 **TABELA DE PROCEDIMENTOS**

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| **CÓDIGO** | **PROCEDIMENTO** | **PARTICULAR** | **CAADF/OAB** |
|  | **DENSITOMETRIAS** |  |  |
| 32.08.008-5 | DENSITOMETRIA ÓSSEA (1 SEGMENTO) | **150,00** | **75,00** |
|  | DENSITOMETRIA ÓSSEA (2 SEGMENTOS) | **250,00** | **125,00** |
| 31.11.006-1 | DENSITOMETRIA OSSEA CORPO INTEIRO | **350,00** | **175,00** |
|  | **MAMOGRAFIA DIGITAL** |  |  |
| 32.11.003-0 | MAMOGRAFIA DIGITAL BILATERAL | **190,00** | **95,00** |
|  | **ULTRASSONOGRAFIAS** |  |  |
| 33.01.024-2 | US DOPPLER AORTA ABDOMINAL E ARTÉRIAS  ILÍACAS | **300,00** | **150,00** |
| 33.01.024-2 | US DOPPLER DE ARTERIAS CAROTIDAS E  VERTEBRAIS | **300,00** | **150,00** |
| 33.01.024-2 | US DOPPLER ARTERIAL DE MI - UNILATERAL | **300,00** | **150,00** |
| 33.01.024-2 | US DOPPLER ARTERIAL DE MS - UNILATERAL | **300,00** | **150,00** |
| 33.01.024-2 | US DOPPLER DE ARTÉRIAS RENAIS | **300,00** | **150,00** |
| 33.01.033-1 | US DOPPLER COLORIDO DE 1 VASO | **300,00** | **150,00** |
| 33.01.034-0 | US DOPPLER COLORIDO DE 2 VASOS | **350,00** | **175,00** |
| 33.01.035-8 | US DOPPLER COLORIDO DE 3 OU MAIS VASOS | **400,00** | **200,00** |
| 33.01.029-3 | US DOPPLER OBSTÉTRICO | **300,00** | **150,00** |
| 33.01.022-6 | US DOPPLER PULSADO DE 2 VASOS | **400,00** | **200,00** |
| 33.01.023-4 | US DOPPLER PULSADO DE 3 OU MAIS VASOS | **500,00** | **250,00** |
| 33.01.032-3 | US DOPPLER DE RIM TRANSPLANTADO | **200,00** | **100,00** |
| 33.01.012-9 | US DOPPLER DE TIREÓIDE | **225,00** | **112,00** |
| 33.01.024-2 | US DOPPLER VENOSO PROFUNDO DE MI –  UNILATERAL | **300,00** | **150,00** |
| 33.01.024-2 | US DOPPLER VENOSO SUP. E PROF. (VARIZES)  DE MI –UNILATERAL | **300,00** | **150,00** |
| 33.01.015-3 | US ABDOME INFERIOR MASCULINO | **140,00** | **70,00** |
| 33.01.004-8 | US ANTEBRAÇO UNILATERAL | **140,00** | **70,00** |
| 33.01.013-7 | US ABDOME INFERIOR FEMININO | **140,00** | **70,00** |
| 33.01.004-8 | US ANTEPE UNILATERAL | **140,00** | **70,00** |
| 33.01.004-8 | US ARTICULAÇÕES | **140,00** | **70,00** |
| 33.01.001-3 | US ABDOME SUPERIOR | **140,00** | **70,00** |
| 33.01.002-1 | US ABDOME TOTAL | **180,00** | **90,00** |
| 33.01.003-0 | US APARELHO URINARIO MASCULINO | **140,00** | **70,00** |
| 33.01.003-0 | US BEXIGA MASCULINO | **140,00** | **70,00** |
| 33.01.012-9 | US BOLSA TESTICULAR | **140,00** | **70,00** |
| 33.01.004-8 | US BRAÇO UNILATERAL | **140,00** | **70,00** |
| 33.01.012-9 | US CERVICAL | **140,00** | **70,00** |
| 33.01.005-0 | US CRÂNIO PARA CRIANÇA | **140,00** | **70,00** |

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|  | US COXA UNILATERAL | **140,00** | **70,00** |
|  | US COTOVELO UNILATERAL | **140,00** | **70,00** |
|  | US DERMATOLÓGICO - PELE E SUBCUTÂNEO | **140,00** | **70,00** |
|  | US DOPPLER ORGAO E ESTRUTURAS | **250,00** | **125,00** |
|  | US GLÂNDULAS SALIVARES | **140,00** | **70,00** |
|  | US GLUTEOS | **140,00** | **70,00** |
| 33.01.012-9 | US REGIAO INGUINAL | **140,00** | **70,00** |
| 33.01.004-8 | US JOELHO UNILATERAL | **140,00** | **70,00** |
| 33.01.012-9 | US MAMAS | **140,00** | **70,00** |
| 33.01.004-8 | US MAO UNILATERAL | **140,00** | **70,00** |
| 33.01.012-9 | US MUSCULO | **140,00** | **70,00** |
| 33.01.011-0 | US OBSTETRICA | **140,00** | **70,00** |
| 33.01.030-7 | US OBSTETRICO COM AMNIOCENTESE | **250,00** | **125,00** |
| 33.01.011-0 | US OBSTETRICO GEMELAR | **350,00** | **175,00** |
| 33.01.027-7 | US OBSTETRICO MORFOLOGICO 1º tri | **350,00** | **175,00** |
|  | US OBSTETRICO MORFOLOGICO 2º tri | **400,00** | **200,00** |
|  | US OBSTETRICO MORFOLOGICO 1º tri COM DOPPLER | **400,00** | **200,00** |
| 33.01.004-8 | US OMBRO UNILATERAL | **140,00** | **70,00** |
| 33.01.012-9 | 33.01.012-9 US ORGAOS  SUPERFICIAIS(TIREIOIDE, ESCROTO, PENIS E  CRANIO) | **140,00** | **70,00** |
| 40.90.125-4 | US OBSTETRICA COM TRANSLUCENCIA NUCAL | **350,00** | **175,00** |
| 33.01.004-8 | US PERNA | **140,00** | **70,00** |
| 33.01.012-9 | US PAREDE ABDOMINAL | **140,00** | **70,00** |
| 33.01.004-8 | US PUNHO UNILATERAL | **140,00** | **70,00** |
| 33.01.026-9 | US OBSTETRICO PERFIL BIOFISICO FETAL | **240,00** | **120,00** |
| 33.01.012-9 | US PESCOÇO | **140,00** | **70,00** |
| 33.01.004-8 | US PE | **140,00** | **70,00** |
| 33.01.015-3 | US PROSTATA | **140,00** | **70,00** |
| 33.01.012-9 | US PAREDE TORÁCICA | **140,00** | **70,00** |
| 33.01.013-7 | US PELVICA TRANSABDOMINAL | **140,00** | **70,00** |
| 33.01.014-5 | US PELVICA TRANSVAGINAL | **140,00** | **70,00** |
| 33.01.020-0 | US TRANSVAGINAL CONTROLE OVULACAO | **190,00** | **95,00** |
| 33.01.015-3 | US PROSTATA VIA ABDOMINAL | **140,00** | **70,00** |
| 33.01.004-8 | US QUADRIL UNILATERAL | **140,00** | **70,00** |
| 33.01.012-9 | US REGIAO AXILAR | **140,00** | **70,00** |
| 33.01.017-0 | US RETROPERITÔNIO | **140,00** | **70,00** |
| 33.01.003-0 | US RINS E VIAS URINARIAS | **140,00** | **70,00** |
| 33.01.012-9 | US TENDAO | **140,00** | **70,00** |
| 33.01.012-9 | US TESTICULAR | **140,00** | **70,00** |
| 33.01.005-6 | US TRANSFONTANELA | **140,00** | **70,00** |
|  | US TRANSFONTANELA COM DOPPLER | **225,00** | **112,00** |

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| 33.01.012-9 | US TIREOIDE | | | **140,00** | **70,00** |
| 33.01.004-8 | US TORNOZELO UNILATERAL | | | **140,00** | **70,00** |
| 33.01.015-3 | US VESICULA SEMINAIS | | | **140,00** | **70,00** |
|  | **RESSONÂNCIA MAGNÉTICA** | | |  |  |
| 36.01.018-9 | ANGIORESSONANCIA ARTERIAL DE PELVE | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA ARTERIAL DE ABDOME  SUPERIOR | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA ARTERIAL DO CRANIO | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA ARTERIAL DE MEMBRO  SUPERIOR (UNILATERAL) | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA ARTERIAL PULMONAR | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA ARTERIAL DE MEMBRO  INFERIOR (UNILATERAL) | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA ARTERIAL DE PESCOÇO | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA VENOSA ABDOME SUPERIOR | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA VENOSA DE CRANIO | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA VENOSA DE MEMBRO  INFERIOR (UNILATERAL) | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA VENOSA DE MEMBRO SUPERIOR (UNILATERAL) | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA VENOSA PULMONAR | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA VENOSA DE PELVE | | | **825,00** | **412,00** |
|  | ANGIORESSONANCIA VENOSA DE PESCOÇO | | | **825,00** | **412,00** |
| 36.01.016-2 | RM ANTEBRAÇO | | | **720,00** | **490,00** |
| 36.01.010-6 | RM ANTEPE | | | **720,00** | **360,00** |
| 36.01.009-0 | RM ABDOME SUPERIOR | | | **720,00** | **360,00** |
| 36.01.011-1 | RM ARTICULACAO TEMPORO-MANDIBULAR (ATM) | | | **720,00** | **360,00** |
| 36.01.010-3 | RM BACIA | | | **720,00** | **360,00** |
| 36.01.017-0 | RM BRAÇO | | | **720,00** | **360,00** |
| 36.01.001-4 | RM CRÂNIO | | | **720,00** | **360,00** |
| 36.01.002-2 | RM COLUNA CERVICAL | | | **720,00** | **360,00** |
| 36.01.004-9 | RM COLUNA LOMBAR | | | **720,00** | **360,00** |
| 36.01.013-8 | RM COTOVELO | | | **720,00** | **360,00** |
| 36.01.003-0 | RM COLUNA TORACICA | | | **720,00** | **360,00** |
| 36.01.012-0 | RM CLAVICULA | | | **720,00** | **360,00** |
| 36.01.017-0 | RM COXA | | | **720,00** | **360,00** |
| 36.01.040-5 | RM FACE | | | **720,00** | **360,00** |
| 36.01.037-5 | RM SELA TURSICA (HIPOFISE) | | | **720,00** | **360,00** |
| 36.01.015-4 | RM JOELHO | | | **720,00** | **360,00** |
| 36.01.017-0 | RM MÃO | | | **720,00** | **360,00** |
|  | RM MAMAS | | | **990,00** | **495,00** |
| 36.01.001-4 | RM ORBITAS | |  | **720,00** | **360,00** |
| 36.01.012-0 | RM OMBRO | |  | **720,00** | **360,00** |
| 36.01.001-4 | RM MASTOIDE | | S/OUVIDOS | **720,00** | **360,00** |
| 36.01.005-7 | RM PESCOÇO | |  | **720,00** | **360,00** |
| 36.01.006-5 | RM PLEXO BRA | | QUIAL | **720,00** | **360,00** |
| 36.01.016-2 | RM PE | |  | **720,00** | **360,00** |
| 36.01.010-3 | RM PELVE | |  | **720,00** | **360,00** |
| 36.01.017-0 | RM PERNA | |  | **720,00** | **360,00** |
| 36.01.013-8 | RM PUNHO | |  | **720,00** | **360,00** |
| 36.01.014-6 | RM QUADRIL | |  | **720,00** | **360,00** |
| 36.01.001-4 | RM SEIOS DA F | | ACE | **720,00** | **360,00** |
| 36.01.010-3 | RM SACRO-ILIA | | CAS | **720,00** | **360,00** |
| 36.01.007-3 | RM TORAX | |  | **720,00** | **360,00** |
| 36.01.016-2 | RM TORNOZELO | |  | **720,00** | **360,00** |
|  |  | KIT CONTRASTE |  | **450,00** | **250,00** |

• O kit contraste engloba material e medicamento e deverá ser adicionado ao valor do procedimento quando em solicitação médica com meio de contraste.