

LAMPIRAN III
PERATURAN BUPATI BANTUL
NOMOR 27 TAHUN 2019
TENTANG TARIF LAYANAN KESEHATAN PADA BADAN LAYANAN UMUM DAERAH RUMAH
SAKIT UMUM DAERAH PANEMBAHAN SENOPATI KABUPATEN BANTUL

BESARAN TARIF LAYANAN KESEHATAN PADA BADAN LAYANAN UMUM DAERAH
RUMAH SAKIT UMUM DAERAH PANEMBAHAN SENOPATI KABUPATEN BANTUL

I. RAWAT JALAN

A. Poliklinik

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Poliklinik Umum	10,000	15,000	25,000
2	Poliklinik Gigi	15,000	15,000	30,000
3	Poliklinik Spesialis Pagi	15,000	35,000	50,000
4	Poliklinik Sub Spesialis/Konsultan	25,000	50,000	75,000
5	Poliklinik Umum sore/malam/hari libur	10,000	15,000	25,000
6	Poliklinik Gigi sore/malam/hari libur	15,000	15,000	30,000
7	Poliklinik Spesialis sore/malam/hari libur	25,000	40,000	65,000
8	Konsultasi Psikologi	10,000	10,000	20,000
9	Konsultasi Gizi/Berhenti merokok	9,000	6,000	15,000
10	Poliklinik Eksekutif	75,000	75,000	150,000

B. Tindakan medik

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Enukleasi komedo < 10	25,000	50,000	75,000
2	Enukleasi komedo > 10	30,000	70,000	100,000
3	Enukleasi milia < 10	25,000	50,000	75,000
4	Enukleasi milia > 10	30,000	70,000	100,000
5	Enukleasi moluscum < 10	25,000	50,000	75,000
6	Enukleasi moluscum > 10	30,000	70,000	100,000
7	Bedah kimia TCAA	30,000	35,000	65,000
8	Bedah kimia Podophilin	35,000	35,000	70,000
9	Injeksi Triamsinolon Intraleasi	30,000	40,000	70,000
10	Insisi Furunkel/Abses	30,000	50,000	80,000
11	Pemeriksaan lampu wood	30,000	40,000	70,000
12	Bedah cauter keratosis siboroik/ tumor jinak kecil < 20	50,000	100,000	150,000
13	Bedah cauter keratosis siboroik/ tumor jinak kecil > 20	75,000	175,000	250,000
14	Bedah cauter kondiloma/ veruka < 3	50,000	75,000	125,000
15	Bedah cauter kondiloma/ veruka > 3	75,000	175,000	250,000
16	Pengambilan spesimen genital pria	20,000	30,000	50,000
17	Pengambilan spesimen genital wanita tanpa speculum	20,000	30,000	50,000
18	Pengambilan spesimen genital wanita dengan speculum	25,000	40,000	65,000
19	Pemeriksaan Gynekologi	20,000	30,000	50,000
20	Pengambilan spesimen mukosa oral	20,000	30,000	50,000
21	Pengambilan Spesimen pemeriksaan BTA	70,000	50,000	120,000
22	Clinical Facial Treatment	50,000	100,000	150,000
23	Peeling AHA	50,000	75,000	125,000
24	Iontoforesis	30,000	50,000	80,000
25	Mesoterapi non Needle	40,000	60,000	100,000
26	Mesoterapi Needle	50,000	100,000	150,000
27	Subsision/ revisi skar < 5	30,000	50,000	80,000
28	Dermaroller	30,000	100,000	130,000
29	Mikrodermabasi	75,000	100,000	175,000
30	Bedah crio nitrogen	40,000	40,000	80,000
31	Bedah crio nitrogen intra vagina	70,000	70,000	140,000
32	Biopsi punch	50,000	75,000	125,000
33	Biopsi eksisi	50,000	100,000	150,000
34	Eksisi lesi kutan wajah	50,000	150,000	200,000
35	Eksisi lesi kutan badan	50,000	125,000	175,000
36	Terapi/ Perawatan dengan PRP	100,000	150,000	250,000

Keterangan :

1. Apabila diperlukan pemeriksaan penunjang diagnostik, tindakan medik dan terapi, tindakan medik dan radio terapi serta pelayanan rehabilitasi medik, maka besaran tarif dibayar secara

terpisah oleh pasien sesuai tarif yang ditetapkan untuk setiap jenis pemeriksaan maupun tindakan.

2. Konsultasi antar spesialis berlaku tarif pemeriksaan spesialis

II. GAWAT DARURAT

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	IGD	15,000	30,000	45,000
2	Konsultasi Spesialis IGD	5,000	30,000	35,000
3	Konsultasi Sub Spesialis IGD	5,000	35,000	40,000

Keterangan :

1. Apabila diperlukan pemeriksaan penunjang diagnostik, tindakan medik dan terapi, tindakan medik dan radio terapi serta pelayanan rehabilitasi medik, maka besaran tarif dibayar secara terpisah oleh pasien sesuai tarif yang ditetapkan untuk setiap jenis pemeriksaan maupun tindakan;
2. Tarif tindakan medik non pembedahan maupun dengan pembedahan serta pemeriksaan penunjang diagnostik pada pasien IGD dikenakan tambahan biaya sebesar 25% dari tarif jasa medik
3. Pemeriksaan dengan alat khusus pada IGD sesuai tarif tindakan yang berlaku.
4. Untuk pasien rawat jalan apabila diperlukan observasi atau recovery pasca tindakan yang lebih dari 6 (enam) jam maka dikenakan biaya akomodasi sesuai dengan tarif akomodasi yang berlaku
5. Konsultasi antar spesialis berlaku tarif pemeriksaan spesialis IGD

III. TINDAKAN IGD

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
A	Sederhana			
1	Jahit Luka 1-5	42,000	17,000	59,000
2	Ekstraksi Kuku	28,000	17,000	45,000
3	Corpus Alienum tanpa penyulit	13,500	17,000	30,500
4	Cateterisasi	31,500	17,000	48,500
5	Lavement	19,000	17,000	36,000
6	Dilatasi Phymosis	22,500	17,000	39,500
7	Aspirasi Hematoma	16,500	17,000	33,500
8	NGT	28,000	17,000	45,000
9	Insisi Kecil	29,500	17,000	46,500
10	Irigasi Mata	22,000	17,000	39,000
11	Medikasi Luka Kecil	16,000	17,000	33,000
12	Injeksi	13,500	17,000	30,500
13	Debridemen	26,500	17,000	43,500
14	Infus di IGD	12,000	17,000	29,000
15	Cross eksisi	19,500	17,000	36,500
16	Rawat luka bakar < 10 %	25,500	17,000	42,500
17	Skin test	7,000	17,000	24,000
18	Angkat jahitan kecil	7,000	17,000	24,000
19	Eksplorasi korpall hidung	6,000	17,000	23,000
20	Ambil sampel darah	9,000	17,000	26,000
21	Schoorsteen	11,000	17,000	28,000
22	Suction	7,000	17,000	24,000
23	Pemasangan OPA/NPA	7,000	17,000	24,000
B	Sedang			
1	Jahit Luka 6-10	74,500	45,000	119,500
2	Rawat Luka bakar >30 - < 60%	68,500	45,000	113,500
3	Rawat Luka bakar 20 - 30%	49,000	45,000	94,000
4	Blas Puncti	26,500	45,000	71,500
5	Incisi Besar	42,000	45,000	87,000
6	Pasang Gips Spalk	27,000	45,000	72,000
7	Pasang Spalk kayu	27,000	45,000	72,000
8	Nebulizer	20,500	45,000	65,500
9	EKG	40,000	40,000	80,000
10	Reposisi Luksasi Mandibula	26,500	45,000	71,500
11	Pasang Skin Traksi	29,000	45,000	74,000
12	Cuci lambung	36,000	45,000	81,000
13	Infus umbilikal	36,000	45,000	81,000
14	Medikasi luka sedang	30,000	45,000	75,000
15	Debridemen luka sedang	30,000	45,000	75,000
16	Angkat jahitan sedang	24,000	45,000	69,000
17	Angkat jahitan besar	29,000	45,000	74,000
18	Ganti verban besar	30,000	45,000	75,000
19	Eksplorasi korpall mata	6,000	45,000	51,000
20	Eksplorasi korpall telinga	6,000	45,000	51,000
21	Perawatan luka dicubitus ulcus DM	36,000	45,000	81,000
22	Nidle thorakosinteis	6,000	45,000	51,000
23	Pasang LMA	6,000	45,000	51,000
24	Pemasangan gips sirkuler	30,000	45,000	75,000
25	Perawatan BBL normal	30,000	45,000	75,000
26	Perawatan BBL resiko tinggi	30,000	45,000	75,000
27	Observasi Inpartu	20,000	30,000	50,000
C	Besar			
1	Jahit Luka >11	96,000	90,000	186,000

2	Corpus Alienum dengan Penyulit	48,000	90,000	138,000
3	Luka bakar > 60 %	90,000	90,000	180,000
4	DC Shock	66,000	90,000	156,000
5	Cardioversi	55,000	108,000	163,000
6	RKP	100,000	500,000	600,000
7	Penatalaksanaan shock	18,000	110,000	128,000
8	Debridemen luka besar	72,000	90,000	162,000
9	Pasang ETT	48,000	90,000	138,000
10	Pemasangan pacing eksternal	66,000	90,000	156,000
D	Khusus			
1	Partus Normal	109,000	170,000	279,000
2	Sirkumsisi	66,000	170,000	236,000
3	Amputasi jari	43,000	170,000	213,000
4	Pasang WSD	43,000	170,000	213,000

5	Vena sectie	60,000	170,000	230,000
6	Reposisi luxatio humari	6,000	170,000	176,000
7	Reposisi luxatio collum femur	6,000	170,000	176,000
8	Tracheostomy	60,000	170,000	230,000
9	Pasang CVP / Vena sentral	60,000	170,000	230,000
10	Pasang infus intra osseus	60,000	170,000	230,000
11	Niddle cricotyroidotomy	60,000	170,000	230,000

IV. RAWAT INAP, PERINATAL, HCU, DAN RAWAT INTENSIF

A. Akomodasi

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Rawat Inap Kelas III	75,000	-	75,000
2	Rawat Inap Kelas II	125,000	-	125,000
3	Rawat Inap Kelas I	170,000	-	170,000
4	Rawat Inap VIP B	250,000	-	250,000
5	Rawat Inap VIP A	350,000	-	350,000
6	ICU/NICU/PICU/ICCU	440,000	-	440,000
7	HCU / Isolasi	240,000	-	240,000
8	Perinatal	140,000	-	140,000

Keterangan :

1. Akomodasi berlaku untuk setiap hari
2. Tarif rawat inap bayi baru lahir Sectio Caesaria (SC) dihitung 50 % dari tarif rawat inap ibu.
3. Apabila diperlukan pemeriksaan penunjang diagnostik, tindakan medik dengan terapi, tindakan medik dan radio terapi, pelayanan rehabilitasi medik dan perawatan jenazah maka biaya dibayar terpisah dari tabel tarif rawat inap di atas.

B. Tindakan Kolaborasi

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Pelepasan Catheter/Infus/NGT	11,000	7,500	18,500
2	Bilas lambung / shift	10,000	5,000	15,000
3	Injeksi 1 jenis obat / hari	1,500	10,000	11,500
4	Lavemen	17,000	7,500	24,500
5	Nebulizer / hari	12,000	12,500	24,500
6	Pemberian obat supositoria	11,000	7,500	18,500
7	Pemasangan catheter	18,000	15,000	33,000
8	Pemasangan infus/plug bayi/anak	12,000	12,500	24,500
9	Pemasangan infus/plug dewasa	8,500	10,000	18,500
10	Pemasangan NGT/OGT	28,000	17,000	45,000
11	Scorsteen / hari	14,500	10,000	24,500
12	Pemasangan tranfusi darah	8,500	10,000	18,500
13	Pengambilan darah vena	5,000	5,000	10,000
14	Pengambilan darah arteri	6,000	15,000	21,000
15	Suctioning per shift	12,000	12,500	24,500
16	Perawatan colostomy	12,000	12,500	24,500
17	Perawatan jenazah di ruangan	17,000	7,500	24,500
18	Perawatan luka kecil	11,000	10,000	21,000
19	Perawatan luka sedang	26,500	12,500	39,000
20	Perawatan luka besar	48,000	15,000	63,000
21	Perawatan WSD / hari	12,000	12,500	24,500
22	Skeren	5,000	5,000	10,000
23	Spooling BPH / shift	11,000	7,500	18,500
24	Fiksasi fraktur dengan spalk	7,500	7,500	15,000
25	Tindik	5,000	12,500	17,500
26	Pemasangan alat infus pump / hari	36,000	10,000	46,000
27	Pemasangan Kasur Anti Dikubitus / hari	26,500	10,000	36,500
28	Pemakaian/Pemasangan syringe pump/hr	36,000	10,000	46,000
29	Fototerapi per 12 jam	90,000	32,000	122,000
30	Konsultasi tindakan		15,000	15,000
31	Infus intraosseus	50,000	100,000	150,000
32	Infus transumbilical	40,000	60,000	100,000
33	Tracheal toilete	15,000	10,000	25,000
34	Perawatan ETT/TT/CVP	15,000	10,000	25,000
35	Perawatan tali pusat	10,000	5,000	15,000
36	Pasang OPA	15,000	10,000	25,000
37	Mobilisasi ROM	15,000	20,000	35,000
38	KMC (Kanguru Mother Care)	80,000	120,000	200,000
39	Neopuff	80,000	120,000	200,000

40	Intubasi neonatus	40,000	240,000	280,000
41	Pemberian surfactan	260,000	390,000	650,000
42	Pasang kateter umbilikal	160,000	240,000	400,000
43	Pemeriksaan oksimetri	1,000	9,000	10,000
44	Injeksi cairan pekat	1,000	49,000	50,000
45	Penatalaksanaan shock	18,000	110,000	128,000

Keterangan : Tarif tindakan kolaborasi yang sama juga diberlakukan pada tindakan kolaborasi di rawat jalan

V. GIZI

A. Akomodasi Gizi

No.	Biaya Makan Pasien/ Akomodasi Gizi	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Edelweiss	86,000	4,000	90,000
2	Mawar 2	72,500	2,500	75,000
3	Mawar 1	60,000	2,500	62,500
4	Utama	50,000	2,000	52,000
5	Kelas 1	35,500	1,500	37,000
6	Kelas 2	30,000	1,000	31,000
7	Kelas 3	24,000	1,000	25,000
8	Sonde Biasa	39,000	1000	40,000
9	Sonde DM	44,000	1000	45,000
10	Sonde RGRPRK	55,000	1000	56,000
11	Sonde Hati	74,000	1000	75,000
2. PELAYANAN GIZI RAWAT INAP				
No.	Jenis Pelayanan	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Skrining Lanjut			
-	Kelas	500	1,500	2,000
-	Utama, VIP, ICU	500	1,500	2,000
2	PAGT			
-	Kelas	500	8,000	8,500
-	Utama, VIP, ICU	500	10,000	10,500
3	Konsultasi Gizi			
-	Kelas	500	7,500	8,000
-	Utama, VIP, UCU	500	15,000	15,500

NO	MENU DIET	KETERANGAN	TARIF
1	RGRPRK	3X MAKAN UTAMA ,2X SNACK	Rp63,000
2	DJ/DH	3X MAKAN UTAMA ,3X BUAH, 2X SNACK	Rp80,000
3	DM	3X MAKAN UTAMA ,2X BUAH, 3X SNACK	Rp80,000
5	TKTP	3X MAKAN UTAMA ,1X BUAH ,3X SNACK	Rp95,000
6	RG	3X MAKAN UTAMA ,2X BUAH ,1X SNACK	Rp75,000

KETERANGAN :

Ø RGRPRK	:DIET PENDERITA PENYAKIT GINJAL TANPA HAEMODIALISA
Ø DJ	:DIET PENDERITA PENYAKIT JANTUNG
Ø DH	:DIET PENDERITA PENYAKIT HATI
Ø DM	:DIET PENDERITA PENYAKIT DIABETES MELLITUS
Ø TKTP	:DIET TINGGI ENERGI ,TINGGI PROTEIN
Ø RG	:DIET PENDERITA PENYAKIT HIPERTENSI(RENDAH GARAM)

VI. VISITE / KONSULTASI MEDIK

A. Dokter Spesialis Konsulen

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN	JUMLAH (Rp)
1	Ruang Perawatan	6,000	55,000	61,000
2	ICU/PICU/NICU/ICCU	6,000	85,000	91,000
3	HCU/ISOLASI	6,000	55,000	61,000
4	Perinatal	6,000	55,000	61,000
5	Konsultasi medik di Kamar Operasi	6,000	55,000	61,000

B. Dokter Spesialis

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Ruang Perawatan	6,000	38,000	44,000
2	ICU/PICU/NICU/ICCU	6,000	69,000	75,000
3	HCU/isolasi	6,000	50,000	56,000
4	Konsultasi medik di Kamar Operasi	6,000	38,000	44,000

C. Dokter Umum

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Ruang Perawatan	6,000	20,000	26,000
2	ICU/PICU/NICU/ICCU	6,000	40,000	46,000
3	HCU/ isolasi	6,000	30,000	36,000

Keterangan :

1. Jasa pelayanan berlaku untuk setiap kunjungan 1 kali per hari
2. Jasa visite di hari libur / minggu diberikan tambahan sebesar 25 % dari tarif visite di hari kerja

VII JASA KEPERAWATAN (tiap shift jaga)

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Minimal Care			
	-Rawat Inap	2,000	6,500	8,500
	-IBS	2,000	6,000	8,000
	-RB	2,000	9,500	11,500
	-HD / Kemoterapi	2,000	6,000	8,000
	-PPRI	2,000	4,000	6,000
2	Intermediate Care			
	-Rawat Inap	2,000	10,000	12,000
	-IBS	2,000	8,000	10,000
	-RB	2,000	13,000	15,000
	-HD / Kemoterapi	2,000	8,000	10,000
3	Modified Intensif Care			
	-Rawat Inap	2,000	13,000	15,000
	-HCU/IMC	2,000	20,000	22,000
	-RB	2,000	16,500	18,500
	-Perinatal	2,000	20,000	22,000
	- IBS	2,000	12,000	14,000
	-HD / Kemoterapi	2,000	10,500	12,500
4	Keperawatan Gawat Darurat	2,000	25,000	27,000
5	Intensif Care			
	-ICU/ICCU/NICU/PICU	6,000	50,000	56,000

VIII KONSULTASI KHUSUS

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Konsultasi dr. Spesialis konsulen via telepon	6,000	25,000	31,000
2	Konsultasi dr. Spesialis via telepon	6,000	12,500	18,500
3	Konsultasi Rohaniawan	3,000	12,500	15,500

IX. TINDAKAN MEDIK
A. NON PEMBEDAHAN

NO.	KLASIFIKASI TINDAKAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	KECIL	22,000	35,000	57,000
2	SEDANG	36,000	65,000	101,000
3	BESAR	36,000	150,000	186,000
4	KHUSUS	120,000	375,000	495,000

Keterangan :

Tindakan non pembedahan dilaksanakan di Ruang Rawat Jalan dan Ruang Perawatan

B. PEMBEDAHAN

NO.	KETERANGAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)			JUMLAH (Rp)
			JASA OPERATOR (Rp)	JASA ANESTESIA (Rp)	JASA TIM (Rp)	
1	SEDERHANA	90,000	134,000		87,500	311,500
2	KECIL	110,000	244,000		169,000	523,000
3	SEDANG	887,000	650,000	325,000	182,500	2,044,500
4	BESAR	1,080,000	1,250,000	594,000	325,000	3,249,000
5	KHUSUS	1,528,000	1,610,000	812,500	425,000	4,375,500
6	CANGGIH	2,122,000	2,375,000	1,050,000	427,500	5,974,500

ONE DAY CARE PEMBEDAHAN

No.	KETERANGAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)			JUMLAH (Rp)
			JASA TIM (Rp)	JASA ANESTESI (Rp)	JASA OPERATOR (Rp)	
1	Vasektomi lokal anestesi/ MOP	300,000	300,000		600,000	1,200,000
2	Tubektomy /MOW	300,000	225,000	400,000	1,000,000	1,925,000
3	Circumsisi	300,000	225,000		600,000	1,125,000
4	Soft Tissu diameter kecil 1- 3 cm	410,000	225,000		600,000	1,235,000
5	AV Shunt dengan lokal anestesi	330,000	380,000		1,600,000	2,310,000
6	Removel DJ Staind	90,000	140,000	220,000	550,000	1,000,000

7	Aff DJ stent dengan lokal anestesi	126,000	174,000		700,000	1,000,000
8	Reposisi/ Closed reduction simple	320,000	225,000	240,000	600,000	1,385,000
9	Curet dengan Vacum	300,000	225,000	240,000	600,000	1,365,000

ETERANGAN : besaran jasa anestesi pada tindakan dengan general anestesi adalah 40% dari jasa operator

C. GIGI DAN MULUT

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Skaling manual/ RA/RB	33,000	42,000	75,000
2	Skaling manual Ultrasonic : Ringan RA dan RB	66,000	84,000	150,000
	Berat RA dan RB	88,000	112,000	200,000

3	Plat gigi tiruan 1 gigi akrilik	154,000	196,000	350,000
4	Tambahan Gigi Tiruan / Gigi	53,000	67,000	120,000
5	Gigi Tiruan Lengkap / rahang akrilik	440,000	560,000	1,000,000
6	Reparasi Plat Protesa	132,000	168,000	300,000
7	Reparasi tambah 1 gigi	110,000	140,000	250,000
8	Fluoridasi secara topikal	83,000	67,000	150,000
9	Splinting/ regio	44,000	56,000	100,000
10	Pencabutan gigi susu dengan topikal anaesthesi	44,000	56,000	100,000
11	Pencabutan gigi susu dengan injeksi anaesthesi	66,000	84,000	150,000
12	Pencabutan gigi dewasa	88,000	112,000	200,000
13	Pencabutan gigi dewasa dengan penyulit	165,000	210,000	375,000
14	Perawatan pericoronitis/gingivitis/periodontitis:	33,000	42,000	75,000
15	curretage pocket/regio dengan periodontal pack	33,000	42,000	75,000
16	spulling NaOCl	42,000	33,000	75,000
17	pengobatan secara topikal	28,000	22,000	50,000
18	Lepas prothesa Tukang Gigi	66,000	84,000	150,000

Ket : Untuk pembuatan gigi tiruan yang tidak bisa dilaksanakan di rumah sakit, maka pengerjaan laboratorium di hitung tersendiri

2. Tindakan Medik Spesialistik
a. Orthodontia

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Orthodonti Cekat Straight 2 rahang	3,250,000	2,750,000	6,000,000
2	Orthodonti Cekat Estetik Sapphire 2 rahang	6,000,000	5,500,000	11,500,000
3	Orthodonti Cekat Self Ligating Metal 2 rahang	8,640,000	8,360,000	17,000,000
4	Orthodonti Cekat Self Ligating Estetik 2 rahang	10,230,000	8,770,000	19,000,000
5	Penyesuaian Alat Cekat / Kontrol	20,000	80,000	100,000
6	Ganti Bondable Tube / Molarband	150,000	-	150,000
7	Ganti Bracket Metal	50,000	-	50,000
8	Elastic Intermaxillar	20,000	-	20,000
9	Pre Orththontic Trainer	450,000	400,000	850,000
10	Kompensasi tindakan pasien ortho pindahan	250,000	750,000	1,000,000
11	Kontrol ortho pasien luar	50,000	100,000	150,000
12	Retainer Fix Lingual per Rahang	110,000	40,000	150,000
13	Retainer Essix (Clear) per Rahang	270,000	100,000	370,000

Keterangan :

Pasien orthodonsi dari luar rumah sakit, bila alat tidak sesuai dengan standar orthodonsi dianggap sebagai pasien baru

b. Bedah Mulut
1). Bedah Mulut Kecil

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Kontrol Pasca Pembedahan	40,000	60,000	100,000
2	Spulling + ganti tampon/drain	40,000	60,000	100,000
3	lepas jahitan / heacting off	40,000	60,000	100,000
4	Aff IMW	40,000	60,000	100,000
5	Aff IDW per 1 rahang	40,000	60,000	100,000
6	Kontrol fixasi	40,000	60,000	100,000
7	Pungsi	40,000	60,000	100,000
8	Medikasi	40,000	60,000	100,000
9	Kuretase Dry Socket	40,000	60,000	100,000

2) Bedah Mulut Sedang

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Enukleasi kista kecil (diameter < 2 mm)	187,500	187,500	375,000
2	Marsupialisasi kista	187,500	187,500	375,000
3	Ekstirpasi tumor kecil (diameter < 2 mm)	187,500	187,500	375,000
4	Odontectomy simpel	187,500	187,500	375,000
5	Biopsi Eksisi	187,500	187,500	375,000
6	Apikolektomi per 1 gigi	187,500	187,500	375,000
7	Eksttraksi 1 gigi dengan komplikasi	187,500	187,500	375,000
8	Alveolectomy 1 regio	187,500	187,500	375,000
9	Frenectomy	187,500	187,500	375,000
10	Operculectomi	187,500	187,500	375,000
11	Gingivectomy	187,500	187,500	375,000

12	Vestibuloplasty 1 rahang	187,500	187,500	375,000
13	Fistulektomi	187,500	187,500	375,000
14	Debridement luka + jahit > 3 jahitan	187,500	187,500	375,000
15	Reposisi dan fiksasi fraktur per 1 rahang dengan kawat fixas	187,500	187,500	375,000
16	Incisi abses sulit	187,500	187,500	375,000
17	Bedah orthodonsi gigi masih tertutup tulang	187,500	187,500	375,000
18	Sialolitomi	187,500	187,500	375,000
19	Reposisi dislokasi mandibula	187,500	187,500	375,000
20	Ekstraksi 1 gigi decidui dengan penyulit	187,500	187,500	375,000

3). Bedah Mulut Besar

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Odontectomi dengan penyulit	275,000	275,000	550,000
2	Reposisi dan fiksasi fraktur per rahang dengan arcbar	275,000	275,000	550,000
3	Squesterektomi	275,000	275,000	550,000
4	Enukleasi kista dengan diameter > 2 mm	275,000	275,000	550,000
5	Ekstirpasi tumor besar dengan diameter >2 mm	275,000	275,000	550,000
6	Ankilotomi	275,000	275,000	550,000
7	Vestibuloplasty 1 rahang	275,000	275,000	550,000
8	Transplantasi autogenik per 1 gigi	275,000	275,000	550,000
9	Transplantasi alogenik per 1 rahang	275,000	275,000	550,000
10	Replantasi per 1 gigi	275,000	275,000	550,000
11	Penutupan oroantral fistula	275,000	275,000	550,000
12	Transplantasi tulang autogenus / elemen	275,000	275,000	550,000
13	Labioplasty simpel	275,000	275,000	550,000
14	Aplikasi Bone graft	275,000	275,000	550,000
15	Gingival graft	275,000	275,000	550,000
16	Pencabutan gigi dewasa dengan penyulit	275,000	275,000	550,000

4). Bedah Mulut Khusus

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Labioplasty bilateral	1,250,000	1,250,000	2,500,000
2	Odontectomi bilateral	1,250,000	1,250,000	2,500,000
3	Implan per 1 gigi	7,500,000	7,500,000	15,000,000

c. Konservasi

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Tumpatan Glass Ionomer Cement kecil	55,000	75,000	130,000
2	Tumpatan Glass Ionomer Cement Besar	75,000	75,000	150,000
3	Resementasi dengan SIK	55,000	75,000	130,000
4	Resementasi dengan Semen Resin	75,000	100,000	175,000
5	Tumpatan Komposit Anterior LC :	-	-	-
	- Kecil	90,000	160,000	250,000
	- Besar	100,000	250,000	350,000
6	Tumpatan Komposit Posterior LC :	-	-	-
	- Kecil	90,000	160,000	250,000
	- Besar	110,000	240,000	350,000
7	Fissure sealant/ gigi	65,000	85,000	150,000
8	Mahkota jaket porcelain fused to metal	430,000	870,000	1,300,000
9	Mahkota jaket all porcelain Emax	760,000	990,000	1,750,000
10	Mahkota jaket komposit	300,000	450,000	750,000
11	Mahkota jaket akrilik	130,000	470,000	600,000
12	Mahkota jaket Zirconia	1,030,000	970,000	2,000,000
13	Inlay/Onlay Komposit	200,000	350,000	550,000
14	Inlay/Onlay Logam	150,000	350,000	500,000
15	Inlay/Onlay PFM	265,000	485,000	750,000
16	Bleaching Intrakoronaral	55,000	345,000	400,000
17	Bleaching Ekstrakoronaral RA RB	1,300,000	700,000	2,000,000
18	Bleaching at home	520,000	480,000	1,000,000
19	Tray/sendok cetak bleaching	270,000	230,000	500,000
20	Pasak Fiber	350,000	150,000	500,000
21	Pasak Customized (custom dowel core)	120,000	230,000	350,000
22	Pasak logam	105,000	245,000	350,000
23	Mahkota Bridge 1 unit (3 gigi)	1,050,000	2,850,000	3,900,000
24	Veneer Direk	130,000	470,000	600,000
25	Veneer Indirek	605,000	645,000	1,250,000
26	Preparasi & cetak alginat	35,000	65,000	100,000
27	Preparasi & cetak double impresion	60,000	90,000	150,000
28	Pembuatan mock up per gigi	26,000	24,000	50,000

d. Endodonti

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Pulp Protection, CaOH	55,000	45,000	100,000

2	Kaping Pulpa	55,000	45,000	100,000
3	Devitalisasi pulpa (arsen)	41,000	34,000	75,000
4	Pulpectomy 1 saluran akar	50,000	50,000	100,000
5	Trepanasi / Open Bur	41,000	34,000	75,000
6	Dressing CaoH 1 saluran akar	41,000	34,000	75,000
7	Dressing CaoH 2 saluran akar	83,000	67,000	150,000
8	Dressing CaOH 3 saluran akar	110,000	90,000	200,000
9	Dressing CaOH 4 saluran akar	125,000	175,000	300,000
10	Obturasi 1 saluran (cold guta perca)	45,000	105,000	150,000
11	Obturasi 2 saluran (cold guta perca)	75,000	125,000	200,000
12	Obturasi 3 saluran (cold guta perca)	117,000	133,000	250,000
13	Obturasi 4 saluran (cold guta perca)	147,000	153,000	300,000
14	Obturasi dengan warm guta perca per saluran	75,000	125,000	200,000
15	PSA One Visit saluran akar tunggal	160,000	340,000	500,000
16	PSA One Visit saluran akar ganda	445,000	455,000	900,000

17	Retreatment endodontik per saluran	70,000	130,000	200,000
18	Pengambilan file patah	90,000	160,000	250,000
19	Apeksifikasi dgn CaOH	30,000	70,000	100,000
20	Apeksifikasi dgn MTA/Aplikasi MTA Orto/ Retrogade	412,000	188,000	600,000
	Bedah Endodontik :			
21	Kuretase apikal	110,000	390,000	500,000
22	Apikoektomi + retrogade filing	532,000	218,000	750,000
23	Hemiseksi/Bikuspisidasi	105,000	395,000	500,000
24	Replantasi Intensional	135,000	865,000	1,000,000
25	Kontrol bedah endodontik	25,000	25,000	50,000

Keterangan :

Penggunaan obat-obatan dan alat habis pakai medis diperhitungkan tersendiri di luar jasa sarana dan jasa pelayanan.

D. KEBIDANAN DAN KANDUNGAN

NO.	JENIS PELAYANAN	JASA SARANA (Rp)	JASA OPERATOR (Rp)	JASA TEAM (Rp)	JASA RESUSITASI (Rp)	JUMLAH (Rp)
1	Partus dengan penyulit ringan	245,000	375,000	75,000	158,000	853,000
2	Partus dengan penyulit sedang	435,000	437,500	125,000	197,000	1,194,500
3	Partus dengan penyulit berat	853,000	562,500	150,000	250,000	1,815,500
4	Curetase ringan di RB	360,000	500,000	125,000	220,000	1,205,000

E. KEMOTERAPI/SITOSTATIKA

No	Tindakan	JASA SARANA (Rp)	JASA OPERATOR (Rp)	JASA TIM (Rp)	JUMLAH (Rp)
1	Kemoterapi ringan		250,000	170,000	420,000
2	Kemoterapi sedang	150,000	300,000	200,000	650,000
3	Kemoterapi berat	195,000	400,000	246,000	841,000

Keterangan :

1. Obat sitostatika diklaim terpisah
2. Kemoterapi ringan : kemoterapi dengan obat sitostatika oral
3. Kemoterapi sedang : kemoterapi dengan 1 jenis obat sitostika non oral
4. Kemoterapi berat : kemoterapi dengan 2 jenis atau lebih sitostatika non oral

Tarif One Day Care Kemoterapi

No	Tindakan	Jasa Sarana (Rp)	Jasa Operator (Rp)	Jasa Tim (Rp)	Jumlah (Rp)
1	Tranfusi darah (PRC 1 kolf)	50,000	75,000	75,000	200,000
2	Pemberian obat anti hemofilia	100,000	200,000	150,000	450,000
3	Pemberian filgrastin	20,000	100,000	80,000	200,000

Pemeriksaan BMP

No	Tindakan	Jasa Sarana (Rp)	Jasa Operator (Rp)	Jasa Tim (Rp)	Jumlah (Rp)
1	Pemeriksaan BMP	100,000	400,000	100,000	600,000

F. TINDAKAN RAWAT INTENSIF

NO.	JENIS PELAYANAN	JASA SARANA (Rp)	JASA OPERATOR (Rp)	JASA TIM (Rp)	JUMLAH (Rp)
1	Pasang CVC/HD Cath	50,000	250,000	90,000	390,000
2	Pasang PDT	50,000	250,000	90,000	390,000
3	Dekanulasi PDT	50,000	250,000	45,000	345,000
4	Pemasangan Epidural Catheter	131,000	250,000	90,000	471,000
5	Intubasi ETT/LMA	40,000	250,000		290,000
6	Ekstubasi ETT/LMA	40,000	115,000		155,000
7	Pasang Ventilator per hari	175,000	112,000		287,000
8	Pasang Monitor per hari	115,000	45,000		160,000
9	Kardioversi	55,000	108,000		163,000
10	DC Shock	55,000	108,000		163,000
11	Penatalaksanaan shock	18,000	110,000		128,000
12	Pemberian surfactan	100,000	850,000	150,000	1,100,000

X PENUNJANG MEDIK :

- A. RADIOLOGI
1. Polos
- a. Pemeriksaan sederhana

NO.	JENIS PEMERIKSAAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
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1	THORAX PA DEWASA	90,000	30,000	120,000
2	THORAX PA ANAK	75,000	30,000	105,000
3	THORAX LATERAL DEWASA	90,000	30,000	120,000
4	THORAX LATERAL ANAK	75,000	30,000	105,000
5	THORAX RLD / LLD DEWASA	90,000	30,000	120,000
6	THORAX RLD /LLD ANAK	75,000	30,000	105,000
7	THORAX COSTAE	90,000	30,000	120,000
8	VESICA URINARIA	75,000	30,000	105,000
9	CLAVICULA DEXTRA	75,000	30,000	105,000
10	CLAVICULA SINISTRA	75,000	30,000	105,000
11	SCAPULA DEXTRA	75,000	30,000	105,000
12	SCAPULA SINISTRA	75,000	30,000	105,000
13	SHOULDER JOINT DEXTRA	75,000	30,000	105,000
14	SHOULDER JOINT SINISTRA	75,000	30,000	105,000
15	HUMERUS DEXTRA	80,000	30,000	110,000
16	HUMERUS SINISTRA	80,000	30,000	110,000

17	ELBOW JOINT DEXTRA	80,000	30,000	110,000
18	ELBOW JOINT SINISTRA	80,000	30,000	110,000
19	ANTEBRACHI DEXTRA	80,000	30,000	110,000
20	ANTEBRACHI SINISTRA	80,000	30,000	110,000
21	WRIST JOINT DEXTRA	80,000	30,000	110,000
22	WRIST JOINT SINISTRA	80,000	30,000	110,000
23	MANUS AP- OBL DEXTRA	80,000	30,000	110,000
24	MANUS AP- OBL SINISTRA	80,000	30,000	110,000
25	PELVIS AP DEWASA	90,000	30,000	120,000
26	PELVIS OBL KANAN DEWASA	90,000	30,000	120,000
27	PELVIS OBL KIRI DEWASA	90,000	30,000	120,000
28	PELVIS AP ANAK	90,000	30,000	120,000
29	PELVIS OBL KANAN ANAK	75,000	30,000	105,000
30	PELVIS OBL KIRI ANAK	75,000	30,000	105,000
31	FEMUR/COLOUM FEMUR DWS AP+LAT	90,000	30,000	120,000
32	FEMUR/COLOUM FEMUR ANAK	90,000	30,000	120,000
33	KNEE JOINT AP-LAT DEXTRA	80,000	30,000	110,000
34	KNEE JOINT AP-LAT SINISTRA	80,000	30,000	110,000
35	PATELLA AP - LAT DEXTRA	80,000	30,000	110,000
36	PATELLA AP-LAT SINISTRA	80,000	30,000	110,000
37	CRURIS AP-LAT DWS DEXTRA	90,000	30,000	120,000
38	CRURIS AP-LAT DWS SINISTRA	90,000	30,000	120,000
39	CRURIS AP-LAT ANAK DEXTRA	90,000	30,000	120,000
40	CRURIS AP - LAT ANAK SINISTRA	90,000	30,000	120,000
41	ANKLE JOINT AP-LAT DEXTRA	80,000	30,000	110,000
42	ANKLE JOINT AP-LAT SINISTRA	80,000	30,000	110,000
43	PEDIS AP - OBLIQ DEXTRA	80,000	30,000	110,000
44	PEDIS AP-OBLIQ SINISTRA	80,000	30,000	110,000
45	CALCANEUS AXIAL-LAT DEXTRA	80,000	30,000	110,000
46	CALCANEUS AXIAL-LAT SINISTRA	80,000	30,000	110,000
47	OS NASAL	75,000	30,000	105,000
48	ZYGOMATICUM	75,000	30,000	105,000
49	WATTERS	75,000	30,000	105,000
50	OPG / PANORAMIK	75,000	30,000	105,000
51	CEPHALOMETRI	75,000	30,000	105,000
52	KONSULTASI EXPERTISI		30,000	30,000
53	FOTO COXAE	90,000	30,000	120,000
54	FOTO SENDI BAHU AP-LAT	75,000	30,000	105,000
55	FOTO GENU AP-LAT	80,000	30,000	110,000
56	FOTO GENU SKY LINE	75,000	30,000	105,000
57	FOTO JARINGAN LUNAK	80,000	30,000	110,000
58	FOTO LEHER AP - LAT	80,000	30,000	110,000
59	FOTO METACARPAL	80,000	30,000	110,000
60	FOTO RAHANG	80,000	30,000	110,000
61	FOTO SCHEDEL AP - LAT	160,000	30,000	190,000
62	FOTO TOP LORDOTIK	75,000	30,000	105,000
63	FOTO BABBY GRAM	75,000	30,000	105,000
64	LUMBAL DINAMIK	290,000	50,000	340,000
65	FOTO SCOLIOSIS	290,000	50,000	340,000
66	FOTO LUMBAL 4 POSISI	180,000	50,000	230,000

b. Pemeriksaan Sedang

NO.	JENIS PEMERIKSAAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	CRANIUM AP	80,000	35,000	115,000
2	CRANIUM LAT	80,000	35,000	115,000
3	CRANIUM TOWNE'S	80,000	35,000	115,000
6	MASTOID KANAN	80,000	35,000	115,000
7	MASTOID KIRI	80,000	35,000	115,000
8	TEMP. MANDIBULAR JOINT (TMJ)	80,000	35,000	115,000
9	SINUS PARA NASAL AP	80,000	35,000	115,000
10	SINUS PARA NASAL LAT	80,000	35,000	115,000
11	SINUS PARA NASAL WATERS	80,000	35,000	115,000
12	MANDIBULLA AP	80,000	35,000	115,000
13	MANDIBULLA LAT	80,000	35,000	115,000
16	ABDOMEN AP DEWASA	90,000	35,000	125,000
17	ABDOMEN LLD DEWASA	90,000	35,000	125,000
18	ABDOMEN 1/2 DDK DWS	90,000	35,000	125,000
19	ABDOMEN AP ANAK	80,000	35,000	115,000
20	ABDOMEN LLD ANAK	80,000	35,000	115,000
21	ABDOMEN 1/2 DDK ANAK	80,000	35,000	115,000
22	ABDOMEN DG SONDE	80,000	35,000	115,000

23	ABDOMEN DG SONDE LAT	80,000	35,000	115,000
24	ABDOMEN DG SONDE OBLIQ	80,000	35,000	115,000
25	VERT. CERVICAL AP	80,000	35,000	115,000
26	VERT. CERVICAL LAT	80,000	35,000	115,000
27	VERT. CERVICAL AP - LAT	80,000	35,000	115,000
28	VERT. CERVICAL OBLIQ KANAN	80,000	35,000	115,000
29	VERT.CERVICAL OBLIQ KIRI	80,000	35,000	115,000
30	VERT.CERVICAL OBLIQ KA - KI	80,000	35,000	115,000
31	VERT. THORACAL AP	90,000	35,000	125,000
32	VERT.THORACAL LAT	90,000	35,000	125,000
33	VERT.THORACAL AP - LAT	90,000	35,000	125,000
34	VERT. THORACAL OBLIQ KANAN	90,000	35,000	125,000
35	VERT. THORACAL OBLIQ KIRI	90,000	35,000	125,000
36	VERT.THORACAL OBLIQ KA - KI	90,000	35,000	125,000
37	VERT.THORACOLUMBAL AP DWS	90,000	35,000	125,000

38	VERT. THORACOLUMBAL LAT DWS	90,000	35,000	125,000
39	VERT. THORACOLUMBAL AP- LAT DWS	90,000	35,000	125,000
40	VERT. THORACOLUMBAL AP ANAK	80,000	35,000	115,000
41	VERT. THORACOLUMBAL LAT ANAK	80,000	35,000	115,000
42	VERT. THORACOLUMBAL AP-LAT ANAK	80,000	35,000	115,000
43	VERT. THORACOLUMBAL OBLI Q KANAN	90,000	35,000	125,000
44	VERT. THORACOLUMBAL OBLI Q KIRI	90,000	35,000	125,000
45	VERT. THORACOLUMBAL OBL KA - KI	90,000	35,000	125,000
46	VERT. LUMBAL AP DWS	90,000	35,000	125,000
47	VERT. LUMBAL LAT DWS	90,000	35,000	125,000
48	VERT LUMBAL AP-LAT	90,000	35,000	125,000
49	VERT. LUMBAL OBLI Q KANAN	90,000	35,000	125,000
50	VERT. LUMBAL OBLI Q KIRI	90,000	35,000	125,000
51	VERT. LUMBAL OBLI Q KA - KI	90,000	35,000	125,000
52	VERT. LUMBAL AP ANAK	90,000	35,000	125,000
53	VERT. LUMBAL LAT ANAK	80,000	35,000	115,000
54	VERT. LUMBOSACRAL AP DWS	90,000	35,000	125,000
55	VERT. LUMBOSACRAL LAT DWS	90,000	35,000	125,000
56	VERT. LUMBOSACRAL AP-LAT DWS	90,000	35,000	125,000
57	VERT. LUMBOSACRAL OBLI Q KANAN	90,000	35,000	125,000
58	VERT. LUMBOSACRAL OBLI Q KIRI	90,000	35,000	125,000
59	VERT. LUMBOSACRAL OBLI Q KA - KI	90,000	35,000	125,000
60	SACRUM AP	90,000	35,000	125,000
61	SACRUM LATERAL	90,000	35,000	125,000
62	SACRUM AP - LAT	90,000	35,000	125,000
63	COCYGEUS AP	90,000	35,000	125,000
64	COCYGEUS LAT	90,000	35,000	125,000
65	COCYGEUS AP - LAT	90,000	35,000	125,000
66	KONSUL BACA PHOTO RONTGEN	9,000	35,000	44,000
67	KONSUL BACA PHOTO RONTGEN DGN KONTRAS	9,000	35,000	44,000
68	SCANOGRAM AP	135,000	100,000	235,000
69	SCANOGRAM LAT	135,000	100,000	235,000
70	SCAPULA Y PROJECTION DEXTRA	90,000	35,000	125,000
71	SCAPULA Y PROJECTION SINISTRA	90,000	35,000	125,000
72	FEMUR/COLOUM FEMUR DWS AP	90,000	35,000	125,000
73	FEMUR/COLOUM FEMUR DWS LAT	90,000	35,000	125,000
74	KNEE JOINT MERCHANT VIEW DEXTRA	90,000	35,000	125,000
75	KNEE JOINT MERCHANT VIEW SINISTRA	90,000	35,000	125,000
76	SKYLINE DEXTRA	90,000	35,000	125,000
77	SKYLINE SINISTRA	90,000	35,000	125,000
78	KONSULTASI EXPERTISE FOTO POLOS	10,000	35,000	45,000
79	KONSULTASI EXPERTISE FOTO POLOS DENGAN	10,000	50,000	60,000
80	KONSULTASI EXPERTISE CT SCAN	10,000	130,000	140,000
81	KONSULTASI EXPERTISE MRI	10,000	130,000	140,000
82	C-ARM FLUOROGRAFI 5 MENIT	170,000	100,000	270,000
83	C-ARM FLUOROGRAFI 10 MENIT	340,000	200,000	540,000
84	C-ARM FLUOROGRAFI 15 MENIT	510,000	300,000	810,000
85	C-ARM FOTO DGN EXPERTISE	90,000	45,000	135,000
86	HSG	280,000	185,000	465,000
87	DR DENTAL	80,000	45,000	125,000
88	FLUOROSCOPY	170,000	100,000	270,000

c. USG

NO.	JENIS PEMERIKSAAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	USG UPPER ABDOMEN	150,000	100,000	250,000
2	USG LOWER ABDOMEN	150,000	100,000	250,000
3	USG WHOLE ABDOMEN	150,000	100,000	250,000
4	USG GINECOLOGIS	150,000	100,000	250,000
5	USG THYROID	150,000	100,000	250,000
6	USG MAMMAE	150,000	100,000	250,000
7	USG KEPALA	150,000	100,000	250,000
8	USG TESTIS	150,000	100,000	250,000
9	USG PROSTAT	150,000	100,000	250,000
10	USG GUIDE (PD BIOPSI, PUNGSI)	150,000	100,000	250,000
11	USG BAHU	150,000	100,000	250,000
12	USG BAYI	150,000	100,000	250,000
13	USG LENGAN	150,000	100,000	250,000
14	USG PAROTIS	150,000	100,000	250,000
15	USG ANKLE	150,000	100,000	250,000
16	USG APPENDIX	150,000	100,000	250,000
17	USG ELBOW	150,000	100,000	250,000
18	USG GENU	150,000	100,000	250,000

19	USG OBSTETRI	150,000	100,000	250,000
20	USG MATA	150,000	100,000	250,000
21	USG PARU	150,000	100,000	250,000
22	USG GINJAL	150,000	100,000	250,000
23	USG BULI - BULI	150,000	100,000	250,000
24	USG SOFT TISSUE	150,000	100,000	250,000
25	USG PELVIS	150,000	100,000	250,000
26	USG THORAX	150,000	100,000	250,000
27	USG PEDIS	150,000	100,000	250,000
28	USG WRIST	150,000	100,000	250,000
29	USG EKSTREMITAS	150,000	100,000	250,000
30	USG INGUINAL	150,000	100,000	250,000
31	USG DOPLER	230,000	160,000	390,000
32	USG TRANSVAGINAL	230,000	160,000	390,000
33	USG 4 DIMENSI	162,000	120,000	282,000
34	USG MUSKOLOSKELETAL	230,000	160,000	390,000

Keterangan :

Tindakan USG bersama spesialis lain, jasa pelayanan masing-masing spesialis Rp. 45.000

2. Dengan Kontras

NO.	JENIS PEMERIKSAAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	APPENDICOGRAM	180,000	70,000	250,000
2	OESOPHAGOGRAFI	180,000	70,000	250,000
3	BNO IVP	400,000	160,000	560,000
4	COLON INLOOP	285,000	110,000	395,000
5	CYSTROGRAFI	255,000	70,000	325,000
6	URETROGRAFI	255,000	70,000	325,000
8	OMD	285,000	110,000	395,000
9	SIOLOGRAFI	265,000	100,000	365,000
10	FISTULOGRAFI	255,000	90,000	345,000
11	GASTROGRAFI	180,000	70,000	250,000
12	URETROCISTOGRAFI	265,000	105,000	370,000
13	LOPOGRAFI	225,000	90,000	315,000
14	RECTOGRAFI	225,000	90,000	315,000
15	MAG DUODENUM	230,000	90,000	320,000
16	RPG / APG	500,000	300,000	800,000

3. CT Scan**a. Tanpa Kontras**

NO.	JENIS PEMERIKSAAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	BRAIN CT SCAN /CT SCAN KEPALA	650,000	350,000	1,000,000
2	SINUS PARA NASALCT SCAN	750,000	450,000	1,200,000
3	THORAX CT SCAN	750,000	450,000	1,200,000
4	EXTREMITAS ATAS /BAWAH CT SCAN	750,000	450,000	1,200,000
5	NASOPHARYNX CT SCAN	750,000	450,000	1,200,000
6	THYROID CT SCAN	750,000	450,000	1,200,000
7	LOWER ABDOMEN CT SCAN	750,000	450,000	1,200,000
8	UPPER ABDOMEN CT SCAN	750,000	450,000	1,200,000
9	VERT. THORACAL CT SCAN	750,000	450,000	1,200,000
10	VERT. LUMBAL CT SCAN	750,000	450,000	1,200,000
11	VERT. CERVICAL CT SCAN	750,000	450,000	1,200,000
12	PELVIS CT SCAN	750,000	450,000	1,200,000
13	WHOLE ABDOMEN CT SCAN	750,000	450,000	1,200,000
14	WHOLE BODY CT SCAN	750,000	450,000	1,200,000
15	KONSUL BACA CT SCAN	15,000	100,000	115,000
16	REKONTRUKSI 3 DIMENSI CT SCAN	25,000	100,000	125,000
17	MSCT INNER EAR	750,000	450,000	1,200,000
18	MSCT HEAD / BRAIN 3D	750,000	450,000	1,200,000
19	MSCT ORBITA	750,000	450,000	1,200,000
20	MSCT BASISI CRANII	750,000	450,000	1,200,000
21	MSCT MASTOID	750,000	450,000	1,200,000
22	MSCT MANDIBULA	750,000	450,000	1,200,000
23	MSCT DENTAL	750,000	450,000	1,200,000
24	MSCT COLLI (BASISI CEREBRI-SUPRA CLAVICULA)	750,000	450,000	1,200,000
25	MSCT COLON	750,000	450,000	1,200,000
26	MSCT STONOGRAFI (STONE)	750,000	450,000	1,200,000
27	MSCT CALCIUM SCORING	600,000	400,000	1,000,000
28	PRINT FILM KECIL 1 LEMBAR	35,000	10,000	45,000
29	PRINT FILM SEDANG 1 LEMBAR	50,000	10,000	60,000
30	PRINT FILM BESAR 1 LEMBAR	75,000	10,000	85,000
31	KONTRAS	750,000	450,000	1,200,000

b. Dengan kontras

NO.	JENIS PEMERIKSAAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
2	THORAX CT SCAN	1,350,000	750,000	2,100,000
3	LOWER ABDOMEN CT SCAN	1,350,000	750,000	2,100,000
4	UPPER ABDOMEN CT SCAN	1,350,000	750,000	2,100,000
5	VERT. THORACAL CT SCAN	1,350,000	750,000	2,100,000
6	VERT. LUMBAL CT SCAN	1,350,000	750,000	2,100,000
7	VERT. CERVICAL CT SCAN	1,350,000	750,000	2,100,000
8	MSCT HEAD DENGAN KONTRAS 3D	1,350,000	750,000	2,100,000

9	MSCT SPN DENGAN KONTRAS	1,350,000	750,000	2,100,000
10	MSCT SPN DENGAN KONTRAS 3D	1,350,000	750,000	2,100,000
11	MSCT NPC (NASOPHARYNGEAL CARCINOMA) DENGAN KONTRAS	1,350,000	750,000	2,100,000
12	MSCT NPC DENGAN KONTRAS 3D	1,350,000	750,000	2,100,000
13	MSCT UROGRAFI	1,350,000	750,000	2,100,000
14	MSCT FISTULOGRAFI	1,350,000	750,000	2,100,000
15	MSCT ABDOMEN KONTRAS	1,350,000	750,000	2,100,000
16	MSCT ANGIO EKSTREMITAS DENGAN KONTRAS	1,350,000	750,000	2,100,000
17	MSCT ANGIO EKSTREMITAS DENGAN KONTRAS 3D	1,350,000	750,000	2,100,000
18	MCST COLON	1,350,000	750,000	2,100,000

c. CT ANGIOGRAFI

NO	NAMA TINDAKAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	MSCT ANGIO CEREBRAL	1,900,000	750,000	2,650,000
2	MSCT ANGIOGRAFI (ABDOMINAL DUM OFF)	2,200,000	750,000	2,950,000
3	MSCT EKTREMITAS (RUN OFF)	2,200,000	750,000	2,950,000
4	MSCT PERFUSI KEPALA	1,900,000	750,000	2,650,000
5	MSCT ANGIO CAROTIS	1,900,000	750,000	2,650,000
6	MSCT CARDIAC	2,750,000	1,750,000	4,500,000
7	MSCT CALCIUM SCORING (CHECK UP)	600,000	400,000	1,000,000

4. MAMOGRAFI

NO	NAMA TINDAKAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	MAMMOGRAFI RIGHT	165,000	110,000	275,000
2	MAMMOGRAFI LEFT	165,000	110,000	275,000
3	MAMMOGRAFI BILLATERAL	300,000	200,000	500,000

5. MRI

NO	NAMA TINDAKAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	MRI CEREBRAL LENGKAP	1,125,000	750,000	1,875,000
2	MRI CEREBRAL SEBAGIAN	1,100,000	650,000	1,750,000
3	MRI CERVICAL LENGKAP	1,125,000	750,000	1,875,000
4	MRI CERVICAL SEBAGIAN	1,100,000	650,000	1,750,000
5	MRI THORACAL LENGKAP	1,125,000	750,000	1,875,000
6	MRI THORACAL SEBAGIAN	1,100,000	650,000	1,750,000
7	MRI LUMBAL LENGKAP	1,125,000	750,000	1,875,000
8	MRI LUMBAL SEBAGIAN	1,100,000	650,000	1,750,000
9	MRI PELVIS	1,335,000	750,000	2,085,000
10	MRI CP	1,445,000	750,000	2,195,000
11	MRI TMJ	1,345,000	750,000	2,095,000
12	MRI SINUS PARANASAL	1,320,000	750,000	2,070,000
13	MRI ABDOMEN	1,315,000	750,000	2,065,000
14	MRI CHEST / CARDIAC	1,345,000	750,000	2,095,000
15	MRI GENU DEXTRA	1,335,000	750,000	2,085,000
16	MRI GENU SINISTRA	1,335,000	750,000	2,085,000
17	MRI ANKLE DEXTRA	1,335,000	750,000	2,085,000
18	MRI ANKLE SINISTRA	1,335,000	750,000	2,085,000
19	MRI PEDIS DEXTRA	1,335,000	750,000	2,085,000
20	MRI PEDIS SINISTRA	1,335,000	750,000	2,085,000
21	MRI FEMUR DEXTRA	1,335,000	750,000	2,085,000
22	MRI FEMUR SINISTRA	1,335,000	750,000	2,085,000
23	MRI CRURIS DEXTRA	1,335,000	750,000	2,085,000
24	MRI CRURIS SINISTRA	1,335,000	750,000	2,085,000
25	MRI SHOULDER DEXTRA	1,335,000	750,000	2,085,000
26	MRI SHOULDER SINISTRA	1,335,000	750,000	2,085,000
27	MRI MYELOGRAFI	1,535,000	950,000	2,485,000
28	MRI ANGIOGRAFI	1,735,000	950,000	2,685,000
29	MRI DENGAN KONTRAS	1,680,000	950,000	2,630,000

B. LABORATORIUM

NO	PEMERIKSAAN HEMATOLOGI	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	CBC + DIFF	40,000	18,000	58,000
2	CBC	32,000	12,000	44,000
3	HB	28,000	8,000	36,000
4	AL (ANGKA LEKOSIT)	28,000	8,000	36,000
5	HITUNG JENIS (DIFF)	28,000	8,000	36,000
6	KED/LED	24,000	8,000	32,000
7	AE (ANGKA ERITROSIT)	28,000	8,000	36,000
8	AT (ANGKA TROMBOSIT)	28,000	8,000	36,000
9	HMT (HEMATOKRIT)	28,000	8,000	36,000
10	RETIKULOSIT	42,000	18,000	60,000
11	IT RATIO	28,000	8,000	36,000
12	SEL LE	54,000	16,000	70,000
13	MCV/MCH/MCHC	28,000	12,000	40,000
14	MORFOLOGI DARAH TEPI (MDT)	30,000	100,000	130,000
15	HB ELEKTROFORESIS	295,000	80,000	375,000
16	FERITIN	180,000	20,000	200,000

17	SERUM IRON	52,000	18,000	70,000
18	TIBC	55,000	20,000	75,000
19	UIBC	55,000	20,000	75,000
20	SATURASI TRANFERIN	140,000	40,000	180,000
21	TRANSFERIN	410,000	90,000	500,000
22	GOLONGAN DARAH RHESUS	18,000	6,000	24,000
23	GOLONGAN DARAH (ABO)	17,000	9,000	26,000
		-		-
	HEMOSTASIS	-		-
1	MASA PERDARAHAN	18,000	12,000	30,000
2	MASA PEMBEKUAN	18,000	12,000	30,000
3	PPT	44,000	14,000	58,000
4	APTT	44,000	14,000	58,000
5	INR	44,000	16,000	60,000
8	FIBRINOGEN	130,000	20,000	150,000
9	D-DIMER	236,000	44,000	280,000
10	TES AGREGASI TROMBOSIT	305,000	80,000	385,000
		-		-
	FAAL HATI	-		-
1	SGOT	19,000	8,000	27,000
2	SGPT	19,000	8,000	27,000
3	PROTEIN	18,000	8,000	26,000
4	ALBUMIN	18,000	8,000	26,000
5	GLOBULIN	18,000	8,000	26,000
6	BILIRUBIN TOTAL	18,000	8,000	26,000
7	BILIRUBIN DIREK	18,000	8,000	26,000
8	BILIRUBIN INDIREK	18,000	8,000	26,000
9	GAMMA GT	18,000	8,000	26,000
10	ALKALI FOSFATASE	18,000	8,000	26,000
11	PROTEIN ELEKTROFORESA	160,000	40,000	200,000
		-		-
	FAAL GINJAL	-		-
1	UREUM	18,000	8,000	26,000
2	KREATININ	20,000	8,000	28,000
3	ASAM URAT	19,000	8,000	27,000
	DIABETES	-		-
1	GLUKOSA DARAH SEWAKTU	17,000	8,000	25,000
2	GLUKOSA DARAH PUASA	17,000	8,000	25,000
3	GLUKOSA DARAH 2 JAM PP	17,000	8,000	25,000
4	HBA 1C	150,000	30,000	180,000
	LEMAK	-		-
1	KOLESTEROL TOTAL	20,000	8,000	28,000
2	LDL KOLESTEROL	38,000	12,000	50,000
4	TRIGLISERID	20,000	8,000	28,000
5	TOTAL LIPID	64,000	16,000	80,000
6	LIPOPROTEIN (a)	320,000	80,000	400,000
7	APO A	150,000	40,000	190,000
8	APO B	150,000	40,000	190,000
		-		-
	JANTUNG	-		-
1	CPK	48,000	16,000	64,000
2	CKMB	48,000	16,000	64,000
3	TROPONIN I	284,000	80,000	364,000
4	TROPONIN T	240,000	30,000	270,000
5	LDH	24,000	8,000	32,000
		-		-
	ELEKTROLIT	-		-
1	KALIUM	44,000	14,000	58,000
2	NATRIUM	44,000	14,000	58,000
3	CHLORIDA	44,000	14,000	58,000
4	CALSIUM	51,000	14,000	65,000
5	MAGNESIUM	62,000	18,000	80,000
6	ANALISA GAS DARAH + LAKTAT	192,000	80,000	272,000
7	ANALISA GAS DARAH	192,000	80,000	272,000
8	LAKTAT	192,000	80,000	272,000
		-		-
	PANCREAS	-		-
1	LIPASE	110,000	25,000	135,000
2	AMILASE	110,000	25,000	135,000
		-		-
	PROTEIN SPECIFIK	-		-
1	CRP KUALITATIF	67,000	18,000	85,000
2	CRP KUANTITATIF	98,000	30,000	128,000
3	ASTO KUALITATIF	28,000	12,000	40,000
4	ASTO KUANTITATIF	90,000	30,000	120,000
5	IGG	410,000	40,000	450,000
6	IGM	720,000	80,000	800,000

7	IGA	410,000	40,000	450,000
8	IGE	260,000	40,000	300,000
9	RF KUALITATIF	52,000	18,000	70,000
10	RF KUANTITATIF	100,000	30,000	130,000
11	C3 KOMPLEMENT	500,000	60,000	560,000
12	ANA TEST KWANTITATIF	365,000	60,000	425,000
13	SMA	320,000	30,000	350,000
14	IGG ACA	310,000	40,000	350,000
15	IGM ACA	310,000	40,000	350,000
				-
	TORCH	-		-
1	TOXOPLASMA IGG	180,000	40,000	220,000
2	TOXOPLASMA IGM	180,000	40,000	220,000
3	ANTI CMV IGG	180,000	40,000	220,000
4	ANTI CMV IGM	210,000	40,000	250,000
5	RUBELLA IGG	180,000	40,000	220,000
6	RUBELLA IGM	180,000	40,000	220,000
7	HSV 1 IGG	180,000	40,000	220,000
8	HSV 1 IGM	180,000	40,000	220,000
9	HSV II IGG	180,000	40,000	220,000
10	HSV II IGM	180,000	40,000	220,000
11	TOXOPLASMA IGG AVIDITAS	370,000	80,000	450,000
12	CMV IGG AVIDITAS	420,000	80,000	500,000
		-		-
	PETANDA VIRUS HEPATITIS	-		-
1	HBsAg	42,000	18,000	60,000
2	ANTI HBs TITER	130,000	40,000	170,000
3	HBsAg TITER	104,000	26,000	130,000
4	ANTI HAV	270,000	60,000	330,000
5	IGM ANTI HAV	240,000	60,000	300,000
6	HBeAg	220,000	60,000	280,000
7	Anti Hbe	260,000	60,000	320,000
8	ANTI HCV	150,000	60,000	210,000
9	IGM ANTI HCV	870,000	80,000	950,000
10	IGM ANTI HBc	290,000	60,000	350,000
11	ANTI HBc TOTAL	200,000	60,000	260,000
12	HBV DNA KUALITATIF	130,000	60,000	190,000
13	HBV DNA KUANTITATIF	2,380,000	120,000	2,500,000
14	HCV RNA KUALITATIF	1,880,000	120,000	2,000,000
15	HCV RNA KUANTITATIF	2,380,000	120,000	2,500,000
16	ANTI DS DNA	290,000	60,000	350,000
		-		-
	INFEKSI LAIN	-		-
1	WIDAL	33,000	10,000	43,000
2	IGM SALMONELLA	180,000	20,000	200,000
3	IGG SALMONELLA	390,000	60,000	450,000
4	MALARIA	19,000	25,000	44,000
5	MALARIA ICT	100,000	30,000	130,000
6	ANGKA PARASIT MALARIA	20,000	60,000	80,000
7	MICRO FILARIA	19,000	21,000	40,000
8	SERAMOEBA	260,000	40,000	300,000
9	TB AG	120,000	40,000	160,000
10	TB ICT	120,000	30,000	150,000
11	IGM ANTI DENGUE	108,000	40,000	148,000
12	IGG ANTI DENGUE	108,000	40,000	148,000
	IGM CIKUNGUNYA	102,000	60,000	162,000
13	NS 1	116,000	40,000	156,000
14	VDRL	54,000	26,000	80,000
15	TPHA	59,000	26,000	85,000
16	HIV SCREENING	80,000	40,000	120,000
17	HIV KONFIRMASI	290,000	60,000	350,000
19	IGG LEPTOSPIRA	102,000	60,000	162,000
20	CD4	300,000	90,000	390,000
				-
	HORMON	-		-
1	T3 Total	104,000	30,000	134,000
2	T4 Total	104,000	30,000	134,000
3	T3 Uptake	670,000	30,000	700,000
4	FT3	205,000	30,000	235,000
5	FT4	137,000	30,000	167,000
6	TSHs	118,000	30,000	148,000
7	Beta HCG	210,000	40,000	250,000
		-		-
	PETANDA TUMOR	-		-
1	PSA	220,000	30,000	250,000
2	FREE PSA	560,000	40,000	600,000
3	CEA	180,000	40,000	220,000

4	CA 12-5	360,000	40,000	400,000
5	CA 15-3	360,000	40,000	400,000
6	CA 19-9	360,000	40,000	400,000
7	AFP	210,000	40,000	250,000
		-		-
	NARKOBA	-		-
1	MORPHIN	28,000	12,000	40,000
2	CANNABINOID/MARIYUANA	28,000	12,000	40,000
3	AMPHETAMINE	28,000	12,000	40,000
4	METAMPHETAMINE	28,000	12,000	40,000
5	COCAINE	28,000	12,000	40,000
6	BENZODIAZEPINE	28,000	12,000	40,000
7	THC	28,000	12,000	40,000
		-		-
	URINALISA	-		-
1	URINE LENGKAP OTOMATIS	24,000	22,000	46,000
2	PH URINE	19,000	8,000	27,000
3	REDUKSI URINE	19,000	8,000	27,000
4	PROTEIN URINE	19,000	8,000	27,000
5	SEDIMEN URINE	19,000	14,000	33,000
6	VOLUME URINE	19,000	8,000	27,000
7	PROTEIN URINE 24 JAM/ESBACH	50,000	20,000	70,000
8	PROTEIN BENCE JONES	43,000	17,000	60,000
9	MIKROALBUMIN KUANTITATIF	140,000	20,000	160,000
10	ASAM URAT URINE	29,000	18,000	47,000
11	ANALISA BATU GINJAL	210,000	40,000	250,000
12	TES KEHAMILAN	39,000	21,000	60,000
		-		-
	FAESES	-		-
1	FAECES LENGKAP	39,000	21,000	60,000
2	PH FAESES	19,000	8,000	27,000
3	SUDAN III	27,000	20,000	47,000
4	BENZIDIN TEST/DARAH SAMAR	27,000	20,000	47,000
5	STERKOBILIN FAESES	27,000	20,000	47,000
6	KONSENTRASI FAESES	27,000	20,000	47,000
		-		-
	CAIRAN TUBUH	-		-
1	ANALISA CAIRAN LCS	100,000	60,000	160,000
2	ANALISA CAIRAN LENGKAP	100,000	60,000	160,000
3	ANALISA CAIRAN PLEURA	100,000	60,000	160,000
4	ANALISA CAIRAN ASITES	100,000	60,000	160,000
5	ANALISA CAIRAN SENDI	100,000	60,000	160,000
6	ANALISA CASIRAN LAMBUNG	165,000	60,000	225,000
7	ANALISA SPERMA	30,000	120,000	150,000
8	GLUKOSA (CAIRAN)	17,000	8,000	25,000
9	VDRL (CAIRAN)	69,000	26,000	95,000
10	PROTEIN TOTAL (CAIRAN)	18,000	8,000	26,000
11	NATRIUM (URINE)	136,000	14,000	150,000
12	KALIUM (URINE)	136,000	14,000	150,000
13	KLORIDA (URINE)	136,000	14,000	150,000
14	CALSIMUM (URINE)	51,000	14,000	65,000
		-		-

	KULTUR SENSIFITAS	-	-	-
1	KULTUR SENSIFITAS DARAH	396,000	90,000	486,000
2	KULTIR SENSIFITAS URINE + HITUNG	396,000	90,000	486,000
3	KULTUR SENSIFITAS FAESSES	330,000	90,000	420,000
4	KULTUR SENSIFITAS SPUTUM	330,000	90,000	420,000
	KULTUR SENSIFITAS BTA	330,000	90,000	420,000
5	KULTUR SENSIFITAS SEKRET	330,000	90,000	420,000
6	KULTUR SENSIFITAS SWAB	330,000	90,000	420,000
7	KULTUR RESISTENSI PUS	330,000	90,000	420,000
8	KULTUR SENSIFITAS SPERMA	330,000	90,000	420,000
10	KULTUR SENSIFITAS CAIRAN TUBUH	396,000	90,000	486,000
		-	-	-
	PEWARNAAN	-	-	-
1	PEWARNAAN BTA	20,000	30,000	50,000
2	PEWARNAAN GRAM	20,000	30,000	50,000
3	JAMUR KOH	20,000	30,000	50,000
4	PREPARAT GO	20,000	30,000	50,000
5	DIPHTERIE	40,000	30,000	70,000
6	SEKRET VAGINA	20,000	30,000	50,000
7	SEKRET URETRA	20,000	30,000	50,000
8	SEKRET TENGGOROK	20,000	30,000	50,000
9	SEKRET TELINGA	20,000	30,000	50,000
10	SWAB EOSINOFIL	20,000	30,000	50,000
		-	-	-
	PATOLOGI ANATOMI	-	-	-
1	FROZEN SECTION	277,000	90,000	367,000
2	RADIKALITAS	80,000	80,000	160,000
3	JARINGAN BESAR	230,000	120,000	350,000
4	JARINGAN SEDANG	220,000	110,000	330,000
5	JARINGAN KECIL	200,000	100,000	300,000
6	AJH	80,000	100,000	180,000
7	SAMPEL AJH	10,000	70,000	80,000
8	CITOLOGI PAPSMEAR	40,000	40,000	80,000
9	CITOLOGI NON PAPSMEAR	45,000	45,000	90,000
10	CITOLOGI DENGAN BLOK PARAFIN	50,000	70,000	120,000
11	IHC	280,000	120,000	400,000
12	PROSESING & PEWARNAAN HEMATOKSILIN EOSIN HISTOLOGI BESAR	230,000	16,000	246,000
13	PROSESING & PEWARNAAN HEMATOKSILIN EOSIN HISTOLOGI BESAR	220,000	16,000	236,000
14	PROSESING & PEWARNAAN HEMATOKSILIN EOSIN HISTOLOGI BESAR	200,000	16,000	216,000
15	PEWARNAAN PAPANICOLAOU	40,000	10,000	50,000
16	PEWARNAAN NON PAP SMEAR	45,000	10,000	55,000
		-	-	-
	BANK DARAH	-	-	-
1	PACKED RED CELL (PRC)	400,000	60,000	460,000
2	WHOLE BLOOD (WB)	400,000	60,000	460,000
3	FRESH PLASMA (FP)	400,000	60,000	460,000
4	TROMBOSIT (TC)	400,000	60,000	460,000
5	FRESH FROZEN PLASMA (FFP)	400,000	60,000	460,000
6	FRESH WHOLE BLOOD (FWB)	400,000	60,000	460,000
7	WASHED RED CELL (WRC)	145,000	15,000	160,000
8	DARAH TANPA CROSS TEST	335,000	35,000	370,000
9	GOL. DARAH (METODE TABUNG)	30,000	20,000	50,000
10	CROSS TEST	65,000	25,000	90,000
11	COOMBS TEST DIREK	60,000	25,000	85,000
12	COOMBS TEST INDIK	70,000	25,000	95,000
13	DARAH DENGAN APHARESIS	3,520,000	15,000	3,535,000
14	PLEBOTOMI (THERAPEUTIK)	150,000	65,000	215,000
15	LEUKODEPLETED	250,000	20,000	270,000

C PEMERIKSAAN SARAF

NO.	JENIS PEMERIKSAAN	JASA SARANA	JASA PELAYANAN	JUMLAH
1	Blok saraf Perifer	60,000	40,000	100,000
2	Injeksi Spinal Epidural	120,000	180,000	300,000
3	Lumbal Pungsi	120,000	180,000	300,000
4	EMNG (Elektro Myoneuro Grafi	160,000	240,000	400,000
5	Berra	160,000	240,000	400,000

6	EMG dengan jarum	184,000	276,000	460,000
7	EP (Evoked Potensial)	240,000	360,000	600,000
8	EEG	120,000	180,000	300,000
9	TCD (Trans Cranial Doppler)	160,000	240,000	400,000
10	MMSE	20,000	30,000	50,000
11	Token tes	20,000	30,000	50,000
12	Memori tes	20,000	30,000	50,000
13	Diagnostik tes	20,000	30,000	50,000
14	Pungsi cairan sendi	50,000	50,000	100,000
15	Injeksi Saraf Tepi	60,000	40,000	100,000

D. PEMERIKSAAN DAN TINDAKAN JANTUNG

NO.	JENIS PEMERIKSAAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Ekokardiografi	200,000	200,000	400,000
2	Doppler vaskuler	250,000	250,000	500,000
3	Treadmill	200,000	200,000	400,000
4	Perikardiosentesis	1,500,000	500,000	2,000,000
5	Rehabilitasi jantung fase II	100,000	150,000	250,000
6	Ambulatory Blood Pressure Monitoring	100,000	100,000	200,000
7	Holter Monitor	200,000	150,000	350,000
8	Elektrokardiografi	40,000	40,000	80,000
9	Temporary pacemaker	2,000,000	1,000,000	3,000,000
10	Kateterisasi jantung	1,800,000	1,500,000	3,300,000
11	Angioplasti koroner/PTCA	4,200,000	1,500,000	5,700,000
12	Pemasangan permanent pacemaker	3,700,000	2,000,000	5,700,000
13	Resusitasi jantung paru	100,000	500,000	600,000
14	Pacu jantung transkutan	200,000	400,000	600,000
15	Prosedur fibrinolisis	200,000	500,000	700,000
16	Tilt table test	1,500,000	1,000,000	2,500,000
17	PPM single chamber	1,500,000	2,500,000	4,000,000
18	Penyadapan jantung sederhana	1,500,000	2,000,000	3,500,000
19	Balloon atrial septostomi	1,500,000	2,000,000	3,500,000
20	Functional flow reserve	500,000	500,000	1,000,000
21	pemasangan IABP	1,000,000	1,500,000	2,500,000
22	6 minute walk test	100,000	150,000	250,000
23	Ablasi	2,000,000	6,000,000	8,000,000

D. PEMERIKSAAN ENDOSCOPY, BRONCHOSCOPY, ESWL

NO.	JENIS PEMERIKSAAN	JASA SARANA (Rp)	JASA OPERATOR (Rp)	JASA ANESTESI (Rp)	JASA TIM (Rp)	JUMLAH (Rp)
1	Endoscopy Visualisasi	140,000	600,000		120,000	860,000
2	Endocopyi Biopsi	152,000	800,000		160,000	1,112,000
3	Endoscopy Ligasi	140,000	720,000		180,000	860,000
4	Colonoscopy Visualisasi	140,000	700,000		140,000	980,000
5	Colonoscopy Biopsi	152,000	960,000		240,000	1,352,000
6	Bronchoscopy	200,000	600,000		150,000	950,000
7	Bronchoscopy + brushing + biopsi	200,000	800,000		200,000	1,200,000
8	Endoscopy Visualisasi dengan GA	300,000	480,000	192,000	120,000	900,000
9	Endocopyi Biopsi dengan GA	300,000	800,000	320,000	200,000	1,300,000
10	Endoscopy Ligasi dengan GA	300,000	860,000	344,000	140,000	1,300,000
11	Colonoscopy Visualisasi dengan GA	300,000	460,000	184,000	240,000	1,000,000
12	Colonoscopy Biopsi dengan GA	300,000	960,000	384,000	240,000	1,500,000
13	Bronchoscopy dengan GA	300,000	600,000	240,000	150,000	1,050,000
14	Bronchoscopy + brushing + biopsi dengan GA	300,000	800,000	320,000	200,000	1,300,000

ESWL

NO	NAMA TINDAKAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JASA TIM (Rp)			JUMLAH (Rp)
			JASA DOKTER (Rp)	PERAWAT (Rp)	JASA ANESTESI (Rp)	RADIOLOGI (Rp)	
1	ESWL(EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY)	1,900,000	1,300,000	350,000		350,000	3,900,000
2	ESWL(EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY) DENGAN ANESTESI	1,900,000	900,000	350,000	500,000	350,000	4,000,000

atau Ruang Rawat Inap di dalam Rumah Sakit Umum atau di luar Rumah Sakit dikenakan tambahan biaya sebesar 25 % dari tarif jasa medik

HEMODIALISA
XI.

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA REUSE (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	HD dengan dialiser baru atau tanpa reuse	660,000	-	175,000	1,060,000
2	HD dengan dialiser reuse	520,000	15,000	175,000	950,000
3	HD CITO dengan dialiseer baru atau tanpa Reuse	660,000	-	215,000	-
4	HD CITO dengan dialiser reuse	520,000	20,000	215,000	-
5	HD dengan dialiser baru atau tanpa Reuse Metode SLED	760,000	-	300,000	-
6	HD dengan dialiser metode SLED	620,000	30,000	300,000	9,000,000

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No.	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Tindakan operasi dengan Narcose	Rp 4,000,000	Rp 2,500,000	Rp 6,500,000
2	Operasi CAPD	Rp 5,500,000	Rp 3,500,000	Rp 9,000,000
3	Pasang Katheter Tenckhoff untuk CAPD	Rp 1,500,000	Rp 1,000,000	Rp 2,500,000

REHABILITASI MEDIK**A Fisioterapi****XII.**

NO.	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Short Wave Diathermi (SWD)	11,000	8,000	19,000
2	Micro Wave Diathermi (M W D)	11,000	8,000	19,000
3	Ultrasound Diathermi (U S D)	11,000	8,000	19,000
4	Traksi Cervical/Lumbal	11,000	8,000	19,000
5	Infra Red (IR)	11,000	8,000	19,000
6	Cold Pack	5,000	15,600	20,600
7	Hot Pack	5,000	15,600	20,600
8	Electrical Stimulation (E S)	11,000	8,000	19,000
9	Tens	11,000	8,000	19,000
10	Ultra Violet	5,000	8,000	13,000
11	latihan dengan Pararel Bar	7,000		7,000
12	latihan dengan Trap	7,000		7,000
13	latihan dengan static ergocycle	7,000		7,000
14	latihan dengan standing bar	7,000		7,000
15	latihan dengan Shoulder Wheel/Pulley/Wallbar	7,000		7,000
16	latihan dengan Matras	7,000		7,000
17	Latihan dengan CPM	11,000	10,000	21,000
18	Latihan penggunaan Crutch/Walker/Tripod/alat bantu jalan	7,000		7,000
19	Pump Compressions	47,500	32,500	80,000
20	Cryoterapi Musculoskeletal	11,000	19,000	30,000
21	Ergo cycle/Tilting table/Couches	10,000		10,000
22	Exercise (tanpa alat)	5,000	32,500	37,500
23	Pemasangan/Fitting ortosis	1,000	15,000	16,000
24	Pemasangan/Fitting prostesis	1,000	10,000	11,000
25	Parafin Bath	17,500	15,000	32,500
26	Nebulizer	11,000	13,000	24,000
27	Masase		13,000	13,000
28	Pijat bayi	2,000	13,000	15,000
29	MLDV	5,000	39,000	44,000
30	Manual therapy	5,000	32,500	37,500
31	Neural Mobilitations	5,000	45,000	50,000
32	Mulligan therapy	15,000	50,000	65,000
33	BOBATH Therapy	5,000	95,000	100,000
34	PNF Therapy	5,000	95,000	100,000
35	Manual Muscle Test	5,000	10,000	15,000
36	Senam hamil/nifas/stroke/asma/DM/dll	5,000	10,000	15,000
37	Tapping/strapping	25,000	50,000	75,000
38	Magnetoterapi	47,500	52,500	100,000
39	IR Hot Blangket	47,500	32,500	80,000

B. Okupasi Terapi

NO.	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Terapi Okupasi/Stiffness joint/ADL/upper limb/lower	13,800	12,000	25,800
2	Terapi Okupasi pada stroke, cerebral palsy, motor delayed,	21,000	17,000	38,000
3	Terapi Okupasi pada autism, ADHD	25,800	25,000	50,800
4	Terapi Okupasi pada Stroke	19,800	18,000	37,800
5	Terapi Okupasi Cerebral Palsy/motor delayed/down syndrome	24,000	19,500	43,500
6	Terapi Okupasi Autism/ADHD	26,400	24,000	50,400
7	Terapi Okupasi Pada Kasus Musculoskeletal	20,000	24,000	44,000
8	Terapi Okupasi Pada Kasus Neuromuscular	20,000	24,000	44,000

C Terapi Wicara

NO.	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
2	Terapi Wicara pada kasus bahasa memori/wicara	23,400	20,150	43,550
3	Terapi menelan	20,400	17,000	37,400
4	Tes Tadir	12,000	40,000	52,000
5	Tes Tadyva	12,000	30,000	42,000
6	Token Tes	6,000	30,000	36,000
7	Tes Artikulasi (wicara)	6,000	30,000	36,000
8	Tes Suara	6,000	25,000	31,000
9	Tes Irama Kelancaran	6,000	25,000	31,000
10	Oral Motor Exercise	6,000	25,000	31,000

11	Stimulasi Oral	6,000	20,000	26,000
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D.Tindakan invasif

NO.	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH (Rp)
1	Dry neddle	27,000	100,000	127,000
2	Injeksi Intraartikuler	30,000	40,000	70,000
3	Injeksi botulinum toxin	27,000	100,000	127,000
4	Injeksi PRP	87,000	100,000	187,000
5	Prolotherapy	17,000	60,000	77,000

BUPATI BANTUL,

ttd

SUHARSONO