

더조은병원 비급여 수가 안내

2017.07.14 기준

항목	수가명	금액
MRI	Ankle MRI(Lt)	450,000
	Ankle MRI(Lt)(조영제)	550,000
	Ankle MRI(Lt)(Arthrogram)	600,000
	Ankle MRI(Rt)	450,000
	Ankle MRI(Rt)(조영제)	550,000
	Ankle MRI(Rt)(Arthrogram)	600,000
	Brain MRI	450,000
	Brain MRI(조영제)	550,000
	Brain MRI+MRA	600,000
	Brain MRI+MRA(조영제)	700,000
	C.T-spine MRI	450,000
	C.T-spine MRI(조영제)	550,000
	C-spine MRI	450,000
	C-spine MRI(조영제)	550,000
	C-spine MRI(COR)	150,000
	C-spine MRI(F)	150,000
	C-spine MRI(R)	250,000
	C-spine MRI(S)	350,000
	C-spine MRI(S)+ 조영제	450,000
	CT-spine MRI(S)	350,000
	CT-spine MRI(S)+ 조영제	450,000
	Elbow MRI(Lt)	450,000
	Elbow MRI(Lt)(조영제)	550,000
	Elbow MRI(Lt)(Arthrogram)	600,000
	Elbow MRI(Rt)	450,000
	Elbow MRI(Rt)(조영제)	550,000
	Elbow MRI(Rt)(Arthrogram)	600,000
	Femur MRI(Lt)	450,000
	Femur MRI(Lt)(조영제 사용)	550,000
	Femur MRI(Rt)	450,000
	Femur MRI(Rt)(조영제 사용)	550,000
	F-MRI(Lt knee)	150,000
	F-MRI(Lt Shoulder)	150,000
	F-MRI(Rt knee)	150,000
	F-MRI(Rt Shoulder)	150,000
	Foot MRI(Lt)	450,000
	Foot MRI(Lt)(조영제)	550,000
	Foot MRI(Rt)	450,000
	Foot MRI(Rt)(조영제)	550,000

Hand MRI(Lt)	450,000
Hand MRI(Rt)	450,000
Hip MRI(Lt)	450,000
Hip MRI(Lt)(조영제)	550,000
Hip MRI(Lt)(Arthrogram))	600,000
Hip MRI(Rt)	450,000
Hip MRI(Rt)(조영제)	550,000
Hip MRI(Rt)(Arthrogram))	600,000
Knee MRI(Lt)	450,000
Knee MRI(Lt)(조영제)	550,000
Knee MRI(Lt)(Arthrogram)	600,000
Knee MRI(Rt)	450,000
Knee MRI(Rt)(조영제)	550,000
Knee MRI(Rt)(Arthrogram)	600,000
L-spine MRI	450,000
L-spine MRI Contrast	100,000
L-spine MRI(조영제)	550,000
L-spine MRI(COR)	150,000
L-spine MRI(F)	150,000
L-spine MRI(R)	250,000
L-spine MRI(S)	350,000
L-spine MRI(S)+ 조영제	450,000
MRI-일반	700,000
MRI 조영제 추가	100,000
Neck MRI	450,000
Neck MRI (조영제 사용)	550,000
Pelvis MRI	450,000
Pelvis MRI(조영제 사용)	550,000
PNS MRI	450,000
PNS MRI(조영제 사용)	550,000
RT Humerus MRI(조영제)	550,000
s- knee MRI(Lt)	350,000
s- knee MRI(Rt)	350,000
Sella MRI	450,000
Sella MRI(조영제)	550,000
Shoulder MRI(Lt)	450,000
Shoulder MRI(Lt)(조영제)	585,000
Shoulder MRI(Lt)(Arthrogram))	600,000
Shoulder MRI(Rt)	450,000
Shoulder MRI(Rt)(조영제)	600,000
Shoulder MRI(Rt)(Arthrogram))	600,000
SS-MRI Lt(Ankle)	350,000
SS-MRI Lt(Knee)	350,000

SS-MRI Lt(Knee)+ 조영제	450,000
SS-MRI Lt(Shoulder)	350,000
SS-MRI Lt(Shoulder)+ 조영제	450,000
SS-MRI Rt(Ankle)	350,000
SS-MRI Rt(Knee)	350,000
SS-MRI Rt(Knee)+ 조영제	450,000
SS-MRI Rt(Shoulder)	350,000
SS-MRI Rt(Shoulder)+ 조영제	450,000
SS-MRI(C)	350,000
SS-MRI(C)+ 조영제	450,000
SS-MRI(C-T)	350,000
SS-MRI(C-T)+ 조영제	450,000
SS-MRI(Hip)	350,000
SS-MRI(Hip)+ 조영제	450,000
SS-MRI(L)	350,000
SS-MRI(L)+ 조영제	450,000
SS-MRI(Pelvis)	350,000
SS-MRI(Pelvis)+ 조영제	450,000
SS-MRI(T)	350,000
SS-MRI(T)+ 조영제	450,000
SS-MRI(T-L)	350,000
SS-MRI(T-L)+ 조영제	450,000
T.L-spine MRI	450,000
T.L-spine MRI(조영제)	550,000
T.L-spine MRI(F)	150,000
Tibia MRI(Lt)	450,000
Tibia MRI(Lt) + 조영제	550,000
Tibia MRI(Rt)	450,000
Tibia MRI(Rt)+ 조영제	550,000
TL-spine MRI(S)	350,000
TL-spine MRI(S)+ 조영제	450,000
T-M joint MRI	450,000
T-M joint MRI(조영제 사용)	550,000
T-spine MRI	450,000
T-spine MRI(조영제)	550,000
T-spine MRI(COR)	150,000
T-spine MRI(F)	150,000
T-spine MRI(S)	350,000
T-spine MRI(S)+ 조영제	450,000
Whole Spine MRI(C)	550,000
Whole Spine MRI(C)+ 조영제	650,000
Whole Spine MRI(C-T)	550,000
Whole Spine MRI(C-T)+ 조영제	650,000

	Whole Spine MRI(L)	550,000
	Whole Spine MRI(L)+조영제	650,000
	Whole Spine MRI(TL)	550,000
	Whole Spine MRI(TL)+조영제	650,000
	Wrist MRI(Lt)	450,000
	Wrist MRI(Lt)(조영제)	550,000
	Wrist MRI(Lt)(Arthrogram))	600,000
	Wrist MRI(Rt)	450,000
	Wrist MRI(Rt)(조영제)	550,000
	Wrist MRI(Rt)(Arthrogram))	600,000
	(P.O)Ankle MRI(Lt)	250,000
	(P.O)Ankle MRI(Rt)	250,000
	(P.O)Knee MRI(Lt)	250,000
	(P.O)Knee MRI(Rt)	250,000
	(P.O)Shoulder MRI(Lt)	250,000
	(P.O)Shoulder MRI(Rt)	250,000
	(P.O)TL-spine MRI	450,000
	(P.O)T-spine MRI	450,000
	(P.O)C-spine MRI	450,000
	(P.O)L-spine MRI	450,000
SONO	Abdomen US	150,000
	Carotid Artery doppler US	180,000
	Echocardiogram	180,000
	Lower extremities doppler US	180,000
	Neck US	70,000
	Muscular US	70,000
	Thyroid US	70,000
	(Med)Abdomen US	70,000
	(Med)Carotid Artery doppler US	70,000
	(Med)Echocardiogram	100,000
	(Med)Lower extremities doppler US	70,000
	(Med)Thyroid US	50,000
	(OS)Muscular US	50,000
	Sono guide injection	50,000
	처치 및 수술	목발
벨포벨트		20,000
캐스터 슈즈		15,000
8자붕대		10,000
팔걸이		15,000
AIR CAST		100,000
ALUMI SPLINT - A형		15,000
ALUMI SPLINT - B형		15,000
ankle everstep(M,L)		50,000

ankle Suprt(S,M,L)	15,000
Mallet finger	25,000
SOFT COLLAR	20,000
Wrist splint	33,000
Coban Self Adherent Warp 2"(20cm단위)	500
Coban Self Adherent Warp 3"(20cm단위)	600
Antiembolism stocking	70,000
BIO EDEN SPINAL FIXATION SYSTEM-SCREW	324,220
BIO EDEN SPINAL FIXATION SYSTEM-ROD	123,720
BIO EDEN PEEK CAGE	459,120
NAFIX PLUS	6,800
Superpore 6*9cm	220
Superpore 9*9cm	310
Suture strip (1/4"*1,1/2")	2,000
Superpore 9*15cm	370
Superpore 9*20cm	760
Superpore 9*25cm	600
메딕스 밴드(6*8)	500
메딕스 밴드(7*10)	800
메딕스 밴드 (10*10)	1,200
메딕스 밴드 (10*13)	1,500
메딕스 밴드 (10*20)	2,000
메딕스 밴드 (10*25)	2,500
New Plus Roll	1,000
Hypafix 15cm (1cm단위)	1,500
Hallux valgus brace	150,000
Renosi gel (5*6)	30,000
Renosi gel (6*10)	70,000
StiRing	250,000
ROYAL	5,000
APPOSE SKIN STAPLER	5,000
Rafugen DBM Gel	660,000
ORTHOBLAST II PASTE	337,500
MOBI-C WITH PLUG & FIT	4,620,000
ALLOMATRIX INJECTABLE PUTTY 10CC	2,189,000
ALLOMATRIX INJECTABLE PUTTY 1CC	380,000
ALLOMATRIX INJECTABLE PUTTY 5CC	1,350,000
Bonfuse-Fiber	880,000
Allomatrix DR Peri-articular Graft 3cc	1,600,000
Anyplus	1,000,000
Grafton r DBM Putty1.0cc	880,000
Xgen DBM Graft 1cc	660,000
Cortical spacer(Amnio)	660,000

Dynagraft II (1cc)	506,000
Cartistem	8,500,000
VACO ped	600,000
ALKANTIS (ICE PACK)	70,000
GENTA Q 5*5	700,000
Discocerv	5,500,000
MEDISHIELD	680,000
Intradiscal Catheter	1,650,000
L DISQ	1,650,000
Disc-Care	1,650,000
Percutaneous Wand	1,650,000
PCM	550,000
EDEN EPIDURAL CATHETER	550,000
ABEL CATHETER	550,000
St. Reed Plus	550,000
RACZ CATHETER	550,000
NT EPIDURAL CATHETER(CERVICAL)	550,000
Neurotherm CATHETER	550,000
ST COX	550,000
쥬베뉴(주)경막외카테터,JVN-EC01	880,000
VIDEO GUIDE CATHETER	1,650,000
SPINE WAND SURGICAL DEVICE SYSTEM	1,650,000
Needle view ch	2,400,000
Interspinous	1,500,000
WALLIS SYSTEM	2,780,000
DIAM	2,762,900
BLOODSTOP IX	500,000
Floseal	700,000
노바콜0.5g	450,000
GUARDIX	700,000
COLLATAMP 5*5	350,000
COLLATAMP 10*10	500,000
GENTA Q 5*5	350,000
GENTA Q 10*10	500,000
HYALOFAST	1,265,000
REGENSEAL	3,200,000
하이아이주 15mg/1ml	150,000
End-ball(I)	5,500,000
입원 KIT(A형)	10,000
입원 KIT(B형)	13,000
Prolo Therapy-OS	200,000
Mediclore	700,000
경피적 경막외강 신경성형술	1,100,000

	경피적 경막외강 신경성형술F	1,600,000
	추간판내 고주파 열치료술	1,950,000
	추간판내 고주파 열치료술(PELAN)	3,350,000
	추간판내 고주파 열치료술(DELTΑ)	3,350,000
	추간판내 고주파 열치료술(bilateral)	3,350,000
	추간판내 고주파 열치료술(level추가)	1,500,000
	내시경적 경막외강 신경근 성형술	2,300,000
	내시경적 경막외강 신경근 성형술(level추가)	2,000,000
	Epidural Adheesiolysis with Balloon	1,700,000
	연골결손 환자에서의 자가 골수 줄기세포 치료술	3,300,000
약제 및 주사	포스테오 주 250mg/ml	680,000
	조스타박스주(대상포진생바이러스백신)	190,000
	프리베나13주(폐렴구균백신)	150,000
	하브릭스주(A형간염백신)	80,000
	스카이셀플루프리필드시린지	30,000
	헤파박스진주 성인	17,000
	헤파박스진주 소아	13,000
	라쥬비넥스주	250,000
	라쥬비넥스주-OS	100,000
	삼진타우로린주사2%250ml	90,000
	하이랙스주	70,000
	에취라제주	50,000
	멜스몬주	35,000
	훼랙스주	35,000
	뉴트리헥스250ml	50,000
	뉴트리헥스100ml	30,000
	에스알리네이트주사액	20,000
	베마케스트주	20,000
	치옥토민주	20,000
	신델라주	20,000
	교미노틴주20ml	20,000
	엘디엘주	50,000
	메리트씨주사	19,764
	리피씨주(대한뉴팜(주))	50,000
	ABC(3) + a.a 100ml	100,000
	ABC(3) + a.a 250ml	130,000
	ABC(2) + a.a 100ml	80,000
	멀티블루5주+뉴트리헥스250ml	110,000
	멀티블루5주+뉴트리헥스100ml	100,000
	활력주사	40,000
	ABC+뉴트리헥스250ml	100,000
	Meyer's 주사	70,000
	노랑주사	70,000

	파랑주사	60,000
	간개선주사	50,000
	콤비플렉스 MCT	70,000
	비타민D주사	40,000
	코푸시럽에스1ml	10
	둘코락스에스정	260
	멕소롱정	40
	동화후시딘크림1g	330
	에스파이트골드디엑스정	400
	바이코비정	400
	트레스탄캡셀	620
	큐라스텐액	2,700
	BIOEASE K	17,000
이학요법	비침습적 무통증 신호요법	150,000
	체외충격파치료[근골격계질환]	100,000
	신장분사치료	100,000
검사	Homocysteine	35,000
	N-아세틸글루코사미니다제	25,000
	항CCP항체[IgG]	50,600
	수면내시경 검사 관리료	60,000
	Pain view	50,000
	(Med)D.I.T.I(Whole)	70,000
	D.I.T.I(Lower)	150,000
	D.I.T.I(Lower)--P.O	150,000
	D.I.T.I(Upper)	150,000
	D.I.T.I(Upper)-P.O	150,000
	D.I.T.I(Lower)-OPD	70,000
	D.I.T.I(Upper)-OPD	70,000
	D.I.T.I(Whole)	240,000
	D.I.T.I(Whole)-P.O	240,000
	Dynamic EMG + Algometer	200,000
	Dynamic EMG--P.O	150,000
	기타	병실료차액 1인실
병실료차액 2인실		130,000
병실료차액 3인실		50,000
보호자식대		4,000
선택진료료-진찰료		40%
선택진료료-입원료		15%
선택진료료-처치/수술/마취료		50%
CD COPY		10,000
진단서		10,000
입원/진료확인서		1,000
제증명 사본 1매 추가		1,000

의무기록복사(기본5매)	3,000
의무기록복사(추가1매당)	100
국민연금장애진단서	3,000
병사용진단서	20,000
장애진단의뢰비용	15,000
보험회사소견서	100,000
장해진단서	100,000
후유장애진단서	100,000
상해진단 3주	150,000
상해진단 2주 이하	100,000
상해진단서 사본 1매 추가	10,000
영문진단서	50,000
영문진단서 사본 1매 추가	2,000
향후치료비추정서 1000만원이상	100,000
향후치료비추정서 1000만원미만	50,000

**기타 궁금하신 사항은 심사과로
 문의하여 주시기 바랍니다.
 담당자 : 유세라 T. (02) 2056-2118**