C	VAGINAL DELIVERY IN COMPLICATED PREGNANCY (DEFINED AS CASES WITH PRECLAMPSIA, E	19999		
81036B	LAPAROSCOPIC PRE-SACRAL NEURECTOMY	8458		
82001C	UNILATERAL SUBTOTAL THYROIDECTOMY	7536		
82002C	BILATERAL SUBTOTAL THYROIDECTOMY	16748		
82003C	EXCISION OF THYROID CYST OR THYROID GLOSSA	8356		
82004B	單側甲狀腺全葉切除術	16762		
82005B	NECK LYMPH NODE DISSECTION, UNILATERAL	9400		
82006B	NECK LYMPH NODE DISSECTION, BILATERAL	17740		
82007B	PARATHYROIDECTOMY-SIMPLE	10799		
82008B	RADICAL THYROIDECTOMY WITH UNILATERAL NE	23294		
82009B	ADRENALECTOMY, UNILATERAL	10430		
82010B	ADRENALECTOMY WITH RETROPERITONEAL TUMOR	13609		
82011B	ADRENALECTOMY WITH RETROPERITONEAL TUMOR	14400		
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	24434		
82016B	雙側甲狀腺全葉切除術	22648		
82017B	PARATHYROIDECTOMY RE-EXPLORATION	17870		
82018B	PARATHYROIDECTOMY-SUBTOTAL	30119		
82019B	PARATHYROIDECTOMY-TOTAL	42153		
83001B	MICROVASCULAR DECOMPRESSION	19562		
83002C	LAMINECTOMY FOR DECOMPRESSION,<= 2 SEGME	11966		
83003C	LAMINECTOMY FOR DECOMPRESSION,> 2 SEGME	17366		
83004B	SUBTEMPORAL DECOMPRESSION, UNILATERAL	13080		
83005B	SUBTEMPORAL DECOMPRESSION, BILATERAL	16496		
83006C	DECOMPRESSION OF MEDIUM NERVE AT WRIST,	4325		
83007C	DECOMPRESSION OF MEDIUM NERVE AT WRIST,	8190		
83008C	DECOMPRESSION OF LATERAL FEMORAL CUTANEO	6249		
83009C	DECOMPRESSION OF LATERAL FEMORAL CUTANEO	9715		
83010B	BRAIN BIOPSY	11257		
83011B	DEPRESSED FRACTURE OF SKULL SIMPLE FRACT	9848		
83012B	DEPRESSED FRACTURE OF SKULL OPEN FRACTUR	12615		
83013C	BURR HOLE (TREPHINATION) FOR HEMOSTASIS,	3786		
83014C	BURR HOLE FOR HEMOSTASIS, ONE HOLE ADDED	2571		
83015C	CRANIECTOMY	13662		
83016B	CRANIOPLASTY	11210		
83017B	BRAIN TUMOR (I.C.T. /CEPHALOCELE), WITHI	32193		
83018B	BRAIN TUMOR (I.C.T. /CEPHALOCELE), BETWE	52106		
83019B	BRAIN TUMOR (I.C.T. /CEPHALOCELE), BETWE	56942		
83020B	MYELOTOMY	19369		
83021B	POSTERIOR RHIZOTOMY	14760		
83022C	DISKECTOMY, CERVICAL	31732		
83023C	DISKECTOMY, THORACIC	25293		
83024C	DISKECTOMY, LUMBAR	20550		
83025C	CERVICAL SYMPATHECTOMY	7340	*	
83026C	DORSAL SYMPATHECTOMY	17712	*	
83027C	LUMBAR SYMPATHECTOMY	14462	*	
83028C	NEURECTOMY	4650		
83029C	ONE ADDED	2944		
83030B	NEUROLYSIS	9758		
83031C	NERVE TRANSPOSITION	9758		
83032B	NERVE GRAFT	19876		
83033B	LAMINO PLASTY	30568		
83034B	ANASTOMOSIS OF PERIPHERAL NERVE	16072		
83035B	FACIAL HYPOGLOSSAL NERVE ANASTOMOSIS	12333		
83036C	REMOVAL OF EPIDURAL HEMATOMA	20921		
83037C	REMOVAL OF ACUTE SUBDURAL HEMATOMA	20227		
83038C	REMOVAL OF CHRONIC SUBDURAL HEMATOMA	12530		
83039B	REMOVAL OF INTRACEREBRAL HEMATOMA	22904		
83040B	BENIGN INTRASPINAL TUMOR, EXCISION	32601		
83041B	MALIGNANT INTRASPINAL TUMOR, EXCISION	42643		
83042B	INTRASPINAL INTRAMEDULLARY TUMOR, EXCISI	36731		
83043B	SPINAL FUSION, ANTERIOR SPINAL FUSION, W	16580		
83044B	SPINAL FUSION, ANTERIOR SPINAL FUSION, W	24030		
83045B	SPINAL FUSION, POSTERIOR SPINAL FUSION,	14558		
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		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
83051B	EXTERNAL VENTRICULAR DRAINAGE	10232		
83052C	OMAYA RESERVOIR IMPLANTATION	4525		
83053B	LUMBAR-PERITONEAL SHUNT	9060		
83054B	EXTERNAL LUMBAR CISTERNAL DRAINAGE	3139		
83055B	REVISION OF CSF SHUNT	10560		
83056B	BRAIN LOBECTOMY FOR EPILEPSY	49410		
83057B	TRANSSPHENOIDAL REMOVAL OF PITUITARY ADE	30571		
83058B	CAROTID EMBOLIZATION	7700		
83059B	CAROTID ARTERY LIGATION, ACUTE LIGATION	5935		
83060B	CAROTID ARTERY LIGATION, GRADUAL OCCLUSI	6071		
83061B	CAROTID ARTERY LIGATION, GRADUAL OCCLUSI	7200		
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	53750		
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	64500		
83071B	CRANIOTOMY FOR VASCULAR LESIONS, ARTERIO	64500		
83072A	EXCISION OF INTRASPINAL AVM <=2 SEGMENTS	43200		
83072B	EXCISION OF INTRASPINAL AVM <=2 SEGMENTS	43200		
83073A	EXCISION OF INTRASPINAL AVM >2 SEGMENTS	50400		
83073B	EXCISION OF INTRASPINAL AVM >2 SEGMENTS	50400		
83074C	FACIAL TIC, ALCOHOL BLOCK	2764		
83075B	FACIAL TIC, SELECTIVE NEURECTOMY	6552		
83076C	EXCISION OF NEUROMA OR NERUOFIBROMA	9758		
83077B	OPERATION FOR CRANIOSYNOSTOSIS, SIMPLE S	10128		
83078B	OPERATION FOR CRANIOSYNOSTOSIS, MORCELLA	10752		
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	16072		
83087B	FACIAL NERVE DECOMPRESSION	10900		
83088B	SKULL BASE TUMOR SURGERY	84082		
83089B	NEUROLYSIS	8497		
83090B	NEUROLYSIS	8016		
83091B	NERVE GRAFT	21790		
83092B	NERVE GRAFT	21546		
83093B	NERVE REPAIR	13182		
83094B	NERVE REPAIR	10711		
83095B	SPINAL FUSION, ANTERIOR SPINAL FUSION, WITHOUT SP, <=4 ADDITIONAL MOTION SEGMENTS	8730		
83096B	SPINAL FUSION, ANTERIOR SPINAL FUSION, WITH SPINAL INSTRUMENTION, 4 ADDITIONAL	12589		
83097B	SPINAL FUSION, POSTERIOR SPINAL FUSION, WITH SPIN, <=6 MOTION SEGMENTS	15979		
83098B	NEVER TRANSFER 上肢肩、下肢髖關節以上，包括腦神經的轉移	17694		
83099B	NEVER TRANSFER — 上肢腕、下肢足踝關節以上，神經的轉移	8848		
83100B	NEVER TRANSFER — 上肢腕、下肢足踝關節以下，神經的轉移	4423		
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	MYRINGOTOCMY 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	9528		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
84013B	MYRINGOPLASTY	7800		
84014B	POLYPECTOMY, MIDDLE EAR	4481		
84015B	MYRINGOTOMY WITH EUSTACHIAN TUBE INFLATI	4657		
84016B	EXPLORATORY TYMPANOTOMY	5202		
84017B	MYRINGOPLASTY	5930		
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	17226		
84023B	INTRACRANIAL OPERATION OTOLOGICALLY	17226		
84024A	DRAINAGE OF OTOGENIC EPIDURAL ABSCESS	15395		
84024B	DRAINAGE OF OTOGENIC EPIDURAL ABSCESS	15395		
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	11364		
84030B	LABYRINTHOTOMY	11364		
84031A	LABYRINTHECTOMY	10597		
84031B	LABYRINTHECTOMY	10597		
84032A	TRANSLABYRINTHINE ACOUSTIC NEUROMA EXCIS	34020		
84032B	TRANSLABYRINTHINE ACOUSTIC NEUROMA EXCIS	34020		
84033A	PETROULECTOMY (APICECTOMY, PETROUS)	15216		
84033B	PETROULECTOMY (APICECTOMY, PETROUS)	15216		
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	1325		
85209C	REMOVAL OF CORNEAL EMBEDDED FOREIGN BODY	1163		
85210C	KERATECTOMY	3930		
85211B	EPIKERATOPHAKIA	10560		
85212A	KERATOPLASTY	10560		
85212B	KERATOPLASTY	10560		
85213A	PENETRATING KERATOPLASTY	14868		
85213B	PENETRATING KERATOPLASTY	14868		
85214C	LIMBAL TRANSPLANTATION	5760		
85401C	REMOVAL OF FOREIGN BODY IN ANTERIOR CHAM	4346		
85402C	DIAGNOSTIC ASPIRATION AQUIREOUS	1646		
85403C	PARACENTESIS, ANTERIOR CHAMBER FOR VITRE	2381		
85404C	GONIOPUNCTURE	3130		
85405C	GONIOTOMY	5892		
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	5436		
85605B	SCLEROTOMY, POSTERIOR, WITH REMOVAL OF I	6858		
85606A	SCLEROTOMY, POSTERIOR, WITH REMOVAL OF I	7337		
85606B	SCLEROTOMY, POSTERIOR, WITH REMOVAL OF I	7337		
85607B	PERFORTING INJURY OF EYE BALL ANY TYPE O	11232		
85608B	RESECTION, SCLERAL, WITH GRAFT OR BUCKLI	11540		
85609B	SCLERA GRAFT	4079		
85610B	REMOVAL OF SCLERAL SURFACE FOREIGN BODY	1227		
85611B	SCLERECTOMY	3756		
85801C	IRIDOTOMY	2898		
85802C	SYNECHIOTOMY (IRIDODIALYSIS)	6930		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
85803C	CYCLOCRYOTHERAPY	3290		
85804C	CYCLODIATHERMY	3290		
85805C	TRABECULOTOMY UNDER MICROSCOPE	7441		
85806C	TRABECULECTOMY UNDER MICROSCOPE	6939		
85807C	OPTICAL IRIDECTOMY	3629		
85808C	PERIPHERAL IRIDECTOMY	2951		
85810C	IRIDENCLEISIS FOR GLAUCOMA	4733		
85811B	CORNEOSCLERAL IRIDOCYCLECTOMY	6985		
85812C	REPAIR OF IRIDODIALYSIS	5450		
85813C	CYCLODIALYSIS	4680		
85814C	COMPLETE IRIDECTOMY	9130		
85815C	CAUTERIZATION, IRIS	2480		
85816B	IRIDOCYSTECTOMY	6780		
85817C	IRIDOTASIS STRECHING OF IRIS	5650		
85818A	IRIDOPLASTY FIXATION TRANSFIXATION	4204		
85818B	IRIDOPLASTY FIXATION TRANSFIXATION	4204		
85818C	IRIDOPLASTY FIXATION TRANSFIXATION	4204		
85820A	CILIARYBODY EXCISION OF PROLAPSE	6264		
85820B	CILIARYBODY EXCISION OF PROLAPSE	6264		
85821B	CILIARYBODY BIOPSY	2989		
85822B	DIVISION OF GONIOPUNCTURE	3161		
86001C	DISCISSION OF MEMBRANOUS CATARACT UNDER	3500		
86002C	LINEAR EXTRACTION FOR CATARACT	4884		
86005C	CAPSULECTOMY FOR CATARACT	4884		
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	4446		
86205B	DISCISSION, ANTERIOR HYALOID FOR PUPILLA	3269		
86206B	PARS PLANA VITRECTOMY, SIMPLE	9266		
86206C	PARS PLANA VITRECTOMY, SIMPLE	9266		
86207B	PARS PLANA VITRECTOMY, COMPLICATED	14780		
86208C	LENSECTOMY & VITRECTOMY (VITRECTOR)	12330		
86209B	REMOVAL OF DISLOCATED LENS COMBINED VITR	17550		
86209C	REMOVAL OF DISLOCATED LENS COMBINED VITR	17550		
86210B	ASPIRATION OF VITREOUS	1705		
86211B	TRANSPLANTATION VITREOUS INCLUDING SCLER	5340		
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	6420		
86402C	REATTACHMENT RETINA WITH DIATHERMY OR CR	6260		
86403B	DRAINAGE WITH REATTACHMENT OF RETINA	9276		
86404B	CRYOTHERAPY FOR RETINAL DEGENERATION OR	4266		
86405B	REMOVAL OF INTRAOCULAR FOREIGN BODY WITH	6670		
86406B	LAMELLAR SCLERA RESECTION	3000		
86407B	PHOTOCOAGULATION THERAPY, SIMPLE	3591		
86407C	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	5869		
86605C	SUTURE OR TUCKING OF EXTRAOCULAR MUSCLE	3294		
86801B	ORBITOTOMY WITH EXPLORATION	6431		
86802B	ORBITOTOMY, WITH DRAINAGE OF INTRAORBITA	8890		
86803B	ORBITOTOMY, WITH REMOVAL OF INTRAORBITAL	11744		
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	11624		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
86809B	ORBITAL DECOMPRESSION	16352		
86810B	REPAIR OF ORBITAL FLOOR	8163		
86811B	EXCISION ORBIT LESION, REQUIRING	11149		
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	3826		
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 AKHENSI	2068		
87013C	CANTHOPLASTY	3083		
87014C	BLEPHARORRHAPHY	3253		
87015B	CRYTHERAPY ON LID TUMOR, BENIGN	1709		
87016B	CRYTHERAPY ON LID TUMOR, MALIGNAHCY	2365		
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	7060		
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	1633		
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	4175		
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	5917		
87403B	DACRYOCYSTECTOMY (EXCISION OF LACRIMAL S	4583		
87404B	EXCISION LACRIMAL GLAND OR LACRIMAL SAC	6755		
87405B	DACRYOCYSTORHINOSTOMY	8593		
87406B	CONJUNCTIVODACRYOCYSTORHINOSTOMY	9888		
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	8076		
87415B	DACROCYSTO-HINOSTOMY, SIMPLE	9312		
87416B	DACROCYSTO-HINOSTOMY, COMPLICATED	11640		
87417B	SUTURE OF PUNCTUM	1028		
88001A	EXTENSIVE NECROTIZING ENTEROCOLITIS,RESE	30742		
88001B	EXTENSIVE NECROTIZING ENTEROCOLITIS,RESE	30742		
88002A	EXTENSIVE NECROTIZING ENTEROCOLITIS, JEJ	24789		
88002B	EXTENSIVE NECROTIZING ENTEROCOLITIS, JEJ	24789		
88003B	MECONIUM PERITONITIS, SIMPLE	20238		
88005A	CHOLEDOCHOCYST, EXCISION & CHOLEDOCHO-JE	46951		
88005B	CHOLEDOCHOCYST, EXCISION & CHOLEDOCHO-JE	46951		
88006A	ESOPHA GOPLASTY WITH REPAIR OF T-E FISTUL	39272		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
88006B	ESOPHAGOPLASTY WITH REPAIR OF T-E FISTUL	39272		
88007A	REPAIR OF IDIOPATHIC GASTRIC PERFORATION	24073		
88007B	REPAIR OF IDIOPATHIC GASTRIC PERFORATION	24073		
88008A	REPAIR OF DIAPHRAGMATIC HERNIA	27032		
88008B	REPAIR OF DIAPHRAGMATIC HERNIA	27032		
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	29069		
88011B	CONGENITAL DUODENAL ATRESIA, OR ANNULAR	29069		
88012A	MALROTATION, LADD'S PROCEDURE	15092		
88012B	MALROTATION, LADD'S PROCEDURE	15092		
88013A	RESECTION & ANASTOMOSIS, INTESTINAL ATRE	26274		
88013B	RESECTION & ANASTOMOSIS, INTESTINAL ATRE	26274		
88014A	SACROCOCCYGEAL TUMOR, EXCISION	14092		
88014B	SACROCOCCYGEAL TUMOR, EXCISION	14092		
88015A	SACROCOCCYGEAL TUMOR, EXTENSIVE EXCISION	27189		
88015B	SACROCOCCYGEAL TUMOR, EXTENSIVE EXCISION	27189		
88016A	CONGENITAL BILIARY ATRESIA, EXPLORATION	12682		
88016B	CONGENITAL BILIARY ATRESIA, EXPLORATION	12682		
88017A	CONGENITAL BILIARY ATRESIA, KASAI'S PROC	41805		
88017B	CONGENITAL BILIARY ATRESIA, KASAI'S PROC	41805		
88018B	CONGENITAL ABDOMINAL WALL DEFECT, PRIMAR	11743		
88019A	CONGENITAL ABDOMINAL WALL DEFECT, PRIMAR	33169		
88019B	CONGENITAL ABDOMINAL WALL DEFECT, PRIMAR	33169		
88020B	OMPHALOCELE REPAIR, PRIMAR CLOSUREE, SIM	8202		
88021A	OMPHALOCELE REPAIR, PRIMAR CLOSUREE, COM	21846		
88021B	OMPHALOCELE REPAIR, PRIMAR CLOSUREE, COM	21846		
88022B	CLOSURE, EXTROPHY BLADDER	46601		
88023B	CYSTIC HYGROMA, COMPLICATED, EXCISION	29748		
88024A	IMPERFORATE ANUS, LOW TYPE	21960		
88024B	IMPERFORATE ANUS, LOW TYPE	21960		
88025A	IMPERFORATE ANUS, HIGH TYPE	41353		
88025B	IMPERFORATE ANUS, HIGH TYPE	41353		
88026A	CONGENITAL MEGACOLON, PULL-THROUGH	32997		
88026B	CONGENITAL MEGACOLON, PULL-THROUGH	32997		
88027A	CONGENITAL MEGACOLON, TOTAL AGANGLIONOSI	46693		
88027B	CONGENITAL MEGACOLON, TOTAL AGANGLIONOSI	46693		
88028A	URETHROPLASTY, ISLAND FLAP PROCEDURE	28371		
88028B	URETHROPLASTY, ISLAND FLAP PROCEDURE	28371		
88029C	INGUINAL HERNIA OPERATION	11642		
88030A	CORRECTION OF ANTERIOR WALL DEFECT	9909		
88030B	CORRECTION OF ANTERIOR WALL DEFECT	9909		
88031B	CORRECTION OF CHORDEE	18551		
88032B	EXCISION OF BRANCHIAL CLEFT SINUS OR CYS	11597		
88034B	EXCISION OF URACHUS OR ITS FISTULA	12825		
88035B	EXCISION OF VITELLINE DUCT OR ITS FISTUL	22482		
88036A	EXCISION OF SACROCOCCYGEAL TERATOMA	18422		
88036B	EXCISION OF SACROCOCCYGEAL TERATOMA	18422		
88037A	REPAIR OF MENINGOCELE OR MENINGOMYELOCEL	23261		
88037B	REPAIR OF MENINGOCELE OR MENINGOMYELOCEL	23261		
88038B	BONE VALGUS OR VARUS	10340		
88039B	CONGENITAL DISLOCATION OF HIPS, OPEN RED	11316		
88040B	CONGENITAL DISLOCATION OF HIPS, CLOSED R	2984		
88041C	RECONSTRUCTION OF POLYDACTYLY OR SYNDACT	6383		
88042C	RECONSTRUCTION OF POLYDACTYLY OR SYNDACT	4873		
88043B	CHEILOPLASTY, SINGLE	6984		
88044B	CHEILOPLASTY, DOUBLE	10476		
88045B	CHEILOPLASTY, MULTIPLE	15132		
88046C	HEMANGIOMA EXCISION, UNDER 2 CM	4656		
88047C	HEMANGIOMA EXCISION, BETWEEN 2 AND 5 CM	8148		
88048B	HEMANGIOMA EXCISION, OVER 5 CM	10476		
91-001	3D COMPLEX MINIMALLY INVASIVE SURGERY	30000	@	自費
92043C	DISLOCATION, TMJ, CLOSED REDUCTION—WITHOUT FIXATION	310		
92060B	SURGICAL HOOKS FOR IMF	2000	*	
92061B	RETAINER	2000	*	
92062C	SALIVARY DUCT IRRIGATION	150		
92201B	SUBCONDYLAR OSTEOTOMY OR ARTHROPLASTY, U	9060		
92202B	SIALOLITHOTOMY, IN GLAND	1900		
92203B	CONDYLECTOMY UNILATERAL	3780		
92204B	SAUCERIZATION AND SEQUESTRECTOMY	4160		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
92205B	SAUCERIZATION	790		
92206B	OPEN REDUCTION OF CONDYLAR FRACTURE, UNI	6260		
92207B	PALATOPLASTY	3792		
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		
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		
96021C	半閉鎖式或閉鎖循環式氣管內插管全身麻醉法 - 二小時至四小時，每增加三十分鐘	895		
96022C	半閉鎖式或閉鎖循環式氣管內插管全身麻醉法 - 超過四小時，每增加三十分鐘	1119		
97	ORAL MUCOSA SCREEN (預防保健：97)	130		
97221A	REPAIR OF INGUINAL HERNIA(OPD)	34079		
97406A	E.S.W.L. 1ST	29138		
97408A	E.S.W.L. 1ST(OPD,BILATERAL)	51402		
97410A	E.S.W.L. 2ND	23088		
97412A	E.S.W.L. 2ND	45351		
97606A	INTRACAPSULAR (EXTRACAPSULAR) LENS EXTRA	20765		
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		
C77-115A	All-RAS mutation test	8872		
C77-S01	ALK in vitro diagnostics testing-IHC method	7294		
D61-001	SPECIAL LUMINESCENCE TOOTH BLEACHING	20000	E	自費
D61-002	ORAL MUCOSA SCREEN (預防保健：95)	130		
D61-003	ORAL MUCOSA SCREEN (預防保健：97)	130		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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	E	自費
D61-108	CAPPING	200		
D61-109	POLISHING (EACH TOOTH)	50	E	自費
D61-110	INITIAL TREATMENT AND PLANNING	100	E	自費
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		
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 CUSTRUMENT	1200	H	自費
D61-205	APEXIFICATION	800	E	自費
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	EMERGNCY, OPEN CHEMBER IRRIGATION	400		
D61-211	HEMISECTION OR ROOT AMPUTATION	2000		
D61-212	REPLANTATION	2000	H	自費
D61-212A	REPLANTATION	4020		
D61-212B	REPLANTATION	1000		
D61-220	BLEECHING	2000	E	自費
D61-221	BANDING FOR CORONAL RECONTOURING	780	E	自費
D61-222	TREPHINATION (PER TOOTH)	700		
D61-223	REMOVE OF FILLINGS	500	H	自費
D61-224	SPLINTING OF AVULSED TOOTH	1500	H	自費
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		
D61-228H	DIFFICULT CASE SPECIAL TREATMENT (>=5 ROOT CANAL)	4000		
D61-231	ONE CANAL ENDODONTICS	1500		
D61-232	TWO CANAL ENDODONTICS	2500		
D61-233	THREE CANAL ENDODONTICS	3610		
D61-234	FOUR CANAL ENDODONTICS	4810		
D61-235	FIVE CANAL ENDODONTICS	6010		
D61-239	DENTAL MICROSCOPE	10000	@	自費
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	E	自費
D61-304	CURETTAGE (1/2 ARCH)	1000		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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	E	自費
D61-311	APICALLY REPOSITIONED FLAP	2000	E	自費
D61-312	FREE GINGIVAL GRAFT	20000	@	自費
D61-314	TEMPORARY SPLINTING (1/3 ARCH)	500		
D61-315	GROSS OCCLUSAL ADJUSTMENT,PER TOOTH	100	E	自費
D61-316	OCCLUSAL SPLINT OR NIGHT GUARD	2000	E	自費
D61-317	GINGIVOPLASTY,PER TOOTH	200	E	自費
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	H	自費
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	E	自費
D61-329	A-SPLINTING	2010		
D61-330	A-STENT	8000	@	自費
D61-331	TREATMENT OF DENTITION HYPERSENSITIVITY	500	@	自費
D61-332	SPECIAL OCCLUSAL BITE SPLINT TREATMENT FOR COMPLICATED CRANIOMANDIBULAR DISORDER	8190		
D61-333	FOLLOW UP EXAMINATION AND ADJUSTMENT OF SPECIAL OCCLUSAL BITE SPLINT TREATMENT F	660		
D61-340	CROWN LENGTHENING (PER TOOTH)	8000	E	自費
D61-341	ROOT PLANING(1/2 ARCH)	1500	@	自費
D61-342	ROOT PLANING(<3 TEETH)	500		
D61-344	CROWN LENGTHENING(DISTAL WEDGE)	8000	@	自費
D61-345	GUIDE TISSUE REGENERATION(GTR)	11000	E	自費
D61-346	FLUORIDE CARRIES(ONE ARCH)	500	E	自費
D61-347	牙槽骨增高術	15000	E	自費
D61-348	牙槽骨增高術(骨粉)	15000	E	自費
D61-350	PHASE I THERAPY	5000	@	自費
D61-351	齒脊增高術(骨粉)	10000	@	自費
D61-352	GTR WITH GORE-TEX MEMBRANE	10000	@	自費
D61-353	牙周組織引導再生	15000	@	自費
D61-355	IMPLANT (SURGICAL PART),SIMPLE	50000	E	自費
D61-356	IMPLANT (SURGICAL PART),COMPLICATED	70000	E	自費
D61-357	IMPLANT (SURGICAL PART),COMBINED GTR	37500	E	自費
D61-358	IMPLANT SUPPORTED BRIDGE(PC)	18600	E	自費
D61-362	MECHANICAL POLISHING	3000	E	自費
D61-366	REPAIR OF TPP	2000	E	自費
D61-367	臨時假牙	2000	E	自費
D61-373	活動義齒(RPD)	35000	E	自費
D61-373A	全口義齒(CD)	50000	E	自費
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	H	自費
D61-384	GROSS SCALING	1000		
D61-384A	XEROSTOMIA OF SCALING -FULL MOUTH	1000		
D61-385	FINE SCALING	400	H	自費
D61-386	STAIN REMOVAL	400	E	自費
D61-387	PERIODONTAL EMERGENCY TREATMENT	150		
D61-388	POLISHING	200	E	自費
D61-389	ORAL HYGIENE EDUCATION,GROUP	600	@	自費
D61-392	PERIODONTAL MEDICATION AND SPECIAL TREATMENT LOCALIZED	2000	@	自費
D61-395	PERIODONTAL/ROOT MEDICATION AND SPECIAL TREATMENT FULL MOUTH	20000	@	自費
D61-396	LASER PERIODONTAL THERAPY	4000	E	自費
D61-401	UNILATERAL WROUGHT WIRE DENTURE	2500	E	自費
D61-402	BIL.WROUGHT WIRE DENTURE,TOOTH BOUND	5000	E	自費
D61-403	BIL.WROUGHT WIRE DENTURE,FREE-END	6500	E	自費
D61-405	COMPLETE DENTURE, ONE JAW,GENERAL	10000	E	自費
D61-406	COMPLETE DENTURE, ONE JAW,GEATHOLOGICAL	25000	E	自費
D61-407	CASTING PART. DENT. UNIL. CO-CR	4000	E	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
D61-408	CASTING PART. DENT. BIL. CO-CR TOOTH BON	13000	E	自費
D61-409	CASTING PART. DENT. BIL. CO-CR DISTAL EX	15500	E	自費
D61-410	IMMEDIATE PARTIAL DENTURE, UNIL.	18000	E	自費
D61-411	IMMEDIATE PARTIAL DENTURE, BIL.	2000	E	自費
D61-412	IMMEDIATE FULL DENTURE	10000	E	自費
D61-413	RELINING PARTIAL DENTURE, UNIL. & BIL.	1000	E	自費
D61-414	RELINING COMPLETE DENTURE, ONE ARCH	2000	E	自費
D61-415	DENTURE REPAIR, ONE UNIT	300	E	自費
D61-416	CASTING CROWN, WHITE GOLD ALLOY	5500	E	自費
D61-417	CASTING CROWN, YELLOW GOLD ALLOY	7000	E	自費
D61-418	CASTING CROWN, GOLD ALLOY+PORCELAIN	8000	E	自費
D61-419	CASTING CROWN, PRECIOUS ALLOY+PORCE.	10000	E	自費
D61-420	CASTING CROWN, NON-PREC. ALLOY+PORCE.	7000	E	自費
D61-421	CASTING NI-CR ALLOY	4000	E	自費
D61-422	CHROME-STEEL CROWN FOR TEMPORARY	1200	E	自費
D61-423	KURER ANCHOR SYSTEM, ONE UNIT	800	E	自費
D61-424	碳纖維柱心	1500	E	自費
D61-425	KURER PR ANCHOR SYSTEM, ONE UNIT	1500	E	自費
D61-427	DENTURE WITH SWING-LOCK ATTACHMENT	20000	E	自費
D61-428	OBTURATOR UNILATERAL	5000	E	自費
D61-429	OBTURATOR BILATERAL	20000	E	自費
D61-430	REMOVAL OF CROWN OR POST OR BRIDGE	100	E	自費
D61-431	齒雕(GOLD ONLAY)	15000	E	自費
D61-432	齒雕(GOLD INLAY)	12000	E	自費
D61-433	TEMPORARY CROWN	800	E	自費
D61-434	STUDY CAST IMPRESSION, PER JAW	200	E	自費
D61-435	黏假牙	200	E	自費
D61-436	OBTURATOR APPLIANCE	5000		
D61-437	SEMPRECISSION ATLACHME	3000	E	自費
D61-438	ETCHED-METAL RESIN BAN	3000	E	自費
D61-439	CROWN FIT TO DENTURE	2000	E	自費
D61-450	齒雕(單面)	8000	E	自費
D61-451	齒雕(覆蓋式)	12000	E	自費
D61-452	鈮鈷金屬(植牙升級)	2000	E	自費
D61-461	氧化銻冠(植牙升級)	15000	E	自費
D61-462	鈮鈷瓷牙(植牙升級)	3000	E	自費
D61-463	CEREC-3D	10000	E	自費
D61-464	齒雕(三面)	12000	E	自費
D61-465	CEREC-3D VENEER	20000	E	自費
D61-466	全瓷牙冠(E-MAX)	20000	E	自費
D61-467	全瓷牙冠(氧化銻)	25000	E	自費
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, 1/2 ARCH	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	OCCUSAL BITE SPLINT	4000		
D61-516	VESTIBULOPLASTY	2000	E	自費
D61-517	MARSUPIALIZATION	3020		
D61-518	OBTURATOR FOR VESTIBULOPLASTY	600	E	自費
D61-519	INTRAORAL EXCISION OF SOFT TISSUE TUMOR	1800		
D61-520	BIOPSY, SOFT TISSUE	1000		
D61-521	BIOPSY, HARD TISSUE	2000		
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	500		
D61-527	OPERCULECTOMY	600		
D61-528	REDUCTION OF MANDIBULAR DISLOCATION	2010		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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		
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-OXY GEN 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 PTERY GOMANDIBULAR SPACE,UBMANDIBULAR SPACE,E	10510		
D61-566	MANAGEMENT OF DIFFICULT ORAL MUCOSAL DISEASE	1000		
D61-567	REGULAR ORAL POTENTIALLY MALIGNANT DISORDER FOLLOW-UP TREATMENT	720		
D61-568	IRREGULAR ORAL POTENTIALLY MALIGNANT DISORDER FOLLOW-UP TREATMENT	480		
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	INTRA-ARTICULAR INJECTION OF TEMPOROMANDIBULAR JOINT	600		
D61-576	SALIVARY GALND CATHETERIZATION	200		
D61-577	SUBMUCOSAL INJECTION	400		
D61-581	SOFT SPLINT	800		
D61-589	THE FLUORO CARE (SINGLE JAW)	1800		
D61-600	PARTIAL ORTHODONTIC EXAM.	1500	E	自費
D61-601	FULL ORTHODONTICS EXAM.	3000	E	自費
D61-602	STUDY CASTS, PER SET	500	E	自費
D61-603	矯正資料收集及牙模	1000	E	自費
D61-604	REMOVABLE ORTHODONTIC APPLIANCE,ONE ARCH	8000	E	自費
D61-605	PERIODIC ADJUST. FOR REMOVE ORTHOD. APPL	600	E	自費
D61-606	MULTIBANDED APPLIANCE, ONE ARCH	18000	E	自費
D61-607	FULL DBS APPLIANCE (SIMPLE CASE)1/2JAW	7610	E	自費
D61-608	FULL DBS APPLIANCE(COMPLICATED)1/2 JAW	10000	E	自費
D61-609	MULTIBRACKET LINGUAL DBS APPL. 1/2 JAW	20000	E	自費
D61-611	RETAINER,ONE ARCH	5000	E	自費
D61-612	SPACE MAINTAINER,UNILATERAL	3000	E	自費
D61-613	SPACE MAINTAINER,BILATERAL	6000	E	自費
D61-614	擴弓裝置	25000	E	自費
D61-615	FIXED INCLINED BITE PLATE	6000	E	自費
D61-616	SINGLE BAND WITH BRACKET OR ACCESSORY	800	E	自費
D61-617	SINGLE MOLAR BAND WITH TUBE	1000	E	自費
D61-618	SINGLE BRACKET WITH DBS.	1000	E	自費
D61-619	CLASP,FINGER SPRING OR LABIAL BOW	500	E	自費
D61-620	ACRYLIC BASE PLATE	1500	E	自費
D61-621	BITE PLANE (ON BASE PLATE)	1500	E	自費
D61-622	ADJUST. OF REMOVAL ACTIVE APPL.FOR CLEFT	300	E	自費
D61-623	ORTHODONTIC FOLLOW-UP CHECK	250	E	自費
D61-624	擴弓裝置MSE	40000	E	自費
D61-625	HEADGEAR THERAPY IN INTERCEPTIVE ORTHOD.	25000	E	自費
D61-626	PRESURGICAL TREATMENT PLANNING	3000	E	自費
D61-627	PERIODIC ADJUST. FOR INTERCEPT. ORTHOD.	3000	E	自費
D61-628	REPLACEMENT OF FACE BOW	1000	E	自費
D61-629	PEPLACEMENT OF HEADGEAR	1500	E	自費
D61-630	FOLLOW UP CHECK OR PHOTOGROPHIC RECORDS	100	E	自費
D61-704	COMPOSITE RESIN FILLING WITH BONDING	600	E	自費
D61-705	ENDODONTIC EMERGENCY TREATMENT	300	E	自費
D61-707	TOOTH PULPOTOMY	900		
D61-708	POLY CARBONATE CROWN FOR PRIMARY ANTERIO	800	E	自費
D61-709	CHROME-STEEL CROWN FOR DECIDUOUS TOOTH	1500	E	自費
D61-709T	CHROME-STEEL CROWN FOR DECIDUOUS TOOTH	3000	@	自費
D61-710	乳牙牙套(氧化鋯)	6000	E	自費
D61-711	ENFORCING PIN	200	E	自費
D61-712	SIMPLE EXTRACTION WITHOUT INJECTION	50	E	自費
D61-713A	SIMPLE EXTRACTION(MILK TOOTH)	300		
D61-715	LABIAL FRENECTOMY	1000	E	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
D61-716	TOPICAL FLUORIDE APPLICATION	600	@	自費
D61-716A	TOPICAL FLUORIDE APPLICATION	600	F	
D61-716C	CHILDREN FLUORIDE CARIES(UNDER 12 YEARS OF LOW-INCOME...)	600		
D61-717	PIT AND FISSURE SEALANT (PER TEETH)	400	@	自費
D61-717T	PIT AND FISSURE SEALANT (PER TEETH)	800	@	自費
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	500	@	自費
D61-720	FIXED INCLINED PLANE	1500	E	自費
D61-722	MULTI BRACKET APPLIANCE(DBS) TWO ARCH	30000	E	自費
D61-723	PEDIODIC ADJUSTMENT OF MULTI BAND APPL	800	E	自費
D61-724	RECALL EXAMINATION	100	E	自費
D61-725	PARTIAL DENTURE UNILATERAL.REMOVABLE	1000	E	自費
D61-726	PARTIAL DENTURE BILATERAL.REMOVABLE	4000	E	自費
D61-727	TREATMENT PLANNING	200	@	自費
D61-731	SPACE MAINTAINER.REMOVABLE,UNILATERAL	1000	E	自費
D61-732	SPACE MAINTAINER.REMOVABLE,BILATERAL	2000	E	自費
D61-733	SPACE MAINTAINER,FIXED,UNILATERAL	1800	E	自費
D61-734	SPACE MAINTAINER,REMOVABLE,BILATERAL	3000	E	自費
D61-746	PULPECTOMY OF ANT PRIMARY TEETH,SIMPLE	600	E	自費
D61-747	PULPECTOMY OF ANT, PRIMARY TEETH RCF	1300		
D61-750	BEHAVIORAL CONTROL	200	E	自費
D61-751	DISTAL SHOE APPLIANCE	2100	E	自費
D61-752	PREVENTIVE RESIN RESTORATION	850	@	自費
D61-753	COMPOSITE RESIN FILLING WITH GLASSIONOME	1500	@	自費
D61-755	INTRA-ORAL SUTURE	500	@	自費
D61-756	COMPLETE DENTURE FOR CHILDREN(SINGLE ARC	4500	E	自費
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		
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		
D61-812	電腦斷層	5000	@	自費
D61-901	AMALGAM FILLING,ONE SURFACE(OR)	850	@	自費
D61-902	AMALGAM FILLING,TWO SURFACES(OR)	1050	@	自費
D61-903	AMALGAM FILLING,THREE SURFACES(OR)	1200	@	自費
D61-904	PULPOTOMY (DECIDUOUS)(OR)	1150	@	自費
D61-905	CHROME-STEEL CROWN FOR DECIDUOUS TOOTH(O	1850	@	自費
D61-906	SIMPLE EXTRACTION(OR)	650	@	自費
D61-907	ODONTECTOMY(OR)	1900	@	自費
D61-908	PIT AND FISSURE SEALANT/PER TEETH(OR)	400	@	自費
D61-909	TOPICAL FLUORIDE TRAY(OR)	1250	@	自費
D61-910	LIGHT CURING RESIN FILLING-1 SURFACE(OR)	1000	@	自費
D61-911	LIGHT CURING RESIN FILLING-2 SURFACE(OR)	1550	@	自費
D61-912	LIGHT CURING RESIN FILLING-3 SURFACE(OR)	1850	@	自費
D61-913	PULPECTOMY OF ANT PRIMARY TEETH(OR)	1800	@	自費
D61-914	PULPECTOMY OF POST PRIMARY TEETH(OR)	1950	@	自費
D61-915	PREVENTIVE RESIN RESTORATION(OR)	1200	@	自費
D61-916	GLASSIONOMER FILLING(OR)	1300	@	自費
D61-917	INTRA-ORAL SUTURE(OR)	600	@	自費
D61-918	COMPOSITE RESIN FILLING WITH GLASSIONOME	2150	@	自費
D61-919A	Special evaluation for craniomandibular disorders-first visit	1000		
D61-920A	Special evaluation for craniomandibular disorders-return visit	500		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
D61-921A	Dry needling for craniomandibular disorders	500		
D61-J09	週六、日及國定假日牙醫門診急症處置	800		
D61-S01	診斷模型STUDY CASE	200	E	自費
D61-S02	蓋體(ONLY PD)	3000	E	自費
D61-S03	口腔潰瘍	100	E	自費
D61-S04	保險裝置	1500	E	自費
D61-S05	BITE PLANE	1000	E	自費
D61-S06	潔牙	300	E	自費
D61-S12	蓋體 (ONLY GOLD)	4000	E	自費
D61-S13	鈷鉻金瓷牙	10000	E	自費
D61-S14	鈦鉻金屬牙	12000	E	自費
D61-S15	鈦鉻金瓷牙	13000	E	自費
D61-S16	PANA	3000	E	自費
D61-S17	52%AU合金冠	20000	E	自費
D61-S18	局部活動假牙	5000	E	自費
D61-S19	每排一牙(樹脂牙)	500	E	自費
D61-S20	鈷鉻金屬牙	9000	E	自費
D61-S21	POST(CAST.PARA)	1000	E	自費
D61-S22	AD POOT	300	E	自費
D61-S23	酒精注射	300		
D61-S26	DUPLICATION X RAY FILM (牙科)	200	E	自費
D61-S27	RUBBER DAM APPLIANCE	250		
D61-S28	MILK TOOTH PULPECTOMY	1690		
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		
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		
D61-S47	牙齒外傷急症處理	4976		
D61-S48	PRIMARY POST-OPERATIVE RECRODING, CARE FOR MAXILLOFACIAL TRAUMA	2500		
D61-S49	POST-OPERATIVE CARE FOR MAXILLOFACIAL TRAUMA	1000		
D61-S50	阻生齒困難拔牙	5000	@	自費
D61-S51	矯正A	100000	E	自費
D61-S52	矯正B	110000	E	自費
D61-S53	矯正C	120000	E	自費
D61-S54	矯正D	130000	E	自費
D61-S55	矯正E	140000	E	自費
D61-S56	矯正F	150000	E	自費
D61-S57	骨釘	5000	E	自費
D61-S58	雙效矯正A	125000	E	自費
D61-S59	隱形矯正A	160000	E	自費
D61-S60	隱形矯正B	180000	E	自費
D61-S61	隱形矯正C	200000	E	自費
D61-S62	隱形矯正D	210000	E	自費
D61-S63	隱形矯正E	220000	E	自費
D61-S64	膠原蛋白傷口敷料置入術	3200	@	自費
D61-S65	血小板纖維蛋白(牙科)	2000	E	自費
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		
E4009C	CHEST P-A VIEW(FOR MOUNTAIN TOWN)	200		
E4010C	設籍山地鄉民眾結核病風險及症狀評估	10		
E5200C	COVID-19 確診居家照護個案管理費-遠距照護諮詢 (一般確診個案)	500	F	
E5201C	COVID-19 確診居家照護個案管理費-遠距照護諮詢 (一般確診個案)	1000	F	
E5202C	COVID-19 確診居家照護個案管理費-遠距照護諮詢 (高風險 確診個案)	2000	F	
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
E80-001E	OBSERVATION FEE (E.R.)	200		
E80-001F	TEMPORATORY WARD FOR ER	550		
E80-001G	TEMPORATORY WARD FOR ER	700		
E80-001H	TEMPORATORY 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	1271		
E80-023*	THORACOCENTESIS	1000		
E80-024*	ABDOMINAL PUNCTURE	787		
E80-025	URINE CATHETERIZATION	120	H	自費
E80-025A	URINAL INDWELLING CATHETERLIZATION	363		
E80-025B	URINAL CATHETERLIZATION	96		
E80-026	GASTRIC LAVAGE	800		
E80-029	E.R. GENERAL TREATMENT	100		
E80-031	C.V.P.CANULATION	1470		
E80-032	ARTERIAL PUNCTURE	60		
E80-033	CPR	1800		
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)	420		
E80-038B	E.K.G. MONITOR (DAY)	50		
E80-040	B. P. MONITOR	200		
E80-103	VENTRICULAR TACHYARRHYTHMIAS	554		
E80-104*	PERICARDIAL PUNCTURE	1120		
E80-105*	CARDIOVERSION / TRANSVENOUS PACING	1500		
E80-106*	E.K.G. (ELECTROCARDIOGRAPHY)	390		
E80-108*	ESOPHAGEAL ENDOSCOPY	1020		
E80-109*	UPPER GI PANENDOSCOPY	1850		
E80-202	TRACHEOSTOMY	6745		
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	1069		
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	4987		
E80-341	ABRATION,LACERATION	500		
E80-351	SIMPLE LACERATION	300		
E80-351A	WOUND TREATMENT, <5CM	420		
E80-351B	WOUND TREATMENT, 5-10CM	562		
E80-351C	WOUND TREATMENT, >10CM	739		
E80-351E	WOUND TREATMENT, >10CM	100		
E80-361	DIRTY LACERATION	600		
E80-361A	DEBRIDMENT, <5CM	2419		
E80-361B	DEBRIDMENT, 5-10CM	3043		
E80-361C	DEBRIDMENT, >10CM	4792		
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	420		
E80-372B	WOUND TREATMENT, 5-10CM	562		
E80-372C	WOUND TREATMENT, >10CM	739		
E80-372E	WOUND TREATMENT, >10CM	200		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
E80-381	DIRTY OR COMPLICATE PLASTY LACERATION	1600		
E80-381A	DEBRIDMENT, >10CM	2419		
E80-381B	DEBRIDMENT, >10CM	3043		
E80-381C	DEBRIDMENT, >10CM	4792		
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	H	自費
E80-411A	CHANGE DRESSING,SMALL (<10CM)	56		
E80-411B	CHANGE DRESSING,MEDIUM (10-20CM)	76		
E80-411C	CHANGE DRESSING,LARGE (>20CM)	125		
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 A WARD	2000		
E80-600	THERAPEUTIC PHLEBETOMY	140		
G02-025	PHYSICIAN FEE FOR INFLUENZA VACCINE INJECTION	100		
G02-030 S	IPD PHYSICIAN FEE(EMR)	442		
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	1470		
G11-008	ARTERIAL PUNCTURE SAMPLING	60		
G11-009	ARTERIAL CANULATION	842		
G11-010	ASPIRATION, CYST, ABSCESS ETC.	192		
G11-011	LUMBAR PUNCTURE	1271		
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	96		
G11-017	GASTRIC LAVAGE	500		
G11-018	BLADDER IRRIGATION	120		
G11-019	24 HOURS BLADDER IRRIGATION	390		
G11-021	EMERSON SUCTION/DAY	100	H	自費
G11-022	GLYCERINE ENEMA	40		
G11-023	TAP WATER ENEMA	134		
G11-024	CLEANSING ENEMA	392		
G11-025	TRACHEOSTOMY CARE	70		
G11-026	PERCUTANEOUS IV CATHETERIZATION	2801		
G11-027	CPR, FAILURE	1800		
G11-028	CPR, SUCCESS	1800		
G11-029	NEEDLE BIOPSY, SUPERFACIAL	300	H	自費
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	H	自費
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)	125		
G11-036	CHANGE DRESSING,MEDIUM(10-20CM)	76		
G11-037	CHANGE DRESSING,SMALL(<10CM)	56		
G11-038	SKIN PREPARE	150	E	自費
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
G11-043B	IC NEEDLE (6 MONTH TO 2 YEAR)	716		
G11-043C	兒童靜脈留置導管(二歲以上至未滿七歲)	604		
G11-044	URINE SUGAR TEST	15		
G11-047	ENDOTRACHEAL TUBE	835		
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	H	自費
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 ESOPHAGEAL 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 AUTOMATIC Tourniquet	130		
G11-068	HYPERTHERMIA	300		
G11-069	CARDIA VERSION	554		
G11-071	TRACTION	150		
G11-072	FINGER SUGAR	50		
G11-073	HBV INJECTION	20	E	自費
G11-074	NASAL FEEDING	222	F	
G11-075	GASTRIC FEEDING	222	F	
G11-076	GASTRIC DECOMPRESSION	150	F	
G11-077	CHEST DRAINAGE	126	F	
G11-078	ABDOMINAL DRAINAGE	125	F	
G11-079	VENTRICULAR DRAINAGE (DAY)	112	F	
G11-080A	ICE BLANKET, 12 /U 24 HRS.	413	F	
G11-080B	ICE BLANKET, 12-24 HRS.	780	F	
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	420		
G11-087	WOUND TREATMENT, 5-10CM	562		
G11-088	WOUND TREATMENT, >10CM	739		
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	@	自費
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	F	
G11-147	FLEET ENEMA	123		
G11-148	PERINEAL CARE	54		
G11-155	HEATING LAMP(DAY)	130		
G11-156	INFANT INCUBATOR(DAY)	200		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
G11-160	PHYSICAL RESTRAINT(DAY)	744		
G11-175	FEEDING THROUGH OSTOMY	100	F	
G11-200	OPERATIVE SONOGRAM	1372		
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	H	自費
G11-300	FUNDOSCOPIC EXAM	120		
G11-301	ADULT HEALTH EXAM.(2ND,40-65 YRS)	220		
G11-302	ADULT HEALTH EXAM.	130	@	自費
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	H	自費
G11-501	PHYSICAL EXAMINATION AND INTERPRETATION(2000	H	自費
G11-600	SERVICE FEE	500	H	自費
G11-700	NURSING VISITING FEE(BASED)	500	E	自費
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		
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/BEYOUND 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	1386		
G11-712	NURSING VISITING FEE/CATEGORY II ,WITHIN,HOME	1921		
G11-713	NURSING VISITING FEE/CATEGORY III,WITHIN,HOME	2317		
G11-714	PHYSICIAN VISITING FEE/TIME - HOME	2051		
G11-715	PHYSICIAN VISITING FEE/BEYOUND THE FIFTH	792		
G11-716	NURSING VISITING FEE/CATEGORY IV,WITHIN,HOME	2713		
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		
G11-732A	PHYSICIAN VISITING FEE(HOSPICE)-AGENCY	1242		
G11-732B	PHYSICIAN VISITING FEE(HOSPICE)-HOME	1553		
G11-733	NURSING VISITING FEE(HOSPICE)/WITHIN ONE HOUR, HOME	1650		
G11-733A	NURSING VISITING FEE(HOSPICE)/WITHIN ONE HOUR, AGENCY	1320		
G11-733B	NURSING VISITING FEE(HOSPICE)/WITHIN ONE HOUR, HOME	1650		
G11-734	NURSING VISITING FEE(HOSPICE)/OVER ONE HOUR,HOME	2250		
G11-734A	NURSING VISITING FEE(HOSPICE)/OVER ONE HOUR,AGENCY	1800		
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	E	自費
G11-753	NURSING CARE,INFANT ONLY(DAY)	1200	E	自費
G11-780	PALLIATIVE CARE FAMILY CONSULTING FEES	2250		
G11-782	DISCHARGE PLANNING AND TRACKING MANAGEMENT FEES	1800		
G11-801	預立醫療照護諮詢費(次)	3000	@	自費
G11-S01	FEEDING PUMP (天)	150		
G11-S02	TRIGGER POINT INJECTION(ONE)	180		
G11-S05	IV INFUSION	365	@	自費
G11-S06	VAC傷口癒合處置費(天)	380	@	自費
G11-S07	剃頭費	200	E	自費
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-S25	長照2.0部分負擔(一般戶) CB03、CB04	1500	E	自費
G11-S27	長照專業服務-困難照顧服務加計(失能等級5級以上)	200	E	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
G11-S29	醫護人員出勤加班費	3600	E	自費
G11-S30	創新試辦計畫-居家醫師訪視費(一般戶)	700	E	自費
G11-S31	創新試辦計畫-居家醫師訪視費(中低收入戶)	900	E	自費
G11-S32	創新試辦計畫-居家醫師訪視費(低收入戶)	1000	E	自費
G11-S33	補助居家訪視費(一般戶)	390	E	自費
G11-S34	補助居家訪視費(中低收入戶)	130	E	自費
G11-S35	補助居家交通費(一般戶)	200	E	自費
G11-S36	補助居家交通費(中低收入戶)	20	E	自費
G11-S37	補助醫師訪視費(一般戶)	300	E	自費
G11-S38	補助醫師訪視費(中低收入戶)	100	E	自費
G11-S40	全口活動假牙-衛生局補助長者假牙計畫	44000	E	自費
G11-S41	上或下顎半口活動假牙-衛生局補助長者假牙計畫	22000	E	自費
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	39000	E	自費
G11-S43	上下顎部分活動假牙-衛生局補助長者假牙計畫	33000	E	自費
G11-S44	上或下顎部分活動假牙-衛生局補助長者假牙計畫	17000	E	自費
G11-S46	新冠病毒檢測-一般檢驗-24小時報告(申請補助用)	3000		
G11-S47	桃園市衛生局長照補助-照顧計劃擬定與服務連結(AA01)	1700	E	自費
G11-S48	桃園市衛生局長照補助-照顧管理(AA02)	400	E	自費
G11-S49	長照2.0-營養照護(CB01)	1000	E	自費
G11-S54	長照2.0-復能照護(CA07)	1500	E	自費
G11-S59	長照2.0-個別化服務計畫擬定與執行(CA08)	1500	E	自費
G11-S74	社區安寧療護網絡計畫-醫師、護理訪視費用(健保收案)-交通費	300		
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		
G11-S79	哺乳諮詢費(初診)	1000	E	自費
G11-S80	哺乳諮詢費(複診)	500	E	自費
G11-S81	預立醫療照護諮詢費(同一時段第二人)	1500	@	自費
G11-S83	居家失能個案家庭醫師照護方案-醫師意見書	1500		
G11-S84	居家失能個案家庭醫師照護方案-個案管理費	250		
G11-S86	BABY MASSAGE	300	@	自費
G11-S87	居家失能個案家庭醫師照護方案-醫師意見書-原民區或離島	1800		
G11-S88	居家失能個案家庭醫師照護方案-個案管理-原民區或離島	300		
G11-S89	新冠病毒檢測-核酸池化檢驗(Pooling Sample)(公費)(申請補助用)	1200		
G11-S90	活動假牙維修費-衛生局補助長者假牙計畫	2000	E	自費
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	E	自費
L72-001	CBC-I(WBC,RBC,HB,HCT,MCV,MCH,MCHC,PLT CO	200		
L72-001*	CBC-I(WBC,RBC,HB,HCT,MCV,MCH,MCHC,PLT CO	260		
L72-002	BLOOD SAMPLING	340		
L72-003	WBC	50		
L72-003*	W.B.C	65		
L72-004	RBC	30		
L72-005	HGB	50		
L72-007	HCT	30		
L72-008	HGB, HCT	60		
L72-008*	HCT,HB	78		
L72-009	RETICULOCYTE COUNT	50		
L72-009*	RETICULOCYTE COUNT	65		
L72-010	Gestational anemia test (24-28 wk)	130		
L72-011	PLATELET COUNT	100		
L72-011*	PLATELET COUNT	130		
L72-013	ESR	50		
L72-013*	E.S.R.(ERYTHROCYTE SEDIMENTATION RATE)	65		
L72-015	WBC DIFFERENTIAL COUNT	100		
L72-015*	WBC DIFFERENTIAL COUNT	130		
L72-016	RBC PARASITE (BLOOD)	50		
L72-017	RBC MORPHOLOGY	40		
L72-036	THROMBIN TIME	120		
L72-037	PROTHROMBIN TIME	150		
L72-037*	PROTHROMBIN TIME	195		
L72-038	ACTIVATED PARTIAL THROMBOPLASTIN TIME	200		
L72-038*	APTT (ACTIVATED PARTIAL THROMBOPLASTIN T	260		
L72-040	FIBRINOGEN	275		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
L72-040*	FIBRINOGEN	325		
L72-041	D-DIMER	600		
L72-041*	D-DIMER	600		
L72-042	FDP	600		
L72-044	HB F QUANTITATION	150		
L72-046	HB H PREPARATION	40		
L72-048	HB ELECTROPHORESIS	300		
L72-049	HEMOGLOBINOPATHIES PROFILE	680		
L72-062	ABSOLUTE EOSINOPHIL COUNT	100		
L72-065	G6PD QUANTITATIVE	250		
L72-067	PROTEIN S	400		
L72-068	ADP(ZUM)	400	H	自費
L72-069	PROTEIN C	740		
L72-070	ADP(SUM)	400	H	自費
L72-072	EPINEPHRINE	400	H	自費
L72-101	RPR/VDRL	80		
L72-102	IGRA TEST (NO INCLUDE REAGENT FEE)-疾管署專用	300		
L72-103	TPPA	300		
L72-105	FTA-ABS	300		
L72-107	WIDAL TEST	150		
L72-109	ASLO	300		
L72-111	HIGH SENSITIVE CRP (HS-CRP)	300		
L72-114	MYCOPLASMA PNEUMONIA AB IGG	250		
L72-115	MYCOPLASMA PNEUMONIA AB IGM	300		
L72-116	COLD HEMAGGLUTININ	120		
L72-118	ABO TYPE(FORWARD)	40		
L72-120	RH TYPING D	90		
L72-129	COOMBS'IGG MONOSPECIFIC TEST	250		
L72-130	DIRECT COOMBS' TEST	100		
L72-131	INDIRECT COOMBS' TEST	150		
L72-134	RF(RHEUMATOID FACTOR)	275		
L72-135	CA-199	415		
L72-137	CA-153	500		
L72-138	CEA	600		
L72-139	P.S.A(PROSTATE SPECIFIC ANTIGEN)	450		
L72-140	A-FETOPROTEIN	200		
L72-141	SCC	415		
L72-142	HBSAG(EIA)	180		
L72-143	ANTI-HBS AB(EIA)	200		
L72-144	LUMIPULSE G HBS AG-QUANTITATIVE TEST	160		
L72-145	RUBELLA AB IGG	250		
L72-145L	RUBELLA AB IGG(FOR PREGNANCY EXAMINATION)	216		
L72-146	RUBELLA AB IGM	540		
L72-147	PIVKA-II (Des-r-Carboxy Prothrombin)	1500		
L72-148	CMV AB IGG	300		
L72-149	CMV AB IGM	700		
L72-150	EBV-VCA IGG	540		
L72-151	EBV-VCA IGM	540		
L72-155	AMOBEBIC AB (IHA)	300		
L72-157	CRYPTOCOCCUS ANTIGEN	400		
L72-158	LEGIONELLA PNEUMOPHILA URINE ANTIGEN TEST	800		
L72-159	HERPES SIMPLEX VIRUS AB IGG	700		
L72-171	TOXOPLASMA GONDII AB(IGG)	770		
L72-172	TOXOPLASMA GONDII AB(IGM)	1200		
L72-174	ANTI-HBC IGM	370		
L72-175	HBcrAg Quantitation	1200	@	自費
L72-176	ANTI-HBC AB	250		
L72-178	HBE AG	250		
L72-180	ANTI-HBE AB	250		
L72-182	ANTI-HAV IGM	350		
L72-184	ANTI-HAV IGG	300		
L72-192	CYFRA21-1	400		
L72-193	CA-125(EIA/LIA)	400		
L72-195	FREE PSA	400		
L72-199	第一孕期唐氏症檢測	2800	@	自費
L72-201	PROTEIN ELECTROPHORESIS	300		
L72-204	IMMUNOFIXATION ELECTROPHORESIS	1500		
L72-205	IGG	275		
L72-207	IGA	275		
L72-209	IGM	275		
L72-211	IGD	200		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
L72-213	IGE	500		
L72-214	SERUM FREE LIGHT CHAIN KAPPA/LAMBDA	1050		
L72-215	MICROALBUMIN	300		
L72-217	C3	275		
L72-219	C4	275		
L72-223	A1-ANTITRYPSIN	275		
L72-225	CERULOPLASMIN	275		
L72-229	B2-MICROGLOBULIN	700		
L72-231	HAPTOGLOBIN	275		
L72-233	TRANSFERRIN	275		
L72-234	PREALBUMIN	275		
L72-239	CRYOGLOBULIN IDENTIFICATION	200		
L72-241	CRYOFIBRINOGEN IDENTIFICATION	200		
L72-245	ANA	330		
L72-247	ANTI-DS DNA AB	300		
L72-249	INTERCELLULAR SUBSTANCE AB	300		
L72-251	BASEMENT MEMBRANCE ZONE AB	300		
L72-253	MITOCHONDRIAL AB	300		
L72-255	SMOOTH MUSCLE AB	300		
L72-257	GASTRIC PARIETAL CELL AB	300		
L72-260	ANTI-THYROID PEROXIDASE AB(ANTI-TPO AB)	300		
L72-262	TACROLIMUS/FK506	1100		
L72-263	THYROGLOBULIN AB	200		
L72-264	VON-WILLEBRAND FACTOR	385	H	自費
L72-266	T CELL & B CELL	850		
L72-267	T CELL SUBSET ANALYSIS(IDENTIFICATION)	1000		
L72-268	HTLV-I AB (QUALITATIVE TEST)	420		
L72-272	T CELL SUBSET 2	1747		
L72-274	T CELL SUBSET 3	800		
L72-275	ACUTE LEUKEMIA MARKER	2500		
L72-280	FLOWCYTOMETRY	1000	E	自費
L72-291	IL-6	700	@	自費
L72-292	AQP4 AUTOANTIBODY	2000		
L72-295	GLUTAMIC ACID DECARBOXYLASE 65 ANTIBODIES (GAD-AB)	1000	@	自費
L72-296	TYROSINE PHOSPHATASE ANTIBODIES (IA2-AB)	1000	@	自費
L72-301	SMA 12/60	580		
L72-303	ALBUMIN	50		
L72-304	LDL-CHOLESTEROL	250		
L72-305	CHOLESTEROL	70		
L72-306	HDL-CHOLESTEROL	200		
L72-307	BUN	50		
L72-308	UREA N(U)	60		
L72-310	TRIGLYCERIDE	120		
L72-314	SUGAR A. C.	50		
L72-315	SUGAR P.C.	50		
L72-317	GLYCOHEMOGLOBIN (HBA1C)	250		
L72-319	G.T.T.	313		
L72-320	GESTATIONAL DIABETES MELLITUS SCREENING(GDM)	150	@	自費
L72-320L	Gestational diabetes mellitus screening	194		
L72-325	TOTAL PROTEIN	40		
L72-326	TOTAL PROTEN(URINE)	60		
L72-327	CA	50		
L72-329	P	50		
L72-331	URIC ACID	50		
L72-333	CREATININE (B)	60		
L72-334	CREATININE(U)	60		
L72-336	AMYLASE(B)	50		
L72-337	AMYLASE(U)	50		
L72-338	URINE ALBUMIN CREATININE RATIO (ACR)	315		
L72-339	LIPASE	200		
L72-340	TOXIC METAL SCREENING OF URINE(6 METALS)	1500	E	自費
L72-341	LI	150		
L72-343	MG	180		
L72-345	CU	200		
L72-347	ZINC(ZN)(AA METHOD)	480		
L72-348	NI (NICKEL)	450		
L72-349	PB(LEAD)	400		
L72-350	CADMIUM (CD)	400		
L72-351	HG	350		
L72-352	ALUMINUM (AL)	400		
L72-353	AS	400		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
L72-355	NA	40		
L72-356	K	40		
L72-357	CL	40		
L72-358	CO2	100		
L72-359	CHROMIUM (CR)	520		
L72-360	AST(GOT)	50		
L72-361	ALT(GPT)	50		
L72-363	ALK P-TASE	60		
L72-364	SERUM INDIUM	400		
L72-365	BILIRUBIN T.	55		
L72-366	BILIRUBIN D.	40		
L72-368	R-GT	70		
L72-373	TSH RECEPTER AB(EIA/LIA)	400		
L72-374	CPK	250		
L72-375	HOMOCYSTEINE	400		
L72-376	LDH	150		
L72-380	SERUM IRON & TIBC	300		
L72-384	HBA2	190		
L72-387	TBG(THYROXINE BINDING GLOBULIN)(EIA/LIA)	250		
L72-389	T4	300		
L72-390	FREE T4(EIA/LIA)	600		
L72-391	T3	315		
L72-391*	T3	315		
L72-393	TSH (EIA/LIA)	400		
L72-395	THYROGLOBULIN	350	@	自費
L72-396	IPTH(INTACT-PTH)	480		
L72-398	BONE ALP	600		
L72-399	DEOXYPYRIDINOLINE	500	@	自費
L72-401	VMA	300		
L72-402	CATECHOLAMINE	1000		
L72-403	17-KS	270		
L72-406	L/S RATIO	580	E	自費
L72-407	VITAMIN A	240		
L72-408	VITAMIN E	1000	@	自費
L72-409	5-HIAA	300		
L72-411	A-ALA	350		
L72-413	PORPHOBILINOGEN 檢查	50		
L72-415	A-ALA DEHYDRASE	250		
L72-417	CHOLINESTERASE	100		
L72-418	PARAQUAT	300		
L72-419	LACTATE	300		
L72-421	PYRUVATE	300		
L72-423	SALICYLATE	320		
L72-425	CPK ISOENZYME	500		
L72-427	LDH ISOENZYME	500		
L72-428	HDL&LDL&TG-CHOLESTEROL ELECTROPHORESIS	640		
L72-429	LIPOPROTEIN ELECTROPHORESIS	400		
L72-434	LIPOPROTEIN(A)	550		
L72-435	DIGOXIN	400		
L72-437	THEOPHYLLINE	350		
L72-439	AMIKACIN	350		
L72-441	GENTAMYCIN	350		
L72-442	VANCOMYCIN	356		
L72-445	DIPHENYLHYDANTION(PHENYTOIN)	350		
L72-446	FREE FORM DIPHENYLHYDANTOIN	400		
L72-449	PHENOBARBITAL	350		
L72-451	CARBAMAZEPINE	350		
L72-455	VALPROIC ACID	350		
L72-461	IGF-1	600		
L72-464	VITAMINE D3(25-OH)	550	@	自費
L72-469	ACETAMINOPHEN	400		
L72-470	SIROLIMUS	1600		
L72-471	AMPHETAMINE	450		
L72-473	MORPHIN	450		
L72-476	HGH	330		
L72-481	PROLACTIN	300		
L72-482	LH	300		
L72-483	FSH	300		
L72-484	ESTRADIOL(E2)	300		
L72-485	DHEA-S	421		
L72-486	BETA HCG	400		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
L72-487	ACTH	500		
L72-487A	ACTH AM	500		
L72-487B	ACTH PM	500		
L72-488	CORTISOL	450		
L72-488A	CORTISOL	450		
L72-488B	CORTISOL PM	450		
L72-489	FERRITIN	500		
L72-490	PROGESTERONE	300		
L72-491	TESTOSTERONE	250		
L72-492	VITAMIN B12	280		
L72-493	ERYTHROPOIETIN	300		
L72-494	FOLATE	350		
L72-496	INSULIN (EIA/LIA)	156		
L72-497	C-PEPTIDE(EIA/LIA)	300		
L72-501*	SUGAR,STAT	80		
L72-503*	BUN,STAT	80		
L72-505*	CREATININE (B) CRTN,STAT	78		
L72-506*	CREATININE (U) CRTN,STAT	78		
L72-508*	AMYLASE (B),STAT	100		
L72-509*	AMYLASE (U),STAT	100		
L72-510*	LIPASE,STAT	260		
L72-511*	OSMOLALITY-BLOOD	150		
L72-512*	OSMOLARITY-URINE	70		
L72-514*	BILIRUBIN DIRECT(EMR)	80		
L72-515*	BILIRUBIN TOTAL(EMR)	80		
L72-516*	R-GT	90		
L72-517*	AST(GOT),STAT	80		
L72-518*	ALT(GPT),STAT	65		
L72-519*	ALKALINE PHOSPHATASE,STAT	78		
L72-521*	CA (CALCIUM),STAT	80		
L72-523*	P (PHOSPHORUS),STAT	80		
L72-525*	NA (SODIUM),STAT	50		
L72-526*	K (POTASSIUM),STAT	50		
L72-527*	CL (CHLORIDE),STAT	50		
L72-528*	CARBON DIOXIDE	130		
L72-530*	BLOOD GAS ANALYSIS	250		
L72-532	CARBOXYLHEMOGLBIN 一氧化碳血紅素	200		
L72-532*	CO-OXIMETER PANEL	180		
L72-534*	AMMONIA	250		
L72-536*	TOTAL PROTEIN,STAT	40		
L72-537*	LACTIC ACID (LACTATE)	390		
L72-538*	KETONE BODY	39		
L72-541*	BLOOD KETONE QUANTITATIVE TEST	150		
L72-545*	MYOGLOBIN	460		
L72-547*	CRP	275		
L72-549*	DIGOXIN,STAT	520		
L72-551*	THEOPHYLLINE,STAT	455		
L72-552*	ETHYL ALCOHOL	234		
L72-553	CK-MB	200		
L72-553*	CK-MB	200		
L72-555*	CPK,STAT	260		
L72-556*	LDH,STAT	195		
L72-557*	MG,STAT	234		
L72-558*	CHOLINESTERASE	130		
L72-559*	ALBUMIN,STAT	275		
L72-560*	DIPHENYLHYDANTION(PHENYTOIN),STAT	455		
L72-561*	BENZODIAZEPINE	440		
L72-562*	AMPHETAMINE,STAT	500		
L72-563*	URIC ACID,STAT	65		
L72-564*	CORTISOL,STAT	585		
L72-565*	BNP	1040		
L72-566*	TROPONIN I,STAT	540		
L72-567*	ETHANOL-DRUNK NOT DRIVING	234		
L72-568*	ETHANOL-DUI(DRIVING UNDER THE INFLUENCE)	234		
L72-569*	METHANOL	270		
L72-570*	PROCALCITONIN(PCT)	1350		
L72-571*	NT-PROBNP	800		
L72-601	COMMON AEROBIC CULTURE	300		
L72-602	ANTIMICROBIAL SUSCEPTIBILITY TEST	150		
L72-603	COMMON ANAEROBIC CULTURE	350		
L72-604	ANTIMICROBIAL SUSCEPTIBILITY TEST(2 ORGA	270		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
L72-605	GONOCOCCUS CULTURE	300		
L72-606	ANTIMICROBIAL SUSCEPTIBILITY TEST(3 ORGA	405		
L72-607	BLOOD CULTURE	380		
L72-608	GR. B-STREPTOCOCCUS CULTURE	300	@	自費
L72-609	B-STREPTOCOCCUS GROUP A CULTURE	250		
L72-611	MIC AND MBC	600		
L72-621	GRAM STAIN	60		
L72-623	ACID FAST STAIN	60		
L72-625	FLUOROCHROME STAIN	200		
L72-627	INDIA INK STAIN	45		
L72-629	GR A STREPTOCOCCUS(THROAT SWAB)	200		
L72-629*	GR A STREPTOCOCCUS(THROAT SWAB)	260		
L72-642	MYCOBACTERIAL CULTURE	400		
L72-643	FUNGUS CULTURE	200		
L72-654	TISSUE TYPING HLA - HLA-ABC	5053		
L72-657	HUMAN LEUCOCYTE ANTIGEN -B	3285		
L72-659	HLA-DR	4500		
L72-665	DISEASE ASSCCIATED HLA ANTIGEN	1351		
L72-672	THALASSEMIA DNA ANALYSIS	4500	E	自費
L72-673	THALASSEMIA DNA ANALYSIS FOR PARENTS	7000	E	自費
L72-674	THALASSEMIA DNA ANALYSIS FOR FETUS	5000	E	自費
L72-675	SEA PCR	1200		
L72-680	SPECIFIC DNA DETECTION OF INFECTIOUS MICROORGANISM	1200		
L72-681	LEGIONELLA PCR	1200		
L72-687	SMA MUTATION DETECTION	2000	E	自費
L72-690	C.DIFFICILE TOXIN GENE SCREENING	1100		
L72-691	PNEUMOCYSTIS JIROVECI DNA PCR	1200		
L72-700	SEDIMENTS EXAM + URINE ROUTINE	75		
L72-701	URINE BIOCHEMISTRY EXAMINATION	75		
L72-701*	URINE BIOCHEMISTRY EXAMINATION	75		
L72-703*	SEDIMENTS	39		
L72-707	PREGNANCY TEST-EIA	160		
L72-707*	PREGNANCY TEST- EIA	208		
L72-713	REDUCING SUBSTANCES	40		
L72-713*	REDUCING SUBSTANCES	52		
L72-715*	PARAQUET SCREEN(URINE)	60		
L72-721	GRAM STAIN	78		
L72-721*	GRAM STAIN	78		
L72-723	ACID FAST STAIN	78		
L72-723*	ACID FAST STAIN	78		
L72-730	STOOL ROUTINE	75		
L72-731	OCCULT BLOOD	20		
L72-732	OCCULT BLOOD(EIA)	150		
L72-732A	IMMUNO FECAL OCCULT BLOOD FOR COLORECTAL CANCER SCREENING(預防保健：85)	200		
L72-733	PARASITE OVA (DIRECT SMEAR)	30		
L72-739	FAT	30		
L72-741	AMEBA	60		
L72-745	PH	20		
L72-745*	PH	26		
L72-751	ROUTINE	100	H	自費
L72-751A	ASCITES FLUID ROUTINE	170		
L72-751A*	ASCITES FLUID ROUTINE	170		
L72-751B	PLEURAL FLUID ROUTINE	170		
L72-751B*	PLEURAL FLUID ROUTINE	170		
L72-751C	CSF ROUTINE	170		
L72-751C*	CSF ROUTINEE	170		
L72-753	GRAM STAIN	60		
L72-753*	GRAM STAIN	60		
L72-755	ACID-FAST STAIN	60		
L72-755*	ACID FAST STAIN(LIST R544)	78		
L72-757	INDIA INK STAIN	45		
L72-757*	INDIA INK STAIN	52		
L72-759	SYNOVIAL FLUID EXAM.	170		
L72-759*	SYNOVIAL FLUID ANALYSIS	170		
L72-761	SEMEN ANALYSIS	100		
L72-761*	SEMEN ANALYSIS	130		
L72-762	H.INFLUENZAE(TYPE B)	200		
L72-762*	H.INFLUENZAE(TYPE B)	260		
L72-763	N.MENINGITIDIS	280		
L72-763*	N.MENINGITIDIS	260	E	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
L72-764	S.PNEUMOCOCCUS	200	E	自費
L72-764*	S.PNEUMOCOCCUS	260	E	自費
L72-765	STREPTOCOCCUS GROUP B	180		
L72-765*	STREPTOCOCCUS GROUP B	180		
L72-767	STREPTOCOCCUS PNEUMONIAE URINARY AG	1000		
L72-768*	INFLUENZA A, B VIRUS ANTIGEN RAPID TEST	300		
L72-769	TRICHOMONAS VAGINALIS ANTIGEN	1200	@	自費
L72-770	STOOL HELICOBACTER PYLORI AG DETECTION	376		
L72-771	DENGUE NSI ANTIGEN RAPID TEST	300		
L72-801	A,B,O GROUPING	100		
L72-803	CROSSMATCHING TEST	200		
L72-805	ANTIBODY SCREEING	100		
L72-813	PACKED RBC	500		
L72-828	PLATELET CONCENTRATE	500		
L72-844	ANTIBODY IDENTIFICATION	400		
L72-901	VIRUS ISOLATION & IDENTIFICATION	550		
L72-902	RAPID CMV CULTURE(SHELL VIAL ASSAY)	450		
L72-903	CHLAMYDIA AG	400		
L72-906	INFLUENZAVIRUS A, B RNA DETECTION	2400		
L72-90P	COVID-19 REAL-TIME RT-PCR(POLING SAMPLE)(自費)	1000	@	自費
L72-910	COVID-19 REAL-TIME RT-PCR(Regular/48hr)(預約)	3500	@	自費
L72-910A	COVID-19 REAL-TIME RT-PCR(Expedited/24hr)(預約)	4500	@	自費
L72-910B	COVID-19 REAL-TIME RT-PCR(Regular)(未預約)	3500	@	自費
L72-910C	COVID-19 REAL-TIME RT-PCR(Expedited/24hr)(未預約)	4500	@	自費
L72-911	NOROVIRUS RNA DETECTION	1560		
L72-912	MYCOPLASMA PNEUMONIAE DNA PCR	1090		
L72-915	SARS-CoV-2 IgG Antibody	800	@	自費
L72-916	RESPIRATORY SYNCYTIAL VIRUS AG	120		
L72-918	ROTAVIRUS AG	350		
L72-920	ADENOVIRUS AG	450		
L72-923	PARVOVIRUS B19 DNA DETECTION	1200		
L72-927	MUMPS CF VIRUS AB	300		
L72-936	HLA-B*1502 GENE TYPING	4270		
L72-947	EB-VCA IGA	750		
L72-949	EB EA	1000		
L72-950	EBNA	1200		
L72-955	ANTI-HCV AB	400		
L72-956	HERPES SIMPLEX VIRUS IGM	1200		
L72-957	HIV AG/AB COMBO	250		
L72-957B	HIV TEST FOR GYN	280	F	
L72-957D	HIV TEST FOR SEXUAL DISEASES	280	F	
L72-958	ANTI-HIV AB(WESTERN BLOT ASSAY)	1564	@	自費
L72-959	INFLUENZA VIRUS AB TYPE A	300		
L72-960	INFLUENZA VIRUS AB TYPE B	300		
L72-963	MEASLES VIRUS AB	300		
L72-964	MEASLES VIRUS IGM	850		
L72-965	CHLAMYDIA AB	315		
L72-966	CMV DNA QUANTITATIVE AMPLIFICATION TEST	2000		
L72-976	REOVIRUS AB	300		
L72-980	ANTI-HHV 6 IGG	450	@	自費
L72-982	ANTI-HHV 6 IGM	450	@	自費
L72-991	VARICELLA-ZOSTER VIRUS IGG	300		
L72-992	VARICELLA-ZOSTER VIRUS IGM	1200		
L72-995	HERPES SIMPLEX VIRUS DNA	1200		
L72-996	CYTOMEGALOVIRUS DNA	1200		
L72-997	EPSTEIN BARR VIRUS DNA	1200		
L72-D33	LTT(LYMPHOCYTE TRANSFORMATION TEST) (1)	4800	@	自費
L72-D34	LTT(LYMPHOCYTE TRANSFORMATION TEST) (5)	5760	@	自費
L72-D35	LTT(LYMPHOCYTE TRANSFORMATION TEST) (10)	7800	@	自費
L72-D36	HISTAMINE & LEUKOTRIENE RELEASE TEST (1)	5400	@	自費
L72-D37	HISTAMINE & LEUKOTRIENE RELEASE TEST (5)	7200	@	自費
L72-D38	HISTAMINE & LEUKOTRIENE RELEASE TEST (10)	9000	@	自費
L72-D65	NIPT (NON-INVASIVE PRENATAL TESTING)	14000	@	自費
L72-S04	STARCH	30		
L72-S05	TRYPsin	80		
L72-S06	MALARIA STAIN	100		
L72-S11	SYPHILIS TP(CMIA)	300		
L72-S12	GLOBULIN	60		
L72-S14	ACETYLCHOLIN RECEPTOR AB.	1000	@	自費
L72-S31	APT TEST	100		
L72-S34	N.MENINGITIDIS + GBS	400	E	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
L72-S35	S.PNEUMONIAE	200	E	自費
L72-S41	PROTEIN	15		
L72-S42	UROBILINOGEN	20		
L72-S43	BILIRUBIN (URINE)	20		
L72-S52	LOW RANGE TOTAL IGE	520	E	自費
L72-S54	DIC PROFILE	1400		
L72-S55	ANTI-CARDIOLIPIN	450		
L72-S56	URINE SUGAR TEST	15		
L72-S57	CBC-II(WBC,RBC,HB,HCT,MCV,MCH,MCHC)	130		
L72-S59	BETKE STAIN (FETAL HB)	550		
L72-S70	AT III (ANTITHROMBIN)	530		
L72-S72	CAP SPECIFIC ALLERGEN TEST	2000		
L72-S76	THYROGLOBULIN	350		
L72-S77	CALCITONIN	600		
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	@	自費
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-SA2	E.C.P(EOSINOPHIL CATIONIC PROTEIN)	1000		
L72-SA3	PHADIATOP	505		
L72-SA6	LUPUS ANTICOAGULANT SCREENING TEST	700		
L72-SB3	SALVIA COLLECTION	200		
L72-SB4	SALIVA COLLECTION (STIMU.)	200		
L72-SB5	HBV YMDD MUTANT SEQUENCING ANALYSIS	3700	@	自費
L72-SB7	PTH C-TERMINAL	600		
L72-SB8	TB RNA DETECTION	3500	@	自費
L72-SB9	HYBRID CAPTURE HPV DNA	1200	@	自費
L72-SC2	HCV GENOTYPING	2450		
L72-SC4	第二孕期四指標母血唐氏症篩檢	2200	@	自費
L72-SC5	HBV DNA QUANTITATIVE	2200		
L72-SC6	HCV RNA QUANTITATIVE	3600		
L72-SC7	KETAMINE RAPID TEST	250		
L72-SD1	孕婦乙型鏈球菌培養	500		
L72-SD2	ANTI-CITRULLINATED FILAGGRIN AB	1250		
L72-SD3	BS SCREENING FEE(SAMPLING AND TESTING)(FOR PRETERM IPD TOCOLYSIS)	500		
L72-SD4	QUANTIFERON TB GOLD	2500	@	自費
L72-SD5	TUMOR NECROSIS FACTOR	860		
L72-SD6	RETICULOCYTE PROFILE	230		
L72-SD7	ANTI-B2-GLYCOPROTEIN 1 AB IGG	450		
L72-SD8	ALBUMIN(HDR)	50		
L72-SD9	INORGANIC AS SPECIATION	2800		
L72-SE0	X染色體脆折症基因檢測	4500	@	自費
L72-SE1	第一孕期子癩前症(PES)	2200	@	自費
L72-SE2	ANTI-MULLERIAN HORMONE (AMH)	800	@	自費
L72-SE3	ENTEROVIRUS 7 IGM ANTIBODY	600		
L72-SE4	ANTI-B2-GLYCOPROTEIN 1 AB IGM	450		
L72-SE5	RESPIRATORY VIRUS AG RAPID TEST	870		
L72-SE6	SCABIES MICROSCOPIC EXAMINATION	75		
L72-SE7	INFLUENZA VIRUS A, B RAPID RNA TEST	2400		
L72-SE8	ANTI-PHOSPHOLIPID ANTIBODY IGG	440		
L72-SE9	ANTI-PHOSPHOLIPID ANTIBODY IGM	412		
L72-SF0	DIHYDROTESTOSTERONE(DHT)	1100	@	自費
L72-SF1A	COVID-19 Antigen rapid test	1000	@	自費
L72-SF1B	COVID-19 Antigen rapid test(院外)	2000	@	自費
L72-SF1C	COVID-19 Antigen rapid test(社區快篩站)	1000	@	自費
L72-SF7	COVID-19 REAL-TIME RT-PCR(Express/ 4hr)(LIAT)(未預約)	8000	@	自費
M21-003	CLOSED DRAINAGE	3259		
M21-010	THORACOSCOPY WITH BIOPSY	9404		
M21-011	BRONCHOSCOPY, DIAGNOSTIC	2000		
M21-013	BRONCHOSCOPY WITH TRANSBRONCHIAL BIOPSY	3200		
M21-016	DIAGNOSTIC BRONCHOALVEOLAR LAVAGE	1800		
M21-042	EXERCISE PULMENARY FUNCTION TEST	2000		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
M21-051	ECHO FOR OTHERS	630		
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	H	自費
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	6050		
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 ELECTROPHY SIOLOGIC 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	1260		
M22-053	DOPPLER ECHOCARDIOGRAPHY	2000		
M22-056	CONTRAST 2D ECHO	500		
M22-060	ECHOCARDIOGRAPHY WITH DOPPLER AND COLOR	3360		
M22-061	T.E.E	4200		
M22-062	DOPPLER FLOWMETRY	2000		
M22-063	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER— MULTIPLE ELE	16500		
M22-073	DUPPLEX COLOR SCAN,ARTERIAL	1710		
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		
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		
M22-152	TRANSCATHETER RADIOFREQUENCY ABLATION FOR ARRHYTHMIA-3D MAPPING-SINGLE CHAMBER	45109		
M22-153	TRANSCATHETER RADIOFREQUENCY ABLATION FOR ARRHYTHMIA-3D MAPPING-DOUBLE CHAMBER	49177		
M22-302	PACEMAKER FOLLOW UP EXAMINATION	1500		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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-S08	T.A.E	22000		
M22-S09	IV-DSA	11250		
M22-S10	STENTING FOR ILIAC VESSEL	15000		
M22-S11	STENTING FOR HEAD & NECK VESSEL (ONE VESSEL)	12500		
M22-S12	PERCUTANEOUS TRANSLUMINAL CATHETER RETRIEVAL	31874		
M22-S13	EMBOLECTOMY, ARTERIAL CATHETER	6450		
M22-S14	EXTRACORPOREAL CIRCULATION-FIRST TIME	19910		
M22-S15	USE NON-IONIC CONTRAST	1500		
M22-S18	P.T.A. (PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY) : COMPLEX	20250		
M22-S19	EXCISION & GRAFT BYPASS OR DIRECT REPAIR	33678		
M22-S20	EXCISION AND GRAFT BYPASS OR DIRECT REPAIR A-V FISTULA OF CHEST OR ABDOMEN	40956		
M22-S21	EXCISION AND GRAFT BYPASS OR DIRECT REPAIR A-V FISTULA OF CHEST OR ABDOMEN	35926		
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	H	自費
M22-S24	周邊動靜脈檢查套組	6800	H	自費
M22-S25	周邊靜脈血管檢查	4000	H	自費
M22-S26	周邊動脈血管檢查	4000	H	自費
M22-S27	運動心電圖	1400	H	自費
M22-S28	PERCUTANEOUS TRANSLUMINAL CATHETER RETRIEVAL(適用於留置物血管大小直徑為≤7MM者)	37443		
M22-S29	DVT EXAMINATION ONLY	958		
M22-S30	TOURNIQUET TEST (INCLUDING PERTHES'S TEST AND BRODIE-TRENDELENBURG TEST--ETC.)	200		
M22-S31	ACT TEST	150		
M22-S32	THROMBECTOMY, VENOUS	7014		
M22-S33	動脈分段血流測定+深部靜脈血流檢查圖(健檢用)	4000	H	自費
M22-S34	動脈分段血流測定+深部靜脈血流檢查圖+運動心電圖(健檢用)	5400	H	自費
M23-002	PANENDOSCOPY	1575		
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	9455		
M23-010	LAPAROSCOPY	4584		
M23-012	SIGMOIDFIBERSCOPY	1069		
M23-013	COLONFIBERSCOPY	2363		
M23-016	SMALL INTESTINESCOPY	3375		
M23-017	INTESTINE BIOPSY	1500		
M23-022	HELICOBACTER PYROLI TEST (CLOTTEST)	350		
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 O	12415		
M23-043C	DIAINAGE OF PANCREATIC ABCESS OR CYST O	9600		
M23-043D	DIAINAGE OF PANCREATIC ABCESS OR CYST O	9260		
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	ELECTRONIC ENDOSCOPIC ULTRASONOGRAPHY · EUS	5953		
M23-051B	MINIPROBE ENDOSCOPIC ULTRASOUND	5029		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
M23-052	ENDOSCOPIC ULTRASOUND GUIDED FINE NEEDLE ASPIRATION(EUS-FNA)	7800	@	自費
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	17749		
M23-067	ENDOSCOPY ASSISTED INTERNAL HEMORRHOID LIGATION	2900		
M23-A02	PANENDOSCOPY	1575		
M23-A13	COLONFIBERSCOPY	2363		
M23-S01	C13 UREA BREATH TEST	1300		
M23-S02	ESOPHAGEAL BALLOON DILATATION	1500		
M23-S03	POLYPECTOMY	1853		
M23-S04	Colonic self-expandable metallic stent placement	13735		
M23-S05	PERCUTANEOUS GALL BLADDER DRAINAGE	4320		
M24-001	PERITONEAL DIALYSIS	2112		
M24-002	A-V CANNULATION, PERCUTANEOUS	800	H	自費
M24-002A	DECLOTLING OF A-V SHUNT,SIMPLE	800		
M24-002B	DECLOTLING OF A-V SHUNT,MODERATED	800		
M24-002C	DECLOTLING OF A-V SHUNT,COMPLICATED	965		
M24-003	HEMOPERFUSION	25000		
M24-010	INSERTION CANNULA FOR HEMODIALYSIS	1980		
M24-014	CAVH	3591		
M24-015	PLASMA EXCHANGE	2871		
M24-021	ECHO(腎臟科)	630		
M24-039	HEMODIALYSIS(INSURANCE)	4100		
M24-039F	HEMODIALYSIS(OPD)	4100		
M24-040	HEMODIALYSIS(INPATIENT OF LABOR)	4500		
M24-042	HEMODIALYSIS-EMERGENCY	4100		
M24-043	SUSTAINED LOW EFFICIENCY DAILY DIA-HEMOPILTRATION (SLEDD-F)	10375		
M24-045	HEMODIALYSIS(NON-INSURANCE)	6000	E	自費
M24-053	C.A.P.D. INSTRUCTION	2847		
M24-054	CAPD IPD SINGLE UNIT P.D. SET TRANSFER	633		
M24-055	A.P.D. FOLLOW UP THERAPY	8675		
M24-055A	A.P.D. FOLLOW UP THERAPY(PER DAY)	289		
M24-056	C.A.P.D. FOLLOW UP THERAPY	8675		
M24-056A	C.A.P.D. FOLLOW UP THERAPY(PER DAY)	289		
M24-062	TRANSONIC FLOW-QC MONITOR	900		
M24-064	HOME VISIT – HOME DIALYSIS THERAPY	1200		
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	1328		
M25-225	LASER DOPP. PERFUSION IMAGING WITH FLOWM	1328		
M26-001	BONE MARROW ASPIRATION	1213		
M26-003	BONE MARROW INTERPRETATION--WITH CELL COUNT	950		
M27-S24	臨床一般檢查(身高·體重·血壓)	300	H	自費
M27-SB11	生理年齡分析報告	750	E	自費
M27-SC17	泰國、越南入境外籍移工COVID-19 特殊處理費	600	H	自費
M27-SD21	身體組成分析	300	E	自費
M27-SD27	豐達貿易股份有限公司體檢	65000	H	自費
M27-SD28	慶豐股份有限公司體檢	7000	H	自費
M27-SD29	久益股份有限公司體檢	10000	H	自費
M27-SL3	超音波骨密度掃描 (健檢專用)	300	E	自費
M27-SL7	無痛大腸鏡檢查麻醉費	4000	@	自費
M27-SP2	無痛胃鏡檢查麻醉費	3000	@	自費
M27-SR5	無痛胃鏡 大腸鏡檢查麻醉費	5000	@	自費
M27-SV9	體脂肪率測量 (健檢專用)	100	E	自費
M27-SZ8	動脈硬化化檢測(健檢專用)	500	E	自費
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
M28-005B	INTENSIVE INDIVIDUAL PSYCHOTHERAPY BY DR.-UNDER 6 YEARS OLD	1718		
M28-006	INTENSIVE GROUP PSYCHOTHERAPY BY DOCTOR	344		
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	BIOFEEDBACK 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	H	自費
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	OCULOPLETHYMOGRAPHY(O.P.G.)	600		
M29-011	BOTULINUM TOXIN LOCAL INJECTION	400		
M29-018	EEG (SLEEP)	990		
M29-020	EEG, PORTABLE	1100		
M29-021	EEG (AWAKE)	990		
M29-022	SPHENOID EEG	1200		
M29-023	EVOKED POTENTIALS AEP BS	1000		
M29-024	EVOKED POTENTIALS AEP ML	800		
M29-025	EVOKED POTENTIALS AEP LL	800		
M29-026	EVOKED POTENTIALS S.E.P. HAND	800		
M29-027	EVOKED POTENTIALS S.E.P.LEG	800		
M29-028	EVOKED POTENTIALS V.E.P.	1200		
M29-029	EEG (AWAKE & SLEEP)	1943		
M29-031	EMG FACIAL	1000		
M29-032	EMG HAND	1000		
M29-033	EMG LEG	1000		
M29-034	SINGLE FIBER EMG	900		
M29-035	NASOPHARYNGEAL LEAD EEG	1200		
M29-036	NERVE CONDUCTION VELOCITY UPPER LIMBS	600		
M29-037	NERVE CONDUCTION VELOCITY LOWER LIMBS	600		
M29-038	M.E.P(UPPER LIMBS)	1050		
M29-039	M.E.P(LOWER LIMBS)	1050		
M29-041	BLINK REFLEX	1300		
M29-042	F WAVE	800		
M29-043	H REFLEX	800		
M29-044	REPETITIVE STIMULATION	800		
M29-046	SNCV, HAND	900		
M29-047	SNCV, LEG	900		
M29-048	M.E.P. HAND	800		
M29-049	M.E.P. LEG	800		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
M29-051	TREMOGRAM	1200		
M29-052	SURFACE EMG	1200		
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-S01	面神經刺激檢查	114		
M29-S02	肌肉組織化學檢查	800		
M31-001	*SKIN BIOPSY PUNCH	348		
M31-002	SKIN BIOPSY, OPERATIVE	600	H	自費
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	H	自費
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 I	5514		
M31-008	SCALP TUMOR	4190		
M31-010	DRAINAGE ABSCESS PERINEAL, NONOBSTETRICAL	1304	F	
M31-011	ELECTRO CAUTERIZATION, SIMPLE	300		
M31-012	ELECTRO CAUTERIZATION, COMPLICATE	600		
M31-013	IONTOPHORESIS	228		
M31-021	PHOTO THERAPY	430		
M31-022	PUVA THERAPY	400	H	自費
M31-022A	PHOTOTHERAPY INCLUDING SUN-LAMP AND UVL	855		
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		
M31-081	INTRALESION INJECTION <4CMXCM	250		
M31-082	INTRALESION INJECTION <9CMXCM	300		
M31-083	INTRALESION INJECTION >9CMXCM	375		
M31-085	INJ. ZYDERM LIQUID, SIMPLE, EACH AMP.	1476		
M31-086	INJ. ZYDERM LIQUID, COMPLICATE, EACH AMP.	2040		
M31-091	SUPERFICIAL FUNGUS EXAMINATION	60		
M31-113	ELECTROMICROSCOPIC EXAMINATION	4000	H	自費
M31-115	INCISION AND DRAINAGE	300		
M31-116	NAIL EXTRACTION	300	H	自費
M31-131	PHOTOGRAPHY, EACH	30	H	自費
M31-141	O.D.T. (OCCLUSIVE DRESSING TECHNIQUE), LO	60		
M31-142	O.D.T. (OCCLUSIVE DRESSING TECHNIQUE), U/	130		
M31-143	O.D.T. (OCCLUSIVE DRESSING 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		
M31-241	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		
M31-401	RUBYLASER 1-10 SHOTS	3000	H	自費
M31-402	RUBYLASER 11-30 SHOTS	7000	H	自費
M31-403	RUBYLASER 31-50 SHOTS	10000	H	自費
M31-404	RUBYLASER 51-100 SHOTS	13000	H	自費
M31-405	RUBYLASER OVER 100-120 SHOTS	15000	H	自費
M31-S01	維他命C離子美白	800	H	自費
M31-S02	雷射基本費	500	H	自費
M31-S03	雷射--每發	90	H	自費
M31-S05	淨化換膚組恩 PURITY PEEL	2589	H	自費
M31-S06	高效老化換膚組 TIMELESS PEEL	3040	H	自費
M31-S07	麗緻換膚組 BENEFIT PEEL	2352	H	自費
M31-S11	A醇時空換膚(次)	3500	H	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
M32-001	UMBILICAL V. CATH	1149		
M32-002	*UMBIBICAL A. CATH	1831		
M32-003	EXCHANGE TRANSFUSION NB(BET)	4500		
M32-004	PHOTO THERAPY	230		
M32-008	AGNO3 STICK	293		
M32-009	CHANGE DRESSING,SMALL (<10CM)	50		
M32-010	BABY DIAPER STERILIZATION	30	E	自費
M32-011	配方奶調製費(含奶瓶消毒費、配方奶費及調製)	200	E	自費
M32-014	UMBILICAL GRANULOMA LIGATION,ELECTRIC	507		
M32-020	NEW BORN SCREENING	550	E	自費
M32-029	RECTAL SUCTION BIOPSY	2584		
M32-037	PED IV PUSH	60		
M32-041	PERCUTANEOUS IV CATHETERIZATION	2801		
M32-043	ENDOTRACHEAL INTUBATION	835		
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		
M32-068	AEP BS	1000		
M32-069	COLOR FLOW MAPPING WITH 2D-ECHO DOPPLER	3360		
M32-100	COLOR DOPPLER ABDOMINAL	2210		
M32-102	PEDIATVIC NEUROSONOGRAPHY FOR SPINAL COR	1000	@	自費
M32-157	SCID(SEVERE COMBINED IMMUNO-DEFICIENCY)	400	E	自費
M32-160	ADRENOLEUKODYSTROPHY (ALD)-(台北病理中心)	150	E	自費
M32-161	BIOTINIDASE DEFICIENCY (BD)-(台北病理中心)	100	E	自費
M32-201	ESOPHAGOSCOPY	1020		
M32-312	DESENSITIZATION INJECTION(EACH AG)	212		
M32-314	PEAK FLOW METER(MINI WRIGHT)	85		
M32-319	SKIN TEST INTERPRETATION(CHILD)	150	H	自費
M32-320	EPINEPHRINE INJECTION	100		
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		
M32-408A	PEDIATRIC PELVIS ECHO	630		
M32-601	PRESSURE-VOLUME LOOP	1000		
M32-801	OTOACUSTIE EMISSION(OAE)	250	H	自費
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		
M32-920	INTENSIVE PHOTOTHERAPY	817		
M32-S01	NEW BORN SCREENING(II)	100		
M32-S02	NEW BORN SCREENING(III)	300		
M32-S07	BRAIN ECHO	800	@	自費
M32-S08	ABDOMINAL ECHO FOR NEW BORN	1200	@	自費
M32-S09	TRANSCUTANEOUS BILIUBIN	35		
M32-S10	LYOSMAL STORAGE DISEASE, LSD + MPS II	750	E	自費
M32-S11	AABR 嬰幼兒自動聽力腦幹篩檢	1100	@	自費
M32-S13	兒童發展及重要疾病篩檢轉介確診費	800		
M32-S14	SPINAL MUSCULAR ATROPHY, SMA	300	E	自費
M32-S15	DOPPLER FLOWMETRY(PERIVASCULARY)	158		
M32-S16	新生兒聽損基因篩檢	2500	E	自費
M32-S17	先天性巨細胞病毒篩檢	2200	E	自費
M32-S18	新生兒聽損基因篩檢加先天性巨細胞病毒篩檢	4500	E	自費
M32-S19	使用LH-RH注射液	1620		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
M32-S20	Automated Auditory Brainstem Response	800		
M33-001	THYROID ECHO	610		
M33-012	THYROID ASPIRATION CYTOLOGY	265		
M33-020	FUNDUS COLOR PHOTO PICTURE	450		
M34-001	CHEMOTHERAPY AND HORMONE THERAPY,SINGLE	361		
M34-005	FINE NEEDLE ASPIRATION	300		
M34-012	HEALTH EXAM. INTERPRETATION FEE	1500	H	自費
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		
M36-031	MUSCULOSKELETAL ECHO	630		
M37-001	營養諮詢(門診)	260	E	自費
M37-003	營養諮詢(住診)	300	E	自費
N73-001	BRAIN SCAN 腦掃描	2160		
N73-004	SIALOSCINTIGRAPHY 唾液閃爍攝影	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	銻-99M TRODAT-1 腦部多巴神經元斷層造影	12000		
N73-010	TC-99M THYROID SCAN 銻-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		
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 銻-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	E	自費
N73-S17	MYOCARDIAL PERFUSION SPECT WITH CARDIAC FUNCTION STUDIES	14000		
N73-S18	STRESS CARDIAC FUNCTION STUDY	3150		
N73-S19	RESTING CARDIAC FUNCTION STUDY	4000		
P1011C	呼吸照護病房/日第1-90天	4451		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
P1012C	呼吸照護病房/日-第91天以後	3674		
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		
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-預先建立尿管或導管獎勵費	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	201		
P4611B	急性醫療醫院醫師訪視獎勵費	1000		
P4612B	重大外傷照護獎勵_2小時內	10000		
P4613B	重大外傷照護獎勵_4小時內	2000		
P4614B	OHCA照護獎勵_清醒出院	30000		
P4615B	OHCA照護獎勵_存活出院	10000		
P4617B	OHCA轉入院所照護獎勵_清醒出院	15000		
P4618B	OHCA轉入院所照護獎勵_存活出院	5000		
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	3645		
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	2175		
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	1358		
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	2469		
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	1358		
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	1358		
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		
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		
P5129B	急性後期整合照護與日間照護費用-高強度日間照護(每日治療四次)	2538		
P5130B	急性後期整合照護與日間照護費用-中強度日間照護(每日治療三次)	1938		
P5131B	急性後期整合照護與日間照護費用-一般強度日間照護(每日治療二次)	1338		
P5133B	HF-PACPT	600		
P5134B	HF-PACOT	600		
P5141B	急性後期整合照護與高強度復健費用(住院模式)-75歲以上-每日必需治療三至五次	3729		
P5142B	急性後期整合照護與高強度復健費用(住院模式)-75歲以上-因醫院或病人偶發原因，當日治療<3次	2259		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
P5143B	急性後期整合照護與高強度復健費用(住院模式)-75歲以上-週日或國定假日或當日無法治療	1442		
P5144B	急性後期整合照護與一般強度復健費用(住院模式)-75歲以上-每日必需治療一至二次	2553		
P5145B	急性後期整合照護與一般強度復健費用(住院模式)-75歲以上-因醫院或病人偶發原因，當日無法治療	1442		
P5146B	急性後期整合照護與一般強度復健費用(住院模式)-75歲以上-週日或國定假日或當日無法治療	1442		
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 ASSESSMENT AND CARE MANAGEMENT FEE (1 CLASS)	800		
P6015C	COPD PULMONARY REHABILITATION AND TRAINING ASSESSMENT FEE	600		
P7001C	糖尿病合併初期慢性腎臟病-追蹤管理照護費	400		
P7002C	糖尿病合併初期慢性腎臟病-年度評估管理照護費	800		
P71-001	FROZEN SECTION	5618		
P71-002	SPECIMEN,SMALL	1741		
P71-003	SPECIMEN,MEDIUM	1200		
P71-004	SPECIMEN,LARGE	816		
P71-005	SURGICAL PATHOLOGY LEVEL III	1014		
P71-007	SURGICAL PATHOLOGY LEVEL V	2778		
P71-010	LARGE SURGICAL SPECIMEN (OVER 10 SLIDES	4302		
P71-033	MUSCLE BIOPSY	2182		
P71-034	BONE MARROW BIOPSY	2778		
P71-035	LIVER BIOPSY AND SPECIAL STUDY	2778		
P71-036	RENAL BIOPSY AND SPECIAL STUDY	14132		
P71-037	SPINAL NEEDLE BIOPSY UNDER FLUOROSCOPY	5130		
P71-051	SPECIAL STAIN GROUP I	450		
P71-052	SPECIAL STAIN GROUP II	1200		
P71-101	IMMUNOFLUORESCENCE STUDY	4217		
P71-102A	P.A.P. IMMUNOPEROXIDASE	1354		
P71-103	LIVER HBV STUDY	1354		
P71-103A	LIVER HBV STUDY	1354		
P71-201	ELECTRON MICROSCOPIC EX.	12391		
P71-202	ELECTRON MICROSCOPIC EXAMINATION,THICK S	12391		
P71-203	ELECTRON MICROSCOPIC EXAMINATION,THIN SE	12391		
P71-204	ELECTRON MICROSCOPIC EXAMINATION,KIDNEY	12391		
P71-300	GYN CYTOLOGY EXAM.	110	H	自費
P71-301	GYNECOLOGICAL CYTOLOGY	245		
P71-301A	GYNECOLOGICAL CYTOLOGY(HEALTH PROTECTION	200		
P71-302A	SPUTUM	480		
P71-302B	SPECIAL CYTOLOGY-THYROID ASPIRATION	667		
P71-302C	SPECIAL CYTOLOGY-(L-N ASPIRATION)	667		
P71-302D	SPECIAL CYTOLOGY-BREAST ASPIRATION	667		
P71-302E	SPECIAL CYTOLOGY-LUNG ASPIRATION	667		
P71-302F	SPECIAL CYTOLOGY-MEDIASTINAL ASPIRATION	667		
P71-302G	SPECIAL CYTOLOGY-LIVER ASPIRATION	667		
P71-302H	SPECIAL CYTOLOGY-PANCREAS ASPIRATION	667		
P71-302I	SPECIAL CYTOLOGY-MASS ASPIRATION	667		
P71-302J	BRONCHIAL BRUSHING	480		
P71-303A	URINE	500		
P71-303B	ASCITES	500		
P71-303C	C.S.F.	500		
P71-303D	PLEURAL EFFUSION	500		
P71-303E	PERICARDIAL FLUID	500		
P71-303F	BRONCHIAL WASHING	500		
P71-304	FLUID CYTOLOGY & CELL BLOCK	1000		
P71-401	CYTOGENETICS	11871		
P71-701	DETECT HER2 GENE AMPLIFICATION CHROMOGENIC IN SITU HYBRIDIZA	10800		
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		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
S41-008A	ELECTROCAUTERIZATION (ADDED ONE)	300		
S41-008B	ELECTROCAUTERIZATION (ADDED ONE)	300		
S41-009	PUNCTURE TEST	50	H	自費
S41-010	UNNA BOOT	200		
S41-011	ARTERIAL FLOWMETRY	2000		
S41-012	VENOUS FLOWMETRY	2498		
S41-021	CHOLEDOCHOSCOPY AND REMOVAL OF STONES	5816		
S41-022	CHOLEDOCHOSCOPY,EX.	3877		
S41-031	BREAST ECHO	1500		
S41-050	CAPD,TENCKHOFF CATHETER IMPLATION	4284		
S41-351	SUTURE	300		
S41-S04	乳房微創技術費	8000	@	自費
S41-S05	Needle/Surgical Cricothyroidotomy	4331		
S42-001	CHEST TUBE	2400		
S42-010	ECMO(EXTRACORPOREAL MEMBRANE OXYGENATION) CHANGE ECMO CIRCUIT(CENTRIFUGAL PUMP + MICROPOROUS MEMBRANE OXYGENATOR)	3800 7450		
S42-201	PERCUTANEOUS TRANSLUMINAL DEPLOYMENT OF VEINUS DEVICE	21500		
S42-S01	靜脈曲張雷射技術費	3500	E	自費
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	282		
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	3206		
S43-050	ENDOSCOPIC CONTROL OF HEMORRHAGE, RECTUM	2392		
S43-054	ANOSCOPY.	804		
S43-056	RECTOSCOPY WITH PHOTO	642		
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	6537		
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		
S44-015	INTRAVESICAL CHEMOTHERAPY FOR BLADDER CA	356		
S44-018	ECHO (泌尿科)	630		
S44-021	VASECTOMY	2693		
S44-022	CIRCUMCISION	5500	@	自費
S44-023	CYSTOSCOPY	1800		
S44-024	CYSTO+RETROGRADED RETERAL CATH.	2100		
S44-030	ON CYSTOFIX	850		
S44-058	AUDIO-VISUAL EVOKED PENILE ERECTION	350	H	自費
S44-061	FIBEROCYSTOSCOPY	1800		
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
S44-851	E.S.W.L. 1ST(CGMH PT'S)	28600		
S44-852	E.S.W.L. 2ND(CGMH PT'S)	21100		
S44-S07	攝護腺銼雷射切除手術	25000	@	自費
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	@	自費
S45-021	KELOID INJ.	278		
S45-024	SIMPLE SWALLOWING THERAPY	700		
S45-030	ARGON LASER THERAPY	3030		
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	2416	F	
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		
S46-201	JOINT ECHO	1000		
S46-202	SOFTISSUE ECHO	630		
S46-203	HIP ECHOGRAM(STATIC TYPE)	250	H	自費
S46-204	HIP ECHOGRAM(DYNAMIC TYPE)	1200	H	自費
S46-240	PRP(PLASMA-RICH-PLATELET)	5200	@	自費
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	F	
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
S47-171	CHANGE DRESSING	50		
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		
S47-517	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		
S47-603	OPHTHALMOMETRY EXAM.	120		
S47-606	OCULAR BIOMETRY (A SCAN)	201		
S47-611	VISUAL FUNCTION TEST	561		
S47-612	LOW VISION TEST	500		
S47-613	LOW VISION TRAINING	167		
S47-615	VISUAL FUNCTIONAL TRAINING	167		
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	STRA BISMUS EXAM.	600		
S47-639	STRA BISMUS 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	F	
S47-671	DIPLOPIA TEST	200		
S47-672	VISUAL FIELD EXAM(PERIMETRY)	250		
S47-673	SCOTOMETRY EXAM	217		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
S47-674	OPHTHALMODYNAMOMETRY	180	H	自費
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	F	
S47-690	STATIC VISUAL FIELD EXAMINATION	400	F	
S47-903	AMBLYOPIA EXAM.	450		
S47-905	ANISOMETROPIA EXAMINATION	150		
S47-931	AUTOLOGOUS LIMBAL STEM CELL CULTURED	58500	H	自費
S47-950	RETROBULAR ANESTHESIA	1200		
S47-S01	角膜內注射	107		
S47-S03	前房內注射	640		
S47-S04	眼肌電圖檢查	468		
S47-S05	眼激發電位圖檢查	675		
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		
S48-004	LARYNGOSCOPY BIOPSY	1000	H	自費
S48-005	ESOPHAGOSCOPY	1020		
S48-006	ESOPHAGOSCOPY C BIOPSY	1200	H	自費
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 PHARYNYOSCOPE	800		
S48-033	SPEECH RE-EVALUATION	210		
S48-035	V.F.S.	300		
S48-041	TOPOGRAPHY	1000	H	自費
S48-051	INTRATYMPANIC INJECTION UNDER MICRO	503		
S48-055	TYMPANCENTESIS	220		
S48-061	VENTILATION TUBE INSERTION,UNILATERAL	4657		
S48-064	E-TUBE INFLATION	200	H	自費
S48-064A	E-TUBE INFLATION,UNILATERAL	224		
S48-064B	E-TUBE INFLATION,BILATERAL	376		
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	SINOSCOPY	1332		
S48-085	SINOSCOPY WITH BIOPSY,UNILATERAL	810	H	自費
S48-086	SINOSCOPY WITH BIOPSY,BILATERAL	2130	H	自費
S48-087	RHINOMANOMETRY	590		
S48-091	INCISION & DRAINAGE PERITONSILLAR ABSCESS	657		
S48-092	POST-OPERATIVE BLEEDING, MANAGEMENT, TONSIL	2942	F	
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
S48-106	SPEECH AUDIOMETRY	300		
S48-107	SOUND RECORD TESTING	280		
S48-109	CALORIC TEST	596		
S48-131	VISUAL FEEDBACK TRAINING PHOTOTARYNGOGRA	700		
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	F	
S48-136	EAR CANAL DOUCHING	156		
S48-139	IMPACTED CERUMEN, UNILTERAL	190		
S48-140	SIMPLE F.B. REMOVAL, ENT	585	F	
S48-141	COMPLICATED F.B. REMOVAL, ENT	1654	F	
S48-151	SWALLOWING EVALUATION	350		
S48-152	SIMPLE FRENECTOMY	657	F	
S48-161	OTO ACOUSTIC EMISSION TEST	837		
S48-181	STALOGRAM INBUBATION	180		
S48-183	ENT LOCAL TREATMENT CHANGING DRESSING	120		
S48-200	NERVE PLEXUS BLOCK	1129		
S48-202	TRIGEMINAL 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	上頰竇機能檢查--單側	1076		
S48-S04	上頰竇機能檢查--雙側	1292		
S48-S05	上頰竇穿刺 (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		
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		
S49-011	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	@	自費
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, ELECTORO CAUTERIZATION (S)	1064		
S49-047	ELECTRO/CHEMICAL CAUTERIZATION	230		
S49-061	HYDRO TUBATION	300		
S49-065	VX. DISCHARGE TEST POST COITAL	200		
S49-066	PREGNANCY TEST	160		
S49-075	IUD REMOVAL	220	E	自費
S49-101	GYNECOLOGIC ULTRASOUND	450		
S49-102	NON-STRESS TEST (NST)	517		
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		
S49-203	EMBRYO CRYOPRESERVATION & THAWING	6600		
S49-204	ZONA CUTTING	4500		
S49-230	BIOFEEDBACK ASSISTED PELVIC FLOOR MUSCLE TRAINING(BAPFMT)	415		
S49-231	ELECTRICAL STIMULATION FOR URINARY INCONTINENCE	200	H	自費
S49-232	尿失禁電刺激治療	350		
S49-233	ELECTRICAL STIMULATION FOR URINARY INCONTINENCE AT HOME	2500	H	自費
S49-301	ROUTINE ANTEPARTUM EXAM.	340		
S49-302	FIRST TRIMESTER ANTEPARTUM EXAM.	735		
S49-303	ANTEPARTUM EXAM. ULTRASOUND SCANNING	550		
S49-303A	ANTEPARTUM EXAM. ULTRASOUND SCANNING	550		
S49-303B	ANTEPARTUM EXAM. ULTRASOUND SCANNING	550		
S49-304	THIRD TRIMESTER ANTEPARTUM EXAM.	403		
S49-S01	道格拉斯窩穿刺	180		
S49-S03	ECHO GUIDED AMNIOCENTESIS	2500		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
S49-S05	VAGINAL ULTRASOUND	957		
S50-005	HEMOSATIS 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		
S50-020	SELF PAY FOR C.S.	19098	@	自費
S50-022	OXYTOCIN CHALLENGE TEST (OCT)	700		
S50-023	INDUCTION LABOR	400		
S50-024	CHECK URINE	30		
S50-031	OBSTETRIC ULTRASOUND	550		
S50-101	產科非值班時間醫師出勤費(小夜)週一至週五17:00-24:00,週六、日上午08:00-24:00	5000	E	自費
S50-102	產科非值班時間醫師出勤費(大夜)每日的00:00-08:00	8000	E	自費
S51-003	ULTRAVIOLET	150	H	自費
S51-004	INFRARED	120	H	自費
S51-005	ULTRASOUND	120	H	自費
S51-008	SHORTWAVE DIATHERMY	150	H	自費
S51-009	ELECTRIC STIMULATION	160	H	自費
S51-011	FARADISM UNDER PRESSURE	200	H	自費
S51-012	HOT PACK	80	H	自費
S51-013	COLD PACK	80	H	自費
S51-014	PARAFFIN	120	H	自費
S51-015	HYDRO THERAPY U/E	150	H	自費
S51-016	HYDRO THERAPY L/E	180	H	自費
S51-017	HURBAR TANK	450	H	自費
S51-018	CERVICAL TRACTION	150	H	自費
S51-019	LUMBAR TRACTTION	150	H	自費
S51-020	FACIAL MASSAGE	150	H	自費
S51-021	MANUAL MUSCLE TEST, LOCAL	250	H	自費
S51-022	MANUAL MUSCLE TEST, GENERAL	400	H	自費
S51-023	MEASUREMENT OF ROM	150	H	自費
S51-024	EVALUATION OF CVA	180	H	自費
S51-025	CONSULTATION AMPUTEE,CP,CVA PT	200	H	自費
S51-026	MECHANICAL THERAPEUTIC EXERCISE	120	H	自費
S51-027	NEUROPHYSIOLOGICAL THERAPEUTIC EXERCISE	200	H	自費
S51-028	SPECIAL EXERCISE	150	H	自費
S51-029	CIRCULATER	150	H	自費
S51-035	RESTING SPLINT, SHORT LEG	420		
S51-036	COCK-UP,SPLINT	315		
S51-037	BED SIDE CARE	160	H	自費
S51-038	STEAM BATH	150	H	自費
S51-039	TNS	200	H	自費
S51-041	ELECTRICAL ACUPUNCTURE	200	E	自費
S51-050	INSPECTION	100	H	自費
S51-051	FUNCTIONAL OT	200	H	自費
S51-053	MEASUREMENT ROM	150	H	自費
S51-054	EVALUATION OF CVA	200	H	自費
S51-055	EVALUATION OF ADL	160	H	自費
S51-056	TRAINING & CONSULTATION OF ADL	200	H	自費
S51-057	PHYSICAL THERAPY EVALUATION	240		
S51-059	CHECK UP PF U/E PROSTHESIS & TRAINING	180	H	自費
S51-060	EVALUATION OF HAND INJURY	180	H	自費
S51-061	PROVOCATIONAL EXPLORATION & CONSULTATION	200	H	自費
S51-063	CONSULTATION CP, CVA & OTHER CHROMIC PT	200	H	自費
S51-064	SPLINT, LARGE	500	H	自費
S51-065	SPLINT, MED.	350	H	自費
S51-066	SPLINT, SMALL	200	H	自費
S51-067	GROUP THERAPY	150	H	自費
S51-068	BEDSIDE CARE	160	H	自費
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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	F	
S51-104	COMMUNICATION THERAPY ,MODERATE 30-50 MIN	320	F	
S51-105	COMMUNICATION THERAPY ,COMPLICATED 30 MIN	600		
S51-107	SPEECH THERAPY EVALUATION	240		
S51-112	COMMUNICATION THERAPY ,COMPLICATED 30 MIN	480		
S51-200	INSPECTION	100	H	自費
S51-301	KNEE JOINT ANALYSIS,SIMPLE	1200	H	自費
S51-302	KNEE JOINT ANALYSIS,MODERATE	1800	H	自費
S51-304	HIP JOINT MOTION ANALYSIS,SIMPLE	1200	H	自費
S51-305	HIP JOINT MOTION ANALYSIS,MODERATE	1800	H	自費
S51-306	HIP JOINT MOTION ANALYSIS,COMPLICATED	2000	H	自費
S51-307	ANKLE JOINT MOTION ANALYSIS,SIMPLE	1200	H	自費
S51-308	ANKLE JOINT MOTION ANALYSIS,MODERATE	1800	H	自費
S51-309	ANKLE JOINT MOTION ANALYSIS,COMPLICATED	2000	H	自費
S51-310	FOOT-FLOOR REACTION FORCE ANALYSIS,SIMP.	1200	H	自費
S51-311	FOOT-FLOOR REACTION FORCE ANALYSIS,MOD.	1800	H	自費
S51-312	FOOT-FLOOR REACTION FORCE ANALYSIS,COM.	2000	H	自費
S51-313	FOOT CONTACT PATTERN ANALYSIS	500	H	自費
S51-314	GAIT DISTANCE FACTOR ANALYSIS	300	H	自費
S51-315	STANDING STABILITY ANALYSIS,SIMPLE	300	H	自費
S51-317	GAIT CYCLE RATE ANALYSIS	500	H	自費
S51-318	CENTER OF GRAVITY TRACK ANALYSIS	500	H	自費
S51-320	LOWER LIMB FUNCTION EVALUATION	1500	H	自費
S51-321	FOOT PRESSURE ANALYSIS:SEQUENTIAL MAGE A	800	H	自費
S51-322	PRESSURE DISTRIBUTING IMAGE ANAL:STATIC	500	H	自費
S51-324	PRESSURE DISTRIBUTING IMAGE ANALYSI:D.R.	600	H	自費
S51-325	FOOT PRESSURE ANALYSIS:ARCH CHARACTER A.	500	H	自費
S51-329	DYNAMIC EMG IN GAIT ANALYSIS	1500		
S51-331	VIDEO-URODYNAMIC STUDY	7883		
S51-333	MAGNETIC STIMULATION(LOWER EXTREMITY)	720		
S51-334	AUSTMOMIC FUNCTION TEST(SSR+RRIV)	560		
S51-342	LOW POWER SHOCK WAVE THERAPY	400	@	自費
S51-990	KINESIO TAPING	20	E	自費
S51-S01	RESTING SPLINT, SHORT LEG	1300		
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-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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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		
S53-000	GENERAL ANES	750		
S53-001	TUBE OR MASK	4330		
S53-001A	TUBE OR MASK(<0.5HRS)	5155		
S53-002	TUBE OR MASK	4330		
S53-002A	TUBE OR MASK(0.5-1HRS)	5155		
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		
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	@	自費
S53-101	PAIN CLINIC OPD	1200		
S53-102	NEUROLYSIS FOR PAIN	2000		
S53-103	IV PCA 3天 技術費	4500	@	自費
S53-104	EPIDURAL PCA 1天 技術費	4000	@	自費
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	@	自費
S53-109	EPIDURAL BLOCK	3515		
S53-110	PAINLESS DELIVERY ANESTHESIA (08:00A.M.-24:00P.M.)	5000	@	自費
S53-110A	PAINLESS DELIVERY ANESTHESIA (00:00A.M.-08:00A.M)	7500	@	自費
S53-111	NERVE PLEXUS BLOCK	1129		
S53-112	PAIN CONTROL,IV OR IM	1598		
S53-113	OMT EXCLUDED SUGAMMADEX	1500	@	自費
S53-121	IV/IM ANES,IPD	1598		
S53-122	IV/IM ANES,OPD	1598		
S53-123	LOCAL ANES	450		
S53-124	PAINLESS ENDOSCOPY ANESTHESIA	3000	@	自費
S53-125	PAINLESS COLONSCOPY ANESTHESIA	4000	@	自費
S53-126	PAINLESS ENDOSCOPY AND COLONSCOPY ANESTHESIA	5000	@	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
S53-133	DEPTH OF ANESTHESIA MONITORING >12YEARS	1316		
S53-134	DEPTH OF ANESTHESIA MONITORING ≤12YEARS	2133		
S53-135	ADVANCED BODY TEMPERATURE MAINTENENCE	2000	@	自費
S53-200	SPINAL ANES	150		
S53-201	SPINAL ANES<0.5 HOURS	2396		
S53-202	SPINAL ANES<1.0 HOURS	2396		
S53-203	SPINAL ANES<1.5 HOURS	2396		
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		
S53-300	EPIDURAL ANES	750		
S53-301	EPIDURAL ANES <0.5 HOURS	3515		
S53-302	EPIDURAL ANES <1.0 HOURS	3515		
S53-303	EPIDURAL ANES <1.5 HOURS	3515		
S53-304	EPIDURAL ANES <2.0 HOURS	3515		
S53-305	EPIDURAL ANES <2.5 HOURS	3771		
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	1598		
S53-401	IV BLOCK	3000		
S53-500	NERVE BLOCK	750		
S53-501	NERVE BLOCK <0.5 HOURS	1129		
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		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
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		
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		
S53-902	自費美容全身麻醉 1-2小時內	12000	E	自費
S53-903	自費美容全身麻醉 (2小時以上) 每小時收費	2000	E	自費
S53-921	自費美容舒眠麻醉	5000	E	自費
S53-S02	EPIDURAL ANESTHESIA,PER 30 MINUTES ADDED	256		
S53-S03	SPINAL ANESTHESIA,PER 30 MINUTES ADDED	234		
S53-S04	NERVE PLEXUS BLOCK,PER 30 MINUTES ADDED	160		
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	1119		
S53-S09	IV PCA 1天 技術費	2000	@	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
S53-S10	膝關節麻醉	140		
S53-S11	尾椎麻醉	1438		
S53-S12	離子電泳法局部麻醉	180		
S53-S14	兩個部位內視鏡麻醉費(健檢用)	4000	H	自費
S53-S15	單一部位內視鏡麻醉費(健檢用)	3000	H	自費
S53-S17	SWAN GANZ CATH (麻醉科)	2525		
S53-S18	CARDIAC OUT PUT(BASE) (麻醉科)	1000		
S53-S19	TRANSESOPHAGEAL ECHOCARDIOGRAPHY(麻醉科)	4200		
S53-S20	BLOOD GAS ANALYSIS (麻醉科)	200		
S53-S21	ELECTROLYTES ANALYSIS(麻醉科)	520		
S53-S23	SECOND TIME CARDIAC OUTPUT	100		
S53-S24	影像式進階呼吸處置術(含葉片)	1300	@	自費
S53-S25	高濃度葡萄糖注射增生療法(點)	250	@	自費
S53-S26	進階呼吸處置術(LMA)含材料	980	@	自費
S53-S27	Lactic Acid(Lactate) (麻醉科)	270		
S53-S28	ACT (麻醉科)	150		
S53-S29	Video-Assisted Endotracheal Intubation	2321		
S53-S30	Video-Assisted Endotracheal Intubation	1484		
S53-S31	半閉鎖式或閉鎖循環式氣管內插管全身麻醉法 - 未滿二小時-以影像導引氣管內插管-疑似或確診空氣或飛沫傳染性疾病	5155		
S53-S32	半閉鎖式或閉鎖循環式氣管內插管全身麻醉法 - 未滿二小時-以影像導引氣管內插管-困難氣道或緊急狀況	4597		
S55-S01	腦室穿刺	943		
S55-S02	後頭下穿刺	943		
X75-011	CHEST P-A VIEW	300		
X75-012	CHEST IN LATERAL VIEW	300		
X75-013	CHEST IN OBLIQUE VIEW	300		
X75-014	CHEST IN LORDOTIC VIEW	300		
X75-021	CHEST P-A AND LATERAL VIEW	600		
X75-031	CHEST P-A AND BOTH LATERAL VIEW	900		
X75-032	CHEST P-A AND BOTH OBLIQUE VIEW	900		
X75-033	CHEST P-A & BOTH OBLIQUE VIEW,BARIUM MEA	900		
X75-051	CHEST IN DECUBITUS POSITION	300		
X75-061	RIBS (INDICATE POSITION)	300		
X75-071	STERNUM	600		
X75-101	PLAIN ABD.(ERECTED)	300		
X75-102	PLAIN ABD.(SUPINE)	300		
X75-103	PLAIN ABD.(DECUBITUS POSITION)	300		
X75-104	PLAIN ABD.(LATERAL VIEW)	300		
X75-111	ABD. IN SUPINE & STANDING POSITION	600		
X75-121	KUB	300		
X75-161	SKULL ROUTINE 2 VIEWS(P-A,LAT.)	600		
X75-162	SKULL ROUTINE 2 VIEWS(A-P,LAT.)	600		
X75-171	SKULL ROUTINE 4 VIEWS(P-A,A-P,LAT.BASAL)	1200		
X75-181	SKULL FILM IN A-P VIEW	300		
X75-182	SKULL FILM IN P-A VIEW	300		
X75-183	SKULL FILM IN LATERAL VIEW	300		
X75-184	SKULL FILM IN WATER'S VIEW	300		
X75-185	SKULL FILM IN BASAL VIEW	300		
X75-186	SKULL FILM IN TANGENTIAL VIEW	300		
X75-191	SELLA TURCICA	300		
X75-201	SINUS IN CALDWELL, LATERAL AND WATER'S	900		
X75-211	MASTOID	900		
X75-221	STENVER'S VIEW(BOTH SIDES)	600		
X75-231	T-M JOINT, ONE SIDE	700		
X75-241	ORBITAL FISSURE(INFERIOR)	600		
X75-242	ORBITAL FISSURE(SUPERIOR)	600		
X75-251	OPTIC CANALS(BOTH SIDES)	600		
X75-252	OPTIC CANALS(1 SIDE)	300		
X75-261	ZYGOMATIC ARCH	300		
X75-271	MANDIBLE(ONE VIEW)	300		
X75-272	MANDIBLE(ONE SIDE,P-A,LAT.)	600		
X75-273	MANDIBLE(BOTH SIDES,P-A,LAT.)	900		
X75-274	NASAL BONE	300		
X75-275	ODONTOID PROCESS	760		
X75-276	SKULL, STEREO WATER'S VIEW	600		
X75-277	STYLOID PROCESS	900		
X75-351	CERVICAL SPINE(1 VIEW)	380		
X75-352	CERVICAL SPINE(2 VIEWS, A-P, LAT.)	760		
X75-353	CERVICAL SPINE(4 VIEWS)	1520		
X75-354	CERVICAL SPINE(6 VIEWS)	2280		
X75-361	CERVIC-THORACIC (ONE VIEW)	380		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
X75-362	CERVIC-THORACIC (TWO VIEWS)	760		
X75-363	CERVIC-THORACIC (4 VIEWS)	1520		
X75-371	THORACIC SPINE(1 VIEW)	380		
X75-372	THORACIC SPINE(2 VIEWS)	760		
X75-381	THORACIC LUMBAR SPINE(1 VIEW)	380		
X75-382	THORACIC LUMBAR SPINE(2 VIEWS)	760		
X75-391	LUMBAR SPINE (1 VIEW)	380		
X75-392	LUMBAR SPINE (2 VIEWS)	760		
X75-392A	L-SPINE LAT VIEW(FLEXION WITH EXTENSION)	760		
X75-393	LUMBAR SPINE (4 VIEWS)	1520		
X75-401	LUMBOSACRAL SPINE (1 VIEW)	380		
X75-402	LUMBOSACRAL SPINE (2 VIEWS)	760		
X75-403	LUMBOSACRAL SPINE (4 VIEWS)	1520		
X75-407	KUB + L-S SPINE LATERAL VIEW(STANDING)	680		
X75-411	SACRUM (1 VIEW)	380		
X75-412	SACRUM (2 VIEWS)	760		
X75-421	COCCYX BONE (1 VIEW)	380		
X75-422	COCCYX BONE (2 VIEWS)	760		
X75-431	SACROILIAC JOINT (ONE SIDE)	380		
X75-432	SACROILIAC JOINT (TWO SIDES)	760		
X75-441	NECK(A-P AND LAT.)	760		
X75-442	NECK(1 VIEW)	380		
X75-451	WHOLE SPINE IN A-P VIEW FOR SCOLIOSIS	1140		
X75-452	WHOLE SPINE IN LAT. VIEW(STANDING OR SUP	1140		
X75-453	WHOLE SPINE VIEW(1 VIEW)	380		
X75-501	SCAPULAR, ONE SIDE, A-P VIEW	300		
X75-502	SCAPULAR ONE SIDE, LAT. VIEW	300		
X75-503	SCAPULAR BOTH SIDES	600		
X75-504	SCAPULAR A-P & LAT	600		
X75-511	SHOULDER JOINT, ONE SIDE IN A-P VIEW	300		
X75-512	SHOULDER JOINT BOTH SIDES IN A-P VIEW	600		
X75-513	SHOULDER JOINT ONE SIDE IN LAT. VIEW	300		
X75-514	SHOULDER JOINT BOTH SIDES IN LAT. VIEW	600		
X75-515	SHOULDER JOINT(ONE) A-P & LAT	600		
X75-516	TRAUMA SERIES	600		
X75-521	CLAVICLE ONE SIDE IN A-P VIEW	300		
X75-522	CLAVICLE, BOTH SIDES IN A-P VIEW	600		
X75-523	CLAVICLE ,SPECIAL VIEW ONE EXPOSURE	300		
X75-524	HUMERUS VIEW(1 VIEW)	300		
X75-526	ELBOW VIEW(1 VIEW)	300		
X75-528	FOREARM VIEW(1 VIEW)	300		
X75-530	ONE VIEW OF UPPER EXTREMITIES	300		
X75-530A	ANKLE HARRIS VIEW	300		
X75-531	HUMERUS ONE SIDE	600		
X75-532	ELBOW JOINT ONE SIDE	600		
X75-533	FOREARM ONE SIDE	600		
X75-534	WRIST,ONE SIDE, A-P AND LAT.	600		
X75-535	WRIST IN A-P,LAT,ULNA & RADIAL DEVIATION	1200		
X75-536	WRIST 6 VIEWS	1800		
X75-537	HAND, ONE SIDE,(A-P AND OBLIQUE)	600		
X75-538	NAVICULAR BONE	600		
X75-539	WRIST VIEW(1 VIEW)	300		
X75-539A	WRIST VIEW(2 VIEW)	600		
X75-540	HAND OR FINGER VIEW(1 VIEW)	300		
X75-541	PELVIS IN A-P VIEW	300		
X75-541A	PELVIS AP(INCLUDING UPPER FEMORAL)	300		
X75-542	HIP JOINT A-P, ONE SIDE	300		
X75-542A	BOTH HIP AP VIEW(INCLUDE UPPER FEMORAL)	300		
X75-543	HIP JOINT, LAT.VIEW (ONE SIDE)	300		
X75-543A	HIP LATERAL VIEW(INCLUDING UPPER FEMORAL)	300		
X75-544	BILATERAL HIPS WITH A-P & FROG POSITION	600		
X75-551	FEMORAL NECK, ONE SIDE A-P VIEW	300		
X75-552	FEMORAL NECK, LAT.VIEW	300		
X75-553	FEMORAL NECK, A-P AND LAT.	600		
X75-561	FEMORAL NECK, BOTH SIDES, A-P VIEW	600		
X75-562	FEMORAL NECK, BOTH SIDES, A-P AND LAT.	1200		
X75-571	PELVIS IN A-P AND LAT. WITH SCALE	600		
X75-581	FEMORAL SHAFT(ONE SIDE)	600		
X75-582	FEMUR VIEW(1 VIEW)	300		
X75-590	ONE VIEW OF LOWER EXTREMITIES	300		
X75-591	KNEE JOINT,(ONE SIDE)A-P AND LAT. VIEW	600		

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
X75-592	MACHANT'S VIEW OF PATELLA	300		
X75-592A	MERCHANT'S VIEW OF PATELLA,BOTH	600		
X75-593	KNEE JOINT AND MACHANT'S VIEW OF PATELLA	900		
X75-610	FOOT, ONE VIEW	300		
X75-611	LOWER LEG,ONE SIDE (TIBIA AND FIBULA)	600		
X75-612	ANKLE JOINT, ONE SIDE	600		
X75-612A	ANKLE AP, LAT(INCLUDE FOOT)	600		
X75-613	FOOT, ONE SIDE	600		
X75-614	CALCANEUS, ONE SIDE	600		
X75-615	TOE(ONE SIDE,A-P AND OBLIQUE)	600		
X75-616	TIBIA VIEW(1 VIEW)	300		
X75-617	ANKLE STRESS VIEW(V ALGUS,VARUS,ANTERIOR,POSTERIOR)	330		
X75-619	ANKLE JOINT(1 VIEW)	300		
X75-621	SCANOGRAPHY	500		
X75-622	SPLIT SCANOGRAPHY	950		
X75-632	LONG BONE SURVEY(CHILD UNDER 5 YEARS)	2300		
X75-633	LONG BONE SURVEY OVER 5 YEARS	2300		
X75-641	SPOT FILM, ONE EXPOSURE	300		
X75-642	SPOT FILM, OVER 2 EXPOSURES	600		
X75-661	ESOPHAGOGRAPHY	900		
X75-662	ESOPHAGEAL BALLON DILATION	1500		
X75-681	UPPER G-I SERIES	2170		
X75-691	HYPOTONIC DUODENOGRAPHY	1500		
X75-701	SMALL BOWEL SERIES	2210		
X75-711	UPPER G-I & SMALL BOWEL SERIES	4380		
X75-721	LOWER G-I SERIES	1850		
X75-722	DOUBLE CONTRAST STUDY OF LOWER G-I	3550		
X75-731	INFUSION I.V.P.	2170		
X75-732	I.V.P.AND POST-VOIDING	2170		
X75-733	RAPID SEQUENCE I.V.P.	2170		
X75-734A	RETROGRADE PYELOGRAPHY (R.P.),ONE SIDE	1950		
X75-734B	RETROGRADE PYELOGRAPHY (R.P.),BOTH SIDE	1950		
X75-734C	RETROGRADE PYELOGRAPHY (R.P.),BOTH SIDE	1950		
X75-735	CYSTOGRAPHY	990		
X75-736	VOIDING VRETHROCYSTOGRAPHY	1130		
X75-737	CHAIN CYSTOGRAPHY	1000		
X75-739	ANTEGRADE PYELOGRAPHY	2650		
X75-740	ANTEGRADE PYELOGRAPHY WITH DRAINAGE	11250		
X75-741	ORAL CHOLECYSTOGRAPHY (O.C.)	1350		
X75-742	INTRAVENOUS CHOLECYSTOGRAPHY(I.V.C.)	2000		
X75-743	INTRAVENOUS CHOLECYSTOGRAPHY(+O.C)	2000		
X75-744	INFUSION I.V.C.	2000		
X75-745	T-TUBE CHOLECYSTOGRAPHY	1230		
X75-746	OPERATIVE CHOLANGIOGRAPHY	1500		
X75-751	E.R.C.P	15043		
X75-761	P.T.C.	4730		
X75-762	P.T.C.D	12000		
X75-763	P.T.C.D. FOLLOW UP CHANGE CATHETER	1800		
X75-764	PTCD STONE REMOVAL	4030		
X75-770D	DRAINAGE OF ABSCESS PERIRENAL OR RENAL	5946		
X75-770G	VAGINOTOMY OR DRAINAGE OF PELVIC ABSCESS	2253		
X75-771	FISTULOGRAPHY	1530		
X75-781	HYSTEROSALPINGOGRAPHY (H.S.G.)	2100		
X75-784	MAMMOGRAPHY	2000		
X75-784A	MAGNIFIED MAMMOGRAPHY	2000		
X75-784B	DUCTOGRAPHY OF BREAST	2000		
X75-784C	BREAST NEEDLE LOCALIZATION	2000		
X75-784E	SPECIMEN MAMMOGRAPHY	2000		
X75-785	MAMMOGRAPHY(45-69 YEAR)	1245	F	
X75-785A	MAMMOGRAPHY(40-45 YEAR)	1245		
X75-785B	MAMMOGRAPHY-SCREENING(45-69 YEAR)	1245	F	
X75-785C	MAMMOGRAPHY-SCREENING(40-45 YEAR)	1245	F	
X75-811	NASOPHARYHGOGRAPHY	1540		
X75-821	LARYNGOGRAPHY	2000		
X75-831	SIALOGRAPHY	1000		
X75-832	SIALOGRAPHY,BOTH SIDE	1800		
X75-851	COMMON CAROTID ARTERY- ONE SIDE	7500		
X75-852	COMMON CAROTID ARTERY-BOTH SIDE	11250		
X75-853	VERTEBRAL ANGIOGRAPHY	5000		
X75-861	THORACIC AORTOGRAPHY	5000		
X75-862	PULMONONARY ANGIOGRAPHY	4800		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
X75-864	THORACIC & ABDOMINAL AORTOGRAPHY	9000		
X75-871	CELIAC ANGIOGRAPHY	7500		
X75-872	CELIAC ANGIOGRAPHY & HEPATIC ANGIOGRAPHY	14000		
X75-873	CELIAC & HEPATIC & SMA ANGIOGRAPHY	19000		
X75-874	HEPATIC ANGIOGRAPHY	7500		
X75-875	SMA ANGIOGRAPHY	7500		
X75-876	IVC ANGIOGRAPHY	7500		
X75-877	IVC ANGIOGRAPHY(INCLUDE FILTER)	7500		
X75-878	IMA ANGIOGRAPHY	7500		
X75-881	RENAL ANGIOGRAPHY	5000		
X75-882	PELVIC ANGIOGRAPHY	4830		
X75-886	PERCUTANEOUS TRANSLUMINAL CATHETER RETRIEVAL OF VASCULER /INTRACARDIAC FOREIGN B	31874		
X75-890	STENTING FOR HEAD & NECK VESSEL (ONE VESSEL)	12500		
X75-891	ARTERIOGRAPHY OF EXTREMITY	11250		
X75-895	P.T.A.(PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY):SIMPLE	10800		
X75-896	T.A.E	22000		
X75-899	STENTING FOR ILIAC VESSEL	15000		
X75-911	ANTEGRADE VENOGRAPHY	9000		
X75-912	RETROGRADE VENOGRAPHY	6000		
X75-951A	MYELOGRAPHY, CERVICAL SPINE	3150		
X75-951B	MYELOGRAPHY, THORACIC SPINE	3150		
X75-951C	MYELOGRAPHY, LUMBER SPINE	4250		
X75-951D	MYELOGRAPHY,CERVICAL+THORACIC OR THORACI	4250		
X75-951E	MYELOGRAPHY ,WHOLE SPINE	5700		
X75-971	ARTHROGRAPHY	2700		
X75-975	BONE DENSITOMETRY	600		
X75-987	MRI WITHOUT ENHANCEMENT	6500		
X75-988	MRI WITH ENHANCEMENT	11500		
X75-989	MRI WITHOUT/WITH ENHANCEMENT	11500		
X75-991	C.T. WITHOUT ENHANCEMENT	3800		
X75-992	C.T. WITH AND WITHOUT ENHANCEMENT	5035		
X75-993	C.T. (ONLY ENHANCEMENT)	4560		
X75-994	3-D+C.T.	8000		
X75-996A	COPY X-RAY (CD)	200	E	自費
X75-997B	OFFER COPY C.T. FILM(CD) & REPORT TO APPLY HOSPITAL	1340	F	
X75-997C	OFFER COPY MRI FILM(CD) & REPORT TO APPLY HOSPITAL	2445	F	
X75-999	USE NON-IONIC CONTRAST(16切CT)	1500		
X75-S01	鎖骨關節檢查，單側	300		
X75-S02	URETHROGRAPHY	1130		
X75-S03	PE-WHOLE BODY MRI	36000	@	自費
X75-S04	PE-SINGLE PART MRI	8000	H	自費
X75-S05	PE-TWO PARTS MRI	15000	H	自費
X75-S06	PE-THREE PARTS MRI	22000	H	自費
X75-S07	PE-EXTRA ENHANCED MRI	7000	H	自費
X75-S09	PE-NON-ENHANCED WHOLE BODY MRI	8000	H	自費
X75-S10	BONE DENSITOMETRY	600	H	自費
X75-S11	CHEST VIEW (ADDED ONE)	300		
X75-S12	PLAIN ABDOMEN (INCLUDING EACH POSITION OF PLAIN AB	300		
X75-S17A	非離子性造影劑(自費)2PC	2250	@	自費
X75-S23	PE-SPECIAL PRICE MRI	5200	H	自費
X75-S24	肺癌X光偵測諮詢門診費	300	H	自費
X75-S27	FAT / MUSCLE DENSITOMETRY	1200	@	自費
X75-S28	FLUOROSCOPY	300		
X75-S29	FLUOROSCOPIC REDUCTION OF INTUSSUSCEPTION	4373		
X75-S30	REVISION OF PERCUTANEOUS NEPHROSTOMY TUBE(PIGTAIL)	1800		
X75-S31	CT GUIDE BIOPSY	5700		
X75-S32	PERCUTANEOUS GALL BLADDER DRAINAGE	6480		
X75-S33	PERCUTANEOUS URETEROPLASTY	18150		
X75-S34	PERCUTANEOUS RETRIEVAL OF URETERAL STENT	10832		
X75-S36	PE-MAMMO GRAPHY	2000	H	自費
X75-S38	PE-TWO PARTS DXA (L-SPINE + R T HIP)	1000	H	自費
X75-S39	PE-TWO PARTS DXA (L-SPINE + LT HIP)	1000	H	自費
X75-S40	PE-TWO PARTS DXA (R T HIP + LT HIP)	1000	H	自費
X75-S41	PE-THREE PARTS DXA (L-SPINE + BOTH HIPS)	1200	H	自費
X75-S42	PE-FOUR PARTS DXA (L-SPINE + BOTH HIPS + LVA)	1600	H	自費
X75-S43	MAMMORGRAPHY STEROTACTIC BIOPSY	3000		
X75-S44	AOT ANGIO(ABDOMINAL)	4830		
X75-S45	SUBCLAVIAN ANGIOGRAPHY	4830		
X75-S46	G-I BLEEDING EMBOLISATION	10800		
X75-S54	植牙單排電腦斷層	4000	@	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
X75-S55	植牙全口電腦斷層	7000	@	自費
X75-S56	JUGULAR VENOGRAPHY-ONE SIDE	4830		
X75-S57	JUGULAR VENOGRAPHY-BOTH SIDE	6650		
X75-S58	IV-DSA	11250		
X75-S59	MRI OF BREASTS WITH ENHANCEMENT	15000	H	自費
X75-S60	MRI FO HEADACHE	8000	H	自費
X75-S61	MRI FOR STROKE WITH ENHANCEMENT	18000	H	自費
X75-S62	MRI OF PELVIS WITH ENHANCEMENT	15000	H	自費
X75-S63	MRI OF HEAD AND WHOLE SPINE	18000	H	自費
X75-S64	MRI OF LOWER EXREMITY	15000	H	自費
X75-S65	MRI OFUPPER ABDOMEN WITH ENHANCEMENT	15000	H	自費
X75-S66	MRI OF CHEST AND LOW DOSE CHEST CT	11000	H	自費
X75-S67	PE-WITHOUT CONTRAST BRAIN MRI	8000	H	自費
X75-S68	VERTEBRAL FRACTURE ASSESSMENT (DXA L-SPINE VFA)	800		
X75-S70	冠狀動脈血管及鈣化分析(全景寶石CT)(健檢專用)	25000	@	自費
X75-S71	冠狀動脈鈣化分析(全景寶石CT)(健檢專用)	7000	@	自費
X75-S72	頸頸部血管及腫瘤檢查(全景寶石CT)(健檢專用)	15000	@	自費
X75-S73	低劑量肺部腫瘤篩檢(全景寶石CT)(健檢專用)	7000	@	自費
X75-S74	腹部至骨盆腔檢查-寶石CT(健檢專用)	10000	E	自費
X75-S75	PE-Brain MRI	10000	@	自費
X75-614	CALCANEUS, ONE SIDE	600		
X75-615	TOE(ONE SIDE,A-P AND OBLIQUE)	600		
X75-616	TIBIA VIEW(1 VIEW)	300		
X75-617	ANKLE STRESS VIEW(V ALGUS,VARUS,ANTERIOR,POSTERIOR)	330		
X75-619	ANKLE JOINT(1 VIEW)	300		
X75-621	SCANOGRAPHY	500		
X75-622	SPLIT SCANOGRAPHY	950		
X75-632	LONG BONE SURVEY(CHILD UNDER 5 YEARS)	2300		
X75-633	LONG BONE SURVEY OVER 5 YEARS	2300		
X75-641	SPOT FILM, ONE EXPOSURE	300		
X75-642	SPOT FILM, OVER 2 EXPOSURES	600		
X75-661	ESOPHAGOGRAPHY	900		
X75-662	ESOPHAGEAL BALLON DILATION	1500		
X75-681	UPPER G-I SERIES	2170		
X75-691	HYPOTONIC DUODENOGRAPHY	1500		
X75-701	SMALL BOWEL SERIES	2210		
X75-711	UPPER G-I & SMALL BOWEL SERIES	4380		
X75-721	LOWER G-I SERIES	1850		
X75-722	DOUBLE CONTRAST STUDY OF LOWER G-I	3550		
X75-731	INFUSION I.V.P.	2170		
X75-732	I.V.P.AND POST-VOIDING	2170		
X75-733	RAPID SEQUENCE I.V.P.	2170		
X75-734A	RETROGRADE PYELOGRAPHY (R.P.),ONE SIDE	1950		
X75-734B	RETROGRADE PYELOGRAPHY (R.P.),BOTH SIDE	1950		
X75-734C	RETROGRADE PYELOGRAPHY (R.P.),BOTH SIDE	1950		
X75-735	CYSTOGRAPHY	990		
X75-736	VOIDING VRETHROCYSTOGRAPHY	1130		
X75-737	CHAIN CYSTOGRAPHY	1000		
X75-739	ANTEGRADE PYELOGRAPHY	2650		
X75-740	ANTEGRADE PYELOGRAPHY WITH DRAINAGE	11250		
X75-741	ORAL CHOLECYSTOGRAPHY (O.C.)	1350		
X75-742	INTRAVENOUS CHOLECYSTOGRAPHY(I.V.C.)	2000		
X75-743	INTRAVENOUS CHOLECYSTOGRAPHY(+O.C)	2000		
X75-744	INFUSION I.V.C.	2000		
X75-745	T-TUBE CHOLECYSTOGRAPHY	1230		
X75-746	OPERATIVE CHOLANGIOGRAPHY	1500		
X75-751	E.R.C.P	15043		
X75-761	P.T.C.	4730		
X75-762	P.T.C.D	12000		
X75-763	P.T.C.D. FOLLOW UP CHANGE CATHETER	1800		
X75-764	PTCD STONE REMOVAL	4030		
X75-770D	DRAINAGE OF ABSCESS PERIRENAL OR RENAL	5946		
X75-770G	VAGINOTOMY OR DRAINAGE OF PELVIC ABSCESS	2253		
X75-771	FISTULOGRAPHY	1530		
X75-781	HYSTEROSALPINGOGRAPHY (H.S.G.)	2100		
X75-784	MAMMOGRAPHY	2000		
X75-784A	MAGNIFIED MAMMOGRAPHY	2000		
X75-784B	DUCTOGRAPHY OF BREAST	2000		
X75-784C	BREAST NEEDLE LOCALIZATION	2000		
X75-784E	SPECIMEN MAMMOGRAPHY	2000		
X75-785	MAMMOGRAPHY(45-69 YEAR)	1245	F	

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
X75-785A	MAMMOGRAPHY(40-45 YEAR)	1245		
X75-785B	MAMMOGRAPHY-SCREENING(45-69 YEAR)	1245	F	
X75-785C	MAMMOGRAPHY-SCREENING(40-45 YEAR)	1245	F	
X75-811	NASOPHARYHGOGRAPHY	1540		
X75-821	LARYNGOGRAPHY	2000		
X75-831	SIALOGRAPHY	1000		
X75-832	SIALOGRAPHY,BOTH SIDE	1800		
X75-851	COMMON CAROTID ARTERY- ONE SIDE	7500		
X75-852	COMMON CAROTID ARTERY-BOTH SIDE	11250		
X75-853	VERTEBRAL ANGIOGRAPHY	5000		
X75-861	THORACIC AORTOGRAPHY	5000		
X75-862	PULMONONARY ANGIOGRAPHY	4800		
X75-864	THORACIC & ABDOMINAL AORTOGRAPHY	9000		
X75-871	CELIAC ANGIOGRAPHY	7500		
X75-872	CELIAC ANGIOGRAPHY & HEPATIC ANGIOGRAPHY	14000		
X75-873	CELIAC & HEPATIC & SMA ANGIOGRAPHY	19000		
X75-874	HEPATIC ANGIOGRAPHY	7500		
X75-875	SMA ANGIOGRAPHY	7500		
X75-876	IVC ANGIOGRAPHY	7500		
X75-877	IVC ANGIOGRAPHY(INCLUDE FILTER)	7500		
X75-878	IMA ANGIOGRAPHY	7500		
X75-881	RENAL ANGIOGRAPHY	5000		
X75-882	PELVIC ANGIOGRAPHY	4830		
X75-886	PERCUTANEOUS TRANSLUMINAL CATHETER RETRIEVAL OF VASCULER /INTRACARDIAC FOREIGN B	31874		
X75-890	STENTING FOR HEAD & NECK VESSEL (ONE VESSEL)	12500		
X75-891	ARTERIOGRAPHY OF EXTREMITY	11250		
X75-895	P.T.A.(PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY):SIMPLE	10800		
X75-896	T.A.E	22000		
X75-899	STENTING FOR ILIAC VESSEL	15000		
X75-911	ANTEGRADE VENOGRAPHY	9000		
X75-912	RETROGRADE VENOGRAPHY	6000		
X75-951A	MYELOGRAPHY, CERVICAL SPINE	3150		
X75-951B	MYELOGRAPHY, THORACIC SPINE	3150		
X75-951C	MYELOGRAPHY, LUMBER SPINE	4250		
X75-951D	MYELOGRAPHY,CERVICAL+THORACIC OR THORACI	4250		
X75-951E	MYELOGRAPHY ,WHOLE SPINE	5700		
X75-971	ARTHROGRAPHY	2700		
X75-975	BONE DENSITOMETRY	600		
X75-987	MRI WITHOUT ENHANCEMENT	6500		
X75-988	MRI WITH ENHANCEMENT	11500		
X75-989	MRI WITHOUT/WITH ENHANCEMENT	11500		
X75-991	C.T. WITHOUT ENHANCEMENT	3800		
X75-992	C.T. WITH AND WITHOUT ENHANCEMENT	5035		
X75-993	C.T. (ONLY ENHANCEMENT)	4560		
X75-994	3-D+C.T.	8000		
X75-996A	COPY X-RAY (CD)	200	E	自費
X75-997B	OFFER COPY C.T. FILM(CD) & REPORT TO APPLY HOSPITAL	1340	F	
X75-997C	OFFER COPY MRI FILM(CD) & REPORT TO APPLY HOSPITAL	2445	F	
X75-999	USE NON-IONIC CONTRAST(16切CT)	1500		
X75-S01	鎖骨關節檢查，單側	300		
X75-S02	URETHROGRAPHY	1130		
X75-S03	PE-WHOLE BODY MRI	32000	H	自費
X75-S04	PE-SINGLE PART MRI	8000	H	自費
X75-S05	PE-TWO PARTS MRI	15000	H	自費
X75-S06	PE-THREE PARTS MRI	22000	H	自費
X75-S07	PE-EXTRA ENHANCED MRI	7000	H	自費
X75-S09	PE-NON-ENHANCED WHOLE BODY MRI	8000	H	自費
X75-S10	BONE DENSITOMETRY	600	H	自費
X75-S11	CHEST VIEW (ADDED ONE)	300		
X75-S12	PLAIN ABDOMEN (INCLUDING EACH POSITION OF PLAIN AB	300		
X75-S17A	非離子性造影劑(自費)2PC	2250	@	自費
X75-S23	PE-SPECIAL PRICE MRI	5200	H	自費
X75-S24	肺癌X光偵測諮詢門診費	300	H	自費
X75-S27	FAT / MUSCLE DENSITOMETRY	1200	@	自費
X75-S28	FLUOROSCOPY	300		
X75-S29	FLUOROSCOPIC REDUCTION OF INTUSSUSCEPTION	4373		
X75-S30	REVISION OF PERCUTANEOUS NEPHROSTOMY TUBE(PIGTAIL)	1800		
X75-S31	CT GUIDE BIOPSY	5700		
X75-S32	PERCUTANEOUS GALL BLADDER DRAINAGE	6480		
X75-S33	PERCUTANEOUS URETEROPLASTY	18150		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
X75-S34	PERCUTANEOUS RETRIEVAL OF URETERAL STENT	10832		
X75-S36	PE-MAMMO GRAPHY	2000	H	自費
X75-S38	PE-TWO PARTS DXA (L-SPINE + R'T HIP)	1000	H	自費
X75-S39	PE-TWO PARTS DXA (L-SPINE + LT HIP)	1000	H	自費
X75-S40	PE-TWO PARTS DXA (R'T HIP + LT HIP)	1000	H	自費
X75-S41	PE-THREE PARTS DXA (L-SPINE + BOTH HIPS)	1200	H	自費
X75-S42	PE-FOUR PARTS DXA (L-SPINE + BOTH HIPS + LVA)	1600	H	自費
X75-S43	MAMMOGRAPHY STEROTACTIC BIOPSY	3000		
X75-S44	AOT ANGIO(ABDOMINAL)	4830		
X75-S45	SUBCLAVIAN ANGIOGRAPHY	4830		
X75-S46	G-I BLEEDING EMBOLISATION	10800		
X75-S54	植牙單排電腦斷層	4000	@	自費
X75-S55	植牙全口電腦斷層	7000	@	自費
X75-S56	JUGULAR VENOGRAPHY-ONE SIDE	4830		
X75-S57	JUGULAR VENOGRAPHY-BOTH SIDE	6650		
X75-S58	IV-DSA	11250		
X75-S59	MRI OF BREASTS WITH ENHANCEMENT	15000	H	自費
X75-S60	MRI FO HEADACHE	8000	H	自費
X75-S61	MRI FOR STROKE WITH ENHANCEMENT	18000	H	自費
X75-S62	MRI OF PELVIS WITH ENHANCEMENT	15000	H	自費
X75-S63	MRI OF HEAD AND WHOLE SPINE	18000	H	自費
X75-S64	MRI OF LOWER EXREMITY	15000	H	自費
X75-S65	MRI OFUPPER ABDOMEN WITH ENHANCEMENT	15000	H	自費
X75-S66	MRI OF CHEST AND LOW DOSE CHEST CT	11000	H	自費
X75-S67	PE-WITHOUT CONTRAST BRAIN MRI	8000	H	自費
X75-S68	VERTEBRAL FRACTURE ASSESSMENT (DXA L-SPINE VFA)	800		
X75-S70	冠狀動脈血管及鈣化分析-寶石CT(健檢專用)	23000	E	自費
X75-S71	冠狀動脈鈣化分析-寶石CT(健檢專用)	6000	E	自費
X75-S72	頭頸部血管及腫瘤檢查-寶石CT(健檢專用)	13000	E	自費
X75-S73	肺部腫瘤檢查-寶石CT(健檢專用)	6000	E	自費
X75-S74	腹部至骨盆腔檢查-寶石CT(健檢專用)	10000	E	自費
X75-621	SCANOGRAPHY	500		
X75-622	SPLIT SCANOGRAPHY	950		
X75-632	LONG BONE SURVEY(CHILD UNDER 5 YEARS)	2300		
X75-633	LONG BONE SURVEY OVER 5 YEARS	2300		
X75-641	SPOT FILM, ONE EXPOSURE	300		
X75-642	SPOT FILM, OVER 2 EXPOSURES	600		
X75-642	SPOT FILM, OVER 2 EXPOSURES	600		
X75-661	ESOPHAGOGRAPHY	900		
X75-662	ESOPHAGEAL BALLON DILATION	1500		
X75-681	UPPER G-I SERIES	2170		
X75-691	HYPOTONIC DUODENOGRAPHY	1500		
X75-701	SMALL BOWEL SERIES	2210		
X75-711	UPPER G-I & SMALL BOWEL SERIES	4380		
X75-721	LOWER G-I SERIES	1850		
X75-722	DOUBLE CONTRAST STUDY OF LOWER G-I	3550		
X75-731	INFUSION I.V.P.	2170		
X75-732	I.V.P.AND POST-VOIDING	2170		
X75-733	RAPID SEQUENCE I.V.P.	2170		
X75-734A	RETROGRADE PYELOGRAPHY (R.P.),ONE SIDE	1950		
X75-734B	RETROGRADE PYELOGRAPHY (R.P.),BOTH SIDE	1950		
X75-734C	RETROGRADE PYELOGRAPHY (R.P.),BOTH SIDE	1950		
X75-735	CYSTOGRAPHY	990		
X75-736	VOIDING VRETHROCYSTOGRAPHY	1130		
X75-737	CHAIN CYSTOGRAPHY	1000		
X75-739	ANTEGRADE PYELOGRAPHY	2650		
X75-740	ANTEGRADE PYELOGRAPHY WITH DRAINAGE	11250		
X75-741	ORAL CHOLECYSTOGRAPHY (O.C.)	1350		
X75-742	INTRAVENOUS CHOLECYSTOGRAPHY(I.V.C.)	2000		
X75-743	INTRAVENOUS CHOLECYSTOGRAPHY(+O.C)	2000		
X75-744	INFUSION I.V.C.	2000		
X75-745	T-TUBE CHOLECYSTOGRAPHY	1230		
X75-746	OPERATIVE CHOLANGIOGRAPHY	1500		
X75-751	E.R.C.P	15043		
X75-761	P.T.C.	4730		
X75-762	P.T.C.D	12000		
X75-763	P.T.C.D. FOLLOW UP CHANGE CATHETER	1800		
X75-764	PTCD STONE REMOVAL	4030		
X75-770D	DRAINAGE OF ABSCESS PERIRENAL OR RENAL	5946		
X75-770G	VAGINOTOMY OR DRAINAGE OF PELVIC ABSCESS	2253		
X75-771	FISTULOGRAPHY	1530		

註記欄有@.E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
X75-781	HYSTEROSALPINGOGRAPHY (H.S.G.)	2100		
X75-784	MAMMOGRAPHY	2000		
X75-784A	MAGNIFIED MAMMOGRAPHY	2000		
X75-784B	DUCTOGRAPHY OF BREAST	2000		
X75-784C	BREAST NEEDLE LOCALIZATION	2000		
X75-784E	SPECIMEN MAMMOGRAPHY	2000		
X75-785	MAMMOGRAPHY(45-69 YEAR)	1245	F	限健保身份
X75-785A	MAMMOGRAPHY(40-45 YEAR)	1245		
X75-785B	MAMMOGRAPHY-SCREENING(45-69 YEAR)	1245	F	限健保身份
X75-785C	MAMMOGRAPHY-SCREENING(40-45 YEAR)	1245	F	限健保身份
X75-811	NASOPHARYNGOGRAPHY	1540		
X75-821	LARYNGOGRAPHY	2000		
X75-831	SIALOGRAPHY	1000		
X75-832	SIALOGRAPHY,BOTH SIDE	1800		
X75-851	COMMON CAROTID ARTERY- ONE SIDE	7500		
X75-852	COMMON CAROTID ARTERY -BOTH SIDE	11250		
X75-853	VERTEBRAL ANGIOGRAPHY	5000		
X75-861	THORACIC AORTOGRAPHY	5000		
X75-862	PULMONONARY ANGIOGRAPHY	4800		
X75-864	THORACIC & ABDOMINAL AORTOGRAPHY	9000		
X75-871	CELIAC ANGIOGRAPHY	7500		
X75-872	CELIAC ANGIOGRAPHY & HEPATIC ANGIOGRAPHY	14000		
X75-873	CELIAC & HEPATIC & SMA ANGIOGRAPHY	19000		
X75-874	HEPATIC ANGIOGRAPHY	7500		
X75-875	SMA ANGIOGRAPHY	7500		
X75-876	IVC ANGIOGRAPHY	7500		
X75-877	IVC ANGIOGRAPHY(INCLUDE FILTER)	7500		
X75-878	IMA ANGIOGRAPHY	7500		
X75-881	RENAL ANGIOGRAPHY	5000		
X75-882	PELVIC ANGIOGRAPHY	4830		
X75-886	PERCUTANEOUS TRANSLUMINAL CATHETER RETRIEVAL OF VASCULER /INTRACARDIAC FOREIGN B	30356		
X75-890	STENTING FOR HEAD & NECK VESSEL (ONE VESSEL)	12500		
X75-891	ARTERIOGRAPHY OF EXTREMITY	11250		
X75-895	P.T.A.(PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY):SIMPLE	10800		
X75-896	T.A.E	22000		
X75-899	STENTING FOR ILIAC VESSEL	15000		
X75-911	ANTEGRADE VENOGRAPHY	9000		
X75-912	RETROGRADE VENOGRAPHY	6000		
X75-951A	MYELOGRAPHY, CERVICAL SPINE	3150		
X75-951B	MYELOGRAPHY, THORACIC SPINE	3150		
X75-951C	MYELOGRAPHY, LUMBER SPINE	4250		
X75-951D	MYELOGRAPHY,CERVICAL+THORACIC OR THORACI	4250		
X75-951E	MYELOGRAPHY ,WHOLE SPINE	5700		
X75-971	ARTHROGRAPHY	2700		
X75-975	BONE DENSITOMETRY	600		
X75-987	MRI WITHOUT ENHANCEMENT	6500		
X75-988	MRI WITH ENHANCEMENT	11500		
X75-989	MRI WITHOUT/WITH ENHANCEMENT	11500		
X75-991	C.T. WITHOUT ENHANCEMENT	3800		
X75-992	C.T. WITH AND WITHOUT ENHANCEMENT	5035		
X75-993	C.T. (ONLY ENHANCEMENT)	4560		
X75-994	3-D+C.T.	8000		
X75-996A	COPY X-RAY (CD)	200	E	自費
X75-997B	OFFER COPY C.T. FILM(CD) & REPORT TO APPLY HOSPITAL	1340	F	限健保身份
X75-997C	OFFER COPY MRI FILM(CD) & REPORT TO APPLY HOSPITAL	2445	F	限健保身份
X75-999	USE NON-IONIC CONTRAST(16切CT)	1500		
X75-S01	鎖骨關節檢查·單側	300		
X75-S02	URETHROGRAPHY	1130		
X75-S03	PE-WHOLE BODY MRI	32000	H	自費
X75-S04	PE-SINGLE PART MRI	8000	H	自費
X75-S05	PE-TWO PARTS MRI	15000	H	自費
X75-S06	PE-THREE PARTS MRI	22000	H	自費
X75-S07	PE-EXTRA ENHANCED MRI	7000	H	自費
X75-S09	PE-NON-ENHANCED WHOLE BODY MRI	8000	H	自費
X75-S10	BONE DENSITOMETRY	600	H	自費
X75-S11	CHEST VIEW (ADDED ONE)	300		
X75-S12	PLAIN ABDOMEN (INCLUDING EACH POSITION OF PLAIN AB	300		
X75-S17A	非離子性造影劑(自費)2PC	2250	@	自費
X75-S23	PE-SPECIAL PRICE MRI	5200	H	自費
X75-S24	肺癌X光偵測諮詢門診費	300	H	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用

收費編號	英文名稱	收費金額	管制代號	備註
X75-S27	FAT / MUSCLE DENSITOMETRY	1200	@	自費
X75-S28	FLUOROSCOPY	300		
X75-S29	FLUOROSCOPIC REDUCTION OF INTUSSUSCEPTION	4373		
X75-S30	REVISION OF PERCUTANEOUS NEPHROSTOMY TUBE(PIGTAIL)	1800		
X75-S31	CT GUIDE BIOPSY	5700		
X75-S32	PERCUTANEOUS GALL BLADDER DRAINAGE	6480		
X75-S33	PERCUTANEOUS URETEROPLASTY	18150		
X75-S34	PERCUTANEOUS RETRIEVAL OF URETERAL STENT	10832		
X75-S36	PE-MAMMO GRAPHY	2000	H	自費
X75-S38	PE-TWO PARTS DXA (L-SPINE + R'T HIP)	1000	H	自費
X75-S39	PE-TWO PARTS DXA (L-SPINE + L'T HIP)	1000	H	自費
X75-S40	PE-TWO PARTS DXA (RT HIP + L'T HIP)	1000	H	自費
X75-S41	PE-THREE PARTS DXA (L-SPINE + BOTH HIPS)	1200	H	自費
X75-S42	PE-FOUR PARTS DXA (L-SPINE + BOTH HIPS + LVA)	1600	H	自費
X75-S43	MAMMOGRAPHY STEROTACTIC BIOPSY	3000		
X75-S44	AOT ANGIO(ABDOMINAL)	4830		
X75-S45	SUBCLAVIAN ANGIOGRAPHY	4830		
X75-S46	G-I BLEEDING EMBOLISATION	10800		
X75-S54	植牙單排電腦斷層	4000	@	自費
X75-S55	植牙全口電腦斷層	7000	@	自費
X75-S56	JUGULAR VENOGRAPHY-ONE SIDE	4830		
X75-S57	JUGULAR VENOGRAPHY-BOTH SIDE	6650		
X75-S58	IV-DSA	11250		
X75-S59	MRI OF BREASTS WITH ENHANCEMENT	15000	H	自費
X75-S60	MRI FO HEADACHE	8000	H	自費
X75-S61	MRI FOR STROKE WITH ENHANCEMENT	18000	H	自費
X75-S62	MRI OF PELVIS WITH ENHANCEMENT	15000	H	自費
X75-S63	MRI OF HEAD AND WHOLE SPINE	18000	H	自費
X75-S64	MRI OF LOWER EXREMITY	15000	H	自費
X75-S65	MRI OFUPPER ABDOMEN WITH ENHANCEMENT	15000	H	自費
X75-S66	MRI OF CHEST AND LOW DOSE CHEST CT	11000	H	自費
X75-S67	PE-WITHOUT CONTRAST BRAIN MRI	8000	H	自費
X75-S68	VERTEBRAL FRACTURE ASSESSMENT (DXA L-SPINE VFA)	800		
X75-S70	冠狀動脈血管及鈣化分析-寶石CT(健檢專用)	23000	E	自費
X75-S71	冠狀動脈鈣化分析-寶石CT(健檢專用)	6000	E	自費
X75-S72	頭頸部血管及腫瘤檢查-寶石CT(健檢專用)	13000	E	自費
X75-S73	肺部腫瘤檢查-寶石CT(健檢專用)	6000	E	自費
X75-S74	腹部至骨盆腔檢查-寶石CT(健檢專用)	10000	E	自費

註記欄有@ .E 註記者，為健保不給付項目

註記欄有* 註記者，需事前審查

註記欄有F 註記者，限健保使用