 **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.